



ENDING VIOLENCE AGAINST WOMEN AND CHILDREN IN ASIA AND THE PACIFIC:

OPPORTUNITIES AND CHALLENGES FOR COLLABORATIVE AND INTEGRATIVE APPROACHES



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ACRONYMS

CEDAW	UN Convention on the Elimination of All forms of Violence against Women
CRC	UN Convention on the Rights of the Child
GBV	Gender-based violence
IPV	Intimate partner violence
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer plus
NGO	Non-governmental organization
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAC	Violence against children
VAW	Violence against women
VAWG	Violence against women and girls
WHO	World Health Organization

INTRODUCTION

Violence against women and children has long been one of the most widespread human rights abuses in the world. One third of women worldwide (nearly 1 billion women) have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2020). One billion children suffer some form of violence every year – physical, sexual or emotional (Hillis et al., 2016).

The international community has recognized violence against children (VAC) and violence against women (VAW) as critical global human rights violations and public health problems that impede social and economic development. Such violence takes many forms,¹ with patterns and consequences that affect children, adolescents and women across the life course. Vulnerabilities to violence are further affected by overlapping forms of oppression and discrimination based on socio-demographic characteristics such as gender, race/ethnicity, disability status and class, among others (Crenshaw, 2017).

International agreements have called for countries and the United Nations to protect the rights of children (the Convention on the Rights of the Child or CRC) and women (the Convention on the Elimination of All forms of Discrimination against Women or CEDAW). In 2015, United Nations Member States agreed to the 17 Sustainable Development Goals (SDGs) and a series of targets and indicators under them. Many of these address violence against children and women or related risk factors, including under Goals 5 and 16 (United Nations, 2015). Although efforts to prevent and respond to VAC and VAW have historically developed separately, over recent years, growing attention has been paid to intersections between them, and the implications for prevention and response.

Both types of violence have far-reaching and severe impacts (Guedes et al., 2016; WHO, 2013a). Violence can cause ill health and social harm, leading to enormous costs for individual victims/survivors as well as their families, communities and national

economies, and placing considerable burdens on health, justice and social welfare systems. Failing to effectively tackle VAC and VAW will constrain national development and prevent the attainment of the SDGs by their 2030 endpoint. Progress has already been jeopardized by the COVID-19 pandemic.

VAC and VAW share risk factors, such as gender inequality and discrimination, a lack of responsive institutions and weak legal sanctions (Guedes et al., 2016). They also share social norms that condone violent discipline, promote harmful notions of masculinities based on violence and control, prioritize family reputation and blame victims, and perpetuate gender inequality.

Intimate partner violence (IPV) and VAC often co-occur in the home (Guedes et al., 2016). Evidence indicates that children in households affected by IPV are more likely than other children to experience violent discipline by both male and female caregivers (UNFPA and UNICEF, 2018). Further, witnessing IPV has been shown to have long-term health and social consequences (Wathen and McMillan, 2013); these are compounded by the impacts of direct abuse (Devries et al., 2017).

Girls, especially during adolescence, are at particular risk of experiencing violence at the hands of husbands or from romantic partners in informal partnerships. Approximately one in six adolescent girls aged 15 to 19 is married or cohabiting (WHO, 2013a), and lower age of first union places them at risk for both IPV and unintended pregnancy (WHO, 2012; Bott et al., 2012). Indeed, IPV starts early: one in four young women (aged 15-24 years) who have been in a relationship will have already experienced violence by the time they reach their mid-twenties (WHO, 2021). Despite being at heightened risk, adolescent girls often fall through gaps in VAC and VAW prevention and response programming, as most services are not tailored to their specific needs but rather target younger children or adult women.

¹ See Annex A for definitions of VAW and VAC.

VAC and VAW also lead to common and compounding consequences, and can produce intergenerational effects. Adults who have experienced violent discipline and exposure to IPV in the childhood home appear to have an increased risk of violence in adulthood, either as victims or as perpetrators (Butler, Quigg and Bellis, 2020; Machisa, Christofides and Jewkes, 2016; Machisa et al., 2017). Indeed, a six-country study found that among men, all forms of childhood trauma (including harsh parenting, neglect and exposure to IPV) were associated with all forms of IPV perpetration in adulthood; among women, all forms of childhood trauma were associated with a higher risk of experiencing physical and/or sexual IPV in adulthood (Fulu et al., 2013a; UNICEF, 2020). This, in turn, increases the risk of their own children perpetrating or experiencing different forms of violence as adults, thus perpetuating the intergenerational cycle of violence against women and children (Guedes et al., 2016; UNICEF, 2020).

These multiple and complex links suggest that greater collaboration among those working on VAC and VAW policies and programmes may increase the effectiveness of efforts to prevent and respond to both forms of violence. While evidence about intersections among drivers, risk factors and consequences of VAW and VAC has grown in recent years, knowledge about how policies, programmes and services should respond to these intersections is still preliminary (Bacchus et al., 2017). Important questions remain unanswered about how to strengthen a coordinated approach in ways that meet the specific needs of children and women while protecting the human rights of everyone involved. It is noted that distinct approaches for frameworks and systems have evolved for different and often valid reasons to meet the needs of children and of women impacted by violence. Therefore, a key question is whether, to what extent and in what key areas (laws, policies, plans of action, prevention and response) collaboration, coordination or integration is preferable to fulfil rights and needs of women and of children, and where, in contrast, a distinct approach is required. These questions fall within the mandates of multiple United Nations entities, including the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and UN Women (see Box 1).

BOX 1. Mandate of United Nations entities

UNICEF, UNFPA and UN Women are sister entities in the "One UN" system, and they are all committed to a human rights-based approach to development. From this perspective, human rights, which include both women's and children's rights, are interdependent and indivisible, and reinforce each other.

UNICEF has a mandate to promote the implementation of both the CRC and CEDAW and ending violence against girls, boys and women in all settings is a priority. UN Women leads and coordinates the UN system's work on gender equality and carries out programming in relation to ending violence against women and girls (VAWG). UNFPA works to advance gender equality, promote sexual and reproductive health and rights, and address gender-based violence (GBV, including VAWG) across humanitarian and development settings.

Recognizing the need for greater collaboration in this area, UNICEF's East Asia and the Pacific Regional Office, UNFPA's Asia and the Pacific Regional Office, and UN Women's Regional Office for Asia and the Pacific partnered on a regional, multi-country initiative to explore opportunities for better coordination and a more integrated approach to VAW and VAC policies, action plans, programmes and services in Asia and the Pacific, and to identify a way forward amid existing challenges. The key focus was on forms of VAC and VAW that occur within spaces and relationships of trust (such as intimate or dating relationships, families or schools).

METHODOLOGY

The multi-country initiative consisted of four exploratory studies in Cambodia, Papua New Guinea, the Philippines and Viet Nam. These employed a variety of qualitative methods, including desk reviews, group discussions and dialogues, and individual interviews with key stakeholders. Meetings and discussions were conducted in person by a two-consultant team comprising a VAC and a VAW specialist.

Specifically, the study included:

- a) **A desk review** of evidence from peer-reviewed and grey literature on intersections between VAC and VAW in Asia and the Pacific, and globally.
- b) **Four country case studies.** The consultant team visited the four focus countries in 2018-2019 to gather qualitative data through document reviews and interviews with key stakeholders from a wide variety of sectors and institutions, including, for example, government representatives, academics/researchers, UN entities, non-governmental organizations (NGOs), civil society groups, and other service providers working on VAC and VAW.
- c) **A series of informal dialogues among participating United Nations entities.** The three United Nations organizations identified key lessons learned and recommendations through dialogues among a core group of colleagues and consultants.

The following research questions guided the country case studies:

- What is the status of existing VAW and VAC policies, action plans, programmes (prevention) or services (response/support) in the region?
- Which policies, action plans, programmes or services have achieved some degree of VAW and VAC coordination or integration (i.e., addressing both VAW and VAC at the same time)?
- How do VAW-focused and VAC-focused stakeholders collaborate or interact? How do donors influence the VAW-VAC agenda?

- What are the areas of tension between VAC and VAW work? How do various stakeholders address these?
- What opportunities exist within current policies, action plans, programmes or services to introduce or enhance integration?
- What overarching opportunities and challenges exist for addressing intersections between VAC and VAW by sister United Nations entities with mandates covering these issues?

This report attempts to synthesize key findings from the desk review, the four country case studies and the ongoing dialogues among the three United Nations entities. It seeks to identify lessons learned and opportunities for better collaboration among United Nations entities as well as policymakers, programme planners, and other partners working on VAC and VAW. The report aims to both support the work of the three United Nations organizations that developed it, and help others seeking better ways to bridge work on VAW and VAC. The authors' goal is to promote more effective and compassionate efforts to prevent and respond to these forms of violence in ways that protect the rights of all those involved.



KEY FINDINGS OF THE FOUR COUNTRY STUDIES

Research, surveillance and knowledge gaps

For preventing violence, the public health approach posits that data are important for defining the issue, identifying risks and protective factors, and rigorously developing, testing and scaling up effective solutions (McMahon, 2000). At the time of this study, all countries examined, except Papua New Guinea, had some national prevalence data² on VAW and VAC publicly available.³ But many evidence gaps existed. Available data were not always comprehensive, nor were there plans and resources in place to ensure that such data would be collected regularly. Data on the prevalence of VAC tend to be scarcer, and the commitment to collecting them is even more limited.

