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MAKING THE CONNECTION

Intimate partner violence and violence against children in Eastern Europe and Central Asia

EXECUTIVE SUMMARY

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2018

Acronyms

ACE	Adverse Childhood Experiences Survey
DHS	Demographic and Health Survey
IPV	Intimate partner violence
MICS	Multiple Indicators Cluster Survey
UNECE	United Nations Economic Commission for Europe
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAC	Violence against children
VAW/G	Violence against women and girls
WHO	World Health Organization

Acknowledgments

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Foreword

Every woman and every child deserves to live a life free of violence, and has the right to do so. But every day, many women and children living in Eastern Europe and Central Asia experience violence at the hands of those closest to them. For women, it may be their husband or partner. For children, it may be a parent. And for all victims, the home that should be a place of safety becomes the most dangerous place of all.

This advocacy report examines the intersections between intimate partner violence (IPV) and violence against children (VAC) across the countries of Eastern Europe and Central Asia, drawing on research across seven countries to reveal the many overlaps between these two forms of violence. These include common underlying causes and contextual factors, including household stress and dysfunction, alcohol and substance abuse and attitudes towards violence. It finds that violence is often driven by power imbalances, seen most obviously in gender inequalities that fuel the denial of rights and opportunities for women.

This human rights violation exacts a heavy toll on individuals, but also on society as a whole, with significant costs incurred for healthcare, police and justice. Violence also leads to lost productivity and earnings through its harmful effects on participation in education, employment and community life.

Despite existing legislation, few survivors report the violence, or seek redress or assistance from legal, health and social welfare services, and good quality services can be hard to find. For too many, violence becomes a constant throughout their lives – from childhood to adulthood – and the lives of their own children, replayed across generations.

One major challenge has been a disconnect between efforts to address IPV and VAC, which have been treated as separate issues. As a result, doctors or home-visiting nurses, teachers or social workers may not be making the vital connections that are needed. As the research outlined in this report demonstrates, if a mother is experiencing violence, the same may well be true for her children. There may not be referral pathways that are open to every member of a family living with fear and daily violence.

Becoming aware of violence – in all its egregious forms – is one critical first step. Often unrecognized and unchecked, violence in the home and in society is cloaked in taboo and misinformation. It feeds on shame and secrecy.

Preventing and responding to violence requires comprehensive and multi-sectoral services. This report sets out a number of recommendations emerging from the analysis for three priority areas.

First, investment is needed in early childhood development. Multi-sectoral efforts such as laws, policies and programmes to support healthy child development, particularly among the youngest children, are needed. Second, efforts to prevent and respond to IPV and VAC must recognize that the two often happen in the same households and are often passed from one generation to the next. Finally, greater efforts are needed to address the gender inequality and attitudes and norms around violence that fuel both VAC and IPV. These underlying causes must be addressed to prevent violence and promote healthy child development and freedom from violence for both women and children. Key recommendations for a robust research agenda, for policy and legislative reform and for multi-sectoral programming provide a blueprint for urgently needed next steps.

We hope that this report will contribute to breaking the cycle of violence that traps too many women and children across the region.

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Why the Connection Matters

Why we should make the connection between intimate partner violence and violence against children

- *Rates of intimate partner violence (IPV) and violence against children (VAC) are high in Eastern Europe and Central Asia.*
- *New evidence from seven countries in the region highlights the close connections between IPV and VAC, which are often fuelled by the same underlying causes and often found in the same households*
- *There are clear overlaps between witnessing IPV and experiencing physical abuse as a child.*
- *Both forms of violence can be passed from one generation to the next: children who witness or experience abuse are more likely to be at risk of experiencing or perpetrating violence during adulthood.*
- *Responses to IPV and VAC have tended to follow their own siloed tracks, with different programmes and funding streams informed by separate data collection and analysis.*
- *Reducing the current prevalence of IPV will reduce the odds of violence for future generations.*
- *Eliminating the underlying drivers and the risk factors common to both IPV and VAC is crucial for the reduction of multiple forms of violence.*

Violence against women and violence against children are two connected pandemics that have devastating consequences for individuals, and for entire societies.

Worldwide, intimate partner violence is the most common form of violence against women. And worldwide, millions of children from all socio-economic backgrounds, across all ages, suffer violence, exploitation and abuse every day, with millions more at risk.[1]

Exposure to intimate partner violence (IPV) can have devastating impact on a woman's health, well-being and ability to function in society. IPV not only affects individual women, but it also affects their families, communities and countries.[2] Such violence is often passed from one generation to the next. Childhood exposure to IPV leads to a greater risk of experiencing or perpetrating violence in adulthood. Men and women who have suffered childhood trauma are more likely, in turn, to use harsh discipline against their own children, with their boys and girls experiencing different types of punishment, often shaped by gender norms.

Global evidence reveals clear overlaps between IPV and violence against children (VAC). They share many of the same underlying causes, patterns and consequences, and often happen at the same time, and in the same households.

Although there has been some progress on measures to tackle both IPV and VAC in Eastern Europe and Central Asia, levels of both remain high across the region. One problem is that work to address IPV or VAC often occurs separately, or in silos. As a result, efforts to end each type of violence tend to have their own separate funding streams. Different agencies and institutions support the implementation of prevention and response interventions focused on either IPV or VAC, with separate theories of why and how the violence occurs.

However, global evidence demonstrates overlaps in the causes, consequences and co-occurrence of both types of violence. Childhood exposure to IPV leads to increase risk of later adulthood violence experience and perpetration. IPV and VAC tend to co-occur in the same household. Men and women who experience childhood trauma are more likely to use harsh parenting against their own children, with discipline often meted differently to boys and girls, based on gender norms. Work to address both issues is crucial. However, despite evidence of the overlap between IPV and VAC, there is little consistent communication or collaboration across these two silos.

