

Key Takeaways:

- Research shows that there is a strong link between childhood experiences of violence in the home, either as survivors or witnesses, and their experiences or perpetration of violence later in life.
- Effective and promising strategies for interrupting the cycle of violence include working with parents (positive parenting skills, couples' communication); working with children and youth (psychosocial support, healthy dating/early romantic relationships, address bullying); and challenging inequitable gender norms.
- To measure whether and how programs are effective in preventing violence at all stages of the life cycle, we need to think about the different kinds of changes we would hope to see as a result of our interventions.

OUR MISSION

The CARE mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and act as advocates for global responsibility. We facilitate lasting change by:

- Strengthening the capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people we serve deserve nothing less.

INTRODUCTION

What do we know about preventing the transmission of gender-based violence (GBV) from one generation to the next—the intergenerational transmission of GBV? Gender-based violence is physical, sexual or psychological¹ violence perpetrated based on a person’s gender, most often reflecting the patriarchal dominance of men and boys over women and girls. Research demonstrates a strong link between the violence young people are exposed to at home, either as witnesses or survivors, and their resulting negative behavior later in life, such as bullying, dating violence during adolescence or intimate partner violence as adults.² This “cycle of violence” has long-lasting consequences for young people’s—especially girls’—physical well-being,³ unintended pregnancy, HIV, sexually-transmitted infections (STIs), other health risk behaviors, emotional well-being,⁴ and education.⁵ The effects of exposure to intimate partner violence between parents and child maltreatment reach beyond childhood, affecting perpetration or victimization in relationships in adolescence and adulthood.⁶

EFFECTS OF GENDER-BASED VIOLENCE ON GIRLS’ EDUCATIONAL OUTCOMES

Despite progress toward equity at the primary school level, more boys than girls are enrolled at the secondary level in most regions.⁷ Boys’ greater access to education and life opportunities than girls’ serves to reinforce existing gender inequalities throughout society by decreasing economic options for girls and fuelling inequality and poverty in future generations. School is a common setting in which GBV is perpetrated by students and teachers, particularly against girls, with implications for school performance, grade repetition, and retention.⁸ Taken together, these findings suggest that interventions to prevent GBV must target children and adolescents in order to “un-teach” the gender inequalities and acceptance of violence that lead to the perpetration of GBV in adolescence and young adulthood. Schools offer an opportunity to reach a large number of children to question harmful norms and form healthy relationships.

CURRENT STRATEGIES AND PROMISING PRACTICES FOR PREVENTING GBV THROUGHOUT THE LIFE CYCLE

The most effective intervention strategies and “promising practices” to prevent and mitigate violence throughout the life cycle are those with a focus on early prevention—trying to prevent violence before it starts. This includes targeting intimate partner violence and child maltreatment in children’s homes, in order to decrease the negative impact of exposure to violence and to reduce the likelihood that exposed children will perpetrate violence throughout their lives. Encouraging gender norm change is also very promising for preventing violence.

Taking an “upstream approach” by working with children and youth to target child maltreatment may be one of the most effective ways to reduce intimate partner and other forms of violence later in life since it targets all four levels of the ecological model.⁹ Youth need **psychosocial support**¹⁰ and behavioral interventions¹¹ to help ensure that during their development from adolescence into adulthood they do not replicate the violence they may have experienced or witnessed in their families, whether it manifests as bullying at school or later as intimate partner violence. Promising school-based programs took measures to prevent the violence at school, with peer mediation and improved supervision of students both in and out of the classroom, and also worked with parents and caregivers on parenting skills.¹² **Preventing dating violence** is critical since research suggests it is a risk factor for intimate partner violence later in life, and is associated with risky health behavior.¹³ Effective programs question gender norms, give youth the knowledge and skills to recognize healthy relationships and how to deal with unhealthy ones, provide awareness of community services, and emphasize non-abusive conflict resolution and communication skills. (Examples interventions: Second Step, Safe Dates, ACRE, RENACER)

ⁱ Drawn from a longer paper written for CARE: Perlson, Stephanie and Margaret E. Greene. 2014. “Addressing the Intergenerational Transmission of Gender-Based Violence: Focus on Educational Settings.” The ecological model refers to the interaction of personal and environmental factors in shaping human development. It starts at the individual level, with personal history and biological factors; the next level are personal relationships such as family, peers, friends, etc; community-school, neighborhood, workplace, etc.--makes up the third level; and the last level consists of societal factors, such as economic and social policies, and socio-cultural norms.



Working with parents to address violence before or after it starts holds benefits for children and couples to end the cycle of violence. Effective training programs for parents include the following skills for good parenting and child management:¹⁴ identifying and recording problematic behaviors at home; using positive reinforcement techniques, such as praise and points systems; applying non-violent disciplinary methods, such as the removal of privileges and time out; supervising and monitoring child behavior; and using negotiating and problem-solving strategies. (Examples: Incredible Years, “Triple P” Positive Parenting Program.)

