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EVIDENCE TO ACTION BRIEF #1

Working at the Intersections of Violence Against Children and Violence Against Women

Why it Matters for Children's Protection and Well-Being

Introduction

A well-established and growing body of evidence demonstrates the multiple ways in which violence against children and violence against women intersect or overlap. This includes similar and compounding consequences for children's and women's health and well-being, and for child development.[1] The evidence makes it clear that UNICEF must consider these myriad intersections, as we strive for every child to grow up protected from violence, exploitation, abuse, neglect and other harmful practices. To this end, UNICEF's current Child Protection Strategy highlights a need for more coordinated approaches to prevent and respond to violence against children and violence against women.[2] This brief summarizes what we currently know about the ways violence against children and violence against women intersect and why addressing these intersections matters for children's protection and well-being. It is the first in a series of evidence briefs designed to support UNICEF country offices and other organizations that care for children to integrate work on these intersections.

The briefs complement UNICEF's global and regional efforts with other United Nations agencies to advance shared or coordinated programming on violence against children and violence against women.

Violence against children is defined by the Convention on the Rights of the Child as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" against someone under 18 years.[3] The International Classification of Violence Against Children (ICVAC) definition is "any deliberate, unwanted and non-essential act, threatened or actual, against a child or against multiple children that results in or has a high likelihood of resulting in death, injury or other forms of physical and psychological suffering".[4] ICVAC was launched in 2023 to help overcome limitations in the availability of comparable data on violence against children by providing standard operational definitions for different forms of violence.

Violence against women is defined by the Declaration on the Elimination of Violence against Women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".[5]

This brief focuses primarily on two forms of intersecting violence against children and violence against women, as these have greater available evidence:

- **Violent discipline** of children, which includes psychological aggression (e.g., shouting, yelling or screaming, or calling a child offensive names) and/or physical punishment.[6] This brief focuses on violent discipline by parents or primary caregivers in the home – whether biological, adoptive or foster parents, grandparents or other relatives, or guardians.

- **Intimate partner violence** against women, which includes "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours".[7]

Other types of violence may also intersect but are less often studied.

The violence children and women experience at home may also occur within a wider context, such as armed, urban, community, state or structural violence, but this is outside the scope of this series.

What we know

Violence against children and violence against women intersect in multiple ways. What we know about these intersections comes primarily from research on two common forms of violence that children and women experience: violent discipline by parents and caregivers, which includes physical punishment and psychological aggression; and intimate partner violence against women.[8] Globally, estimates suggest that around two-thirds of children aged 1 to 14 years have experienced violent discipline from their caregivers,[9] and more than a quarter of women will experience physical or sexual violence from an intimate partner in their lifetime.[10] Both types of violence are more prevalent in some countries, may be exacerbated by crises and affect certain groups at higher rates, including women and children with disabilities.[11] Recent global estimates show that children with disabilities are more than twice as likely to experience violence as their non-disabled peers (with girls with disabilities experiencing even higher rates), and research indicates that women with disabilities are at

higher risk of experiencing intimate partner violence, including higher levels of violence severity and duration.[12]

While violent discipline of children and intimate partner violence against women are distinct from each other, they are also closely interconnected. Evidence demonstrates that these two types of violence intersect in the following ways:

- **Co-occurrence likely in the same household:** Research indicates that children in homes with intimate partner violence are more likely to experience violent discipline by both female and male caregivers.[13] An estimated one in four children under 5 years live with a mother or female caregiver experiencing intimate partner violence (likely an underestimate).[14] There are strong associations between a caregiver's perpetration or experience of intimate partner violence and the likelihood of their using violent discipline.[15] For example, a recent systematic review found that women experiencing psychological intimate partner violence were 1.7 times more likely to use physical violence against a child; a lack of comparable data impeded the ability to calculate the odds for men's perpetration.[16] However, the relationship between intimate partner violence and a caregiver's use of violent discipline is complex, and may be mediated through the caregiver's own adverse childhood experiences, poor mental health, alcohol abuse or other factors.[17] Sometimes, women may use violent discipline to control a child's behaviour before it triggers more severe violence from a father or male caregiver.[18] Although both violent discipline and intimate partner violence are more prevalent in lower-income countries, studies have documented substantial co-occurrence of both types of violence in households in both high-income countries and low- and middle-income countries.[19] For example, studies found co-occurrence rates of 21 per cent in Haiti and 30 per cent in Uganda.[20] Yet, data on co-occurrence is limited. Not enough studies collect national-level data on both types of violence – particularly in low- and middle-income countries – or measure them in ways that enable cross-country comparison.[21] Further, we have less data on men's perpetration of violent discipline, as studies often ask only about female caregivers' use of violent discipline, or do not ask which caregiver perpetrates it.[22]