Box 1. Definitions

Defining intimate partner violence (IPV)

Intimate partner violence (IPV) is the most common form of violence against women worldwide. IPV refers to the behaviour "by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours."[3]

Defining violence against children (VAC)

The *Convention of the Rights of the Child*, Article 19, defines violence against children (VAC) as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse."[4]

The 2002 *World Report on Violence and Health* expands on this definition, noting that VAC is "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity."[5]

The addition of the word "*power*" and the phrase "*use of physical force*" broadens the nature of a violent act and expands the conventional understanding of violence to include acts that result from a power relationship, including threats and intimidation. The use of *power* also includes neglect or acts of omission, as well as the more obvious and intentional acts of violence.

The region has also made progress on expanding the evidence base on IPV and VAC, with UN agencies, national statistical bureaus and key government agencies producing a range of studies on both. However, data have been collected separately, for the most part, and there has been no systematic, routine and comparable regional or country-level analysis to examine the specific intersections of the violence experienced by women at the hands of their partners, and the violence experienced by children.

To fill this gap and highlight the connections between IPV and VAC, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) conducted the 'Study on Violence against Women and Violence against Children' in seven countries across Eastern Europe and Central Asia: Albania, Belarus, Kazakhstan, the Kyrgyz Republic, Moldova, Turkey and Ukraine. The study was undertaken from 2016-2017. The study used the most recent major survey data sets and reports from these countries focused on IPV and VAC to compare (where possible) major regional trends in prevalence, risk and protective factors and the consequences for the health and well-being of women and children (Table 1).

Table 1:

Surveys and available data by country and type of violence

Country	Study	Year	Total sample	Total sample by gender	Age	Marital status	Implementing agencies
Violence against children studies							
Albania	Adverse Childhood Experiences (ACE) Survey	2013	1437	Male: 466 Female: 971	21.2 (mean)	NA	WHO
Belarus	Multiple Indicator Survey (MICS)	2012	2875	Male: 1405 Female: 1470	2-14	NA	National Statistical Committee of the Republic of Belarus, UNICEF
Kazakhstan	Multiple Indicator Survey (MICS)	2015	13,575	Male: 7070 Female: 6505	2-14	NA	Statistics Committee of the Ministry of National Economy, UNFPA, UNICEF
Kyrgryz Republic	Multiple Indicator Survey (MICS)	2014	9994	Male: 4979 Female: 5014	2-14	NA	National Statistical Committee of the Kyrgyz Republic, UNICEF, UNFPA
Moldova	Multiple Indicator Survey (MICS)	2012	4527	Male: 2322 Female: 2205	2-14	NA	National Centre of Public Health of the Ministry of Health, National Bureau of Statistics, Scientific Research Institute of Mother and Child Health Care, Ministry of Labour, Social Protection and Family, the Ministry of Education, the National Centre for Health Management, and the National Centre for Reproductive Health and Medical Genetics, UNICEF
Turkey	Adverse Childhood Experiences (ACE) Survey	2013	2257	Male: 1082 Female: 1175	20.1 (mean)	NA	WHO
Ukraine	Multiple Indicator Survey (MICS)	2012	3573	Male: 1770 Female: 1804	2-14	NA	State Statistics Service, Ukrainian Institute for Social Forms, StatInformConsulting, UNICEF, Swiss Cooperation Office in Ukraine, USAID
Intimate partner violence studies							
Albania	Domestic Violence in Albania: A national population-based survey	2013	646,879	NA	18-55	Currently or previously married and/or currently living with an intimate partner	INSTAT, Government of Sweden, United Nations Albania, UNDP
Belarus	Multiple Indicators Cluster Survey (Domestic Violence Module)	2012	4677	NA	15-49	Currently married or in union, or were ever-married or in union	National Statistical Committee of the Republic of Belarus, UNICEF
Kazakhstan	Household Survey on Violence against Women in Kazakhstan	2017	14,342	NA	18-75	Ever-partnered women	
Kyrgryz Republic	Demographic Health Survey (DHS)	2012	4361	NA	15-49	Currently or previously married or living together	National Statistical Committee of the Kyrgyz Republic, Ministry of Health, MEAUSRE DHS

Country	Study	Year	Total sample	Total sample by gender	Age	Marital status	Implementing agencies
Moldova	Violence against women in the Family in the Republic of Moldova	2011	1565	NA	15-65	Currently or previously married or living together	National Bureau of Statistics of the Republic of Moldova, UNDP, UN Women and UNFPA
Turkey	National Research on Domestic Violence against Women in Turkey	2015	6287	NA	15-59	Currently or previously married or living together	Republic of Turkey Ministry of Family and Social Policies the General Directorate on the Status of Women, Hacettepe University Institute of Population Studies
Turkey	Demographic and Health Survey	2013	9746	NA	15-49	Currently or previously married or living together	Hacettpe University Institute of Population Studies, Ministry of Development, Ministry of Health, Scientific and Technological Research Council of Turkey (TÜBITAK)
Ukraine	Demographic and Health Survey	2007	2355	NA	15-49	Ever-married women	Ukrainian Center for Social Reforms, State Statistical Committee, Ministry of Health, Macro International
Ukraine	Prevalence of Violence against Women and Girls	2014	1606	NA	15-49	Currently or previously married or living with an intimate partner	Implementing agencies: United Nations Population Fund (UNFPA)

Sources: [6-20]

This report summarizes the main findings of the Study to identify major areas of overlap between IPV and VAC. It recognizes that IPV is just one of the many forms of violence against women and girls (VAW/G) that occurs in households. Women experience violence not only at the hands of their intimate partners, but also from other members of the household. In many countries, in-laws (particularly older women), and grown-up sons and daughters may also perpetrate violence against women. This report, however, focuses on IPV because of the relative availability of comparable data on this issue.

