Journal of Family Violence
https://doi.org/10.1007/s10896-026-01082-5

ORIGINAL ARTICLE

Could a Parenting Program be Adapted to Address Both Violence Against Children and Against Women? Views from Stakeholders in Zimbabwe

Natalie Davidson[1,2] · **Anna Booij**[1] · **Catherine L. Ward**[1]

Received: 10 April 2025 / Accepted: 13 February 2026

Abstract

Purpose Violence against women (VAW) and violence against children (VAC) tend to concurrently affect families and share a number of risk factors. Parenting programs are an evidence-based strategy for addressing VAC, and potentially a non-stigmatizing means of curbing VAW through teaching conflict transformation skills and emphasizing co-parenting. This study explored how the Parenting for Lifelong Health (PLH) for Parents and Teens program could be adapted to incorporate an explicit effort to prevent violence against women, including, necessarily, engaging fathers in the Zimbabwean context.

Methods Participants were recruited from Mazowe, Zimbabwe, and included 20 mothers and teens who had previously completed the PLH program, as well as four people who had facilitated it; and 10 mothers, 10 fathers and 10 teens who had no PLH experience. Data were collected during COVID-19 lockdowns, and thus individual interviews with the facilitators were conducted on Zoom and focus group discussions with the other participants were conducted via WhatsApp.

Results There was enthusiasm for such a program, with fathers emphasizing a desire to acquire better relationship skills and mothers emphasizing the need for income generation. Findings also pointed to the importance of taking a gender-transformative approach and purposely focusing on engaging fathers during recruitment and program sessions.

Conclusion This study's recommendations contribute to the broader effort to prevent VAW and VAC concurrently, offering a comprehensive strategy for creating safer and more resilient family environments.

Keywords Parenting program · Parenting for lifelong health · Violence against women · Violence against children · Prevention

Introduction

Globally, approximately 50% of children (2–17 years old) experience violence of some form each year (World Health Organization, 2020) and around one in four women experience physical and/or sexual violence by an intimate partner (Sardinha et al., 2022). Rates of both are higher in low and middle-income countries (LMICs), especially in Africa (Burton et al., 2015; Sardinha et al., 2022), where stressors such as HIV/AIDS and extreme poverty are prevalent (Meinck et al., 2016). Among the child participants aged 13–17 years in the nationally representative violence against children study in 2017 in Zimbabwe, 58% of girls and 61.1% of boys had experienced physical violence in the past year (Zimbabwe Ministry of Health & Child Care, 2019). An intimate partner violence prevalence rate among Zimbabwean women of 43.1% was found in a 2015 nationally representative study (Iman'ishimwe Mukamana et al., 2020). These statistics suggest high co-occurrence of violence against children (VAC) and violence against women (VAW), as has been found elsewhere. For instance, studies in the United States (Hamby et al., 2010), in Nigeria (Ayinmode & Tunde-Ayinmode, 2008), and in South Africa (Dekel et al., 2019) show high rates of co-occurrence. A

✉ Natalie Davidson
natalie.davidson@uct.ac.za

[1] Department of Psychology and Safety and Violence Initiative, University of Cape Town, Cape Town, South Africa

[2] Centre for Social Science Research, Robert Leslie Social Science Building, Cape Town University of Cape Town, Room 4.29, 12 University Avenue, Rondebosch, Cape Town 7701, South Africa

Published online: 14 March 2026

recent systematic review found 33 studies where a link between VAW and VAC was found (Pearson et al., 2023).

Reasons for this co-occurrence may include shared risk factors (Chiesa et al., 2018; Pearson et al., 2023; World Health Organization, 2024). Risk factors such as mental health problems, low levels of education, socio-economic status, and alcohol misuse (Carlson et al., 2020; Guedes et al., 2016), as well as childhood trauma (Castro et al., 2017; Fulu et al., 2017), increase the risk for VAC and for VAW (Gondolf, 2016; Stansfeld et al., 2017). In addition, gendered norms perpetuate both these forms of violence (Carlson et al., 2020; Namy et al., 2017). Where households are dominated by men and conflict between partners, risk for physical punishment and child abuse increases (Mathews et al., 2016). Other norms that sustain both forms of violence and make it more challenging for victims or perpetrators to seek help include victim-blaming, acceptance of violence, norms around masculinity such as entitlement and power, and valuing family privacy (Guedes et al., 2016).

Consequences of both include mental health problems, such as feelings of worthlessness, depression, anxiety and post-traumatic stress symptoms, and physical injuries (Gondolf, 2016; Stansfeld et al., 2017). Importantly, abusive parenting can be one of the consequences of VAW. Intimate partner violence (IPV) and interparental conflict are both associated with abusive parenting (Nicklas & Mackenzie, 2012; Taylor et al., 2009) and with lack of maternal warmth and engagement (Postmus et al., 2012). In turn, harsh, cold, withdrawn parenting, as well as exposure to VAW, puts children at risk for internalizing and externalizing problems (Pinquart, 2016; Thompson et al., 2024). Both forms of violence affect people across generations (Fulu et al., 2017; Mandal & Hindin, 2015) and contribute to a cycle of violence whereby violence exposure in childhood may lead to perpetration in adulthood (Widom et al., 2014).

Integrating VAC and VAW prevention efforts therefore may hold promise for preventing both forms of violence (Fry & Elliott, 2017; Fulu et al., 2017). Parenting programs offer an attractive, intuitively obvious means, since parenting support is less stigmatizing than interventions explicitly focused on preventing child maltreatment or IPV (Bacchus et al., 2017; Lundgren & Amin, 2015), and they have robust evidence for preventing VAC and improving caregiver and child well-being (Chen & Chan, 2016; Wang & Zhang, 2023). Bacchus et al. (2024) identified nine parenting programs designed to address VAW and VAC, with five being implemented in Africa, of which only two had been evaluated using randomized controlled trial. The authors identified work with adolescents and their parents together as a key gap. They found only two parenting programs that included adolescents (Bacchus et al., 2024), one for adolescents and their parents (Puffer et al., 2020) and one for parents of children of all ages (Wight et al., 2022). Adolescents are a unique risk group since harsh parenting tends to increase in adolescence (De Stone et al., 2016; Finkelhor et al., 2013; Meinck et al., 2016) and this puts teens at risk of some risk behaviors that may compromise their future development (Ruiz-Hernández et al., 2018; Simons et al., 2016). Overall, the vast majority of interventions focus on the prevention of either VAW or VAC without consideration of their intersection (Bacchus et al., 2024).

Given the high prevalence of VAC and VAW in Zimbabwe (Iman'ishimwe Mukamana et al., 2020), there is a critical need to prevent these forms of violence, particularly during adolescence – a period of heightened vulnerability. Parenting for Lifelong Health (PLH) for Parents and Teens is an open-source parenting program for caregivers and their children aged 10-17, which has been designed for and rigorously tested in LMICs (Cluver et al., 2016a, b, c, 2018). The program comprises 14 group-based sessions and can be supplemented with home visits. It focuses on strengthening caregivers' ability to provide a protective environment and ensure their children's health and well-being through positive parenting techniques, and includes two sessions on economic strengthening, covering budgeting and saving skills. The program has been implemented in over 25 LMICs in sub-Saharan Africa (including Zimbabwe), Eastern Europe, Southeast Asia, and the Caribbean. Evidence shows the program effectively reduces harsh parenting practices, adolescent mental health problems, and substance use while increasing warm, non-violent discipline approaches among caregivers (Cluver et al., 2018; Jocson et al., 2023; Liu et al., 2024). We therefore chose to adapt this PLH program to explore whether VAW could be prevented alongside the program's established track record in preventing VAC. Additionally, the availability of trained staff and past participants in the PLH program in Zimbabwe presented an ideal opportunity to explore this.