Where surveillance data are concerned, the need for improved administrative data and the paucity of regular, reliable data related to VAC and VAW were common issues in all countries. At the time of this study, in Cambodia and the Philippines, administrative data were inadequate and remained uncoordinated on VAC and VAW cases, while Papua New Guinea was found not to collect systematic, cohesive administrative data on either issue.

None of the countries had significant research on the intersections between VAC and VAW. While some data linked to these intersections were occasionally discussed in reports, these have generally not received enough visibility to drive decision-making related to

policies and programmes. To address both forms of violence in a way that meets the needs of multiple vulnerable groups, stakeholders in the Philippines and Viet Nam highlighted the importance of including other determinants, such as sexual orientation, gender identity and expression, in analyses related to the intersections of VAC and VAW.

In general, there seemed to be some understanding among stakeholders of how VAW and VAC intersect, and how vulnerabilities and needs vary by age and sex. Nonetheless, knowledge about how to modify policies and programmes to respond to these intersections remains limited. There is no overarching theoretical framework or evidence-based model to guide integrative or coordinated efforts among the various sectors and organizations involved in VAC and VAW prevention and response.

Coordinated national and multisectoral actions by governments and civil society

The initiative found only limited VAW-VAC coordination and collaboration across sectors or organizations. Programming run by VAC-focused stakeholders was unlikely to be informed by a gender approach or to address the needs of children's caregivers. Programming by VAW-focused stakeholders was unlikely to have a substantive child protection component.

Stakeholders described many challenges related to integrating work on VAC and VAW within government structures, regardless of whether ministries or departments for children's and women's issues were combined or separated.

² Prevalence data are collected from surveying populations directly and show what proportion of women report experiencing violence. In contrast, administrative data on violence are collected from cases reported in police, health or other social services. Not all who experience violence will have access to or decide to seek support from such services. For this reason, survey data are the only accurate methodology to measure the prevalence of violence (UNFPA, 2020).

³ The Demographic Health Survey for Papua New Guinea is available at: <https://dhsprogram.com/publications/publication-FR364-DHS-Final-Reports.cfm>.

Additional challenges included perceptions, misperceptions and attitudes held by sectors working on either VAW or VAC that potentially undermined or dissuaded collaboration and coordination. These included views that: certain protection measures infantilize women or cast them as dependents; laws hold the non-abusive parent unfairly liable in the event of family violence impacting children; child protection laws seeking to safeguard children from harm unfairly enable their removal from the non-abusive parent; VAW services and programmes fail to account for children's unique vulnerabilities; and one group's interests, needs and rights take precedence over the other, including through the application of the principle of the best interests of the child as a primary consideration over a survivor-centred approach to VAW.

Despite these perceived challenges or beliefs held by stakeholders, **the study identified several effective models for collaboration.** One was a coordination committee, the Inter-Agency Council on Violence Against Women and their Children, in the Philippines. The Council formally brings together both VAC and VAW duty-bearers and stakeholders to work on various VAC and VAW issues that they identify as priorities. A key driver of the group's success, according to participants, was the identification of specific goals of common interest, with one example being joint work on raising the age of consent.

Collaborations also emerged in the wake of natural disasters in Papua New Guinea and the Philippines, helping to develop and deliver services addressing both forms of violence. Although these efforts were not formally evaluated, those involved remarked on how easily and quickly collaboration and coordination grew within the emergency responses.

Legal, policy and institutional frameworks

Stakeholders working on VAC and VAW in all four countries described numerous legal and policy-related obstacles.

As noted elsewhere (Gennari et al., 2015), despite progress on the adoption of domestic violence and child protection laws, significant challenges continue, such as ineffective application of legislation,

persistent impunity and incomplete legal provisions. In Cambodia, the primary law addressing VAW and VAC – the Prevention of Domestic Violence and Protection of Victims Act 2005 – contains several gaps related to unmarried, cohabiting or dating partners (including adolescents), and exceptions for disciplinary action even if it is violent. As a result, in many circumstances, the rights of women, adolescents and children experiencing violence remain unprotected. In Papua New Guinea, while progress has been made on the implementation of the law on child protection – the Lukautim Pikinini Act 2015 – implementation has been slower at provincial level due to limited human and financial resources.

In addition to these challenges in implementation, legal frameworks tend to adopt distinct approaches to VAW and VAC. This frequently translates into distinct systems, especially for responses for women and children who face violence, and may hamper coordination.

In the four countries, different duty-bearers generally have responsibilities for the rights and well-being of women and children. Distinct departments have their own budgets and strategic plans. This creates complexity in bringing everyone together. Limited resources and funding pose additional constraints, and increase tensions among those working in these areas, especially where there is a perception of a zero-sum gain with relation to funding, which discourages collaboration.

Mandatory reporting laws were flagged as a challenge. Such laws require certain professionals to report cases of violence to authorities to trigger action and investigation to safeguard children and women, even where victims/survivors have not reported violence themselves or do not want their case (or the case of their child) reported.

Both the Philippines and Viet Nam have mandatory reporting laws for child abuse, but not for VAW. In Viet Nam, the Child Protection Law mentions mandatory reporting, yet allows a humanitarian exception for parents.

In the Philippines, the law does not designate mothers as mandatory reporters, and failure to report abuse by a spouse is not a criminal offense. While it would be possible to file a case of neglect under such circumstances, this would be a measure of last resort, as it would require the children being taken into the care of local child protection services.

Generally, the mandatory reporting laws that are in place are not implemented by frontline professionals, reportedly because of constrained or non-existent referral services.

While mandatory reporting of VAW is not recommended (UN Women et al., 2015; WHO, 2019b), evidence is evolving as to the efficacy of mandatory reporting in preventing and responding to VAC (Ho, Gross and Bettencourt, 2017; Mathews, 2012; McTavish et al., 2017; McTavish et al., 2019).⁴ One challenge is that where response systems are constrained, services may risk being overwhelmed by less serious cases that are reported. In addition, there are concerns that the application of mandatory reporting laws for older adolescents (e.g., 16 and 17 years old) undermines their agency.

Another area of identified tension between VAC and VAW actors arises from the perceived impact of the principle of the “best interests of the child” – a general principle of the CRC (Article 3) – and laws that enable children to be removed from situations of significant harm or risks of significant harm. These are fundamental components of child protection systems and an obligation of States under the CRC. This may lead to separation of the child from a non-abusive parent (most commonly the mother) where they are unable or unwilling to safeguard the child. Failure to take steps to safeguard a child from being exposed to family violence may also give rise to criminal liability of the non-abusive parent in some jurisdictions. VAW actors highlight that given what is known about the dynamics of intimate partner violence, a woman experiencing abuse, and navigating complex decisions about survival and safety in the midst of threats and isolation, may attempt to protect the child from more serious harm by staying (due to worse threats if she leaves) or through myriad other measures. She may also be prevented from fleeing to safety due to limited services or support or because prevailing social norms prioritize family unity.

The following sections highlight the criticality of VAC and VAW support services, prevention programmes and social norms change to promote the safety and well-being of children and women, while minimizing the unintended harm to both.

Services for children, adolescents and women who have experienced violence

Overall, existing services for victims/survivors of VAC and VAW were relatively weak, although quality varied across the four countries. Institutional and service provider capacity was insufficient in most places with little political will or social pressure to drive large-scale, significant and transformative actions to support survivors of either VAW or VAC.

In all four countries, shelters, a key service to safeguard women and children, were generally insufficient in number, under-resourced and over capacity. Services and support were mostly geared towards women survivors, and could not accommodate or respond to the needs of children accompanying their mothers. When asked about this, service providers described feeling so overwhelmed by the needs of women survivors that they did not feel they could address children’s needs.

Stakeholders in the Philippines noted that although young children were accepted in shelters, budgets cannot cover even basic needs such as diapers and formula. As a result of limited space in Papua New Guinea, women survivors are encouraged to seek shelter within the extended family or are accommodated alongside trafficking survivors. In the Philippines, they may be denied accommodation for repeat visits.

Accommodation for older boys, in particular, was notably absent or disjointed across the countries. In Cambodia, boys over the age of 10 years are not accommodated with their mothers in shelters; they are usually referred to another organization or institution. In the Philippines, the limit for boys is 7 years of age. In Papua New Guinea, boys are accepted up to the age of 12 years with their mothers.

⁴ The ambiguity of the evidence on the effectiveness of mandatory reporting laws led the WHO to issue this recommendation in its 2019 Guidelines for the Health Sector Response to Child Maltreatment: “In situations where there are no functioning legal or child welfare/ protection systems to act on a report, or where the perpetrator is part of the formal system, the usefulness of mandatory reporting may be reduced. In such situations, health managers may need to balance the need to comply with reporting requirements with considerations of and steps for mitigating potential harms of reporting.” WHO went on to call for additional research on the “effectiveness, benefits and harms of mandatory reporting of child and adolescent maltreatment, as well as on benefits and harms of non-reporting” (WHO, 2019b).

Consequently, when women do seek refuge in shelters, they are sometimes forced to leave children within abusive home environments, with relatives or in other care facilities. Separation from their mothers and siblings is potentially harmful to children and these obstacles may keep women from seeking help, rendering both women and their children at greater risk of harm.

Such challenges highlight the critical need to strengthen and expand VAW response services so they can meet the needs of mothers fleeing with their children, and enable women to seek support without unnecessary separation. Better coordination between child protection and VAW services is also important, as is taking a life course and gender-transformative approach that considers the needs of girls, boys and adolescents alongside those of mothers trying to flee an abusive relationship.