It argues that tackling both IPV and VAC together can help to break cycles of violence and begin to erode the underlying causes of both forms of violence. Based on evidence of the overlaps between IPV and VAC in the region, the report provides a blueprint for future research to fill the data gaps; policy and legislative reform; and comprehensive multi-sectoral programming for effective prevention and response.

Box 2. Methodology

Phase 1: identify all available and relevant data sets and published reports on violence against women and girls (VAW/G) and violence against children (VAC) in the countries of eastern Europe and Central Asia. In all, 21 countries were considered for inclusion at this stage. Data and study reports were identified through UNFPA and UNICEF country offices, and through technical advice from counterpart organizations, such as the World Health Organization. Most regional studies on VAW/G focused on women's experiences of IPV. Research team members liaised with UNFPA and UNICEF regional and national gender advisers and officers to identify data sets and reports on IPV and VAC. Inclusion criteria included empirical evidence and comparability with surveys identified for other countries.

The research team identified countries with Demographic and Health Survey (DHS) reports, Multiple Indicator Cluster Survey (MICS) reports, World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women, Adverse Childhood Experiences (ACE) survey reports, and any other relevant reports, such as the WHO Reproductive Health Survey or unique surveys on IPV or VAC – a total of 59 reports. The countries with the highest number of available data sources for both IPV and VAC, as well as data that were comparable to other countries, were selected for inclusion: Albania, Belarus, Kazakhstan, Kyrgyz Republic, Moldova, Turkey, and Ukraine. The existing data and study reports were compiled for each country.

Phase 2: assess study comparability. The questionnaires and original methodologies were analyzed for comparability in measurement of violence outcomes. Four major sources of data on IPV and/or VAC emerged: the MICS, DHS and ACE surveys, and individual country-level prevalence studies on IPV using WHO or UNECE methodology to measure violence against women in intimate partnerships.

Phase 3: assessment of trends and patterns. The third phase aimed to determine major trends and patterns in prevalence, associated risk and protective factors and consequences of IPV and VAC in the countries studied, using available survey results. This included examination of the intersections between IPV and VAC within and across countries. Data from individual country reports were compiled to compare results, and cross-country assessment of all results from each country was conducted to identify trends.

It is notable that country-level studies use a range of survey instruments to measure IPV. Comparison of prevalence estimates must be interpreted with caution. Even when measures of IPV are comparable (e.g. the same survey used), other factors used to calculate prevalence parameters, such as women's age and marital status, may affect comparability of estimates. Results are presented to take into account variation in measurement.

Key Findings

Rates of Intimate Partner Violence and Violence Against Children

Unique IPV surveys conducted in Albania[21], Belarus[22], Kazakhstan[23], the Kyrgyz Republic[24], Moldova[25], Turkey[26] and Ukraine[27] reveal varied prevalence rates for different forms of IPV, but rates of IPV remain high in all seven of the countries. The lifetime prevalence of ever-married/partnered women who report experiencing any physical and/or sexual violence ranges from 15 per cent among women in Ukraine[28] to 37.5 per cent in Turkey.[29]

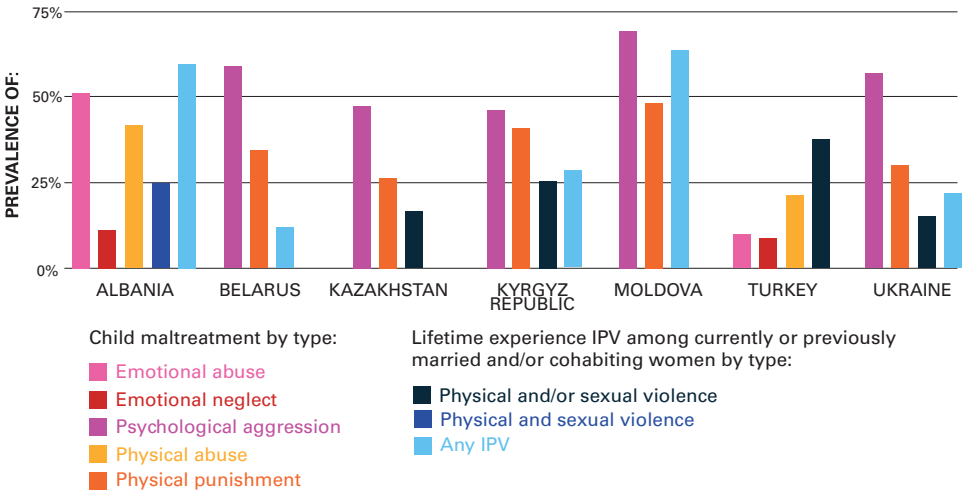
Rates of VAC are also high in all seven countries. Comparative VAC studies from Belarus[30], Kazakhstan[31], the Kyrgyz Republic[32], Moldova[33], and Ukraine[34] find that the percentage of all children ages 1-14 or 2-14 who experience any form of violent discipline ranges from 52.7% in Kazakhstan (children aged 1-14)[35] to 76% in Moldova (children aged 2-14)[36]. The percentage of all children who experience only non-violent discipline ranges from 21.6 per cent in Moldova (children aged 2-14) to 38.9 per cent in Kazakhstan (children aged 1-14)[37].