This study therefore aimed to investigate how the PLH Teens Program could effectively be revised to more explicitly recruit and keep fathers attending and engaging in the program and prevent VAW and VAC. The study had the following objectives:

- To establish the views of male caregivers, female caregivers, and teens (including those who had and who had not, participated in the PLH program earlier), in Zimbabwe, on the feasibility, appeal, and content of an adapted program;
- To explore gendered norms around parenting;
- To gather PLH program facilitators' views of a possible adapted program.

Method

Participants

The original PLH Program for Parents and Teens (known as Sinovuyo Teens in Zimbabwe) was implemented in Zimbabwe by Catholic Relief Services, Zimbabwe Health and Caritas Zimbabwe, and reached 52,000 families. All families who received the original program were already beneficiaries of those charities. The majority of caregiver participants were women. For example, of the 8,833 families that Catholic Relief Services recruited between 2018 and 2020, only 7% of caregivers were men.

Caregiver and teen participants for this study (n=54) were recruited from two groups: those with prior experience in the PLH Program for Parents and Teens (10 mothers, 10 teens) and those without prior experience (10 mothers, 10 fathers, 10 teens). Four facilitators out of 15 who had delivered the program were also interviewed. Purposive sampling was used to recruit participants, using the knowledge and expertise of Catholic Relief Services. Recruitment was facilitated by a staff member who had supported Catholic Relief Services Zimbabwe's implementation of the program and who was known in the communities. They approached potential participants and requested their informed consent to participate in the study. Caregivers who had not received the PLH program earlier were beneficiaries of Catholic Relief Services' other programs in the same communities as caregivers who had received the PLH program. A list of cell phone numbers of all participants was obtained from this staff member after they had confirmed that the participants consented to participate and to provide their cell phone numbers, and these were used to make contact with the participants. This helped limit any risk of coercion. To ensure the safety of participants who might choose to disclose violence in the home, the mothers and fathers were recruited from different families (Ellsberg & Heise, 2005). Adolescents were recruited through the fathers recruited into the study, though they participated in the study separately. All participants came from urban and peri-urban communities in the Mazowe district in Zimbabwe.

Procedure

A pragmatic qualitative design was used (Kaushik & Walsh, 2019). This approach allowed for a deep understanding of context. Pragmatism as a research paradigm recognizes that reality and knowledge are grounded in people's beliefs and experiences and that understanding context is critical to empirical inquiry (Kaushik & Walsh, 2019).

Due to the peak of the global COVID-19 pandemic at the time of data collection, all research activities were conducted remotely. Participants were introduced to the study and informed consent was requested (and received) before proceeding with the interviews. Four semi-structured individual interviews with former PLH facilitators were conducted using Zoom, a video-conferencing application, and subsequently transcribed with consent given. Zoom uses end-to-end encryption for its meetings (Zoom, 2024), and all recordings were saved on password-secured One-Drive storage.

Five online focus group discussions (FGDs) were held with the parent and teen participants on the messaging platform WhatsApp with end-to-end encryption, with the groups structured as follows: parents who had completed the program between 2018 and 2020 (all of whom were mothers); teens who had completed the program between 2018 and 2020; and one each with fathers, with mothers, and with teens who had no experience with the program. Each group had 10 participants. Adult participants ranged in age from 36 to 51 years old, and teen participants from 17 to 9 years old. 65% were girls and 35% were boys. While FGDs and interviews were conducted in English, a translator, trained in ethical research practices, was available for participants who preferred to speak in Shona. In the reporting, numbers were used to replace the participants' names in order to anonymize their identities.

The five FGDs explored participants' collective parenting experiences and their thoughts on the proposed program adaptation. These FGDs were conducted using WhatsApp's end-to-end encrypted group chats (WhatsApp, 2021). An introductory voice note was sent to each group to explain the study and introduce the ground rules for the discussion (e.g. respecting fellow members). These rules were crucial to mitigate the potential for reduced discretion and tact in virtual discussions (Williams et al., 2012). Once the ground rules were agreed upon, one discussion question was sent each day, allowing participants a full day to reflect and respond before moving on to the next question. This asynchronous format has been found to encourage more thoughtful and in-depth responses (Stewart & Williams, 2005).

Confidentiality was ensured throughout the study as far as possible (Wilson & MacLean, 2011). Davidson was the only one able to add participants to the group. Davidson could remove any harmful posts and block others from joining. The desktop version of WhatsApp, on a password-protected computer, was used as this was the most secure option (WhatsApp, 2021). A 2-step verification process was also set up to further ensure the privacy of the participants. WhatsApp uses end-to-end encryption which means that the messages are encrypted in transit, so they are harder to read if intercepted along the way. As the designated administrator of the group, only the researcher was able to edit the group's information such as the name and the description.

Participants were able to leave data collection by removing themselves from the group or not replying to questions. Participants' names do not appear on any of the transcriptions or in any of the data.

Participants were given data vouchers before the FGDs and interviews in order to enable their participation, to the value of about USD10. The study received ethical approval from Department of Psychology at the University of Cape Town (PSY2020-020) and the Medical Research Council of Zimbabwe (MRCZ/B/2072). All transcripts were anonymized and only the research team had access to them. Given the pragmatic approach of this study, realist thematic analysis was used to analyze the data. This analytic approach enabled a straightforward and authentic interpretation of participants' responses (Braun & Clarke, 2006).

Additionally, a desktop review was done of four existing successful interventions as well as talking to fellow researchers and implementers with expertise in parenting programs and gender transformative programming.

Results

Participation in Focus Groups

Given the novelty of using remote data collection methods, the research team was not sure how engaged participants would be in the groups. But engagement in the group exchanges was excellent. Fathers (who had no prior experience with the program) demonstrated the highest level of engagement compared to mothers and teens, regardless of the latter groups' previous participation in the program. The majority of participants answered every question, with many offering multiple responses to a single question. Although participation gradually declined approximately two weeks after the initiation of the group chat, the level of engagement provided rich and sufficient data for analysis.

Feedback from Stakeholders Who had Experienced PLH for Teens

Facilitators and participants with prior experience in the program expressed overwhelmingly positive feedback. Reported benefits included improved parent-teen relationships and enhanced conflict-resolution skills. Mothers also noted that they were able to use the parenting skills taught to improve their relationship with their partners.

Did you find the Sinovuyo program helpful? Tell us about that (Researcher). I think the program has made changes to our families' relationships at home, even in times of conflict. This is because we have taken the 6 steps to be followed when we have misunderstandings (PLH Caregiver 10).

Aligned with findings from earlier randomized controlled trials, facilitators and mothers spoke about an increased ability to communicate and decreased stress levels.

> *Did you find the Sinovuyo program helpful? Tell us about that* (Researcher). *Sinovuyo program helps me about how to communicate with my children* (PLH Caregiver 7).

The program's family budgeting content was also viewed as a crucial element. Participants reported gaining practical skills in saving money and managing household finances. These skills enabled them to better handle unexpected events and even start small businesses. One teen shared that this financial involvement strengthened their relationship with their parents and positively impacted their self-image.

> *Do you think the Sinovuyo program has improved the relationship with your parents?* (Researcher). *Moreover, my parents are now consulting me when preparing a budget. This gives me a sense of belonging* (PLH Teen 10).