Country case studies found examples of other integrated VAC and VAW services among organizations that work with women, adolescents and child survivors. However, there are notable gaps in their quality, range and reach, and a general absence of formal protocols to guide integrative approaches.

In Papua New Guinea, for example, 15 Family Service Centers offer one-stop medical and social work services for VAC and VAW survivors, as well as referrals to safe houses. They are usually based within hospitals, and most operate only during regular business hours. Services are provided on an ad hoc basis depending on the presenting survivor's reports and the approaches of individual service providers. A 2016 evaluation of the centres found that overall, they provide a unique and critical service to survivors of family and sexual violence. Yet, despite the large proportion of children involved (in 49 to 74 per cent of cases), the centres lack specialized and trained VAC service providers (IOD PARC, 2016).

In the Philippines, 95 Women and Children Protection Units operate nationwide; some include a "one-stop shop" of free VAW and VAC services and referrals. Typical units are staffed by a medical doctor, a social worker and a police officer. Intake forms used for both VAW and VAC cases were designed by the Child Protection Network Foundation, and interviews for women survivors include questions about children and their welfare. Most VAW cases are seen in hospital emergency departments, however, and only referred to a Women and Children Protection Unit if they require a more in-depth intake interview, counselling

and/or safety planning. Staff shared their views that serving both women and children within the same facility had several benefits, including being able to respond to the co-occurrence of VAW and VAC in homes. Although the units respond to both adult and child survivors, no formal protocols guide integration.

A World Health Organization (WHO) comparative analysis of different models of care for VAW survivors observed that low- and middle-income countries employing a "one-stop" approach often face the challenge of not having enough skilled personnel, especially for counselling, mental health and advocacy/support services (WHO, 2013b). Another reported challenge included the long-term financial and administrative support required for these centres, which may make them difficult to sustain. A reliance on NGOs to fund specialist mental health professionals was also noted. The same WHO analysis suggests that while the models used in Papua New Guinea and the Philippines are clearly filling an important need despite reported gaps, others seeking to emulate this approach should proceed with caution.

Community-based prevention

All four countries had examples of primary prevention⁵ programming, such as parenting and family strengthening, community mobilization, comprehensive sexuality education and whole-of-school initiatives. All of these strategies are promising in preventing both VAW and VAC. Few programmes or evaluations, however, explicitly discussed an integrative approach to VAW and VAC.

Cambodia and Viet Nam showed encouraging signs of using evidence-based models for social norm change that address core underlying risk factors, including gender inequality (e.g., Partners for Prevention Male Advocacy Clubs and SASA! programming). Education interventions and social norm change were mentioned by different actors as critical aspects of an integrated approach to preventing VAW and VAC. Parenting and school-based programmes were also seen as key

⁵ There are different levels of prevention of violence. Secondary and tertiary prevention are aimed at reducing the impact, effects and harm resulting from violence in the short and medium to long term after violence has already occurred – such as treatment of injuries. In contrast, primary prevention focuses on intervening before violence even occurs. While secondary and tertiary approaches are critical to reducing violence, primary prevention can also play a significant role. Currently, primary approaches are underutilized (Meade, 2009).

priorities to prevent both kinds of violence, including violence against boys and LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer plus) individuals.

An evaluation of the Partners for Prevention program in Cambodia (Gevers and Taylor, 2018) found that all caregivers reported either significantly reducing or entirely stopping harsh discipline practices with their children, and instead adopted positive discipline strategies. Caregivers and adolescents indicated significant increases in knowledge of where survivors of violence can seek help, and more confidence to request help or report violence they witness. Adolescents described improved relationships with their caregivers and decreased acceptance of violent attitudes.

In the Philippines, Women and Children Protection Unit staff visit schools and *barangays* (villages) to raise awareness of VAW and VAC, and participate in case conferences, trainings and lectures. Safety planning workshops with women focus on how women “can

avoid violence from their husband.” They also counsel women on “how to escape”, which includes thorough gathering key documents, planning where to go (e.g., family member, neighbour, friend), compiling emergency phone numbers and getting relevant bank account information.

In all four countries, significant efforts have gone into awareness-raising and communication campaigns on VAC and VAW. These have proven largely ineffective in reducing violence against women and girls, however, if they are not part of more comprehensive, community-based social and behavioural change communication interventions.

Findings show that primary prevention efforts, such as parenting programmes and evidence-based models for transforming gender norms, offer a promising area where coordination of work on VAC and VAW could result in greater impact in reducing violence for women and children.



Photo: UN Women/Joser Dumbrique

KEY CONSIDERATIONS AS WE MOVE FORWARD

This section highlights key considerations arising from the country findings in the following areas: integration compared to a coordinated approach; planning and coordination; strengthening systems and service delivery; prevention; legal and policy frameworks; and research, surveillance and knowledge gaps. The section also addresses some of the challenges that have been identified and presents recommended steps forward, interspersed with illustrative findings from the country studies.

Integration compared to a coordinated approach

Collaboration can take place at various levels and can range from minimal to active coordination through to full integration.

An integrated approach means that laws, policies, systems and/or services and programmes are merged together to address both VAW and VAC.

A coordinated approach means promoting, recognizing and ensuring alignment and synergies between laws, policies, systems and/or services and programmes to meet needs of both victims of VAC and survivors of VAW, while recognizing that there will be times when specialized prevention and response efforts are justified and preferable.

The *integration* of VAC and VAW programmes and services is often justified to maximize efficiencies amid competing demands – particularly in low- and middle-income countries, where resources and

human capital can be scarce. Integration may be more desirable and feasible for some areas, such as primary prevention efforts, where it may be easier to identify and tackle common risk factors for both forms of violence, such as harmful gender norms. For some prevention and response elements, vertical programmes may be preferred. In such cases, a *coordinated* approach among the different actors can help to align efforts.

Different settings or countries may require a unique and tailored combination of coordinated and integrated approaches, depending on the resources, government structures, policies and sociopolitical context of a given community. Existing systems, processes and procedures for handling violence, as well as available services and dominant cultural ideals also play a role. VAC and VAW can take different forms and intersect in distinct ways depending on the country context, thus requiring tailored approaches to meet the unique needs of child, adolescent and adult survivors. For these reasons, there is no universally “right” approach. Instead, the key is to ensure coherence across initiatives to promote respect for the rights of both children and women, and to minimize the risk of causing unintended harm.

The country case studies showed that a coordinated approach is usually the feasible and pragmatic option. This approach favours identifying opportunities for collaboration among VAC and VAW actors and policymakers while maintaining somewhat distinct and specialized response and support services, and legal and policy frameworks when required. The extent of programmatic integration or coordination differed depending on each country’s existing resources, policy and legal frameworks, and sociocultural context. Findings of this study should be considered accordingly. All stakeholders recognized that continued investment in evidence-based VAC and VAW prevention strategies is necessary, and that any

integrated programming should be carefully designed and rigorously evaluated.

Irrespective of the particulars of the approach selected, it is increasingly evident that effective programmes and policies should include a life course orientation and strategies for changing harmful social norms that condone gender inequality (UNICEF, 2020). Solutions should draw on existing guidance, and frameworks for action developed by international partners, such as [INSPIRE](#) (WHO and others, 2016), [RESPECT](#) (WHO, 2019c) and the [Essential Services Package for Women and Girls Subject to Violence](#) (UN Women et al., 2015).

Planning and coordination

Conduct a mapping exercise of current VAC/VAW programming with the participation of key stakeholders, including United Nations offices (particularly UN Women, UNICEF, UNFPA, and WHO), different ministries working on VAC and VAW, NGOs and civil society organizations. The last should comprise organizations serving women, youth and children. See, for example, the [Child Protection Resource Pack](#) (UNICEF, 2015) and the [Essential Services Package for Women and Girls Subject to Violence](#) (UN Women et al., 2015).

This exercise could include a rapid assessment of existing national plans and strategies as well as key priority areas for major donors, NGOs and United Nations entities in the country. It could: (a) update all parties about existing VAC and VAW programmes, services and data collection efforts; (b) recognize commonalities and overlaps; (c) identify strategic entry points for coordination structures or integrative programming; (d) establish a starting point for developing innovative, integrative, pilot programmes; and (e) explore the comparative advantages of United Nations entities to support convergence of VAC and VAW across all elements of prevention, social norms changes, response and support.

- **Cambodia:** The study identified significant overlaps in priorities and encouraging integrative approaches in the national action plans on VAW and VAC. For example, the VAC Action Plan includes increasing parents' and caregivers' positive parenting practices to build safe, gender-equitable, and non-violent families and communities. Although the two plans are

managed by separate ministries, overlaps present an opportunity for coordination.

Where formal forums and coordination mechanisms are not available, exploring bilateral and multilateral partnerships and collaboration among stakeholders may be the most flexible starting point to identify potential country-specific synergies in working on VAC and VAW.

United Nations entities should jointly review country programmes and annual workplans to reflect on the convergence of VAC and VAW efforts, ensure the United Nations Sustainable Development Cooperation Frameworks at country level promote convergence and use efforts for the United Nations to "deliver as one" as opportunities to increase coordination.

Enable a space for dialogue on VAW and VAC prevention and response: Regular forums for discussions among different ministries and key partners and among VAC and VAW actors are essential. Dialogue should include NGOs, different government levels and, potentially, the private sector.

- **Viet Nam:** GBVNet is a working group of international, national and local NGOs and civil society organizations that address various aspects of gender-based violence. They meet quarterly to share progress updates, lessons learned and case studies, and organize fundraising campaigns. A forum that brings together VAC and VAW actors would be an important next step.