In every country, girls aged 1-14 or 2-14 are more likely to experience only non-violent discipline than boys, who are more likely to experience violent discipline.

Adverse childhood experiences (ACE) surveys from Albania[38] and Turkey[39] show that the prevalence of reported experiences of child physical abuse before age 18 among young adults ranged from 21.1% in Turkey to 41.5% in Albania.

Figure 1:

Prevalence estimates of intimate partner violence (IPV) and violence against children (VAC) in Eastern Europe and Central Asia



Source for prevalence of child maltreatment by type: *Albania - ACE (2013); Belarus - MICS (2012); Kazakhstan - MICS (2015); Kyrgyz Republic - MICS (2014); Moldova - MICS (2012); Turkey - ACE (2013); Ukraine - MICS (2012). Source for prevalence of lifetime experience IPV among currently or previously married and/or cohabiting women by type: Albania - Domestic Violence in Albania: A national population-based survey (2013); Belarus - MICS (2012) DV module; Kazakhstan - Household Survey on Violence against Women in Kazakhstan (2017); Kyrgyz Republic - DHS (2012); Moldova - Violence against Women in the Family in Moldova (2011); Turkey - National Research on Domestic Violence against Women in Turkey - Ukraine - Prevalence Study on Gender-based Violence (2014).*

Overlaps Between Intimate Partner Violence and Violence Against Children

Common underlying causes and risk factors

Evidence from all seven countries shows that IPV and VAC share a number of underlying causes that can increase or decrease the likelihood experiencing both kinds of violence. Identifying and understanding these underlying causes can help to identify priority areas for violence prevention interventions. Measures to tackle the common underlying factors that fuel violence can be the key to reducing multiple forms of related violence, including, but not limited to, IPV and VAC.

Based on a synthesis of the evidence across the Study countries, the common underlying causes and contextual factors for IPV and VAC include the following.

- Gender inequality and social norms: Unequal gender status, or the greater 'value' placed on boys than girls and on men rather than women results in higher rates of violence against women[40], and may also influence the different forms of violence experienced by boys and girls.
- Attitudes toward violence: Individual attitudes towards the acceptability of violence reflect the extent to which violence is normalized in society. In societies where the status of women is low and their dominance by men is justified, women are more likely to experience abuse.[41] When mothers believe that husbands are justified in beating their wives, they are also more likely to believe in physical forms of discipline against children (Box 3).[42]
- Alcohol and substance abuse and household dysfunction: Alcohol abuse and household dysfunction can be considered contributing factors, rather than an underlying root cause, such as gender inequality or attitudes towards violence. Violence is more likely to occur in households experiencing alcohol abuse and dysfunction.

Box 3. Justifying violence against women and children

Data from the seven countries show that some women and men believe that a husband is justified in beating his wife under certain conditions. Women are more likely to experience abuse in societies where women's status is low and men's dominance over women is justified.[43]

- The percentage of women who agree that a husband is justified in beating his wife for at least one reason ranges from 4.1 per cent in Belarus to 29.8 per cent in Albania
- The percentage of men who agree that a husband is justified in beating his wife for at least one reason ranges from 5 per cent in Belarus to 13.3 per cent in Moldova.
- Both women and men in all countries are most likely to justify the beating of a woman if she is thought to be neglecting her children.
- In the Kyrgyz Republic, women who agree with one or more reason that justifies wife beating were more likely to report experiencing IPV compared to women who did not justify wife beating under any condition.

Physical violence is sometimes seen as an appropriate way to discipline children.[44] When mothers believe that husbands are justified in beating their wives, they are also more likely to believe in physical forms of discipline against children.[45]

- Between 4.7 per cent of women and men in Kazakhstan and 15.1 percent in Kyrgyz Republic agree that physical punishment is necessary to raise children.
- In Serbia, for example, some people view corporal punishment as a legitimate and even advisable practice of child rearing. Common sayings such as "beating has come straight down from Heaven," "not beaten, not taught," and many others illustrate the tenacity of these beliefs.[46]

- In Kazakhstan, women and men believe that when violence becomes normal in society, there is greater use of violence at home against women and children.

In some countries and communities, practices such as child marriage, forced marriage, early unions and bride abductions have long been seen as valid, but put girls and women at risk of multiple forms of violence.[47]

Risk and protective factors may overlap for different kinds of violence. Risk factors often combine with underlying causes to increase the likelihood of experiencing violence. They can include global, societal or family conditions, as well as the experiences or characteristics of an individual, and should be among the targets for prevention efforts.

Protective factors, however, are the conditions, events, experiences or characteristics that reduce the likelihood of violence victimization and should, therefore, be bolstered by programmes and policies to respond to and prevent violence.[48]

Intimate partner violence and violence against children are often found in the same household

The Study provides a glimpse of the rates of co-occurrence of IPV and VAC in the seven study countries. ACE survey data from Albania and Turkey suggest that multiple forms of VAC and household dysfunction overlap with IPV.[49] In Turkey, almost half (49.1 per cent) of the young women and men who reported that their mother was treated violently had also experienced physical abuse before the age of 18.[50] In addition, among these young women and ment, 41.4 per cent reported experiencing sexual abuse before 18, 44.4 per cent reported experiencing emotional abuse, and 43.5 per cent reported experiencing emotional neglect.[51]

The greatest overlap can be seen between witnessing domestic violence and experiencing physical abuse as a child. In addition to ACE data, available prevalence data suggests similarities in rates of IPV and rates of VAC. For example, data from Moldova shows the highest prevalence rates of psychological and physical (corporal) punishment against children age 2-14 among the seven countries studied.[52] Moldova also has the highest rates of women reporting any form of IPV across their lifetime. However, these trends are not always clear. Comparison across countries must be interpreted with caution, as differences in measurement might obscure overall trends. Overall, more analysis is needed on the associations and co-occurrence between multiple forms of violence.