Thirdly, the program's role in preventing gender-based violence and protecting girls in the community was seen as a significant benefit. For example, when asked about the program, one PLH teen said that it helped them know how to talk to their parents and take care of themselves as an adolescent girl.

> *Moreover, Sinovuyo helped to protect girl child since we learned about challenges faced by girl child and we were given solutions. Now the rate of child early marriage has reduced through Sinovuyo* (PLH Caregiver 10).

Conflict in Families

Parents and teens, including those who had not experienced the program, reported positive experiences in the adolescent stage of development. Teens felt more valued and parents talked about enjoying seeing how their past parenting efforts led to who their teens are now. For example, one non-PLH teen shared that they felt their parents liked them more as a teenager:

> *What are some of the best things about being a parent of a teenager? What is the most difficult thing?* (Researcher). *Being a parent of a teenager gives the best feeling that I have done a part in one's life and beginning to realize the fruits of parenting* (Non-PLH Father 1).

Despite these positive reflections, nearly all participants without prior PLH experience reported increased frequency and intensity of conflict in the home since their children entered adolescence. For example, one non-PLH mother, when asked whether parents fight more with their children now that they are teenagers, shared that young children are usually innocent and do things without the intention of causing harm, but teens are stubborn and knowingly rude. Conflict between parent and teen was also noted to strain the relationship between parents themselves, as blaming and arguing over how conflicts with their children should be handled increased.

Participants highlighted the gendered nature of this blame, with fathers often holding mothers responsible for the negative behavior of their teen. This dynamic reinforced the perception that women bear the ultimate responsibility for raising children. For example, a non-PLH father, when asked whether parents fight more with their children now that they are teenagers, said that fathers don't take responsibility for their children's misbehavior and blame the mother.

> *Do you think that parents fight more with their children now that they are a teenager? How do you think this affects the parents' relationship?* (Researcher). *Parents relationship will be affected because when they start to fight against each other, thinking that they are failing to keep better standards for their children, or it will affect only one parent eg the mother, the father may say you are a troublemaker* (Non-PLH Mother 1).

Poverty and financial difficulties were identified as significant sources of conflict in families without PLH program experience. Joblessness, the inability to provide their children with the things they desire, and feeling overwhelmed by debt were major stressors, often leading to arguments about how to handle economic struggles.

> *In every family, there are times when families don't get along. Could you tell me about conflict in families like yours? How do families deal with this conflict?* (Researcher). *Financial difficulties. I feel overwhelmed by the amount of money we owe, which affects how much we can afford to do or buy for the family. Financial stress can also occur when my husband and I disagree about how we spend money. We find that we have to separate the problems and the relationship. We find that money is not more important than the family* (Non-PLH Mother 8).

Participants reflected on how conflict is handled in families. Firstly, non-PLH participants highlighted the importance of calm communication, listening, and emotional in managing family conflict. Apologizing and accepting when you are in the wrong were recognized as key strategies.

> *Accepting that you have wronged a family member and saying Sorry. Also, do not react quickly to accusations, be slow to anger, speak when necessary in an acceptable tone* (Non-PLH Father 1).

Non-PLH fathers, in particular, stressed that calm communication, respect and understanding are crucial for men, especially when parenting their teens, recognizing their role in preventing VAW and VAC. Control of their feelings and keeping calm during conflicts with family members were highlighted as important for men.

> *Men should learn to control their emotions when talking to their ladies because we normally raise our hands first to clap [hit] these ladies. We should try to understand* (Non-PLH Father 5).

Secondly, non-PLH mothers, in particular, identified economic stressors as a key risk factor for conflict, and emphasized the need to improve household income in order to resolve and prevent conflict. For example, one mother, when asked how families deal with conflict, says she reminds her family not to compare themselves to other people and the importance of working hard to become rich, such as gardening and keeping chickens.

Suggestions from Participants Who had not Experienced PLH

Participants who had not experienced the PLH program agreed on the value of a program that supports family relationships and parenting practices and gave suggestions for this program. Firstly, many participants, especially fathers, expressed a strong desire to learn to communicate better to create a more harmonious family environment. Additionally, parents and teens wanted to deepen their understanding of adolescent development.

> *Do you think a programme that helps you work better with your partner would be helpful for your family?* (Researcher). *Father and mother need good communication in their family for them to have good and understanding children. Good communication leads to a happy and peaceful family* (Non-PLH Father 9).

> *Also helps us children to see where we are coming from and where we are going* (Non-PLH Teen 6).

Secondly, participants (especially mothers) highlighted the need for economic support, such as help setting up small businesses and economic projects, as well as financial assistance with school fees and start-up capital, to alleviate

economic stressors leading to conflict (Cluver et al., 2020). For example, one non-PLH mother, when asked what she would like to have in a potential program, highlighted the need for skills and funds to start their own business. Thirdly, mothers particularly stressed the need for the program to address the prevention of child marriage and provide education on health issues, including HIV/AIDS, in order to keep children safe.

> *The program should also cover early marriage of our children in the community because the girl children are dropping out of school to become mothers when they are underage* (Non-PLH Mother 7). *To protect our teenagers from early marriages and HIV/Aids* (Non-PLH Mother 3).

Fourthly, participants recognized the importance of learning from others who face similar challenges. Parents wanted opportunities to engage with other parents raising teenagers, while teenagers expressed interest in sharing experiences with their peers, which suggests that group-based workshops or sessions would be welcomed by potential participants.

Co-parenting

To explore strategies for preventing VAW, participants were asked to reflect on how they collaborated in parenting their teens. All mothers, fathers and teens agreed that parents in their communities do and should work together in raising their children. This collaboration was primarily understood by parents as creating space in which co-parenting partners could share ideas and support each other. However, participant responses also revealed persistent traditional gender roles within parenting dynamics. Given that gendered norms perpetuate VAW and VAC (Carlson et al., 2020; Namy et al., 2017), it is critical to understand the gendered norms at play in the Zimbabwean context, particularly related to parenting.

Gender Roles in Families in this Context

All participants that shared their thoughts on this question described distinct roles for men and women with regard to parenting. Emotional care and discipline of children, along with household chores like cooking, cleaning and laundry, were seen as women's responsibilities.

> *Do fathers like yourselves and mothers have different responsibilities in bringing up their children? What are mothers' responsibilities? What are fathers' ones?* (Researcher). *Mother's responsibility is to give enough care to children, like washing clothes for them, bathing them, giving food, etc. (Non-PLH Mother 1). Mother cooks food, washes clothes and cares for the children* (Non-PLH Father 10).

Conversely, fathers were viewed as breadwinners responsible for providing food, clothing, shelter and school fees, and managing physical household tasks like gardening and plumbing. Fathers were also seen as the head of the household when asking participants what fathers' and mothers' different responsibilities are, when it comes to parenting.

> *As the head of the family, I have a lot of responsibilities* (Non-PLH Father 7).

> *Father is the provider of the family's needs and wants, food, shelter, health expenses, paying fees, as well as having quality time together* (Non-PLH Teen 6).

Fathers were often identified as holding the responsibility for preventing VAW and VAC due to their position of authority in the household. Mothers emphasized that because fathers hold power, they should use it to foster safety and well-being.

> *Do you think that it is important that men play a part in the prevention of violence against women and children?* (Researcher). *In my point of view, I think men play an important role in preventing violence against women and children because man is the head of the family, they know how to handle situations; however, there is a probability of using that power to violence against their women and children (*Non-PLH Mother 4).

> *We should try to understand more when discussing with these ladies because we normally think we are always right, yet some were wrong* (Non-PLH Father 9).

