

EVIDENCE BRIEF #3

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

Adolescent programming to prevent violence



Introduction

Adolescence is a critical developmental phase that is part of yet distinct from childhood. It is often marked by the intensification of gender role expectations. Indeed, during adolescence, boys' and girls' beliefs, attitudes and behaviours, including about intimate relationships and violence, are increasingly shaped by gender norms – the social expectations that define what is considered 'appropriate' behaviour for individuals based on their sex.¹ Prevailing gender norms, which devalue women and girls and reinforce male dominance and aggression, are risk factors for both violence against children and violence against women. These inequitable norms also limit girls' mobility and education opportunities, sustain harmful practices like child marriage and female genital mutilation, and promote harmful risk-taking and discourage help-seeking among boys.²

Adolescent girls and boys may be more vulnerable to violence based on specific risks and vulnerabilities linked to their age and life stage.³ Adolescent girls in particular may experience violence from an intimate partner, the most common form of violence against women, alongside other types of violence common among young children, including violent discipline by parents or caregivers.⁴ For this reason, violence against children and violence against women are commonly considered to intersect or overlap in adolescence, although adolescent girls' experiences of intimate partner violence (IPV) may be distinct from those of adult women.⁵ The United Nations Children's Fund's (UNICEF's) new [Strategic Plan 2026–2029](#) and [Gender Equality Action Plan 2026–2029](#) recognize the particular risks and vulnerabilities of adolescent girls and emphasize the importance of investing in their well-being, leadership and agency, including preventing and responding to the violence they experience.⁶

This brief is designed to support UNICEF country offices and other organizations in strengthening violence prevention programming and services for adolescents. It explicitly recognizes gender inequality as a critical dimension of violence and emphasizes how violence against children and violence against women intersect. This brief is the third in a series focused on the intersection of violence against children and violence against women (*see Box 1*). It does not cover the full scope of interpersonal violence affecting adolescents, nor specific contexts, such as humanitarian emergencies or the presence of armed violence, which may heighten risks of violence. While greater attention is paid to adolescent girls given their particular risk of IPV, the brief also addresses the violence adolescent boys experience and the need to work with them to prevent violence.



BOX 1. THE INTERSECTION OF VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN

Violence against children and violence against women intersect in multiple ways, as described in detail in *Brief 1* of this series, which creates opportunities for coordinated prevention and response.⁷ The evidence for these intersections comes primarily from research on the most common forms of violence against children and violence against women: violent discipline of children by parents and caregivers and IPV against women (*see Box 2 for definitions*). Other types of violence may also intersect but until now have been less widely studied.

Although distinct, violent discipline and IPV commonly co-occur in the same homes and share multiple risk factors.⁸ At the individual and family levels, shared risks include couple conflict, substance abuse, economic stress, poor caregiver mental health and men's dominance in the family.⁹ At the societal level, risk factors include poverty, high levels of gender inequality, and social and gender norms that condone violence against children and violence against women.¹⁰

These risk factors may be compounded by discrimination (e.g., based on age, gender, race, economic status, disability or sexual orientation), social and economic exclusion, and/or the presence of armed violence, increasing the risks of violence even more for certain groups of girls, boys and women.

Both types of violence also have common and compounding consequences for children's and women's physical and mental health and for child development, with gender-specific consequences and dynamics among children requiring particular attention.¹¹ The risk of negative outcomes is multiplied when children are exposed to multiple types of violence. Importantly, children's exposure to either type of violence shapes future risks of violence during adolescence and adulthood, potentially contributing to intergenerational transmission of violence.¹² Violence against children and violence against women also intersect during adolescence – this is the focus of this brief.

BOX 2. DEFINITIONS USED IN THIS BRIEF

Adolescence is the transitional period during childhood and before adulthood, which encompasses rapid physical growth and sexual maturation combined with emotional, social and cognitive development.¹³ Although UNICEF recognizes that individual diversity makes it difficult to define a universal age for the start or end of the developmental processes associated with adolescence, it adopts the technical definition of adolescents as persons from 10 through 19 years of age. This encompasses both young adolescents (10–14 years) and older adolescents (15–19 years). Adolescents up to 18 years of age are legally considered children and are protected under the Convention on the Rights of the Child.