Establish official national and subnational multisectoral task forces or other mechanisms to facilitate alignment of service planning and delivery, and, where appropriate, integration of VAC and VAW work and services. Buy-in from the legal, judicial, health and other social services sectors at all levels can also help child, adolescent and adult survivors receive the support and protection they require. The United Nations could model a coordinated approach to violence prevention while simultaneously supporting national efforts to do the same, including by identifying specific opportunities to test such an approach.

Improve coordination of existing responses to VAW and VAC by enhancing communication and collaboration among justice and welfare agencies and actors. Even if "official" task forces are not in

place, greater coordination may be achieved through collaboration via joint capacity strengthening for providers from multiple sectors, the establishment of collaborative agreements or implementation of specific joint interventions. Key actors may include police, judges, lawyers, public defenders and legal aid providers, as well as service providers in health, education, social services and social protection. Whenever possible, ensure that the mandated child protection authority (commonly the social welfare agency) is central to the coordination of prevention, early intervention and response services for children and their families.

- **Viet Nam:** UN Women has been coordinating a pilot Essential Services Package programme as part of a global joint programme. Pilot partners include UNFPA; the United Nations Office on Drugs and Crime (UNODC); WHO; the Ministry of Labour, Invalids and Social Affairs (the government coordinating agency); and the ministries of health, justice and public security. The programme covers social, health, justice and policing, coordination and other essential services for survivors of violence.

Strengthening systems and service delivery

Prioritize strengthening systems for the delivery of essential VAC and VAW services. Gaps in systems and services to respond to either VAC or VAW negatively impact the delivery of the other when children and/or women are experiencing violence in the home. There is a need for greater investment to strengthen systems' capacity to address VAC and VAW, as these are often overburdened and underresourced, sometimes lacking even basic tools.

Systems strengthening should aim at achieving robust child protection systems and strong multisectoral VAW response mechanisms. Enhancing the capacity of both systems and providers will enable timely and quality protection and services, and mutually support the ability of each to deliver for women and for children. Where possible, systems strengthening should be coordinated across sectors to develop, strengthen and harmonize VAC and VAW services. Joint priorities may include expanding human resources, especially the social service workforce, to better

meet the needs of children, women and families; instituting pre- and in-service evidence-based training that covers VAC and VAW service provision, including for health, social welfare and justice actors; and improving existing infrastructure and multisectoral coordination mechanisms to deliver an effective response for women and children.

Consider integration at service delivery points.

While case management for child protection requires specific systems and procedures, there are important opportunities to ensure integration and coordination of VAW and VAC services at the point of initial service response and delivery. The children of women who report violence often have protection needs and vice versa – it is essential that front-line workers are able to recognize and respond effectively to both. Service delivery points, especially health centres and the police, home visits by social workers, and helplines provide critical opportunities for integrated first-line support, even though specialist professionals and services for children and women may be required to deliver a full response. Information sharing, coordinated case management and integrated service delivery for cases where both the child and mother experience violence should be established where possible. Safety planning and other support services also need to be designed to help adult survivors achieve safety for themselves and their children (of all ages).

Legal aid providers for adult survivors should also integrate assistance for child custody and maintenance disputes.

At a minimum, orientation and technical support should be provided for front-line workers along with coordination mechanisms for effective referrals across VAC and VAW services.

- **Philippines:** Stakeholders did not recommend policy reforms at the time of the study, but did suggest conducting participatory consultations with all front-line service providers to adapt and integrate intake forms and referral guidelines. In addition, given the challenges of establishing separate, specialized units for VAC and VAW, participants recommended investing in strengthening Women and Children Protection Units to provide cohesive, fully integrated services for VAW and VAC cases. These services could be phased in over time to avoid disrupting current services.

- **Papua New Guinea:** Stakeholders underlined updating the referral directory as an initial opportunity for coordination.
- **Cambodia:** Some actions to drive coordinated services could include developing integrated intake forms and referral guidelines, and improving coordination among services.

Ensure the specific needs of adolescents are considered in the design and delivery of services. Adolescents risk falling through the cracks between child protection systems and VAW response mechanisms. In addition, services are not always designed to meet the specific needs of adolescents thus undermining their ability to respond effectively.

The specific needs of adolescents must be considered in the design and delivery of child protection and VAW services. Child protection systems should explicitly recognize the evolving capacities of children and adolescents. Service providers should be prepared to respond effectively to adolescents, either directly or through appropriate referrals to available support services. Systems and services should also develop pragmatic solutions to address violence against adolescents who are married or have children of their own.

VAW shelters that admit child and adolescent survivors on their own should be approved as “places of safety” by the child protection authority, and be adequately resourced to meet the needs of the child/adolescent. Temporary shelters should collaborate with the child protection authority in addressing the needs of older boys, possibly by allowing them to access shelters alongside mothers to prevent family separation or identifying safe alternatives through kinship care.

Conduct training on both VAW and VAC for service providers supporting adult, adolescent and child survivors. In many countries, the same service providers – including health workers, social workers and justice professionals – may respond to the needs of women and children. Some skills required of these service providers are the same, such as non-judgmental and compassionate communication. Joint training could be followed with specialized sessions, as required. Training should highlight the need for a unique approach to children and child-specific protocols to follow and avoid practices such as “adding on” children to a VAW session.

Child protection systems should also provide clear guidance, training and support to front-line workers (including social workers and police) and courts on the dynamics of IPV, and on how to respond appropriately to children at risk of harm in the home while minimizing the separation of children from non-abusing parents, where possible.

Design and implement a mental health support system for front-line providers of child protection and VAW services, given the nature of their work and workload, and because vicarious trauma can have severe effects on both the health and performance of staff (Gennari et al., 2015).

Strengthen the capacity of shelters to cater to women and their children. It is essential that shelters provide an option to accommodate mothers with their children, including older children (both girls and boys) to enable women to seek refuge without separation from their children. As highlighted above, shelters also need to be equipped to support the specific needs of adolescent survivors.

Strengthen the collection and sharing of high-quality, continuous administrative data on VAC and VAW. Good quality administrative data on VAC and VAW services are essential for planning services and programmes, and monitoring the impact of investment into the effectiveness of systems, as well as drawing lessons to improve future service delivery.

- **Cambodia:** Findings suggested that improvement and coordination of administrative data for both VAC and VAW cases are necessary to gain insights into case management strategies and the progression of cases through various services.

Establishing robust information management systems for VAW and child protection and ensuring interoperability between these systems is critical. [Primerio™](#) is an interagency tool being offered to facilitate case management for social workers/front-line workers and manage protection-related data. It has modules on child protection information systems and gender-based violence information management systems. Developed originally for humanitarian settings, deployment of the Child Protection Information Management System (CPIMS+) has begun in development settings, but that is not yet the case for the Gender-Based Violence Information Management System (GBVIMS+).

United Nations entities and partners at global, regional and country levels should consider coordinating the roll-out of the Primero modules on child protection and on gender-based violence and facilitate adaptation of these tools, where necessary, for non-humanitarian contexts.

Foster dialogue among community actors, NGOs and the justice sector. Informal and community justice systems such as for restorative justice, peace mediation and conflict resolution can offer culturally sensitive alternative solutions to incidents of VAW and VAC. Yet in some instances, as witnessed in Papua New Guinea and Viet Nam, these systems may further perpetuate unequal gender norms. Men often control community institutions, and may not effectively act to stop violence against women or safeguard children from violence. Discussions should include the rights and needs of adult, adolescent and child VAC and VAW survivors, and their participation within traditional or restorative justice systems (Ellsberg, 2008).

- **Viet Nam:** Community committees on family affairs and child protection have members from women's unions and heads of families charged with responding to and mediating VAW and VAC cases within the family.
- **Cambodia:** Various NGOs provide support beyond services offered by the government, including through the Programme Partnership for Protection of Children (3PC), supported by UNICEF. For example, M'lop Tabang offers a perpetrator education programme and legal information sessions for communities. It also runs a helpline for VAC and VAW survivors staffed by trained community members, and cooperates with police on cases, with a particular focus on ensuring children's safety.

NGOs offering legal literacy and human rights training to promote child, adolescent and women's rights in communities should be supported. When appropriate and possible to ensure it can be done safely, men should be included in the training. Survivors should, at a minimum, have access to information provided through self-help pamphlets. Another important step involves building the capacity of civil society groups, especially women's and child protection-oriented organizations, to monitor survivors' security and the quality of services received.

Prevention

Given the common drivers of VAC and VAW, primary prevention may offer a significant opportunity for integration and collaboration (with fewer areas of potential tension).

Existing prevention programmes by United Nations entities, the government, NGOs and civil society may present good entry points for employing an integrative approach.

Engage VAC and VAW prevention experts to adapt programmes to integrate both issues, and/or develop integrative pilot programmes. Such programmes should be rigorously monitored and evaluated to better understand the drivers of VAC and VAW and the effectiveness of programmes on both VAC and VAW prevention, as well as to ensure no unintended harm occurs.

Build on and combine existing projects in the same geographic region for greater impact. Because many donor-based projects tend to be short-term and limited in scope, consideration could be given to building on effective programming and "layering" interventions to simultaneously address several drivers of VAC and VAW.