- **Similar, compounding and cumulative consequences for children and women:**[23] Children exposed to intimate partner violence can suffer similar consequences to children who directly experience violent discipline – including negative impacts on their physical and mental health and well-being, their cognitive, emotional, physical and social development, and educational outcomes.[24] The trauma of early exposure to either type of violence can harm a child's developing brain, including in ways that may undermine their capacity for emotional regulation or social interaction.[25] These consequences may be compounded when children experience multiple forms of violence, and can last into adolescence and adulthood. Like other adverse childhood experiences, violence can cause cumulative harms – exposure to several types of violence can multiply a child's (and a woman's) risk of negative outcomes.[26] For example, children exposed to violent discipline and intimate partner violence in Uganda were found to be nearly twice as likely to experience mental health difficulties as those exposed only to violent discipline.[27] Similarly, women experiencing intimate partner violence may suffer poor physical, mental, sexual and reproductive health outcomes, alongside social and economic consequences.[28] Intimate partner violence can negatively affect women's parenting, particularly through its impact on mental health, and can undermine feelings of attachment and the ability to provide nurturing and responsive care.[29] A female caregiver's poor mental health can also have a negative impact on her child's mental health, psychosocial well-being and development.[30] The immediate and long-term consequences of violence against children and violence against women also extend beyond the individuals and families affected, affecting society as a whole and undermining social and economic development.[31]

- **Long-term and intergenerational impacts that increase future risk of violence:** Growing up in a violent home can increase a child's risk of violence over the life course, potentially setting them on a lifelong trajectory of violence. Children raised in violent homes may learn that violence is a normal way to resolve conflict or to manage perceived bad behaviour.[32] Violence can also impair parenting and parent–child relationships, limiting children's

opportunities to learn emotional regulation, coping mechanisms and other skills that support non-violent relationships.[33] The trauma of early exposure to violence can also cause physiological changes, which may contribute to poor impulse control or other problems that can increase later risks of violence.[34] The impact of such trauma can also lead to or exacerbate disabilities, including psychosocial disability and mental health conditions.[35] Some research shows that these biological markers of trauma may also be passed from mother to child.[36] Thus, early experiences of violence can be precursors to future victimization or perpetration of different forms of violence, although the pathways are complex and multifaceted.[37] For men, exposure to violence in childhood is a strong predictor of their use of violence against a partner in adolescence and adulthood – with one study finding that it doubled some men's risk of perpetration.[38] Similarly, childhood violence increases girls' risk of experiencing intimate partner violence in adolescence and adulthood.[39] Exposure to violence in childhood can also affect subsequent generations. Research has revealed that adults who experienced or witnessed violence in childhood were more likely to use violence against their own children – potentially contributing to an intergenerational transmission of violence. This underscores the importance of preventing children's exposure to violence from the outset, and providing access to trauma-informed approaches that can reduce the long-term and cumulative effects of violence.

- **Shared social and behavioural risk factors:** At the individual and family levels, shared risk factors for violent discipline and intimate partner violence include couple conflict, caregiver alcohol or substance abuse, economic stress, poor caregiver mental health and men's dominance in the family.[40] Both types of violence are more likely, but not inevitable, when these risks are present. At the societal level, shared risk factors include poverty, high levels of gender inequality, inadequate legal or institutional responses to violence, and social and gender norms that condone violence and pose barriers to help-seeking.[41] Social and gender norms that condone violence include those that perpetuate gender inequality, promote harmful masculinities based on violence and control, justify the violent discipline of women and children to address

perceived misbehaviour, and legitimize violence as a means of resolving conflict.[42] Social norms that discourage survivors from speaking up or seeking help include those that blame victims/ survivors for the violence they experience, encourage issues to be kept within families and protect or prioritize family honour or a perpetrator's reputation over the needs of victims/survivors.[43] Many of these shared risk factors are rooted in gender inequality and perpetuated by patriarchal norms (see Box 2).[44] Shared protective factors, although less studied, include the absence of some of these risks – for example, positive mental health and emotional closeness between partners.[45]