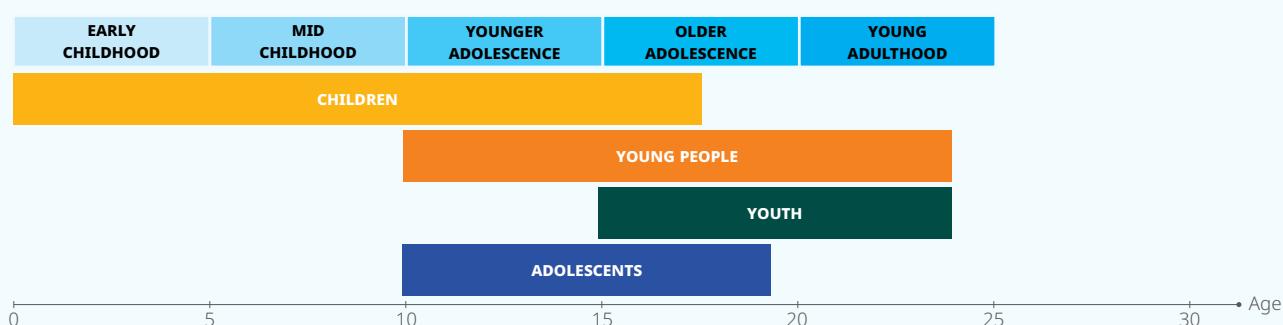
Violence against children is defined by the Convention on the Rights of the Child as “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” against someone under 18 years of age.¹⁴ The [International Classification of Violence against Children \(ICVAC\)](#), launched in 2023 to provide standard operational definitions for different forms of violence, defines violence against children as “any deliberate, unwanted and non-essential act, threatened or actual, against a child or against multiple children that results in or has a high

likelihood of resulting in death, injury or other forms of physical and psychological suffering.”¹⁵

Violent discipline, the most common form of violence against children, includes psychological aggression (e.g., shouting, yelling, screaming or calling a child offensive names) and/or physical punishment.¹⁶ Violent discipline may be carried out by parents or other primary caregivers, whether biological, adoptive or foster parents, grandparents, other relatives and/or guardians.

Violence against women is defined by the Declaration on the Elimination of Violence against Women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”¹⁷

IPV, the most common form of violence against women, includes “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.”¹⁸ Adolescent girls may experience IPV in their relationships, both offline and online.





What we know

The transition from childhood to adulthood is often marked by violence, which can have a formative influence on adolescents' ideas and experiences of relationships, as well as shaping their risk of violence in the future. Yet the experiences, patterns and prevalence of violence are different for adolescent girls and for adolescent boys, due in large part to prevailing gender norms and power dynamics.¹⁹ Adolescent experiences or perpetration of violence may also be influenced by early childhood experiences, as children exposed to violence at younger ages may start to enact violence in their own relationships or be re-victimized.²⁰ These points must be considered in the design of programmes, policies and services for adolescents experiencing violence. This section summarizes some of the existing evidence on how violence against children and violence against women intersect during adolescence.

Scope and prevalence of violence

- **Adolescents may be exposed to both violent discipline and IPV at home:** Existing global data indicate that 4 in 10 young adolescents aged 10–14 years have experienced violent discipline, such as shouting or physical punishment, from their caregivers in the past month (compared with nearly 8 in 10 children aged 1–14 years).²¹ This figure rises to as many as 9 in 10 adolescents in certain countries.²² Older adolescents (aged 15–19) may also experience violent discipline, but data are limited and not as consistently measured.²³ Many adolescents are also exposed to IPV against their mothers or female caregivers, as the two types of violence commonly co-occur in the same homes.²⁴ Research has established strong associations between a caregiver’s perpetration or experience of IPV and their likelihood of using violent discipline, but the relationship is complex and may be mediated by the caregiver’s own adverse childhood experiences, poor mental health, and alcohol or substance abuse, among other factors.²⁵ Exposure to either violent discipline or IPV has similar negative consequences for children’s health and development.²⁶ Adolescents may also be exposed to other types of violence at home, including sexual violence by family members or people outside their household.
- **Adolescent girls are also at risk of violence from an intimate partner:** Adolescence is a time when girls and boys may enter relationships for the first time, which can put them, particularly girls, at risk of IPV. Existing data indicate that about one in four (24 per cent) ever-partnered girls aged 15–19 has experienced physical and/or sexual violence from an intimate partner.²⁷ This number rises to nearly two in four girls in certain regions (47 per cent).²⁸ In most regions, adolescent girls have experienced higher rates of IPV in the past year than adult women.²⁹ Although there is substantial variation across and within countries, rates of IPV among adolescent girls are highest in low- or middle-income countries and countries with low female secondary school enrolment and high rates of child marriage.³⁰ Similar to adult women, girls with disabilities, girls who are affected by conflict or displacement, and girls who were exposed to violence in childhood are at increased risk of IPV.