In Albania, 31.2 per cent of women who had ever experienced any form of IPV reported that their children lived in fear, and 19.2 per cent reported that their children were also hurt or injured.[53] Women who experienced physical and/or sexual violence in Turkey were more likely to report that their children had frequent nightmares (33 per cent), wet the bed (28 per cent), acted timid or withdrawn (53 per cent) or showed aggression (31 per cent) – far higher rates than those for children whose mothers did not experience IPV (18, 22, 42 and 17 per cent respectively).[54]

The intergenerational impact of both forms of violence

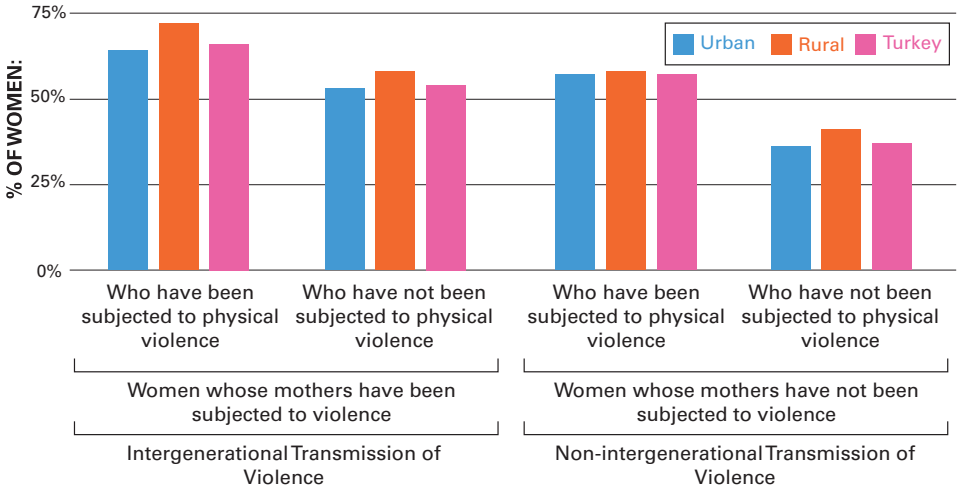
Exposure to violence before the age of 18 is a significant predictor of exposure to violence during adulthood. In other words, children who experience child abuse are more likely to be at risk of experiencing or perpetrating violence during adulthood. Data from the seven countries demonstrate two forms of the intergenerational cycles of violence.

First, **children who experience abuse are more likely to grow up to perpetrate abuse against their own children.** For example, in Turkey, women who had both experienced IPV and witnessed abuse of their mother reported the highest rates of physical violence perpetration against their own children (66 per cent) compared to 37 per cent among women who had not experienced IPV nor witnessed abuse of their own mother.[55] However, data on the overlaps between experiencing child abuse and perpetrating child abuse are not well analyzed in this region. More research is needed to assess the extent of these trends.

Figure 2:

Transmission of physical violence to children (Turkey, 2015)

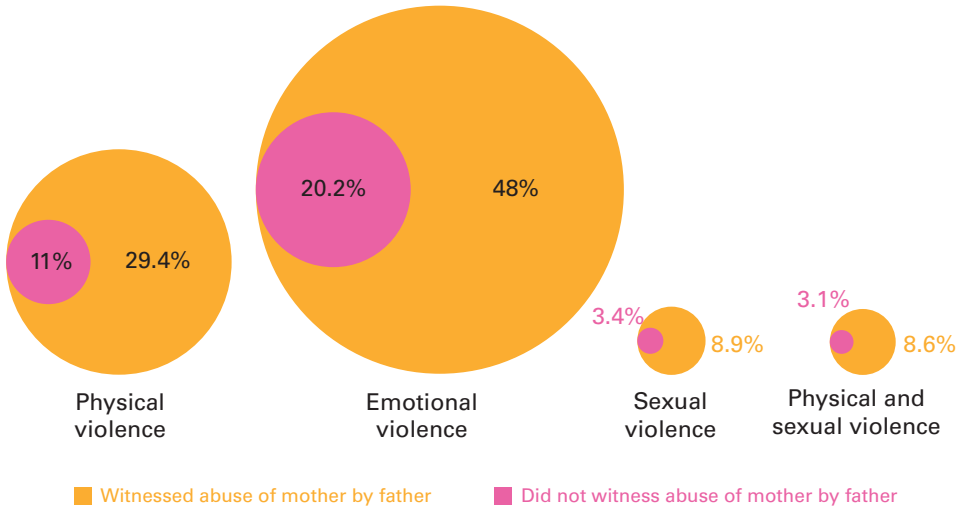
Note: *Adapted from National Research on Domestic Violence against Women in Turkey (2015), p. 145*



Second, **children who witness or experience abuse are more likely to experience or perpetrate IPV as adults**.[56] In Kazakhstan, women who were aware that their mother suffered physical or emotional abuse by their father were 3.43 times more likely to have also reported experiencing any physical and/or sexual intimate partner violence in their lifetime.[57] A similar pattern is observed in the Kyrgyz Republic, where women who witnessed the abuse of their mother by their father were more likely to report any form of IPV as adults. [58]

Figure 3:

Percentage of women (age 15-49) who witness domestic violence during childhood and experience IPV during adulthood in Kyrgyz Republic (2012)