- **Overlap in adolescence:** Certain forms of violence, particularly gendered forms of violence, begin or become elevated in adolescence.[46] Adolescents are at heightened risk of experiencing multiple forms of violence due to their age and life stage, including violence from family members and from intimate partners. For example, by the time they are aged 15–19 years, data suggest that one in four girls has already experienced physical and/or sexual violence from an intimate partner.[47] Childhood exposure to violence increases the risk that girls will experience intimate partner violence and boys will perpetrate it in adolescence (and adulthood).[48] Girls with disabilities are twice as likely to experience intimate partner violence, while their risk of sexual violence is up to three times greater than girls without disabilities.[49] Adolescent girls, but also boys, may also be subjected to sexual abuse or exploitation or child marriage – which increase future risks of violence.[50] Boys raised in violent homes also have a greater likelihood of participating in peer violence during adolescence,[51] which may include gang violence in some settings.[52] Adolescents may also experience technology- facilitated gender-based violence, which can take different forms and may be part of a pattern of violence perpetrated online and offline.[53] The compounding and cumulative effects of experiencing multiple forms of violence can carry into adulthood – underscoring the importance of preventive and trauma-informed approaches. However, policies, programmes and research generally fail to address the many forms of violence adolescents experience, or tailor services to their specific needs or address the challenges they face in accessing services and support.[54] As a result,

adolescents may fall through the cracks between child protection systems and violence against women responses.[55]

These intersections highlight both the need for and the potential benefits of more coordinated efforts to prevent and respond to violence against children and violence against women.

BOX 2: VIOLENCE IS ROOTED IN GENDER INEQUALITY

Violence against children and violence against women share risk factors rooted in gender inequality. These include gender norms – the social expectations that define what is considered 'appropriate' behaviour for individuals based on their sex – that devalue women and girls, reinforce male dominance and aggression, and create hierarchies of power.[56] For example, patriarchal norms promote the idea that violence is often justified, or even necessary, for correcting children's and women's perceived misbehaviour.[57] Patriarchal norms also intersect with other forms of discrimination – such as racism or ableism (devaluing persons with disabilities) – to increase the risks of violence even further for certain groups of women and girls.

Evidence shows that support for inequitable gender norms and/or social norms condoning violence are correlated with a greater risk of violence against children and violence against women. Research has revealed that men who support gender inequality are more likely to use violence against children and violence against women,[58] and that men and women who think intimate partner violence is justified are more likely to violently discipline their children.[59]

Inequitable gender norms also shape parenting practices and influence children's opportunities based on their sex or gender identity – including by limiting girls' access to education, discouraging boys' participation in caregiving and promoting child marriage – which can also increase future risks of violence.[60]

What this means for the work of UNICEF and other organizations

UNICEF and other organizations that care for children must consider violence against children and violence against women in our work, given the myriad ways in which they intersect and the multiple impacts they have on children and their caregivers and families. At a minimum, we must ensure our programming does not harm women or reinforce the inequitable social and gender norms and power dynamics that perpetuate such violence. But that is simply not enough – we must do things differently if we are to achieve the Sustainable Development Goal (SDG) targets of eliminating all forms of violence against children (SDG 16.2) and violence against women (SDG 5.2) by 2030. In our efforts to advance these goals, the "Leave No One Behind" shared United Nations framework for action calls on us to consider the needs of the most vulnerable, marginalized and often overlooked populations, including women and children with disabilities, indigenous communities and other minorities.[61]

UNICEF's Child Protection Strategy calls for a paradigm shift to include a greater focus on preventing violence before it starts.[62] While response and support services remain core to our work, greater investment in prevention can create less need for response services over time by reducing violence and breaking the intergenerational transmission of violence.[63] The paradigm shift also entails a greater focus on tackling the social and behavioural drivers of violence from a gender-transformative approach and operating at the intersections of violence against children and violence against women. There are numerous entry points we can leverage to work at these intersections, given our mandate to advance children's rights and our existing programming approaches.