- **Child marriage increases girls' risk of IPV:** Globally, one in five girls are married or cohabit with a partner as children (compared with 1 in 30 boys), with the highest rates found in sub-Saharan Africa.³¹ Girls who marry or cohabit before the age of 18 have a heightened risk of IPV, which may increase the younger they get married.³² This heightened risk persists into adulthood: Women who were married as children are 42 per cent more likely to experience IPV over their lifetime compared with women who got married as adults.³³ Child marriage also negatively affects girls by increasing the risk that they will drop out of school, see lower educational attainment, experience poor mental health and face negative reproductive and maternal health consequences, including early pregnancy and increased maternal and infant morbidity and mortality.³⁴
- **Nevertheless, existing data are insufficient to fully understand girls' experience of IPV:** Adolescent girls are not systematically included in violence against women surveys, and studies that do include them often only collect data from girls who are formally married or cohabiting.³⁵ As a result, studies do not collect data on the full range of IPV that adolescent girls may experience in their relationships, which are often fluid and include informal dating relationships, whether with other adolescents or adult partners. Studies examining violence in adolescent relationships are highly diverse, and it is difficult to compare results across settings; still, they suggest girls experience high rates of violence.³⁶ In many settings, studies find that adolescent girls experience higher rates of sexual violence than boys.³⁷ An estimated 1 in 20 adolescent girls aged 15–19 years have experienced forced sex in their lifetime – nearly three quarters of them in the past year. Current or former romantic partners are the most common perpetrators.³⁸
- **Data suggest male perpetration of IPV often begins in adolescence:** There is far less data available on boys' (and men's) perpetration of IPV, but existing research suggests boys often begin perpetrating different forms of violence against women and girls, including IPV and sexual violence against non-partners, during adolescence.³⁹ In this developmental phase, inequitable gender norms, which promote men's dominance over women

and condone violence, shape boys' views of relationships and can normalize coercive control and violence against girls and women. Boys who were exposed to violence in childhood, including violent discipline or IPV against a female caregiver, are more likely to perpetrate IPV in adolescence (and adulthood).⁴⁰ Yet, data on boys' and men's perpetration (or experience) of IPV are not systematically collected. In addition, existing research suggests that boys may also experience some forms of violence in dating relationships.⁴¹

- **Many adolescents experience school-related violence, but the experience differs between boys and girls:** For many adolescents, schools are not safe spaces – rather, they are places where various forms of violence, including IPV, are experienced or perpetrated. Existing studies indicate that adolescents in low- and middle-income countries face high rates of school-related violence, including physical and sexual violence from teachers or peers.⁴² Girls are more likely to experience sexual violence from teachers and peers, while boys are more likely to experience physical punishment from teachers. Boys and girls appear to be at equal risk of experiencing bullying, the most common form of peer violence. Existing global data indicate that one in three students aged 13–15 years has experienced bullying in recent months, whether in person or online (and this figure rises to one in two in 13 countries).⁴³ Despite multiple types of violence occurring in schools, data on school-related violence remain limited and are often not consistently or comprehensively measured.⁴⁴
- **Boys are particularly at risk of engaging in peer violence:** While not the focus of this brief, peer violence among adolescent boys is worth mentioning. Similar to IPV, gender norms can profoundly influence boys' participation in peer violence (both physical and non-physical). Boys may view violence (or threats of violence) as a way to demonstrate their masculinity and comply with gendered expectations of being 'tough'.⁴⁵ Boys who grew up in violent homes are at greater risk of perpetrating peer violence, which may include participation in gang violence in some settings.⁴⁶ While the risk of death from peer violence increases significantly for both boys and girls in adolescence, it is higher among boys and older adolescents.⁴⁷ Homicide is a top cause of mortality for

adolescent boys (and young men), with the highest rates of homicide among adolescent boys found in Latin America and the Caribbean.⁴⁸