Employ a social norms and gender-transformative approach to integrative prevention programming. This is key to preventing intergenerational violence and addressing the socio-normative drivers of both VAC and VAW. Evidence-based, locally piloted interventions should be reviewed by both VAC and VAW experts, adapted accordingly, evaluated and, if effective, scaled up. School-based violence prevention programmes are a key intervention, with the most effective programmes (see the [Good Schools Toolkit](#)) taking a "whole-of-school" or "whole education" approach, and tackling multiple forms of violence, discrimination and negative social norms simultaneously. Wherever possible, programmes should cover dating violence, peer-to-peer violence, bullying, online violence, corporal punishment and norms change, rather than trying to address these in isolation. Building on the need for transforming harmful social norms that perpetuate VAC and VAW, investment in comprehensive sexuality education programmes that strengthen positive social norms can also be explored.

- **Viet Nam:** The school-based prevention of violence (notably with the Connect with Respect tool) is a common interest for UNICEF, UNFPA, UN Women, UNESCO and the Government, and provides opportunities to integrate the prevention of VAC and VAW into general education curricula revisions.
- **Cambodia:** Several pilot projects have taken up primary prevention of VAC and VAW, but have usually not progressed beyond a limited scope or involved rigorous evaluations to inform scale-up. Several opportunities for exploring integrative prevention programming could come through collaborating on and adapting promising models such as school-based interventions, community interventions with adolescents and caregivers, and teacher training.

Integrate VAW and VAC prevention initiatives into early childhood development and parenting programmes. Nurturing family environments can have a positive impact on reducing VAC. Evidence from parenting programmes conducted in predominantly [developed countries](#) suggests such interventions can prevent and reduce VAC (Altafim and Linhares, 2016; Coore Desai, et al., 2017), and emerging evidence from low and middle income countries suggests hybrid VAC/VAW interventions can also address IPV and harmful gender norms that support multiple forms of violence in the home (Bacchus et al., 2017; Dunkle et al., 2020). Interventions should promote positive relations not just between caregivers and children, but also between caregivers. Parenting programmes need to involve male and female caregivers, not only mothers, and, where possible, involve extended family members when they are directly involved in bringing up children (e.g., grandparents).

Consideration should also be given to the integration of violence reduction modules into wider parenting programmes for early childhood development.

- **Viet Nam:** One entry point includes the multiple parenting programmes currently supported by United Nations organizations (such as My Father's Caring Hands) and the education sector. Integrating VAC and VAW into such programmes could simultaneously address the violent disciplining of children and reduce intimate partner violence.

Recognize the role of social protection in violence prevention – there is an opportunity for joint advocacy in expanding social protection, recognizing that, when well implemented, cash-plus programmes can effectively tackle economic security and power/gender dynamics simultaneously, and reduce the stressors on families that can exacerbate violence against both women and children. Joint advocacy should also be pursued for social protection schemes to provide support for mothers and their children to ensure access to financial support if women flee abusive homes with their children.

Legal and policy frameworks

Support comprehensive legal or policy reforms that enshrine the rights of children, adolescents and women to be protected from all forms of violence, including in the home and in personal relationships. Laws and policies must also be developed and strengthened to support effective systems of prevention and response for both child protection and VAW.

These laws and policies on VAC and VAW may be integrated or stand alone. When developed in silos, without sufficient consideration of the needs of women or of children, there is a risk of VAC and VAW laws and policies inadvertently undermining protection for women or for children.

Children are often subsumed within general VAW strategies or national action plans, in a way that does not meet their specific needs. In addition, child protection systems are established to address a wide range of risks, vulnerabilities and harms (including, but not limited to, violence), in part due to the recognition that children may face multiple and concurrent risks and harms that require a holistic and comprehensive approach. Separating violence against children from the child protection system as a distinct area can undermine an effective response: instead of treating the child as a whole, responses can fragment the child based on the type of harm experienced, if the focus is only on violence, as opposed to child protection. Child protection systems function most effectively when there is a specific law on VAC/child protection that both explicitly prohibits all forms of violence, and provides a clear framework and duties for prevention and response, bearing in mind the need to address a range of vulnerabilities and risks through one robust system.

Determining the most effective approaches to addressing the needs of both children and women depends on the country context and area of reform being considered. Law and policy development and reforms should always consider both VAC and VAW to strengthen prevention and response provisions. VAW policies and plans should acknowledge the impact of IPV on children, promote a family-centric approach that considers the well-being of both women and children and reference commitments to child protection contained in existing laws and policies. At a minimum, there should be regular consultation across different sectors, including VAW and child protection committees, to promote links and avoid inadvertent consequences that might undermine protections for women or children.

- **Cambodia:** Although there are no comprehensive plans, strategies or policies that formally integrate the response to or prevention of VAC and VAW, the national action plan on VAW does cover integrative primary prevention actions. These include measures to improve the protection of children from abuse, maltreatment and neglect through greater awareness of the rights of children and women. Similarly, the VAC action plan includes the promotion of positive gender norms and steps to tackle gender inequality, including positive parenting approaches that promote gender equality between husbands and wives for positive child rearing and prevention of domestic violence.

Laws must be in place to safeguard children from harm, including their removal from situations of significant harm or risk of significant harm. To prevent unnecessary separation from the non-abusive parent (most commonly women), laws that enable the perpetrator to be removed from the home (such as protection orders) must also be in place, as well as services, support and social norms change that enable the non-abusive parent to take measures to safeguard their children and themselves.

Identify points of common interest for those working on both VAC and VAW that can be pursued together for greater impact. Such areas could include specific legislation on age of consent and age of marriage, as well as reforms of laws that limit women's and children's ability to obtain protection and redress (such as those relating to divorce, custody of children, property rights and inheritance).

- **Viet Nam:** The country report recommended amending the Child Law to raise the age of the child from 16 to 18 in order to legally protect adolescent boys and girls.
- **Philippines:** A national campaign was implemented to raise the age of statutory rape from 12 years built on joint action led by a technical working group that included the Philippine Commission on Women and child protection advocates.

Resource allocation must be increased to address both VAC and VAW. A lack of government funding is problematic for both VAC and VAW work; the two sectors often compete for the same limited budgetary allocations. When projects are funded externally by donors, their particular focus may be donor-driven, and they may be too short to be effective. Donors are not always interested or set up to fund both VAC and VAW or integrative approaches.

Advocacy is critical to establish dedicated and adequate budget allocations for the implementation of laws and policies for both VAC and VAW (UN Women, 2013), and systems and services for child protection and VAW. Allocations should be increased for both and should not be a zero sum game where investment by either governments or donors in VAC or VAW leads to a reduction in allocation for the other.

The engagement of donors, partners and other stakeholders about the importance of gender-transformative and life course approaches to violence prevention and response, and the need to include girls and boys, women and men in programmes and policies is critical. Donors should also be encouraged to move away from short-term, project-based funding to longer-term investments based on sound evidence, including for prevention of violence.

Research, surveillance and knowledge gaps

Support the collection of periodic national prevalence data for VAC and VAW. Ensure that data on the incidence, prevalence and types of violence are disaggregated by sex, age and location.

Conduct research to fill identified evidence gaps, including about how best to respond to the intersections between VAW and VAC. In countries where reliable, population-based surveys are regularly carried out, secondary analyses of data can yield

further information on the intersections between VAC and VAW. Where relevant, analysis of successful efforts to coordinate VAC and VAW programming in emergency settings might inform learning in non-emergency contexts (and vice-versa).

In addition, more rigorous research is needed to develop evidence-based programming on preventing and responding to violence against adolescents.

- **Viet Nam:** Research is needed on family violence, particularly violence perpetrated by mothers-in-law against daughters-in-law, and potential links with VAW perpetrated by husbands or other men. Respondents also expressed an interest in the intersections between VAW and VAC and LGBTIQ+ issues, disabilities, and urban/rural divides. Prevalence data exist for some of these issues; secondary analysis could help fill some of the gaps.
- **Philippines:** No studies on intersections between VAC and VAW have been conducted; however, service providers from different sectors are well aware of the intersections between the two types of violence. Their experiences and practice-based knowledge could be explored in a formal mixed methods study to examine intersections between VAC and VAW. Additionally, the study in the Philippines identified some particular contexts for the intersection of VAC and VAW that were not noted in the other three countries. These contexts included the trafficking of women and

children, sexual extortion, sex work and cycles of violence (children in shelters perpetrating abusive behaviour they have likely experienced themselves). These concerns could be further explored.

- **Cambodia:** Given existing integrative policies and programmes, it would be helpful to conduct qualitative research on the views and lived experiences of women, adolescents and children using these. This would improve understanding of impacts and benefits for survivors and their families. Such evidence would help fill critical gaps in knowledge, and could inform the development of frameworks or models for VAC-VAW integration.

Improve monitoring and evaluation of existing VAC and VAW programming. A lack of comparable outcomes, measures and indicators across VAC and VAW programmes hinders comparison and insights into cross-cutting impacts on both. Most prevention programmes are not rigorously designed and evaluated. Efforts to coordinate policies, services or programmes should be well documented, monitored and evaluated to generate learning and capitalize on promising practices that can effectively reduce both VAC and VAW.

Develop a theoretical framework of integrative VAC and VAW approaches to guide the implementation of such work. Further research is needed to devise a nuanced and evidence-based model for integration in programming and services.