In Turkey, more than half (51 per cent) of women who had ever been married or lived with a partner who reported experiencing physical IPV also reported that their mothers had experienced IPV – a rate significantly higher than for women whose mothers had not experienced IPV (28 per cent). Similar trends are observed for men: more than half (51 per cent) of men whose mothers were abused went on to perpetrate physical violence against an intimate partner, compared to 23 per cent of men who did not see their mothers

experiencing any abuse.[59] In Ukraine, data from the 2007 Demographic and Health Survey (DHS) shows that both women and men report higher victimization and perpetration when the respondent's father had a history of beating the respondent's mother.[60]

Both forms of violence undermine economic development for individuals and societies

IPV and VAC undermine the health, well-being and abilities of individual women and children, but also their families, communities and countries. However, while the physical and psychological costs of IPV and VAC are well documented, the economic and social costs are less well known. The estimates of the economic costs of gender-based violence vary by country. However, the most comprehensive studies estimate the average cost of violence against women (VAW) to be 1 to 2 per cent of GDP for both developed and developing countries.[61]

In the region, a recent costing study from Moldova indicated that total government spending on domestic violence and VAW amounted to 3,609,200 lei ($2,032,218) in 2015.[62] A costing analysis from Ukraine in 2015 estimated the national economic costs of VAW at $208 million per year, or 0.23 per cent of national GDP

VAW and IPV can have a direct impact on the economic prospects for individual women and girls, with violence leading to lost productivity and earnings by undermining their participation in education, employment and civic life[63]. In Ukraine, for example, an estimated 103,500 working days are lost each year as a result of the temporary inability to work among women who have experienced violence – costing the country around $3.7 million in 2015. IPV can also have indirect economic and social costs, including the costs to society of lower educational achievement, childhood pregnancies, incarceration of perpetrators, and costs to the healthcare system and VAW-related services and sectors[64].

Response and support services account for a significant proportion of the costs of VAW to countries in Eastern Europe and Central Asia. In Turkey the costs of healthcare, police and justice systems, social services and productivity loss is estimated at between €4.8 and 47.1 billion, equivalent to between 1 per cent and 10 per cent of Turkey's GDP[65]. In Moldova, the highest government expenses related to VAW are seen in healthcare, with expenditure at 1,584,500 lei ($892,178), and in the legal sector at 1,499,000 lei ($844,036)[66]. The costs of response services for survivors of VAW in Ukraine were estimated at $14.1 million in 2015, with the largest proportion of these expenses for law enforcement and penitentiary systems[67]. In Albania, the average cost for a typical domestic violence case is estimated at 1,070 lek ($9.55), with the average cost for a complicated domestic violence case at 2,347 lek ($20.95)[68]. And in the Kyrgyz Republic, a single case of the domestic murder of a woman costs the state and society more than KGS 1.6 million (approximately $23,300). The costs of supporting 10 women who have experienced domestic violence amount to KGS 2 million per year (approximately $30,000)[69].

The available literature on the costs of VAW from this region suggests that survivors themselves pay a high share of the costs. In Moldova, survivors' payments to lawyers are more than four times higher than the state's contribution, and their payments for health expenses are more than 1.5 times the contributed provided by the state[70]. In Ukraine, it is estimated that the cumulative personal expenses of women affected by violence and their households is approximately $190 million across the country each year, accounting for more than 90 per cent of the total national economic cost of VAW. This means that Ukrainian women spend an average of $200 each in costs related to the impact of the violence they have endured[71]. In Albania, the estimated direct expenses to survivors of family violence is 7,900 lek ($70.51)[72].

Priority Areas for Prevention

The evidence from the seven Study countries highlights the considerable overlaps between intimate partner violence and violence against children. In particular, that IPV and VAC tend to co-occur in the same home, that IPV and VAC are linked across generations, and there are common underlying drivers of both forms of violence. Yet, these connections also signal opportunities for synchronized prevention.

Many women and men across the region hold attitudes that justify violence as a valid way to resolve conflicts or impose discipline (Box 3). But there are also discrepancies between the attitudes people claim to hold, and their actual behaviour (Box 4).

Box 4. What people say, versus what people do

The attitudes that people report do not always mirror their behaviour. Only 4.7 per cent of respondents to a Multiple Indicator Cluster Survey in Kazakhstan agreed that physical punishment is necessary to raise children, rising to 15.1 per cent in the Kyrgyz Republic. The proportions of parents in both countries who agreed that children need to be physically punished were relatively small: 5.3 and 16.2 per cent of mothers in Kazakhstan and the Kyrgyz Republic, respectively; and 4.2 and 14.4 per cent of fathers.

Yet in all seven of the countries studied, more than half of all households report some form of violent discipline against children and more than a quarter report some form of physical punishment.

This discrepancy between what people say and what they actually do signals a disconnect between what is expected and the reality of everyday behaviour. It may be the result of the hidden nature of violence within a family space that is seen as 'private'.

Global evidence, meanwhile, tells us that social norms create an environment where violence against women and children is used with impunity. Given the results from the seven countries studied, three priority areas emerge for the prevention of both intimate partner violence and violence against children: early childhood development; co-occurrence and intergenerational transmission of violence; and attitudes and norms around violence.

Early Childhood Development

Violence against women and violence against children have very harmful effects on a child's early development. Women's experiences of physical abuse during pregnancy jeopardize the right prenatal conditions for foetal development.[73,74] New mothers who experience abuse may find they are also less able to care successfully for their children and may be at higher risk of post-partum depression.[75]

Evidence from the seven countries shows that violence against children is reported as affecting children as young as one-year-old. Such early exposure to abuse can hinder their physical and cognitive development and limit their learning abilities. As well as the physical, behavioral, psychological and cognitive effects harm, children who have been exposed to domestic violence often absorb skewed messages about the use of violence and power in

relationships. Children may learn that it is acceptable to exert control or relieve stress by using violence, or that violence is an inherent part of intimate relationships – lessons that can have a devastating impact on their socialization and on their adult intimate partnerships.