- **Technology increasingly shapes adolescents' lives and experiences of violence:** The digital world and online platforms play an increasingly significant role in shaping adolescents' attitudes, expectations and experiences of gender, sexuality and relationships. These digital influences can normalize coercive or violent behaviours, distort perceptions of consent and exacerbate the mental health consequences of violence.⁴⁹ Digital technologies also present new risks and ways to perpetrate violence, including IPV, sexual abuse and exploitation, and other forms of gender-based violence (GBV). Adolescents may experience digital surveillance, threats and harassment via social media or messaging platforms, as well as image-based abuse and digital control.⁵⁰ Although limited, existing studies highlight high rates of online violence. An online survey in 22 high-, middle- and low-income countries found that 58 per cent of girls and young women with access to the internet had been harassed or experienced online abuse – and one in four girls felt physically unsafe as a result.⁵¹ Although attention to and research on the topic are growing, data on the scope and prevalence of technology-facilitated violence remain limited, hindering prevention and response.⁵²

Consequences of violence and help-seeking

- **Adolescents experiencing violence face multiple, compounding consequences:** Exposure to violence in adolescence is associated with a range of negative health, social and developmental consequences, which can continue into adulthood. Consequences may be greater for adolescents who experience multiple types of violence, and for those with prior exposure to violence or other adverse childhood experiences.⁵³ Negative impacts include impaired social and emotional functioning, poor mental health (primarily depression and anxiety), increased harmful risk-taking, alcohol and substance abuse, and negative impacts on educational attainment and future employment.⁵⁴ Research suggests girls are at greater risk of internalizing their experiences, increasing the risk of depression and anxiety, self-

harming behaviour and suicidality. Meanwhile, boys more often externalize them, increasing the risk of behavioural disorders and harmful risk-taking behaviour. Sexual, reproductive and maternal health consequences include sexually transmitted infections and unwanted pregnancy.⁵⁵ Adolescent pregnancy increases girls' risk of miscarriage, unsafe abortion, birth complications, and maternal and infant morbidity and mortality.⁵⁶ Pregnancy often disrupts girls' schooling and can lead to child marriage, which limits girls' education and work opportunities. In turn, this reduces future earnings and economic independence, contributes to cycles of poverty and hinders broader economic development.⁵⁷

- **Adolescents who experience violence often face barriers when seeking help:** Adolescents experiencing IPV, particularly girls who are married or partnered, may find it hard to leave a relationship or seek help due to patriarchal norms, unequal power dynamics, lack of family support and limited autonomy.⁵⁸ They may fear the very real risks that disclosing violence will upset family or social cohesion, or lead to potential scandal, retribution or additional violence. Adolescents who experience violence, regardless of the type, may also lack knowledge of or access to response services or support. Where services are available, adolescents may face additional barriers, including a lack of resources, concerns about comfort or confidentiality, fear of being blamed, or legal barriers such as requirements for parent or guardian consent or accompaniment.⁵⁹ Social and gender norms, particularly around violence and premarital sex, can contribute to adolescents facing stigma, shame or blame for the violence they experience, including from frontline workers.⁶⁰ Rates of help-seeking are particularly low for both girls and boys who experience sexual violence – as low as 1–2 per cent of adolescents experiencing sexual violence try to access help.⁶¹ Boys who experience sexual violence face specific challenges in seeking or receiving help, due to a lack of awareness of services for boys, shame exacerbated by norms relating to masculinity and invulnerability, and fear that their masculinity will be questioned.⁶²

- Lifetime patterns of violence are often established in adolescence:** Experiencing violence in adolescence increases the risk of experiencing or perpetrating violence in adulthood, potentially setting adolescents on a lifetime trajectory of violence.⁶³ For example, girls who experience and boys who perpetrate IPV in adolescence are at greater risk of experiencing or perpetrating IPV in adulthood.⁶⁴ For some adolescents, these experiences may be shaped by exposure to violence in early childhood – this is one of the strongest predictors of violence in adolescence and adulthood.⁶⁵ Exposure to violent discipline or IPV against a female caregiver is associated with increased risk of boys perpetrating IPV (and other types of violence) and girls experiencing IPV in adolescence.⁶⁶ Adults who have experienced or perpetrated IPV are more likely to use violent discipline against a child, which can lead to intergenerational transmission of violence.⁶⁷ Thus, adolescence is a critical window for the prevention of and intervention in violence to reduce its lifelong negative effects. This may involve trauma-informed approaches, including mental health and psychosocial support interventions, and prevention programmes which address poor mental health and substance abuse, both of which are risk factors for IPV (both experience and perpetration) and violence against children.⁶⁸