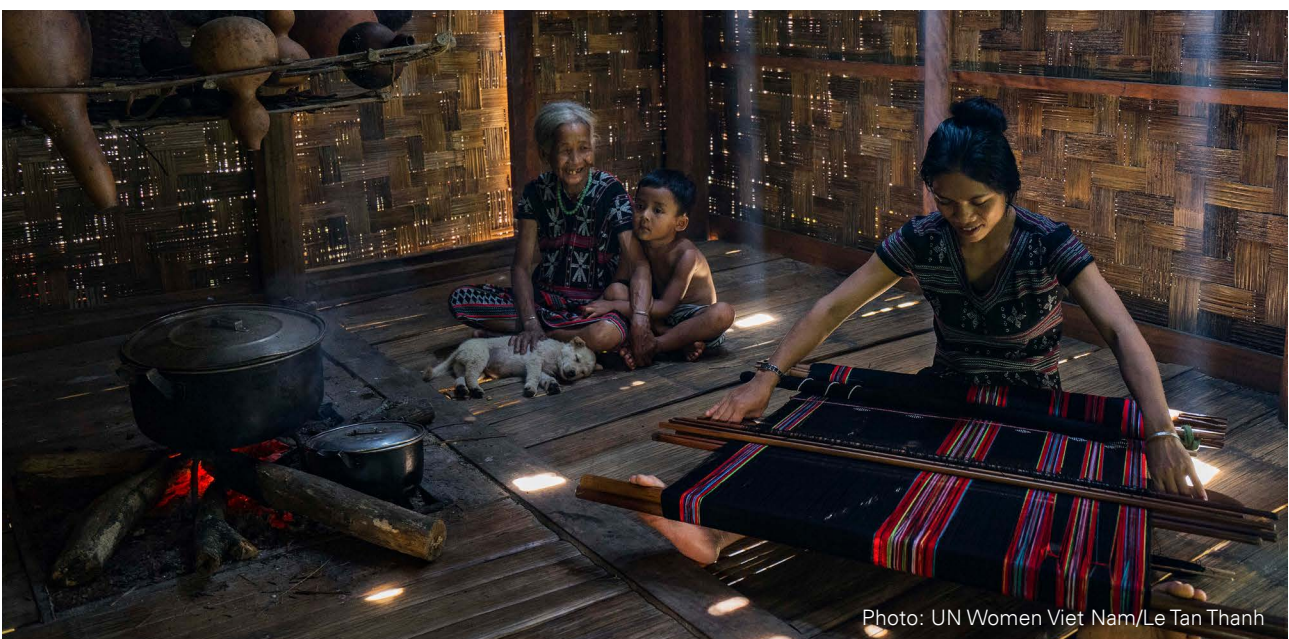


Photo: UN Women Viet Nam/Le Tan Thanh

POINTS OF CONCERN AND OPPORTUNITIES

Table 1 captures in-depth regional discussions between UNICEF, UN Women and UNFPA to identify points of concern emerging from the country research, areas of convergence, and opportunities for improved coordination or integration in the future. The discussions represented a multi-agency attempt to listen, learn and record emerging lessons that were unique to the setting and perspectives of each entity and sector, and to find a way forward, with a deep recognition that the ultimate goal is ensuring the well-being of all victims and survivors of violence.

Table 1 does not seek to interrogate each point of concern, but raises and acknowledges these views,

perceptions and beliefs. It does not seek to cover all issues in-depth or exhaustively, nor does it address the nuances or complexities of each one when examined on the ground. The reader is strongly urged to consult the report to contextualize the issues highlighted here.

The issues included in the table are intended to contribute to and inspire a broader conversation. The three entities are committed to exploring these issues further through supplemental research, and in consultation with relevant stakeholders and representatives from different regions, as we strengthen our collective efforts to end VAC and VAW.

TABLE 1

Points of concern	Opportunities
Unintended consequences of laws and policies	
<ul style="list-style-type: none"> Some unintended consequences of laws on VAC and VAW can include inadvertently undermining protection for women and children, respectively. Children are often subsumed within general VAW strategies or national action plans in a way that does not meet their specific needs. 	<ul style="list-style-type: none"> Hold regular consultation meetings across different sectors, including VAW and child protection committees, when drafting legislation, policies or national plans on either VAC or VAW. Meaningful and ethical consultations with survivors and adults who were child victims to provide input on draft legislation, policies, or national plans on either VAC or VAW. Document unintended harmful consequences of existing laws and policies. Develop VAW policies and plans that acknowledge the impact of IPV on women and children, and promote a family-centric approach (or “whole-of-family” approach) that considers the well-being of both women and children. Carry out research in each context and monitor effects of laws and policies to address violence against women and children to assess effectiveness in protection, in mitigating violence, supporting access to justice, holding perpetrators accountable, and preventing future violence.

Points of concern	Opportunities
Systems coordination	
<ul style="list-style-type: none"> • Ineffective, under resourced and understaffed systems and services for VAC can undermine the response to survivors of VAW, and vice versa, in the case of family violence and violence against adolescent girls. • There is sometimes limited willingness or proactiveness to refer and coordinate between sectors and actors. • Systems integration risks undermining protection for children. Instead of treating the child as a whole, responses can fragment the child based on the type of harm experienced, if the focus is only on violence, as opposed to child protection. Child protection systems function most effectively when there is a specific law on VAC/child protection that both explicitly prohibits all forms of violence, and provides a clear framework and duties for prevention and response, bearing in mind the need to address a range of vulnerabilities and risks through one robust system. • Case management for child protection requires its own system and procedures. Similar considerations apply to VAW case management. 	<ul style="list-style-type: none"> • Identify possible entry points for coordination, integration and joint investment that would strengthen the response for both children and women. There are often pragmatic opportunities to work together to strengthen service delivery points, especially around policing and health. • Meaningfully and ethically consult with survivors and adults who were child victims to gather input on how the systemic response to VAW and VAC can be better coordinated. • Highlight the need for VAW protocols or guidelines for health professionals, police, prosecutors and courts to adopt a special approach to children and adolescents, and reference child-specific protocols in addition to protocols to support adult women (Essential Services Package). • Prioritize strengthening the capacity of existing service providers across systems, and work to integrate violence prevention in the pre-service curricula of relevant professionals (nursing, medicine, social work, etc.). • Collaborate to strengthen the social service workforce and institutions to better meet the needs of children, women and families. • Put in place mechanisms for information sharing, coordinated case management and integrated service delivery for cases where both the child and mother experience violence. • Assess systems using available data and by seeking the perspectives of survivors to understand how systems can be improved.
Points of concern	Opportunities
“Balancing” the rights of women and children in violence-impacted households; “survivor-centred approaches” and the “best interests of the child”	
<ul style="list-style-type: none"> • Although advocates and other stakeholders often call for programmes and policies that respect the rights of all children, adolescents and women, there are concerns about certain programmes prioritizing the rights of one group over another. 	<ul style="list-style-type: none"> • Strengthen the capacity of response services so that they are able to more effectively meet the needs of women and the needs of children. This would contribute to mitigating against the inadvertent impact of child protection laws and policies and increase protection for both women and children.

- There is a perception that child protection systems do not treat the rights of children and adults equally, primarily because of the application of the “best interests of the child” principle, and disadvantage of non-abusive caregivers (who are often women). Child protection advocates would present the issue differently. The CRC obliges States to uphold the general principle of the “best interests of the child” as a primary consideration in all decisions affecting children (Article 3). This forms the basis for child protection laws and systems in many countries. The best interests principle is also enshrined in other human rights instruments. Mandatory reporting laws for VAC are one example of a policy based on the “best interests of the child” that is seen to conflict with the right of adult women to make their own decisions and the agency of older adolescent survivors. VAW services for women are often guided by “survivor-centered approaches” that emphasize the individual agency of survivors.⁶
- Mandatory reporting laws for VAC are one example of a policy based on the “best interests of the child” that is seen to conflict with the right of adult women to make their own decisions and the agency of older adolescent survivors. VAW services for women are guided by “survivor-centered approaches” that emphasize the individual agency of survivors.
- Ensuring that women can stay with their children may pose risks of exposing children to harm if women are not able to take steps to protect themselves or their children from violence in the home.
- Joint advocacy and programming by the child protection and VAW sectors could help strengthen response services. Such advocacy should call for services and measures that ensure that non-abusive parents are not disadvantaged because of a lack of services, laws or procedures that allow for the removal of the perpetrator from the home, or enable women to flee situations of harm with their children.
- The country studies noted that because enforcement of mandatory reporting laws for VAC was so rare, the risk that these policies pit the rights of children against women appeared to be more theoretical than actual. But even where mandatory reporting laws do not exist or are not enforced, family intervention to safeguard children from significant harm may be critical. In any case, while evidence advises against mandatory reporting of violence against adult women, more knowledge is needed on the benefits and potential harms of mandatory reporting of VAC.