For UNICEF country offices, this can include efforts to:

- **Increase focus on primary prevention of violence against girls, boys and women:** UNICEF can invest in evidence-based prevention approaches to address the shared risk and protective factors for violence against children and violence against women – including those found in INSPIRE: Seven strategies for ending violence against children and RESPECT Women: Preventing violence against women framework.[64] We can work with governments, United Nations (UN) agencies, civil society organizations, and children and caregivers directly to adapt and design effective, trauma-informed prevention programmes. Gender-transformative parent and caregiver support programmes across the life course are just one approach that can reduce both types of violence and promote more equitable and caring family relationships (see Brief 2).[65] Evidence shows that programmes with parents can reduce the use of violent discipline and/or intimate partner violence within one to four years of implementation.[66] But doing prevention well requires time to contextually design (or adapt), pilot and refine programmes prior to implementation.[67] A greater focus on prevention may seem challenging given the short-term and results-oriented nature of funding and programme cycles.[68] We can be realistic about what can be achieved in one, two or three years (e.g., design and pilot a curriculum) and use shorter-term funding to advance longer-term goals.[69] We can implement multiple programming approaches in

one location to potentially achieve greater change in less time, while also advocating for longer-term funding opportunities.[70] Where approaches are proven to be effective, we can take them to scale – including institutionalizing them in government services or programmes and advocating for public funding. While the political will may not exist everywhere, it is more likely to occur when we engage governments early and work multisectorally.

- **Tackle the social and behavioural drivers of violence using a gender-transformative approach:** Preventing violence against children and violence against women requires work to address the social and behavioural drivers of such violence, including gender inequality. A gender-transformative approach, which addresses the structural and social root causes of gender inequality, is crucial.[71] UNICEF and other organizations can leverage evidence-based social and behaviour change (SBC) approaches, which challenge inequitable social and gender norms that serve to perpetuate gender inequality, violence, and unequal power dynamics between women and men, boys and girls, and instead promote children's and women's rights[72] (see Key resources section). We can work with UN agencies, government institutions and civil society organizations to engage children, adolescents, caregivers, service providers, educators, and community, religious and traditional leaders in the design and implementation of SBC programmes. We can mobilize communities to elevate new or existing norms that support healthy relationships, positive masculinities and gender equality, and promote protective behaviours and challenge harmful ones. Digital solutions can help us reach more people – but we must also consider how they are being used to spread inequitable gender norms, discrimination and backlash, and counter technology-facilitated violence. UNICEF can coordinate or synchronize SBC strategies at different levels and with UN agencies to maximize impact and avoid fragmented or diluted approaches. Effective SBC approaches can be scaled up nationally through parent and caregiver support programmes, school-based programmes and community norm-change interventions, including embedding these within existing public services or programmes.

- **Increase focus on adolescents and develop approaches tailored to their unique needs and rights:** Policies and programmes often fail to address adolescents' rights and age-specific needs, and the multiple forms of violence they may experience. UNICEF and other organizations must ensure that our child protection and gender-based violence programming, policies and services are adapted for adolescents and account for their different needs based on age, sex or gender identity, and specific vulnerabilities. We can work with UN agencies, government institutions and civil society to advance gender-responsive policies and services tailored for and accessible to adolescents. We can build service provider capacity to deliver survivor-centred and trauma-informed care for adolescents that is rights-based and age-appropriate.[73] This includes developing effective referral pathways for adolescent girls experiencing intimate partner violence, including to sexual and reproductive healthcare. We can engage adolescents to co-develop prevention programming that reflects their lived realities and aspirations and addresses the gendered nature of the violence they experience. We can scale up evidence-based SBC programmes for adolescents, which challenge inequitable social and gender norms that serve to perpetuate peer and intimate partner violence, and instead build healthy relationship skills, link adolescents to services (where available) and encourage help-seeking[74] (see Brief 3).[75] UNICEF and other organizations can also support the design or adaptation of parenting programmes to address the specific needs of parents of adolescents and of adolescents who have children.[76] We can support participatory research with adolescents that explores the overlapping violence they experience at home, at school, in institutions, online and in their relationships – to inform the design of policies, services and programmes.[77]