Fathers spoke about men often being the perpetrators of violence and argued that they should take responsibility for preventing it. Here again, men highlighted the importance of controlling their emotions and calm communication. A few participants also spoke of women playing a part in preventing violence, though not reflecting on their role as potential perpetrators. For example, one father spoke about his concern that women often do not report violence.

Although participants described traditional gender roles, their suggestions for program adaptations revealed a willingness to challenge these norms. While women were seen as needing to be caregivers by the participants, many

mothers focused on the need for economic empowerment and skills development. Fathers, viewed as providers by the participants, expressed a desire to improve communication, respect, and understanding within the family. This contrast suggests that both men and women may be open to redefining their roles at home, fostering healthier family dynamics and contributing to the prevention of VAW and VAC.

Discussion

This study sought to bring potential participants into the adaptation process by actively seeking to understand their lived experiences. These findings of this study point to several key recommendations for adapting the PLH Teens Program.

Shifting Gender Relations

The results indicate that traditional gender norms continue to shape family life in Zimbabwe, echoing previous research (Chitsike, 2000; Mugweni et al., 2012). Consistent with these studies, masculinity in this context is often characterized by dominance (Pearson & Makadzange, 2008), which manifests through decision-making power and being a breadwinner (Mugweni et al., 2012). Conversely, femininity is associated with the wish to please partners and exhibit submissiveness (Mugweni et al., 2012). These patriarchal views are a significant shared risk factor for VAW and VAC (Fulu et al., 2017; Guedes et al., 2016), particularly because they normalize and justify the use of violence by men in the family setting (Carlson et al., 2020; Jamieson et al., 2018).

However, the findings from this study suggest a readiness among parents to challenge these traditional roles: mothers expressed a strong interest in contributing to household income, while fathers showed a desire to develop better relationship and communication skills. This openness to shifting social norms is crucial for preventing VAW (Haylock et al., 2016; Neville, 2015) and VAC (World Health Organization, 2016; World Health Organization, 2019).

Previous studies have found that an effective strategy for addressing entrenched gender norms is gender-transformative programming. Originally developed within the context of HIV/AIDS prevention, this approach seeks to challenge and change traditional gender roles and promote equitable relationships, with a focused effort to engage boys and men (Gupta, 2000). Gender-transformative interventions vary widely (Dworkin & Barker, 2019) with formats ranging from media campaigns to community mobilization (Barker et al., 2007), although small group workshops – which align well with parenting program formats - appear to be the most common and effective (Dworkin et al., 2013). Although there is a limited number of randomized and longitudinal studies evaluating the impact of gender-transformative programs (Barker et al., 2007; Dworkin et al., 2013), existing evidence suggests that behavior change may be more likely in programs that incorporate gender-transformative content (Barker et al., 2007, 2010). In light of these findings and supporting literature, it is recommended that gender-transformative components be integrated into the current PLH Teens program.

Engaging Fathers

The high levels of engagement from the fathers' group (who had not experienced PLH) and their interest in learning about child development and improving communication skills, suggests that fathers could be receptive to active involvement in a parenting program. This supports growing calls for the intentional inclusion of fathers in VAC and VAW prevention initiatives (Fletcher et al., 2014; Labarre et al., 2015). Evidence suggests that father-inclusive programs lead to significant improvements in maternal, paternal, and couples' outcomes (Jeong et al., 2023).

However, recruiting men into parenting and gender-transformative programs has historically been challenging (Haylock et al., 2016; Smith et al., 2012). Parenting programs have been traditionally focused on women caregivers, with minimal effort made to actively engage fathers (Bayley et al., 2009). As a result, many men report feeling excluded or silenced in parenting spaces (Pfitzner et al., 2020). Similarly, in gender-transformative programs, male participants have expressed that they feel that women's rights initiatives undermine their rights as men (Peacock & Barker, 2014). Men who adopt more gender-equitable attitudes have also reported being belittled by their male peers (Dworkin et al., 2013), highlighting the social pressures that discourage men from engaging in these programs.

Recent studies suggest that successful engagement strategies must promote shared responsibility in parenting while acknowledging fathers' motivations and needs, as well as gender norms (Lachman et al., 2020; Lechowicz et al., 2018; Siu et al., 2017). Overall, the proposed adapted program should engage men actively by overcoming the barriers to men's engagement, including creating inclusive environments that validate men's roles as caregivers, fostering supportive peer networks, and framing the program around shared parenting responsibilities.

Communication and Respect

Participants strongly supported the existing program's focus on communication and conflict transformation skills. They also endorsed expanding the program to include skills

for resolving conflicts between couples. This aligns with global evidence identifying couples-based interventions as a promising and effective approach to preventing VAW (Kerr-Wilson et al., 2020). Given this, there is a clear need to strengthen and broaden the current PLH content to place equal emphasis on both the parental relationship and parent-child dynamic to prevent family violence.

Economic Component

Participants' discussions around economic struggles, coping strategies, and suggestions for support indicate that the budgeting and saving skills already included in the current program should continue to be used in adaptations (Cluver et al., 2016). Additionally, the findings suggest that integrating entrepreneurial skills or embedding the program within broader income-generating initiatives may be needed. Improvement in a family's economic situation were seen as directly contributing to better family relationships and, by extension, reducing the risk of family violence. This is consistent with existing research demonstrating the effectiveness of economic and income-generating interventions in preventing VAW and VAC (Duva & Metzger, 2010; Matjasko et al., 2013; World Health Organization, 2018; World Health Organization, 2019). For example, emerging evidence supports combining parenting programs with cash transfer initiatives to enhance family well-being and reduce violence (Arriagada et al., 2018; Rawlings et al., 2020).

The Importance of a Multi-pronged Approach

Research on the prevention of VAW and VAC consistently emphasizes the importance of simultaneously addressing multiple risk factors (World Health Organization, 2018; World Health Organization, 2019). The insights and reflections shared by participants reflect this understanding, reinforcing the need for comprehensive interventions.

However, certain well-documented drivers of violence, such as childhood trauma and alcohol and substance abuse (Abramsky et al., 2011; Namy et al., 2017), were not directly mentioned by participants. This may have been because our participants all actively volunteered to be included in this study, and it is very possible that, for instance, substance-abusing parents were not available or interested in participating. These factors remain critical considerations, particularly in Zimbabwe, where substance abuse rates are high (Chigiji et al., 2018; Matutu & Mususa, 2019). Studies report that approximately 57% of young Zimbabweans engage in substance use (Maraire & Chethiyar, 2020). Recognizing these underlying risk factors is essential.

A multi-pronged approach is thus needed to address the complex and interconnected drivers of violence in the home (Jamieson et al., 2018). Evidence suggests that combining economic and social empowerment strategies, particularly gender-transformative programming, can reduce the risk of family violence (Kerr-Wilson et al., 2020; World Health Organization, 2018; World Health Organization, 2019). To maximize impact, the adapted PLH Teens Program and similar interventions should be embedded within a broader system of complementary programs and support services (Boyko et al., 2016; Decat et al., 2013). This integrated approach ensures that families receive holistic support, addressing economic, social, and behavioral factors contributing to violence, and fostering safer, more resilient communities.

The Subsequent Adapted Program

Based on the recommendations of this study, the adapted program introduces a targeted focus on developing co-parenting skills to strengthen the relationship between co-parenting partners, promote equal gender roles among both caregivers and teens, and reduce the risk of IPV. To integrate an effective gender-transformative approach, several strategies were employed: Expanding participation to include both male and female caregiving figures; revising role-plays and reflecting questions to challenge harmful gender norms and promote equitable behaviors; adding key messages that reinforce gender equity and non-violence conflict resolution; re-designing new activities to reflect PLH's strengths-based positive parenting approach; and ensuring all content is accessible, practical, and culturally appropriate for all participants.