Points of concern

Opportunities

Women survivors of IPV and their children: inadvertent consequences of actions taken

- Women who have experienced chronic IPV may not always be able to protect their children (or themselves), and are viewed as unfairly disadvantaged or “punished” by laws that allow for children’s removal from the home.
- The opportunities noted in the preceding area of concern on “balancing” rights are also relevant here to ensure that women survivors of IPV and their children are not inadvertently impacted by actions taken. In addition:

- Women's fear of losing custody of children can also prevent them from reporting IPV, leaving them and their children exposed to further harm.
- In some jurisdictions, criminal liability can be incurred by women in the event of abuse perpetrated by the partner against children.
- Children must be protected from significant risks of harm, wherever this occurs, including in the home. Child protection laws must and often do allow for the removal of children from women/families in cases of violence that carry these risks, and where steps cannot be taken that would enable children to be safeguarded in their home.
- Acknowledge that exposure to IPV can negatively impact children in important ways without necessarily classifying children's exposure to violence against their non-abusive parent (most commonly the mother) as a form of child maltreatment, as this could lead to serious and detrimental outcomes for women and their children.
- Ensure child protection systems provide clear guidance, training and support to front-line workers and courts on the dynamics of IPV, and on how to respond appropriately to children at risk of harm in the home, while minimizing the separation of children from non-abusive parents.
- Provide training/guidance such that services providing care to children experiencing violence in the home (maltreatment, child sexual abuse) can assess what is happening to women in those households and provide a first-line response, followed by referrals to existing services for adults.
- Similarly, services for women experiencing violence should be equipped to assess what is happening to children in those households and provide care (directly or via referrals).
- Ensure that safety planning and other support services are designed to help adult survivors achieve safety for themselves *and* their children.
- Advocate for shelters to accommodate mothers with their children, including older children (both girls and boys) to enable women to seek refuge without separation from their children.
- Engage in joint advocacy on social protection and explore collaboration with ongoing social protection programmes to ensure women who flee situations of harm with their children are eligible for financial support.
- Recognize that, when well implemented, cash-plus programmes can effectively tackle economic security and power/gender dynamics simultaneously, and reduce the stresses on families that exacerbate domestic violence against both women and children.

- Advocate and provide technical support for legal and pragmatic options, such as protection orders, that enable the removal of the perpetrator from the home.
- Ensure that legal advice for adult survivors includes assistance with child custody and maintenance disputes.

Points of concern

Opportunities

Reaching adolescents and meeting their needs

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| <ul style="list-style-type: none"> • There is a perception that child protection systems do not include adolescents. Unless maturity is attained at a younger age under national laws, however, child protection systems do include all children under the age of 18. • There is a perception that the inclusion of adolescents within the purview of child protection systems may have negative consequences when such systems do not respect adolescents' agency of evolving capacities. Actors in the child protection sector would argue that including all children under 18 ensures rights and protection. • Where they exist, mandatory reporting laws may directly contradict the rights of adolescents within a consensual relationship. • Adolescent girls below age 18 may be married or have begun childbearing; they find themselves in between systems that cater to children or adults. • VAW services do not always take into consideration the specific needs of adolescents, instead treating them in the same way as women who are 18 years of age and older. • Adolescence is the highest risk age group for sexual violence, and dating and intimate partner violence often begins in adolescent relationships. It is also an important opportunity for prevention and programming in schools, communities, and with families, which is crucial to prevent violence before it begins and to create expectations for safe, healthy relationships. Yet these are often missing from school curricula and programmes. | <ul style="list-style-type: none"> • Recognize that knowledge about effective programming for adolescents who are at risk of or suffering violence is still limited, especially in low- and middle-income countries; more rigorous research is needed. • Harness multisectoral mechanisms to discuss how to equip the VAW sector and child protection systems to better meet the needs of adolescents (by providing, for instance, age-appropriate, gender-responsive services), and ensure effective coordination between the two. • Ensure that child protection systems explicitly recognize the evolving capacities of children and adolescents. • Identify ways in which systems and services can develop pragmatic solutions to address violence against adolescents who are married or have children of their own. • Counselors, health workers, legal aid providers and shelter staff should have special training on dealing with child/adolescent survivors. There is substantial guidance for health systems and health providers in particular, including WHO clinical guidelines for responding to sexual and other forms of violence against children and adolescents (WHO, 2017), and a toolkit for adolescent sexual and reproductive health in humanitarian settings (UNFPA, 2020). • Ensure that VAW shelters that admit child/adolescent survivors on their own are approved as "places of safety" by the child protection authority, and adequately resourced to meet the needs of the child/adolescent. |
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- Temporary shelters should collaborate with the child protection authority in addressing the needs of older boys, possibly by allowing them to access shelters alongside mothers to prevent family separation.
- Ensure that schools, communities and families offer multiple opportunities to learn about and develop expectations for safe, violence-free relationships early in life.

Points of concern

Opportunities

Funding

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| <ul style="list-style-type: none"> • A lack of government funding is problematic for both VAC and VAW work; the two sectors often compete for the same limited budgetary allocations. • Budget integration can be seen as a threat for shelters or other government-run services, because budget cuts could possibly reduce or eliminate either or both programmes. • When projects are funded externally by donors, their particular focus may be donor-driven, and they may be too short to be effective. Donors are not always interested or set up to fund both VAC and VAW or integrative approaches; further, they may be interested in funding a project specifically targeting violence against boys or girls. Such an approach does not respond to the evidence, and can generate fragmentation and tension within and across the VAC and VAW fields. | <ul style="list-style-type: none"> • Jointly advocate and make the investment case for increased funding to tackle both VAC and VAW. • Engage government stakeholders to advocate within their ministries to secure a fixed budget line, even if small, to incorporate child protection and VAW into national and subnational budgets, and develop costed national action plans and jointly review resource allocation. • Review multisectoral mechanisms and work plans to identify areas of overlap and potential opportunities for integrating VAC and VAW work into other sectors. • Sensitize donors, partners and other stakeholders about the importance of gender-transformative and life course approaches to violence prevention and response, and the need to include girls and boys, women and men in programmes and policies. Encourage donors to move away from short-term, project-based funding to longer-term investments based on sound evidence, including for prevention of violence. |
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Prevention

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| <ul style="list-style-type: none"> • There is a growing body of evidence that integrating gender equality in programming designed to prevent violence throughout the life course, including with children and youth, has promise. Yet, existing prevention programming, including in schools, often misses the opportunity to include gender equality as a key component of programming to prevent violence in relationships with children and adolescents. | <ul style="list-style-type: none"> • Design, implement and evaluate prevention programmes with children and adolescents, and including parents, that integrate gender transformative approaches, gender equality, power sharing, shared decision making, and healthy relationships. |
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CONCLUSIONS

The need for VAC and VAW sectors and actors to collaborate and coordinate is irrefutable. Increasing evidence highlights the many intersections between both forms of violence: the co-occurrence of IPV and VAC in the same household, the interconnectedness of different forms of violence across the life course, and the gender dimensions of IPV and VAC. However, important knowledge gaps remain, such as around how to best respond to adolescent survivors, including girls, boys, and those who are married or cohabiting. Further evidence is also needed on how to effectively change harmful social norms and prevent violence from occurring in the first place, especially in low- and middle-income countries. All of these issues raise complex challenges that deserve more attention and discussion by researchers and advocates working on both VAC and VAW.

In addition, while coordination is paramount and while mutually reinforcing approaches are critical, there is a recognition that full integration across *all* aspects of prevention and response for VAC and VAW may not be the most effective approach. This paper has highlighted the importance of distinctive approaches in key areas of laws, policies and plans of action, as well as response and support services to ensure that the specific needs of children and of women impacted by violence are comprehensively and effectively met, as well as areas where integration could be considered and pursued.

Some critical points seem clear. Long-term, sustainable solutions for preventing and responding to violence must employ *whole system* and *whole institution* changes that include the justice, social welfare, health and education sectors (UNICEF, 2020). A gender-transformative and life course approach in violence prevention is essential, and must be responsive to children, adolescents and non-abusive caregivers (ibid.). Child protection cannot simply be subsumed within VAW initiatives or vice-versa. Ensuring the well-being and protection of children requires continued investment in strengthening national child protection systems. Similarly, evidence on preventing and responding to VAW highlights the need for a comprehensive, multisectoral approach.

The country case studies found that purposeful or formal integrative approaches to VAC and VAW are rare, but they do exist. Effective collaboration between the two fields has occurred when shared goals are identified, although shortfalls in quality, coordination and resources remain.

Building on the findings from the multi-country study, opportunities for strengthening the inter-linkages between sectors and actors working on VAW and VAC have emerged as follows:

- Prevention programmes that address the specific and shared underlying risk factors and harmful social norms are a key opportunity for strengthening VAW-VAC programming interlinkages. Some examples of opportunities in addressing gender roles and power in relationships, institutions, communities include:
 - » Integrating VAW and VAC prevention initiatives into early childhood development, comprehensive sexuality education, and parenting support/positive parenting programmes;
 - » Strengthening school-based violence prevention programmes (taking a “whole education” approach), integrating initiatives to address gender-based violence and healthy relationships.
- Front-line service points, especially police and health workers/centres (including pre-natal care), are an important opportunity for integration, coordination and collaboration for VAC and VAW that would ensure a more effective and holistic response for children and women.
- Joint advocacy by VAW and VAC sectors should call for strengthening the social service workforce to effectively support children, adolescents, women and families in situations of vulnerability.
- Joint advocacy and programming by VAW and VAC sectors on common goals – such as on stronger data and evidence for both areas; comprehensive services, including for

adolescents; services and support that enable non-abusive parents and their children to safely flee situations of harm); and laws that allow the removal of the perpetrator from the home – can create opportunities for enhanced collaboration and local-level solutions to overcome areas of tension and the inadvertent impact of certain laws and policies.

- Jointly advocate for the expansion of social protection programmes, in order to reduce household vulnerabilities to domestic violence. Promote eligibility to programmes for survivors of domestic violence fleeing situations of harm.
- Joint advocacy can aim to increase the public allocation of resources and donor funding for both VAC/child protection and VAW, as mutually reinforcing systems, services and programmes.
- When laws, policies and plans of action are being developed on VAC or VAW, and integration is not possible or desirable, proactive discussions and consultations with both child protection and VAW actors can

help to avoid unintended consequences and promote mutually supportive reforms.