Programs that focus on **changing gender norms**, supporting men and boys in finding non-violent ways of relating to others and empowering women and girls show promise for reducing GBV and can take place throughout the life cycle. Indicators that measure change in non-traditional power for the sexes are associated with reductions in violence: Women’s education and men’s contributions to domestic work both seem to contribute to decreased violence at home.¹⁵ When both males and females question social and gender norms in their community through open and honest dialogue, they are able to deconstruct and hopefully challenge previously held beliefs. Engaging youth as young as 10-14 years old to challenge gender norms is particularly effective since they are still forming their beliefs. Strategies that empower individuals and communities to identify and address their own problems have been effective at reducing gender inequalities since they emphasize community members’ roles as agents of change and give them ownership of the process. (Examples: IMAGE, Stepping Stones, Choices, Young Men’s Initiative.)

MEASURING CHANGES IN GENDER-BASED VIOLENCE THROUGHOUT THE LIFE CYCLE

The changes we desire as a result of our interventions include the prevention of parental violence as the original source of violence in the lives of children; the transformation of rigid gender norms within the family and the community; a reduction in the chances that a child will replicate violence as an adult; changes in manifestations of violence at school that relate to

children's earlier experiences of GBV; changes in children's educational, emotional and relational resilience to that violence; and the impact of programs designed to interrupt the transmission of violence in the lives of children. The dearth of global evidence, especially from low- and middle-income countries, and of longitudinal and sex and age disaggregated data measuring the effectiveness of violence-prevention strategies poses challenges to our understanding of violence and our ability to respond.¹⁶

The evidence on changes in **child maltreatment** is weak,¹⁷ and it is good to use a variety of measures to capture a program's outcomes. Examples of measurement tools from the WHO include:¹⁸

- **Parental child rearing attitudes** could be measured using scales for assessing attitudes to parenting and confidence in parenting ability – for example, the Parenting Sense of Competence Scale.
- **Interactions between parent and child** could be measured by scales assessing violent behavior towards children – for example, the Parent-Child Conflict Tactics Scale.
- **The impact of increased surveillance on early detection and on the discouragement of maltreatment** could be measured by comparing reported maltreatment rates in families receiving the intervention with reported rates from control families not receiving the intervention.

Gender-based violence prevention programs seeking to change social and **gender norms** often measure changes in attitudes toward violence, not changes in violent *behaviors*.¹⁹ Promundo and its partners have developed the Gender Equitable Men (GEM) Scale, the purpose of which is to measure norms and self-reported instances of violence.²⁰

In measuring **gender-based violence**, it is important to capture data on multiple forms of gender-based abuse including intimate partner violence, dating violence, witnessing intimate partner violence, child sexual abuse, adolescent romantic



attachment and adolescents' sexual risk-taking.²¹ Since most survivors of gender-based violence do not seek help or report their experiences,²² it is often necessary to draw data from additional sources such as hospital emergency departments or the police to track changes in the occurrence of violence. To properly monitor the **effects of prevention programs**, useful information to collect on intimate partner violence includes: prevalence and incidence; distribution of cases (i.e. by age, sex, socio-economic status, etc.); health consequences; risk factors; protective factors; crime data; economic data and policies and legislation. Many prevention programs seek to change risk factors for violence in which change can be measured more immediately than changes in violence or injuries.

RECOMMENDATIONS FOR CARE'S PROGRAMMING TO PREVENT INTERGENERATIONAL TRANSMISSION OF GBV

CARE is already addressing many of the factors that lead to GBV, working on gender inequality and ensuring a positive school experience, to deter its transmission to the next generation. CARE's programs such as ACRE in Malawi, RENACER in Honduras and the Young Men's Initiative in the Western Balkans, put young people at the center of programming, empowering them through awareness-raising and capacity building. These programs and others, such as CARE's EMERGE in Sri Lanka, challenge support for harmful gender and social norms, resulting in changes in the attitudes and behaviors of participants. CARE has learned directly from young people about issues they face in their daily lives and is able to equip them with the tools and skills to address these issues on their own.

CARE works with youth to change their assumptions while they are still forming their attitudes and beliefs, as in the Young Men's Initiative,²³ which engaged boys and young men to discuss and critically reflect on their own biases and assumptions. Involving the community and families in ACRE and RENACER created an enabling environment for youth to engage in questioning and proactively addressing harmful social and gender norms, and to pass knowledge along to their families and the community. Unraveling unequal and patriarchal social norms is a key strategy among several programs, and CARE might be able to further prevent the transmission of violence by integrating other promising practices in its current work with young people.

Suggested promising practices to enhance CARE's programming:

- Ensure community engagement, and include psycho-social support and behavioral interventions, like non-violent conflict resolution, problem-solving, self-regulation and peer mediation to address the consequences of violence youth may have already experienced;
- Integrate tutoring and mentoring components to help girls and boys achieve academic success and to have older youth or adults act as positive role models;
- Incorporate elements of contextually-appropriate "dating" violence interventions;
- In formal and non-formal education settings, expand interventions to include training for parents and other community members since schools are often community-gathering spots;
- Integrate components for parents and couples such as positive reinforcement, negotiation skills, non-violent disciplinary methods, problem-solving and non-violent conflict resolution to prevent child maltreatment and intimate partner violence.