The result is a group-based family strengthening program designed for parents (both mother and father figures, where applicable) and their children ages 10 to 17, with the aim of fostering positive parent–child and co-parenting relationships to reduce the risk of violence. While much of the content remains consistent with the original evidence-based PLH Teens Program, key modifications have been made to improve program delivery and impact (see Table 1). The manual can be found online at https://doi.org/10.25375/uct.28661624.

Implications for Practice and Research

This study highlights several areas for practice. First, it confirms that it is indeed possible to attract men to parenting programs and keep them engaged, if a specific attempt to include them is identified. Second, there is evidence that ameliorating economic stress and moving away from patriarchal norms reduces both violence against women and against children (World Health Organization, 2016; 2018). This study confirms that economic strengthening and gender-transformative material can and should be included in parenting programs, especially in contexts of poverty.

Table 1 Program features and sessions

Features	*Original PLH teens program*	*The adapted program*
Participants	One caregiver and one teen	One male co-parent, one female co-parent and one adolescent
Facilitators per group	Two facilitators	Three facilitators (including one man)
Sessions	14 sessions	11 sessions with a celebration session
Training	5-day training course and ongoing coaching	Original training and additional training on IPV & handling disclosure of abuse
Session	*Goal*	*New content added*
All sessions	Integrating gender equitable messaging	integrated gender equitable messaging throughout the program wherever possible
Family Goals	Identifying specific positive and realistic goals (individual to each family)	Reflection on parents' relationship with their parents when children and their parents' relationship with each other
One-on-one Time	Parents are trained to spend time with each child individually, and with each other	
Praise and Instruction	Praise to increase positive behavior, and giving positive specific and realistic instructions	
Managing anger and stress	Acknowledging and accepting emotions, communicating about emotions, and responding to difficult emotions	
Establishing rules and routines	Setting up rules and routines together as a family	Using discussion on different rules for boys and girls as starting point to challenge unequal gender attitudes
Health and Safety	Emphasizing and practicing talking about sensitive topics as a family	
Budgeting and saving	Helping families reduce stress around money and involve teens in discussing issue about money	
Accepting responsibilities	Emphasizing and practicing sharing responsibilities as a family and identifying appropriate consequences for misbehavior	Using sharing responsibilities discussion as starting off point to encouraging a more equal division of labor in the home
Solving problems as a family	Emphasizing and practicing finding peaceful solutions for family problems and making a plan of action	
Keeping safe in the community and in relationships	Emphasizing and practicing discussing safety concerns and identifying both dangerous areas and sources of support	
Responding to crisis	Emphasizing and practicing working together as a family to create a plan before something bad happens	
Celebration session	Fun part to celebrate completion of program	

In terms of future research, this adapted program should be tested to examine whether it is effective in shifting gender norms and, in turn, reducing violence against women and children. While the qualitative findings suggest the PLH Teen program may reduce early or child marriage, larger studies are needed to confirm this effect and understand the mechanisms involved. In addition, this study also has relevance to the evidence base on virtual data collection methods for focus group discussions in LMICs. The majority of such studies are not based in LMICs, and tend to be data-heavy online platforms (Stewart & Williams, 2005). Future research should examine how accessible messaging platforms (such as WhatsApp) might be used more widely to gather quality data.

Limitations

This study has several limitations that should be considered when interpreting the findings. Firstly, the sample is relatively small, which may limit the generalizability of the results.

Secondly, the online format, necessitated by the COVID-19 pandemic, may have introduced a stronger social desirability bias, as participants' comments were visible to others in the group chat (Moore et al., 2015; Smithson, 2000). Equally, the whole day consultations could have led to participants being influenced by external sources when choosing what to share. Additionally, the online setting prevented researchers from observing non-verbal cues, such as body language and vocal inflexion, which could have offered deeper insights into participants' feelings and reactions. There is also the potential for a power imbalance between the researcher and participants, which could have influenced how questions were asked and how openly participants responded. While cellphone data was provided to support participation, the reliance on digital communication may have excluded individuals without access to smartphones or stable internet connections, potentially limiting the diversity of participant perspectives.

Conclusion

Despite its limitations, this study offers important insights for strengthening the integration of violence against women (VAW) and violence against children (VAC) prevention within parenting programmes. The findings underscore the value of incorporating gender-transformative components that deliberately challenge and shift harmful social norms, as well as the need to improve recruitment strategies to enhance fathers' engagement and participation. In addition, reinforcing communication and conflict-resolution skills and bolstering existing budgeting sessions with training on income-generation and livelihood development are proposed as meaningful avenues for programme enhancement. Taken together, these recommendations point to the utility of a multi-layered approach that addresses the intertwined economic, social and behavioural drivers of both VAW and VAC. By contributing to an emerging evidence base on integrated prevention models, this study highlights the potential for parenting programmes to foster safer, more equitable and more resilient family environments.

Acknowledgements This would not have been possible without the hard work of MacGerald Mujuru and his team at Catholic Relief Services Zimbabwe. We are also grateful for the support of Clowns without Borders South Africa, especially Nyasha Manjengenja and Suzan Eriksson.

Authors' Contributions *Davidson:* Conceptualisation, method, data collection and analysis, and led the writing of this paper. *Booij:* Conceptualisation, review and editing of this paper. *Ward*: conceptualisation, review and editing of this paper.

Funding Open access funding provided by University of Cape Town. The University Research Committee of the University of Cape Town funded this study. The funder had no role in the design of the study, its implementation or in the writing of this paper.

Data Availability Not applicable.

Declarations

Ethical Approval The study received ethical approval from the Research Ethics Committee in the Department of Psychology at UCT (PSY2020-020) and the Medical Research Council of Zimbabwe (MRCZ/B/2072). The procedures used in this study adhere to the tenets of the Declaration of Helsinki. Informed consent was obtained from all individual participants included in the study.

Competing interest Ward is one of the developers of the Parenting for Lifelong Health suite of programmes but derives no royalties or other income from the programme. The University of Cape Town receives research funding for studies of the programmes, and this benefits her career. Otherwise, she declares no conflict of interest. This study formed part of a postgraduate degree for Davidson, who otherwise declares no conflict of interest.

References

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A. F. M., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*(109), 1–17. https://www.biomedcentral.com/1471-2458/11/109

Arriagada, A., Perry, J., Rawlings, L., Trias, J., & Zumaeta, M. (2018). *Promoting Early Childhood Development through Combining Cash Transfers and Parenting Programs*. World Bank Group: Social Protection and Jobs Global Practice.

Ayinmode, B. A., & Tunde-Ayinmode, M. F. (2008). Family violence among mothers seen at the University of Ilorin Teaching Hospital, Ilorin, Nigeria. *South African Journal of Psychiatry, 14*(3), 76–83. https://doi.org/10.4102/sajpsychiatry.v14i3.163

Bacchus, L. J., Colombini, L., Pearson, I., Gevers, A., Stöckl, H., & Guedes, A. (2024). Interventions that prevent or respond to intimate partner violence against women and violence against children: A systematic review. *Lancet, 9*(5), e326–e338. https://doi.org/10.1016/S2468-2667(24)00048-3

Bacchus, L. J., Colombini, M., Urbina, M. C., Howarth, E., Gardner, F., Annan, J., Ashburn, K., Madrid, B., Levtov, R., & Watts, C. (2017). Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: A scoping review. *Psychology, Health & Medicine, 22*(1), 135–165. https://doi.org/10.1080/13548506.2016.1274410

Barker, G., Ricardo, C., Nascimento, M., & World Health Organization, I. (2007). *Engaging men and boys in changing gender-based*

inequity in health: Evidence from program interventions. World Health Organization.