- Having open, constructive and solutions-oriented debate and discussion on VAW and VAC sectors can be an opportunity to build common understanding, potentially reconcile conceptual differences and explore opportunities for strengthening integration/ collaboration.

This report has also highlighted the need for generating evidence that increases our knowledge of how VAC and VAW intersect and of how policies and programs must change to respond to these intersections to promote the rights and wellbeing of both children and women.

Effective collaboration is not only possible, but also urgent and essential. It is hoped that this report contributes to collaborative efforts to ensure that children and women no longer live under the shadow of violence.



Photo: UN Women/Marc Dozier

■ ANNEX

Violence against children refers to “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” against any person under age 18 (United Nations Convention on the Rights of the Child, 1989).

Violence against women refers to “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Declaration on the Elimination of Violence against Women, 1993). In general, the term “women” is assumed to refer to females of all ages. Some institutions specify a focus on violence against women and girls to emphasize the inclusion of girl children in their work on violence against women.

REFERENCES

- Altafim, E.R.P., and M.B.M. Linhares (2016). Universal violence and child maltreatment prevention programs for parents: A systematic review. *Psychosocial Intervention*, vol. 25, no. 1, pp. 27-38.
- Bacchus, L. J., and others (2017). Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: a scoping review. *Psychology, Health and Medicine*, vol. 22, no. 1, pp. 135-165.
- Bott, S., and others (2012). Violence against women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries. Washington, DC: PAHO. Available from http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=19825&Itemid=270&lang=en.
- Butler, N., Z. Quigg and M. A. Bellis. (2020). Cycles of violence in England and Wales: the contribution of childhood abuse to risk of violence revictimization in adulthood. *BMC Medicine*, vol. 18, no. 1, pp. 1-13.
- ChildFund (2013). Stop violence against women and children in Papua New Guinea. Available from www.childfund.org.au/media-news/childfund-report-reveals-levels-violence-women-png/.
- Coore Desai, C., J. A. Reece and S. Shakespeare-Pellington (2017). The prevention of violence in childhood through parenting programmes: a global review. *Psychology, Health & Medicine*, vol. 22, no. 1, pp. 166-186.
- Crenshaw, K. (2017). *On Intersectionality: Essential writings*. New York: The New Press.
- Devries, K. M., and others. (2017). Witnessing intimate partner violence and child maltreatment in Ugandan children: a cross-sectional survey. *BMJ Open*, vol. 7, no. 2, p. e013583.
- Dunkle, K., and others. (2020). Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. *BMJ Global Health*, vol. 5, no. 12, p. e002439.
- Ellsberg, M. (2008). *Violence Against Women in Melanesia and East Timor: Building Global and Regional Promising Approaches*. Canberra: Office of Development Effectiveness, AusAID. Available from <https://www.dfat.gov.au/sites/default/files/vaw-regional-report.pdf>.
- Fulu, E., and others (2013a). Prevalence of and factors associated with male perpetration of intimate partner violence: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, vol. 1, no. 4, pp. e187-207.
- Fulu, E., and others (2013b). *Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV. <http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf>.
- General Statistics Office and United Nations Children's Fund (UNICEF) (2015). Viet Nam Multiple Indicator Cluster Survey 2014. Available from http://mics.unicef.org/news_entries/21.
- Gennari, F., and others (2015). *Violence Against Women and Girls Resource Guide*. Washington, DC: World Bank.
- Gevers, A., and K. Taylor (2018). *Promising strides toward ending violence against women and girls in the Asia and the Pacific region: Results from Partners for Prevention pilot interventions in four countries*. Bangkok: Partners for Prevention. Available from <http://partners4prevention.org/resource/promising-strides-toward-ending-violence-against-women-and-girls-asia-and-pacific-region-0>.

- Guedes, A., and others (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, vol. 9, no. 31516.
- Hillis, S., and others (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, vol. 137, no. 3, pp. e2015407.
- Ho, G. W., D. A. Gross and A. Bettencourt (2017). Universal mandatory reporting policies and the odds of identifying child physical abuse. *American Journal of Public Health*, vol. 107, no. 5, pp. 709–716.
- IOD PARC (2016). *Independent Formative Evaluation of Family Support Centres in Papua New Guinea*. Available from <https://www.unicef.org/png/media/1241/file/PNG-Reports-ChildProtection-FormativeEvaluation.pdf>.
- Kidman, R. (2016). Child Marriage and Intimate Partner Violence: A comparative study of 34 countries. *International Journal of Epidemiology*, vol. 46, no. 2, pp. 662–675.
- Machisa, M. T., N. Christofides and R. Jewkes (2016). Structural pathways between child abuse, poor mental health outcomes and male-perpetrated intimate partner violence (IPV). *PLoS ONE*, vol. 11, no. 3, p. e0150986.
- (2017). Mental ill health in structural pathways to women's experiences of intimate partner violence. *PLoS ONE*, vol. 12, no. 4, pp. 1–19.
- Mathews, B. (2012). Exploring the contested role of mandatory reporting laws in the identification of severe child abuse and neglect. *Law and Childhood Studies, Current Legal Issues*, M. Freeman, ed., vol. 14, pp. 302–338. Oxford: Oxford University Press.
- McMahon, P. M. (2000). The public health approach to the prevention of sexual violence. *Sexual Abuse: A Journal of Research and Treatment*, vol. 12, no. 1, pp. 27–36.
- McTavish, J. R., and others (2017). Mandated reporters' experiences with reporting child maltreatment: a meta-synthesis of qualitative studies. *BMJ open*, 7(10), e013942.
- McTavish, J. R., and others (2019). Children's and caregivers' perspectives about mandatory reporting of child maltreatment: a meta-synthesis of qualitative studies. *BMJ open*, vol. 9, p. e025741. doi:10.1136/bmjopen-2018-025741.
- Meade, F. (2009). *Inside Out: An organisational map for primary violence prevention*. Adelaide Hills Community Health Service. Available from www.who.int/violenceprevention/inside_out.pdf.
- UN Women (2013). *A transformative stand-alone goal on achieving gender equality, women's rights and women's empowerment: imperatives and key components*. New York: UN Women.
- UN Women, UNFPA, UNDP, WHO and UNODC (2015). *Essential Services Package for Women and Girls Subject to Violence*. Available from www.unfpa.org/essential-services-package-women-and-girls-subject-to-violence#:~:text=The%20Essential%20Services%20Package%20is,services%2C%20police%20and%20justice%20sectors.
- United Nations (2015). *Transforming our world: The 2030 Agenda for Sustainable Development*. New York: United Nations.
- United Nations Children's Fund (UNICEF) (2015). *Child Protection Resource Pack: How to Plan, Monitor and Evaluate Child Protection Programmes*. New York: UNICEF. Available from www.unicef.org/protection/files/CPR-WEB.pdf.
- (2020). *Gender Dimensions of Violence Against Children and Adolescents*. New York: UNICEF. Available from www.unicef.org/media/93986/file/Child-Protection-Gender-Dimensions-of-VACAG-2021.pdf.
- United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) (2018). *Making the Connection: Intimate partner violence and violence against children in Eastern Europe and Central Asia*. Istanbul and Geneva: UNFPA and UNICEF. Available from www.unicef.org/eca/media/3321/file/Making%20the%20connection%20exec%20summary.pdf.
- United Nations Population Fund (UNFPA) (2020). *kNOWVAWdata: Sources of Data*. Bangkok: UNFPA. Available from: <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/vaw-sources-of-data-28august2020-final.pdf>

Wathen, C. N., and H. L. MacMillan (2013). Children's exposure to intimate partner violence: impacts and interventions. *Paediatrics & Child Health* vol. 18, no. 8, pp. 419-422.

World Health Organization (WHO) (2012). *Understanding and addressing violence against women: Intimate partner violence*. WHO/RHR/12.36. Geneva: WHO.

——— (2013a). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO.

——— (2013b). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva: WHO. Available from https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf?sequence=1.

——— (2016). *Global Plan of Action to Strengthen the Role of the Health System within a National Multi-Sectoral Response to Address Interpersonal Violence, in Particular against Women and Girls, and against Children*. Geneva: WHO. Available from <http://apps.who.int/iris/bitstream/10665/252276/1/9789241511537-eng.pdf?ua=1>.

——— (2017). *Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines*. Geneva: WHO. Available from www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/.

——— (2019a). *Caring for women subjected to violence: A WHO curriculum for training health-care providers*. Geneva: WHO. Available from www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/.

——— (2019b). *Guidelines for the Health Sector Response to Child Maltreatment*. Geneva: WHO. Available from www.who.int/publications/item/who-guidelines-for-the-health-sector-response-to-child-maltreatment.

——— (2019c). *Respect Women: Preventing Violence against Women*. Geneva: WHO. Available from www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/.

——— (2020). *Violence against women: Global picture – health response*. Available from www.who.int/reproductivehealth/publications/violence/VAW_infographic.pdf?ua=1.

——— (2021). *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*. Geneva: World Health Organization. Available from: https://cdn.who.int/media/docs/default-source/documents/violence-prevention/vaw_report_web_09032021_oleksandr.pdf?sfvrsn=a82ef89c_5&download=true

World Health Organization (WHO) and others (2016). *Inspire: Seven Strategies for Ending Violence against Children*. Available from www.who.int/violence_injury_prevention/media/news/2016/12_07/en/.

World Health Organization (WHO) and Pan American Health Organization (PAHO) (2012). *Understanding and addressing violence against women*. Available from https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1&isAllowed=y.

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