What can be done to prevent harm in early childhood:

- Early pre-natal intervention has shown to be effective in developing positive and safe home environments. Prevention interventions can also involve fathers as well as mothers in creating nurturing, violence-free households, which can have long-lasting effects.
- Programmes that enhance women's ability to recognize and report incidence of violence can also help to mitigate the harmful effects of VAC and prevent incidence in the future.

Co-occurrence and Intergenerational Transmission of Violence

Synthesis of evidence on IPV and VAC from the seven countries suggests considerable linkages between these forms of violence. Domestic violence can pose a serious threat to children's well-being, particularly if the abuse is chronic. Women and children who experience multiple forms of violence within the same time frame will display more intensive signs of the damage done, such as poor mental health outcomes, behaviours that put their health at risk and other symptoms of trauma. Data show that parents who experience physical abuse as children are more likely to use harsh parenting tactics themselves. Husbands who abuse their wives may be more likely to afflict harsh and violent parenting practices on their children, if violence is normalized as a form of discipline. Those who have witnessed the abuse of their mothers are more likely to have higher rates of IPV and exhibit harmful health behaviours, including risky sexual behaviours.

What can be done to tackle co-occurrence and intergenerational transmission:

- The prevention of both IPV and VAC can have a cumulative impact that can reduce violence among future generations.
- Increasing access for women and children to complimentary, comprehensive and multi-sectoral services can break down the siloes that form barriers to services and care.

Attitudes and Norms Around Violence

Attitudes and beliefs that normalize violence contribute to high prevalence of IPV and VAC in these seven countries. Normalization of violence against children and IPV are related. For example, in all countries, men's abuse of their wives is most often justified in cases where the wife neglects her children. The justifications of wife-beating and inequitable gender norms are both associated with higher prevalence of IPV. Finally, boy and girl children and young women and young men experience different forms of violence across the life course, suggesting that norms around what it means to be a woman or a man in society put youth at different types of risk.

What can be done to tackle attitudes and norms around violence:

- Building greater equality and addressing gender inequality can reduce women's exposure to multiple forms of violence based on their gender. When women and men have equal rights and opportunities in society, they are better able to achieve their potential and live free from multiple forms of inter-related abuse.

Study Recommendations

Tackling IPV and VAC together can help to break intergenerational cycles of violence and help to erode the underlying causes of both forms of violence. Analysis of the evidence of the overlaps between IPV and VAC in the region provides the basis for a blueprint to address future research, policy and legislation and programmes to integrate the prevention of, and response to, these forms of violence.

These three areas should not be seen as separate siloes of work. For example, data generated by improved research design can inform the development of the evidence-based policy and legislation that, in turn, serves as the scaffolding on which to build programmes that can tackle impunity, increase access to services and support and shift the social norms that condone violence. In each case, multi-sectoral efforts are critical to prevent both IPV and VAC.

Recommendations for Research

- ***More comparable research on IPV and VAC across the countries of Eastern Europe and Central Asia.*** Globally recognized IPV-specific surveys, such as the World Health Organization (WHO) Multi-country Survey methodology, can generate in-depth, country-specific and regionally comparable estimates of IPV prevalence, risk factors and consequences. Globally recognized VAC-specific surveys, such as the MICS and ACE surveys, can build an evidence base on the multiple forms of child maltreatment and abuse. Routine timelines for surveys can help to ensure timely, up-to-date estimates by country. Standardized samples, age ranges, questionnaires and analysis are important to ensure a robust body of comparable evidence on VAC and IPV.
- ***Greater integration of IPV and VAC survey methods.*** To better understand the overlaps between IPV and VAC, survey design must integrate survey questions on both forms of violence. Examples include the incorporation of domestic violence modules in the MICS (as in Belarus), or the integration of questions on child discipline (perpetration as well as perceived impact) in IPV studies (as in Albania and Turkey). We recommend that survey questions are adapted from existing survey methodologies, such as the MICS child discipline module, to facilitate multi-country comparisons. In addition, study reports should present analysis on statistical associations, pathways between and the likelihood of multiple types of violence across an entire life-course. For example, countries with MICS that include the domestic violence module can run statistical analyses on the associations between exposure to child discipline and the perpetration of child discipline.
- ***Replication of specialized surveys.*** Surveys that focus on a particular topic (such as IPV) tend to produce more reliable estimates of violence than generalized surveys that cover multiple topics. It is recommended that the number of comparable specialized surveys on IPV and VAC across the region is increased to gather reliable estimates.
- ***A life-course, gender approach to VAC research.*** The Study underscores the gendered dimension of violence. Exposure to and risk of violence shifts during a child's development and the patterns of violence differ for boys and girls. Studies need to be designed from a life-course, gendered perspective to enable analysis of specific risk patterns by gender and age. Standardized age categories are critical for cross-country comparison.
- ***Enhanced data collection and analysis capacity.*** Greater capacity among regional researchers to implement routine surveys on IPV and VAC will enhance the monitoring of these forms of violence. This enhance capacity can be achieved through support to, and

creation of, local/regional training on violence research, as well as support to enable local researchers to take part in global training on the topic. It should be noted that when safe access to services is prioritized and made available, prevalence rates and reporting of violence are likely to temporarily increase. This further underscores the need for routine monitoring and data collection to track trends over time.