Barker, G., Ricardo, C., Nascimento, M., Olukoya, A., & Santos, C. (2010). Questioning gender norms with men to improve health outcomes: Evidence of impact. *Global Public Health, 5*(5), 539–553. https://doi.org/10.1080/17441690902942464

Bayley, J., Wallace, L. M., & Choudhry, K. (2009). Fathers and parenting programs: Barriers and best practice. *Community Practitioner, 82*(4), 28–31.

Boyko, J. A., Kothari, A., & Wathen, C. N. (2016). Moving knowledge about family violence into public health policy and practice: A mixed method study of a deliberative dialogue. *Health Research Policy and Systems, 14*, Article 31. https://doi.org/10.1186/s12961-016-0100-9

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706QP063OA

Burton, P., Ward, C., & Artz, L. (2015). *The Optimus Study on child abuse, violence and neglect in South Africa*. The Centre for Justice and Crime Prevention.

Carlson, C., Namy, S., Norcini Pala, A., Wainberg, M. L., Michau, L., Nakuti, J., Knight, L., Allen, E., Ikenberg, C., Naker, D., & Devries, K. (2020). Violence against children and intimate partner violence against women: Overlap and common contributing factors among caregiver-adolescent dyads. *BMC Public Health, 20*(1), 124. https://doi.org/10.1186/s12889-019-8115-0

Castro, R. J., Cerellino, L. P., & Rivera, R. (2017). Risk factors of violence against women in Peru. *Journal of Family Violence, 32*(8), 807–815. https://doi.org/10.1007/s10896-017-9929-0

Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma, Violence & Abuse, 17*(1), 88–104. https://doi.org/10.1177/1524838014566718

Chiesa, A. E., Kallechey, L., Harlaar, N., Rashaan Ford, C., Garrido, E. F., Betts, W. R., & Maguire, S. (2018). Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect, 80*, 285–300. https://doi.org/10.1016/j.chiabu.2018.03.028

Chigiji, H., Fry, D., Mwadiwa, T. E., Elizalde, A., Izumi, N., Baago-Rasmussen, L., & Maternowska, M. C. (2018). Risk factors and health consequences of physical and emotional violence against children in Zimbabwe: A nationally representative survey. *BMJ Global Health, 3*(3), e000533. https://doi.org/10.1136/bmjgh-2017-000533

Chitsike, C. (2000). Culture as a barrier to rural women's entrepreneurship: Experience from Zimbabwe. *Gender & Development, 8*(1), 71–77. https://doi.org/10.1080/741923408

Cluver, L. D., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., Ward, C., Salah, N., De Stone, S., Petersen, T., Mpimpilashe, P., Romero, R. H., Ncobo, L., Lachman, J., Tsoanyane, S., Shenderovich, Y., Loening, H., Byrne, J., Sherr, L., Kaplan, L., & Gardner, F. (2016). Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post trial in South Africa. *BMC Public Health*, *16*(1), 567. https://doi.org/10.1186/s12889-016-3262

Cluver, L. D., Lachman, J. M., Ward, C. L., Gardner, F., Peterson, T., Hutchings, J. M., Mikton, C., Meinck, F., Tsoanyane, S., Doubt, J., Boyes, M., & Redfern, A. A. (2016a). Development of a parenting support program to prevent abuse of adolescents in South Africa. *Research on Social Work Practice, 27*(7), 758–766. https://doi.org/10.1177/1049731516628647

Cluver, L. D., Meinck, F., Shenderovich, Y., Ward, C. L., Romero, R. H., Redfern, A., Lombard, C., Doubt, J., Steinert, J., Catanho, R., Wittesaele, C., De Stone, S., Salah, N., Mpimpilashe, P., Lachman, J., Loening, H., Gardner, F., Blanc, D., Nocuza, M., & Lechowicz, M. (2016b). A parenting programme to prevent abuse of adolescents in South Africa: Study protocol for a randomised controlled trial. *Trials, 17*(1), 328. https://doi.org/10.1186/s13063-016-1452-8

Cluver, L. D., Meinck, F., Steinert, J. I., Shenderovich, Y., Doubt, J., Herrero Romero, R., Lombard, C. J., Redfern, A., Ward, C. L., Tsoanyane, S., Nzima, D., Sibanda, N., Wittesaele, C., De Stone, S., Boyes, M. E., Catanho, R., Lachman, J. M., Salah, N., Nocuza, M., & Gardner, F. (2018). Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ Global Health, 3*(1), e000539. https://doi.org/10.1136/bmjgh-2017-000539

Cluver, L., Shenderovich, Y., Meinck, F., Berezin, M. N., Doubt, J., Ward, C. L., Parra-Cardona, J., Lombard, C., Lachman, J. M., Wittesaele, C., Wessels, I., Gardner, F., & Steinert, J. I. (2020). Parenting, mental health and economic pathways to prevention of violence against children in South Africa. *Social Science & Medicine, 262*, 113194. https://doi.org/10.1016/j.socscimed.2020.113194

De Stone, S., Meinck, F., Sherr, L., Cluver, L., Doubt, J., Orkin, F. M., Kuo, C., Sharma, A., Hensels, I., Skeen, S., Redfern, A., & Tomlinson, M. (2016). *Factors Associated with Good and Harsh Parenting of Pre-Adolescents and Adolescents in Southern Africa* (Innocenti Working Paper No.2016–20). https://doi.org/10.13140/RG.2.2.19154.15046

Decat, P., Nelson, E., De Meyer, S., Jaruseviciene, L., Orozco, M., Segura, S., Gorter, A., Vega, B., Kathya Cordova, K., Maes, L., Temmerman, M., Leye, E., & Degomme, O. (2013). Community embedded reproductive health interventions for adolescents in Latin America: development and evaluation of a complex multi-centre intervention. *BMC Public Health*, *13*(31), 1–10. http://www.biomedcentral.com/1471-2458/13/31

Dekel, B., Abrahams, N., & Andipatin, M. (2019). Exploring the intersection between violence against women and children from the perspective of parents convicted of child homicide. *Journal of Family Violence, 34*(1), 9–20. https://doi.org/10.1007/s10896-018-9964-5

Duva, J., & Metzger, S. (2010). Addressing poverty as a major risk factor in child neglect: Promising policy and practice. *Protecting Children, 25*(1), 63–74.