While more research is needed on the relationships between violence and poor educational outcomes in developing countries, there are many pieces of the puzzle we know something about and this promising evidence can point us in the right direction.

REFERENCES

- ¹ WHO. 2010. Preventing intimate partner and sexual violence against women: Taking action and generating evidence. http://apps.who.int/iris/bitstream/10665/44350/1/9789241564007_eng.pdf?ua=1. (p. 25).
- ² Millet et al. 2013. Child Maltreatment Victimization and Subsequent Perpetration of Young Adult Intimate Partner Violence: An Exploration of Mediating Factors. *Child Maltreatment* 18(2): 71-84.
- ³ WHO. 2010. As above.
- ⁴ WHO. 2010. As above. (p. 15).
- ⁵ Greene et al. 2012. *A Girl's Right to Learn Without Fear: Working to End Gender-Based Violence at School*. Toronto, Plan Canada.
- ⁶ WHO. 2010. As above.; Daigneault et al. Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child Abuse & Neglect* 33 (2009) 638-647; Millet et al. 2013. Child Maltreatment Victimization and Subsequent Perpetration of Young Adult Intimate Partner Violence: An Exploration of Mediating Factors. *Child Maltreatment* 18(2): 71-84; Holt et al. 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32: 797-810.
- ⁷ UNICEF. 2011. *Boys and Girls in the Life Cycle*. Accessed March 19, 2014 at http://www.unicef.org/media/files/Gender_hi_res.pdf. p. 18
- ⁸ UNESCO. 2014. *School-related Gender-based Violence in the Asia-Pacific Region*. Bangkok: UNESCO; Antonowicz, L. 2010. Too often in silence: A report on school-based violence in West and Central Africa. UNICEF, Plan West Africa, Save the Children Sweden, West Africa and ActionAid. p. 37.
- ⁹ WHO. 2010. As above. (p. 33-35).
- ¹⁰ Holt et al. 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32: 797-810.
- ¹¹ Millet et al. 2013. Child Maltreatment Victimization and Subsequent Perpetration of Young Adult Intimate Partner Violence: An Exploration of Mediating Factors. *Child Maltreatment* 18(2): 71-84; Lundgren et al. (2013) Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal, *Gender & Development*, 21(1): 127-145.
- ¹² Ttofi and Farrington. 2011. Effectiveness of school-based programs to reduce bullying: a systematic and meta-analytic review. *Journal of Experimental Criminology*. 7:27-56.
- ¹³ WHO. 2010. As above. (p. 44).
- ¹⁴ WHO. 2006. Preventing child maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. Accessed at http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf?ua=1. (p. 40).
- ¹⁵ Contreras, et al. 2012. *Bridges to Adulthood: Understanding the Lifelong Influence of Men's Childhood Experiences of Violence*. Washington, DC: International Center for Research on Women and Instituto Promundo. (p. 16).
- ¹⁶ Early Intervention Foundation. 2014. *Early Intervention in Domestic Violence and Abuse*. London: Early Intervention Foundation. Accessed at <http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf>. (p. 60); WHO. 2010. As above. (p. 37); Knerr et al. 2011. Parenting and the prevention of child maltreatment in low- and middle-income countries: A systematic review of interventions and a discussion of prevention of the risks of future violent behaviour among boys. *Sexual Violence Research Initiative*. Accessed at <http://resourcecentre.savethechildren.se/sites/default/files/documents/5671.pdf>. (p. 41, 42).
- ¹⁷ WHO. 2006. Preventing child maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. Accessed at http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf?ua=1. (p. 44).
- ¹⁸ WHO. 2013. Preventing violence: Evaluating outcomes of parenting programmes. Accessed at http://apps.who.int/iris/bitstream/10665/85994/1/9789241505956_eng.pdf?ua=1. (p. 17).
- ¹⁹ WHO. 2010. As above. (p. 57).
- ²⁰ Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. "Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy," *Horizons Final Report*. Washington, DC: Population Council. Available at <http://www.popcouncil.org/uploads/pdfs/horizons/brgendernorms.pdf>
- ²¹ McCloskey, LA. 2013. "The Intergenerational Transfer of Mother-Daughter Risk for Gender-Based Abuse." *Psychodynamic Psychiatry* 4(2): 303-328.
- ²² WHO. 2010. As above. (p. 63).
- ²³ Personal communication with Eugene Da of CARE, March 27, 2014



www.care.org

Headquarters

CARE USA

151 Ellis Street, NE
Atlanta, GA 30303-2440
USA
T) 404-681-2552
F) 404-589-2650
education@care.org

CARE Washington DC

1825 I Street, NW, Suite 301
Washington, DC 20006
USA
T) 202-595-2800
F) 202-296-8695
education@care.org

Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.

PHOTO CREDITS Page 2: S. Smith Patrick/CARE; Page 3: C.R. Palihakkara/CARE.

© JUNE 2014 Cooperative for Assistance and Relief Everywhere, Inc. (CARE)