- **Ensure systematic monitoring and evaluation of violence prevention and SBC programming:** Monitoring and evaluation are critical to ensuring quality implementation and assessing programme effectiveness. UNICEF and other organizations can support government institutions, civil society organizations and other partners to develop and implement strong monitoring processes to assess programme quality and resonance, and

then use the data to make timely improvements. We can also support evaluation of prevention programmes to assess their effectiveness in reducing violence against children and violence against women, addressing their shared risk and protective factors, and supporting healthier, more equitable family relations.[78] Evaluations of parent and caregiver support programmes can explore opportunities to collect data from both children and their caregivers, to better assess change. Similarly, we can assess the effectiveness of SBC programming in changing social and gender norms, building protective behaviours, including help-seeking, and contributing to a reduction in violence. We can support evaluators to use standardized measures of violence against children and violence against women – and their risk and protective factors – to enable better comparison of programme outcomes. We can also encourage researchers and programme evaluators to engage children and adolescents, and individuals with lived experience, in the design and implementation of the research for the development and evaluation of such programmes. UNICEF and other organizations can also support research that identifies barriers and opportunities to greater collaboration and more coordinated responses to violence against children and violence against women.[79]

- **Promote greater collaboration between the two fields of violence against children and violence against women:** Historically there has been limited coordination between these siloed fields, with UN agencies, government institutions and practitioners in each field often seen as competing for resources and attention.[80] UNICEF is well placed to bridge this gap, due to the convergence of our violence against children, violence against women and girls and gender-based violence in emergencies workstreams.[81] We can collaborate with UN agencies (e.g., UN Women, UNFPA, United Nations High Commissioner for Refugees, World Health Organization) to advance coordinated or shared programming designed to prevent and respond to violence against children and violence against women in a way that respects each agency's mandate and technical expertise. We can support government institutions, academia and civil society to improve communication and coordination between the two fields.

This includes bringing practitioners, researchers and policymakers from both fields together to exchange learning, discuss shared priorities, and identify when and where more coordinated approaches might work.[82] In doing so, we should not shy away from discussing potential concerns – including fears that women's support services may not adequately consider children's needs and rights or be able to provide child-sensitive care or referral – or vice versa.[83] Greater communication, collaboration and joint funding opportunities between these two fields may increase their visibility, as well as support better investment of limited resources and enable advocates to speak with one voice to government and donors (when doing so is appropriate).[84]

- **Strengthen capacity and coordination between policies and services for violence against children and violence against women:** UNICEF can work with UN agencies, government institutions and civil society to improve coordination between different response and support services for children, women and families. We can work across sectors – including child protection, disability, health, education, legal, justice, social protection, welfare and social services – to enhance communication and build knowledge of the intersections (see Brief 4).[85] Where it makes sense, national or subnational committees or task forces can help promote coordination, which could be modelled by greater coordination across UN agencies.[86] Frontline workers across different sectors should be able to recognize and respond effectively to both types of violence.[87] Together with partners, UNICEF can build the capacity of service providers working with children to detect, address or refer women experiencing violence – and vice versa.[88] This includes training providers that work in services for women (e.g., in health, shelter, justice, welfare) so that they are able to provide child-friendly services. We can support the development or strengthening of referral pathways, by establishing clear roles, responsibilities and lines of communication between different services. We can also build health system capacity for early detection of and response to both types of violence[89] – including during pregnancy, when the risk of intimate partner violence increases.[90] Where it would work, opportunities for integrated services and coordinated case management can be explored, but

these must be evaluated to establish their effectiveness.[91] We can also advocate for policies and legislation that enable coordinated responses – including developing joint national action plans on violence against children and violence against women in some settings – and argue against those that do not.

- **Support coordinated and systematic evidence generation on violence against children and violence against women:** More systematic and comparable data collection on violence against children and violence against women is needed to improve understanding of their co-occurrence and shared risk and protective factors, as well as the factors that support resilience. UNICEF can advocate with UN agencies, government institutions, researchers and civil society for regular country-led surveys on violence against children and violence against women. We can support national statistics offices and government institutions to adopt consistent, standardized measures of violence against children and violence against women (and risk and protective factors) in line with global guidance. We can support countries (and practitioners) to integrate questions on exposure to intimate partner violence into surveys on violence against children. This includes addressing methodological challenges to advance more comprehensive measures of violence, which capture directly witnessing and being aware of such violence.[92] We can ensure that surveys on violence against children capture data on perpetrator type and gender – to better understand both male and female caregivers' use of violence against children. UNICEF can help UN agencies and government institutions integrate questions on women's (and men's) exposure to childhood violence within violence against women surveys, and ensure adolescent girls are included in these surveys. We can also ensure the inclusion of children and people with lived experience in evidence-building, and make sure that such data are used to inform services, policies, programmes and legislation.