Dworkin, S., & Barker, G. (2019). Gender-transformative approaches to engaging men in reducing gender-based violence: A response to Brush & Miller's "Trouble in paradigm." *Violence against Women, 25*(14), 1657–1671. https://doi.org/10.1177/1077801219872555

Dworkin, S., Treves-Kagan, S., & Lippman, S. A. (2013). Gender-transformative interventions to reduce HIV risks and violence with heterosexually-active men: A review of the global evidence. *AIDS Behavior, 17*(9), 2845–2863. https://doi.org/10.1007/s10461-013-0565-2

Ellsberg, M., & Heise, L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. World Health Organization.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2013). Improving the adverse childhood experiences study scale. *JAMA Pediatrics, 167*(1), 70–75. https://doi.org/10.1001/jamapediatrics.2013.420

Fletcher, R., May, C., St George, J., Stoker, L., & Oshan, M. (2014). *Engaging fathers Evidence review*. Australian Research Alliance for Children and Youth (ARACY). https://doi.org/10.13140/RG.2.1.1764.5608

Fry, D. A., & Elliott, S. P. (2017). Understanding the linkages between violence against women and violence against children. *The Lancet Global Health, 5*(5), e472–e473. https://doi.org/10.1016/s2214-109x(17)30153-5

Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., Jewkes, R., Fulu, E., Jewkes, R., Warner, X., Miedema,

S., Roselli, T., Lang, J., Naved, R. T., Huque, H., Farah, S., Shuvra, M. M. R., Erken, A., Xiangxian, W., … Johnson, S. (2017). 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, 5*(5), e512–e522. https://doi.org/10.1016/s2214-109x(17)30103-1

Gondolf, E. W. (2016). The victims of court-ordered batterers: Their victimization, helpseeking, and perceptions [research-article]. *Violence against Women, 5*(6), 659–676. https://doi.org/10.1177/1077801298004006003

Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action, 9*(1), 1–15. https://doi.org/10.3402/gha.v9.31516

Gupta, G. R. (2000). Gender, sexuality and HIV/AIDS: The what, the why and the how. *Canadian HIV/AIDS Policy & Law Review, 5*(4), 86–93.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect, 34*(10), 734–741. https://doi.org/10.1016/j.chiabu.2010.03.001

Haylock, L., Cornelius, R., Malunga, A., & Mbandazayo, K. (2016). Shifting negative social norms rooted in unequal gender and power relationships to prevent violence against women and girls. *Gender & Development, 24*(2), 231–244. https://doi.org/10.1080/13552074.2016.1194020

Iman'ishimwe Mukamana, J., Machakanja, P., & Adjei, N. K. (2020). Trends in prevalence and correlates of intimate partner violence against women in Zimbabwe, 2005-2015. *BMC International Health and Human Rights, 20*(1), Article 2. https://doi.org/10.1186/s12914-019-0220-8

Jamieson, L., Mathews, S., & Rohrs, S. (2018). Stopping family violence: Integrated approaches to address violence against women and children. In K. Hall, L. Richter, Z. Mokomare, & L. Lake (Eds.), *Children, families and the state: Collaboration and contestation* (pp. 81–92). Children's Institute.

Jeong, J., Sullivan, E. F., McCann, J. K., McCoy, D. C., & Yousafzai, A. K. (2023). Implementation characteristics of father-inclusive interventions in low- and middle-income countries: A systematic review. *Annals of the New York Academy of Sciences, 1520*(1), 34–52. https://doi.org/10.1111/nyas.14941

Jocson, R. M., Alampay, L. P., Lachman, J. M., Maramba, D. H. A., Melgar, M. E., Ward, C. L., Madrid, B. J., & Gardner, F. (2023). Pre-post mixed methods study of a parent and teen support intervention to prevent violence against adolescents in the Philippines. *Journal of Adolescent Health, 73*(1), 102–109. https://doi.org/10.1016/j.jadohealth.2023.02.027

Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a research paradigm and its implications for Social Work research. *Social Sciences*. https://doi.org/10.3390/socsci8090255

Kerr-Wilson, A., Gibbs, A., McAslan Fraser, E., Ramsoomar, L., Parke, A., Khuwaja, H., & Jewkes, R. (2020). *A rigorous global evidence review of interventions to prevent violence against women and girls*. What Works to Prevent Violence Against Women and Girls Global Program.

Labarre, M., Bourassa, C., Holden, G. W., Turcotte, P., & Letourneau, N. (2015). Intervening with fathers in the context of intimate partner violence: An analysis of ten programs and suggestions for a research agenda. *Journal of Child Custody, 13*(1), 1–29. https://doi.org/10.1080/15379418.2016.1127793

Lachman, J., Wamoyi, J., Spreckelsen, T., Wight, D., Maganga, J., & Gardner, F. (2020). Combining parenting and economic strengthening programmes to reduce violence against children: A cluster randomised controlled trial with predominantly male caregivers in rural Tanzania. *BMJ Global Health*. https://doi.org/10.1136/bmjgh-2020-002349

Lechowicz, M. E., Jiang, Y., Tully, L. A., Burn, M. T., Collins, D. A. J., Hawes, D. J., Lenroot, R. K., Anderson, V., Doyle, F. L., Piotrowska, P. J., Frick, P. J., Moul, C., Kimonis, E. R., & Dadds, M. R. (2018). Enhancing father engagement in parenting programs: Translating research into practice recommendations. *Australian Psychologist, 54*(2), 83–89. https://doi.org/10.1111/ap.12361

Liu, S., Xia, X., Lachman, J. M., & Zhang, H. (2024). A feasibility study of parenting for lifelong health for adolescents in China. *Research on Social Work Practice*. https://doi.org/10.1177/10497315241238964

Lundgren, R., & Amin, A. (2015). Addressing intimate partner violence and sexual violence among adolescents: Emerging evidence of effectiveness. *Journal of Adolescent Health, 56*(1), S42–S50. https://doi.org/10.1016/j.jadohealth.2014.08.012

Mandal, M., & Hindin, M. J. (2015). Keeping it in the family: Intergenerational transmission of violence in Cebu, Philippines. *Maternal and Child Health Journal, 19*(3), 598–605. https://doi.org/10.1007/s10995-014-1544-6

Maraire, T., & Chethiyar, S. D. (2020). Drug and substance abuse problem by the Zimbabwean youth: A psychological perspective. *Practitioner Research, 2*(1), 41–59. https://doi.org/10.32890/pr2020.2.3

Mathews, S., Govender, R., Lamb, G., Boonzaier, F., Dawes, A., Ward, C., Duma, S., Baerecke, L., Warton, G., Artz, L., Meer, T., Jamieson, L., Smith, R., & Röhrs, S. (2016). *Towards a more comprehensive understanding of the direct and indirect determinants of violence against women and children in South Africa with a view to enhancing violence prevention*. University of Cape Town.

Matjasko, J. L., Niolon, P. H., & Valle, L. A. (2013). The role of economic factors and economic support in preventing and escaping from intimate partner violence. *Journal of Policy Analysis and Management, 32*(1), 122–128. https://doi.org/10.1002/pam.21666

Matutu, V., & Mususa, D. (2019). *Drug and Alcohol Abuse Among Young People in Zimbabwe: A Crisis of Morality or Public Health Problem*. SSRN. https://ssrn.com/abstract=3489954

Meinck, F., Cluver, L. D., Boyes, M. E., & Loening-Voysey, H. (2016). Physical, emotional and sexual adolescent abuse victimisation in South Africa: Prevalence, incidence, perpetrators and locations. *Journal of Epidemiology and Community Health, 70*(9), 910–916. https://doi.org/10.1136/jech-2015-205860

Moore, T., McKee, K., & McCoughlin, P. (2015). Online focus groups and qualitative research in the social sciences: Their merits and limitations in a study of housing and youth. *People, Place and Policy Onlin, 9*(1), 17–28. https://doi.org/10.3351/ppp.0009.0001.0002

Mugweni, E., Pearson, S., & Omar, M. (2012). Traditional gender roles, forced sex and HIV in Zimbabwean marriages. *Culture, Health & Sexuality, 14*(5), 577–590. https://doi.org/10.1080/13691058.2012.671962

Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., Namakula, S., Nanyunja, B., Wainberg, M. L., Naker, D., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine, 184*, 40–48. https://doi.org/10.1016/j.socscimed.2017.04.042

Neville, F. G. (2015). Preventing violence through changing social norms. In C. Ward (Ed.), *Oxford Textbook of Violence Prevention* (pp. 239–244). Oxford University Press.