- ***Greater government involvement and ownership.*** VAC and IPV surveys are implemented in close collaboration and partnership with government agencies. Therefore, support for greater government involvement and ownership can help to build and strengthen monitoring and accountability mechanisms, thereby ensuring more effective responses to IPV and VAC. For example, the creation of VAC and IPV monitoring focal points at the government level can help to facilitate routine collection of data on these topics, track progress and maintain consistent collaboration across agencies.
- ***A stronger focus on vulnerable groups.*** More research is needed on the most vulnerable groups, including women and children with disabilities, internally displaced persons and refugees.

Recommendations for Policy and Legislation

- ***Integrated national action plans to address VAC and IPV.*** Each country should develop and implement an integrated multi-sectoral national action plan on all forms of violence against women and child abuse and neglect.
- ***Strengthening of existing legislation to criminalize IPV and VAC.*** While countries across the region have legislation on IPV and VAC, implementation is inconsistent and impunity remains commonplace. With the results of the Study underscoring the pervasiveness of both forms of violence across the region, it is necessary to amend local legislation to minimize impunity in criminal cases of VAC. This is needed to alter an environment in which violence is carried out with little regard for official legal ramifications.
- ***Improved legislation to identify, report and refer cases of VAC.*** Reporting and referral systems remain weak in many countries of this region. Improved legislation to augment legal authority, as well as mandated reporting and referral of VAC cases, are priorities to address this gap. The strengthening of reporting and referral systems is necessary for the response and service provision to survivors of violence and the implementation of existing VAC legislation.
- ***Integrated responses from health and social welfare systems to VAC and IPV.*** Health and social welfare systems play a critical role in the response to violence. The social services workforce, including social workers, is often the first contact point for survivors, yet social workers health care providers lack training and awareness of VAC and IPV. There is little integration of health and social welfare systems, especially for vulnerable populations such as survivors of violence, and few women report IPV to healthcare facilities. A robust and comprehensive health-system response must include
    - professionals trained to recognize and respond to IPV and VAC, who understand the overlaps between the two
    - integration with service provision and referral pathways for women and children who experience violence
    - multiple sectors of health-care, including medical, nursing and public health departments and facilities.
- ***Investment in the capacity of professionals to respond to VAC and IPV.*** Increasing the capacity and integration of health-care and social service professionals to respond in an integrated and appropriate manner to violence against women and children is critical to health and social systems that support survivors. Greater monitoring and accountability for professionals who handle IPV and VAC cases are needed to ensure quality care and support.

- ***Enhanced awareness of the rights of women and children to access justice.*** Without knowledge of or the ability to access justice, the rights of women and children remain largely a formality. To increase their access, they must be aware of their rights under international, national and local laws, and of the mechanisms through which they can claim redress. This requires the sharing of knowledge at the local level, as well as building the capacity of the justice system to respond effectively and appropriately to cases of violence. This includes providing legal and paralegal support to victims of violence; enabling the justice system to hear child victims and witnesses in a manner adapted to their age and evolving capacity; and supporting non-judiciary avenues for redress, such as Ombudsman offices that are often better equipped to hear children.

Recommendations for Programmes

- ***Programmes to address harmful social norms.*** Social norms, or the shared beliefs about what is appropriate behaviour in a community, can be major drivers of IPV and VAC when people believe violence is normal or necessary (e.g. for child discipline) and can impede the effective implementation of laws, policies and service provision. Interventions to tackle social norms can help to raise awareness of what constitutes violence, and create new shared beliefs that challenge its normalization. Such interventions can focus on:
    - promoting women's empowerment and the full and active engagement of women in all facets of society
    - promoting non-violent ways of being a man that shift norms of masculinity away from dominance and control toward equality and respect
    - promoting the active engagement of boys and men, in partnership with girls and women, to prevent and respond to violence
    - promoting healthy forms of sexual and intimate partnerships among adolescents and youth to encourage relationships based on equality and respect;
    - promoting non-violent methods of child discipline
    - promoting zero tolerance to child abuse and violence against children in society
    - working with boys and men, as well as women and girls, as agents of social change.
- ***Integrated, multi-sector programmes.*** Multi-component, multi-level programmes are the most effective in preventing violence against women and children, including adolescent girls and boys.[76] Integrated programmes to prevent VAC and IPV will be more effective if they consider the gendered dynamics of experiences of violence across the life-course.
- ***Shelters and crisis support services as part of a multi-sectoral response.*** The lack of domestic violence services reported by women suggests that this is an under-prioritized social service across the region. Women's ability to access immediate shelter, protection, services, employment opportunities and support networks can mitigate against the long-term harm caused by IPV. With children exposed to violence often lacking parental support or abused or neglected by their parents, shelters and centres need to be child-friendly. Children also need child-friendly crisis support services to ensure their adequate protection and immediate support when moving from abusive homes to more stable settings. Funding and building shelters is not enough: crisis support shelters should not be stand-alone services, but rather integrated into multi-sectoral responses so that adequate social protection and social services are available to the entire family.
- ***Working with boys and men.*** Current interventions with boys and men tend to focus on response work with perpetrators, with limited evidence of programmes aimed at sustained social change and violence prevention. The application of promising programme strategies to work with boys and men in schools, communities and the workplace can help to stop violence before it starts.

- ***Implementing good practice parental programmes.*** Programmes for parents can help to shift parental norms and practices, such as corporal punishment, and have positive effects on household functioning and well-being. Programmes are most effective when they involve both mothers and fathers to promote nurturing, violence-free households and enhance women's ability to recognize and report incidents of violence.
- ***Tackling child marriage.*** Support for education opportunities and integrated health services can strengthen systems that are on the frontline of preventing and responding to child marriage. When girls have opportunities to learn, and access to health services, they are less likely to become child brides.

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