- **Ensure that work at the intersections between violence against children and violence against women respect the unique needs and specificities of both children and women:** The many intersections between violence against children and

violence against women call for more coordinated prevention and response efforts. As we embark on our next steps in these intersections, UNICEF will continue to put children and their rights at the centre of our work. Yet we must respect the unique needs, rights and experiences of women as we do so – and ask that our partners working on violence against women do the same for children. Addressing violence against children and violence against women together may not always make sense, particularly when it comes to response. Children and women experience different types of violence, some of which require distinct approaches. Promoting more coordinated or integrated approaches requires that we acknowledge these and other valid concerns from both fields, which may include fears that services or funding will prioritize or give precedence to women over children – or vice versa. These and other concerns deserve discussion but should not stop efforts to improve coordination.[93] Our work to foster more coordinated prevention and response to violence against children and violence against women must be tailored to each country context and build upon existing partnerships and emerging opportunities.

Key resources

These resources are available to support UNICEF staff and others working at the intersections between violence against children and violence against women:

1. United Nations Children's Fund, Gender Dimensions of Violence Against Children and Adolescents, 2020

2. Guedes, Alessandra, et al., 'Bridging the Gaps: A global review of intersections of violence against women and violence against children', *Global Health Action*, vol. 9, no. 1, 2016, 31516

3. PAHO/WHO, Violence Against Women and Violence Against Children – The points of intersection. Causes, consequences and solutions, PAHO/WHO, Washington, D.C., 2016

4. World Health Organization, *Intersections Between Violence Against Children and Violence Against Women: Global research priorities*, 2024

5. UNICEF, UN Women, World Health Organization, International Labour Organization, Food and Agriculture Organization, United Nations Development Programme, United Nations Population Fund and United Nations Partnership on the Rights of Persons with Disabilities, 'Working Together to Ensure the Rights of Girls with Disabilities to Live Free from Violence', 2023

6. GTT SharePoint on VAGBAW (*available only to UNICEF personnel*)

7. UNICEF's SBC programme guidance

8. Social norms change programming (*available only to UNICEF personnel)*

9. UNICEF's Agora learning platforms on SBC and Ending Violence Against Children programmes *(available only to UNICEF personnel):*

   • Summary of Social Norms, Social Change (PART 1)
   • Summary of Social Norms Programming and Measurement
   • Summary of Social and Behaviour Change (SBC) Learning Channel
   • Summary of Social and Behaviour Change (SBC) Building Blocks
   • Summary of Introduction to Behavioural Insights

- Summary of Learning Pathway: Human Centred Design/Behavioural Science
- Summary of Action to End Child Sexual Exploitation and Abuse

10. United Nations Children's Fund, Addressing Stigma and Discrimination toward Children and Youth with Disabilities through SBC: Disability Toolkit, UNICEF, New York, 2024

11. Prevention Collaborative, Working at the Intersection of Violence against Women and Children, online course, 2021

12. UNICEF Innocenti – Global Office of Research and Foresight, Working at the Intersections of Violence against Children and Violence against Women: Parent and caregiver support programmes, UNICEF Innocenti, 2024

13. UNICEF Innocenti – Global Office of Research and Foresight, Working at theIntersections of Violence against Children and Violence against Women: Adolescent programming to prevent violence, UNICEF Innocenti (forthcoming).

14. UNICEF Innocenti – Global Office of Research and Foresight, Working at theIntersections of Violence against Children and Violence against Women: Improving coordination of response and support services for victim-survivors of violence, UNICEF Innocenti (forthcoming).

Endnotes

1   Guedes, Alessandra, et al., 'Bridging the Gaps: A global review of intersections of violence against women and violence against children', *Global Health Action*, vol. 9, no. 1, 2016, 31516, <https://doi.org/10.3402/gha.v9.31516>; United Nations Children's Fund, *Gender Dimensions of Violence Against Children and Adolescents*, UNICEF, New York, 2020, <https://www.unicef.org/documents/gender-dimensions-violence-against-children-and-adolescents>, accessed 17 September 2024.