Nicklas, E., & Mackenzie, M. J. (2012). Intimate partner violence and risk for child neglect during early childhood in a community sample of fragile families. *Journal of Family Violence, 28*(1), 17–29. https://doi.org/10.1007/s10896-012-9491-8

Peacock, D., & Barker, G. (2014). Working with men and boys to prevent gender-based violence. *Men and Masculinities, 17*(5), 578–599. https://doi.org/10.1177/1097184x14558240

Pearson, I., Stockl, H., Guedes, A., Meinck, F., Page, S., Gennari, F., & Zimmermann, C. (2023). The cooccurrence of intimate partner violence and violence against children: A systematic review on associated factors in low- and middle-income countries. *Trauma, Violence, & Abuse, 24*(4), 2097–2114. https://doi.org/10.1177/15248380221082943

Pearson, S., & Makadzange, P. (2008). Help-seeking behaviour for sexual-health concerns: A qualitative study of men in Zimbabwe. *Culture, Health & Sexuality, 10*(4), 361–376. https://doi.org/10.1080/13691050801894819

Pfitzner, N., Humphreys, C., & Hegarty, K. (2020). Bringing men in from the margins: Father-inclusive practices for the delivery of parenting interventions. *Child & Family Social Work, 25*(S1), 198–206. https://doi.org/10.1111/cfs.12760

Pinquart, M. (2016). Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: A meta-analysis. *Marriage & Family Review, 53*(7), 613–640. https://doi.org/10.1080/01494929.2016.1247761

Postmus, J. L., Huang, C.-C., & Mathisen-Stylianou, A. (2012). The impact of physical and economic abuse on maternal mental health and parenting. *Children and Youth Services Review, 34*(9), 1922–1928. https://doi.org/10.1016/j.childyouth.2012.06.005

Puffer, E. S., Healy, E. F., Green, E. P., Giusto, A. M., Kaiser, B. N., Patel, P., & Ayuku, D. (2020). Family functioning and mental health changes following a family therapy intervention in Kenya: A pilot trial. *Journal of Child and Family Studies, 29*(12), 3493–3508. https://doi.org/10.1007/s10826-020-01816-z

Rawlings, L. B., Trias, J., & Zumaeta-Aurazo, M. (2020). Combining cash transfers and parenting programs: Operational design considerations. *Global Social Policy, 20*(1), 15–20. https://doi.org/10.1177/1468018120902597

Ruiz-Hernández, J. A., Moral-Zafra, E., Llor-Esteban, B., & Jiménez-Barbero, J. A. (2018). Influence of parental styles and other psychosocial variables on the development of externalizing behaviors in adolescents: A sytematic review. *The European Journal of Psychology Applied to Legal Context, 11*(1), 9–21. https://doi.org/10.5093/ejpalc2018a11

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *Lancet, 399*, 803–813. https://doi.org/10.1016/S0140-6736(21)02664-7

Simons, L. G., Sutton, T. E., Simons, R. L., Gibbons, F. X., & Murry, V. M. (2016). Mechanisms that link parenting practices to adolescents' risky sexual behavior: A test of six competing theories. *Journal of Youth and Adolescence, 45*(2), 255–270. https://doi.org/10.1007/s10964-015-0409-7

Siu, G. E., Wight, D., Seeley, J., Namutebi, C., Sekiwunga, R., Zalwango, F., & Kasule, S. (2017). <article-title update="modified" original="Men's Involvement in a Parenting Program to Reduce Child Maltreatment and Gender-Based Violence: Formative Evaluation in Uganda">Men's Involvement in a Parenting Programme to Reduce Child Maltreatment and Gender-Based Violence: Formative Evaluation in Uganda. *The European Journal of Development Research, 29*(5), 1017–1037. https://doi.org/10.1057/s41287-017-0103-6

Smith, T. K., Duggan, A., Bair-Merritt, M. H., & Cox, G. (2012). <article-title update="modified" original="Systematic Review of Fathers' Involvement in Programs for the Primary Prevention of Child Maltreatment">Systematic Review of Fathers' Involvement in Programmes for the Primary Prevention of Child Maltreatment. *Child Abuse Review, 21*(4), 237–254. https://doi.org/10.1002/car.2195

Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology, 3*(2), 103–119. https://doi.org/10.1080/13645570040517 2

Stansfeld, S. A., Rothon, C., Das-Munshi, J., Mathews, C., Adams, A., Clark, C., & Lund, C. (2017). Exposure to violence and mental health of adolescents: South African Health and Well-being Study. *Bjpsych Open, 3*(5), 257–264. https://doi.org/10.1192/bjpo.bp.117.004861

Stewart, K., & Williams, M. (2005). Researching online populations: The use of online focus groups for social research. *Qualitative Research, 5*(4), 395–416. https://doi.org/10.1177/1468794105056916

Taylor, C. A., Guterman, N. B., Lee, S. J., & Rathouz, P. J. (2009). Intimate partner violence, maternal stress, nativity, and risk for maternal maltreatment of young children. *American Journal of Public Health, 99*(1), 175–183. https://doi.org/10.2105/AJPH.2007.126722

Thompson, M. J., Hinnant, J. B., Erath, S. A., & El-Sheikh, M. (2024). The legacy of harsh parenting: Enduring and sleeper effects on trajectories of externalizing and internalizing symptoms. *Developmental Psychology, 60*(8), 1482–1499. https://doi.org/10.1037/dev0001754

Wang, W., & Zhang, H. (2023). A scoping review of parenting programs for preventing violence against children in low- and middle-income countries. *Trauma, Violence, & Abuse, 1*(1), 1–16. https://doi.org/10.1177/15248380231207887

WhatsApp (2021). *WhatsApp security*. WhatsApp. Retrieved 22 March from https://www.whatsapp.com/security/

Widom, C. S., Czaja, S., & Dutton, M. A. (2014). Child abuse and neglect and intimate partner violence victimization and perpetration: A prospective investigation. *Child Abuse & Neglect, 38*(4), 650–663. https://doi.org/10.1016/j.chiabu.2013.11.004

Wight, D., Sekiwunga, R., Namutebi, C., Zalwango, F., & Siu, G. E. (2022). A Ugandan parenting program to prevent gender-based violence: Description and formative evaluation. *Research on Social Work Practice*. https://doi.org/10.1177/10497315211056246

Williams, S., Clausen, M. G., Robertson, A., & Peacock, K. (2012). Methodological reflections on the use of asynchronous online focus groups in health research. *International Journal of Qualitative Methods, 11*(4), 368–383. https://doi.org/10.1177/160940691201100405

Wilson, S., & MacLean, R. (2011). Research methods and data analysis for psychology. McGraw-Hill Higher Education.

World Health Organization (2016). *INSPIRE: Seven strategies for ending violence against children*. World Health Organization.

World Health Organization (2019). *RESPECT - seven strategies to prevent violence against women*. World Health Organization. https://apps.who.int/iris/handle/10665/324967

World Health Organization (2020). *Global status report on preventing violence against children*. World Health Organization. https://www.who.int/publications/i/item/9789240004191

World Health Organization (2024). *Intersections between violence against children and violence against women: global research priorities*. World Health Organization. https://books.google.com/books/about/Intersections_between_violence_against_c.html?id=-aUOEQAAQBAJ

Zimbabwe Ministry of Health and Child Care (2019). *Young Adult Survey of Zimbabwe: A Violence Against Children Survey, 2017*. E. G. P. A. Foundation.

Zoom (2024). Security. Zoom. Accessed: https://explore.zoom.us/en/trust/security/