2   United Nations Children's Fund, *Child Protection Strategy 2021–2030*, UNICEF, New York, 2021, < https://www.unicef.org/media/104416/file/Child-Protection-Strategy-2021.pdf>, accessed 17 September 2024.

3   United Nations, Convention on the Rights of the Child, United Nations, New York, 1989, article 19, paragraph 1, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>, accessed 17 September 2024.

4   United Nations Children's Fund, *International Classification of Violence Against Children*, UNICEF, New York, 2023, <https://data.unicef.org/resources/international-classification-of-violence-against-children>, accessed 17 September 2024.

5   United Nations, Declaration on the Elimination of Violence Against Women, United Nations, New York, 1993, article 1, <https://www.ohchr.org/sites/default/files/eliminationvaw.pdf>, accessed 17 September 2024.

6   United Nations Children's Fund, UNICEF Data: Violent discipline, updated June 2024, <https://data.unicef.org/topic/child-protection/violence/violent-discipline/#data>, accessed 17 September 2024.

7   World Health Organization, *Violence Against Women Prevalence Estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*, Executive summary, WHO, Geneva, 2021.

8   Guedes et al., 'Bridging the Gaps: A global review of intersections of violence against women and violence against children', Global Health Action, vol. 9, no. 1, 2016, 31516, <https://doi.org/10.3402/gha.v9.31516>.

9   UNICEF Data: Violent discipline.

10 Sardinha, Lynnmarie, et al., 'Global, Regional, and National Prevalence Estimates of Physical or Sexual, or Both, Intimate Partner Violence Against Women in 2018', *The Lancet*, vol. 399, no. 10327, 2022, pp. 803–813, <https://doi.org/10.1016/S0140-6736(21)02664-7>.

11 *Gender Dimensions of Violence Against Children and Adolescents*; UNICEF Data: Violent discipline; Sardinha et al., 'Global, Regional, and National Prevalence Estimates of Physical or Sexual, or Both, Intimate Partner Violence Against Women in 2018'.

12 Fang, Zuyi, et al., 'Global Estimates of Violence Against Children with Disabilities: An updated systematic review and meta-analysis', *The Lancet Child & Adolescent Health*, vol. 6, no. 5, 2022, pp. 313–323, <https://doi.org/10.1016/S2352-4642(22)00033-5>; García-Cuéllar, Mónica Miriam, et al., 'The Prevalence of Intimate Partner Violence Against Women with Disabilities: A systematic review of the literature', *Disability and Rehabilitation*, vol. 45, no. 1, 2023, pp. 1–8, <https://doi.org/10.1080/09638288.2022.2025927>.

13 *Gender Dimensions of Violence Against Children and Adolescents*; Pearson, Isabelle, et al., 'The Co-Occurrence of Intimate Partner Violence and Violence Against Children: A systematic review on associated factors in low- and middle-income countries', *Trauma Violence Abuse*, vol. 24, no. 4, 2023, pp. 2097–2114, <https://doi.org/10.1177/15248380221082943>; Bott, Sarah, et al., 'Co-Occurring Violent Discipline of Children and Intimate Partner Violence Against Women in Latin America and the Caribbean: A systematic search and secondary analysis of national datasets', *BMJ Global Health*, vol. 6, no. 12, 2021, e007063, <https://doi.org/10.1136/bmjgh-2021-007063>.

14 World Health Organization, *Global Status Report on Preventing Violence Against Children*, WHO, Geneva, 2020, <https://www.who.int/publications/i/item/9789240004191>, accessed 17 September 2024.

15 Carlson, Catherine, et al., 'Violence Against Children and Intimate Partner Violence Against Women: Overlap and common contributing factors among caregiver-adolescent dyads', *BMC Public Health*, vol. 20, no. 1, 2020, pp. 1–13, <https://doi.org/10.1186/s12889-019-8115-0>; Fulu, Emma, et al., 'Pathways Between Childhood Trauma, Intimate Partner Violence, and Harsh Parenting: Findings from the UN multi-country study on men and violence in Asia and the Pacific', *The Lancet Global Health*, vol. 5, no. 5, 2017, e512–e522, <https://doi.org/10.1016/S2214-109X(17)30103-1>.

16 Pearson et al., 'The Co-Occurrence of Intimate Partner Violence and Violence Against Children'.

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