Preventing and responding to violence

- Adolescence presents a window of opportunity to promote equitable gender norms and prevent violence:** Gender norms often solidify or become more entrenched during early adolescence (10–14 years). Globally, 35 per cent of adolescent boys and 34 per cent of adolescent girls aged 15–19 years believe that IPV is justified under certain conditions.⁶⁹ Although girls are more likely than boys to hold these beliefs in sub-Saharan Africa, the opposite is true in South Asia.⁷⁰ This matters because boys and men who believe violence against women is acceptable are more likely to use violence against a partner, and some research suggests that girls and women who hold these beliefs are more likely to experience such violence.⁷¹ Similarly, men and women who believe IPV is acceptable are more likely to use violent discipline against their children.⁷² While promoting positive gender socialization is important across the entirety of a child’s life, early adolescence offers an

important window for intervention, given adolescents' increased neuroplasticity and maturation.⁷³ Prevention programmes can create spaces for boys and girls to critically reflect on and question inequitable gender norms, as well as helping them build skills that support healthy, respectful and non-violent relationships.⁷⁴ Trauma-informed approaches, which promote positive mental health, can help address the consequences of children's exposure to violence and potentially disrupt lifelong patterns of violence, including the transmission of violence to future generations.⁷⁵

- **There is growing evidence that prevention programming is effective among adolescents:** Although more programming tailored to adolescents is needed, there is growing evidence that programmes for adolescents or their caregivers can prevent exposure to violent discipline and/or IPV. Strong evidence shows that parent and caregiver support programmes can prevent caregiver use of violent discipline, and emerging evidence suggests parenting programmes can simultaneously prevent IPV (see *Brief 2*)⁷⁶ – although relatively few parenting programmes designed for adolescents or their caregivers intentionally address both violence against children and IPV. Separately, extensive evidence indicates that different types of programmes can effectively prevent or reduce IPV, including among adolescents.⁷⁷ These may include both school- and community-based programmes that work with girls and boys to challenge inequitable gender norms and build healthy relationship skills. However, fewer IPV prevention programmes are designed for adolescents, and the evidence for adolescents remains skewed towards high-income countries.⁷⁸ More prevention programmes need to be designed with and for adolescents to address their age- and gender-specific needs and prevent the myriad forms of violence they experience, including violent discipline and IPV (both online and offline).

- **Policies and services have historically overlooked or failed to address the needs of adolescents experiencing violence:**

Adolescents often experience multiple forms of violence, and for adolescent girls this may include violence from both caregivers and intimate partners. Yet, violence against children and violence against women have historically been addressed by separate fields, with distinct approaches, funding and lead agencies.⁷⁹ As a result, adolescents have sometimes fallen through the cracks,⁸⁰ overlooked by child protection systems that have historically focused on younger children, as well as by GBV programmes and services, which often focus on adult women.⁸¹ Girls experiencing IPV often seek help from health services designed for adult women, which are often ill-equipped to identify, receive or address the unique needs of adolescents facing violence.⁸² Efforts to comprehensively address these unique needs are increasing, as seen in [Global Accelerated Action for the Health of Adolescents \(AA-HA!\)](#).⁸³ Nonetheless, services in many settings (and the policies that guide them) are not yet tailored to the age- and gender-specific needs of adolescents and the types of violence they experience, nor do they address barriers to care-seeking – services must be strengthened across these fronts.⁸⁴





What this means for UNICEF's work

As UNICEF works to ensure that every child grows up protected from violence, exploitation and abuse, it is critical to consider the ways in which violence against children and violence against women intersect in the lives of adolescents.⁸⁵ Increased investment to prevent both types of violence in adolescence is crucial for achieving the targets of the United Nations Sustainable Development Goals (SDGs) to eliminate all forms of violence against children (SDG 16.2) and violence against women (SDG 5.2) by 2030. Preventing violence in adolescence can also contribute to SDGs 3 (good health and well-being), 4 (quality education), 8 (decent work and economic growth) and 10 (reduced inequalities). Furthermore, it has the potential to disrupt intergenerational patterns of violence.⁸⁶

UNICEF's current [Child Protection Strategy](#) calls for a greater focus on primary prevention of violence against girls, boys and women, alongside continued focus on response and support services.⁸⁷ Tackling violence

in adolescence requires an approach that is sensitive to gender and life stage, recognizing that the risks and needs of adolescents vary based on their age, sex or gender identity, and development, as well as considering how intersecting vulnerabilities put certain populations at greater risk of violence.⁸⁸ The new [UNICEF Strategic Plan 2026–2029](#) and [Gender Equality Action Plan 2026–2029](#) prioritize gender equality and investment in adolescent girls to achieve change at scale, including by preventing of violence.⁸⁹ The Gender Equality Action Plan also acknowledges the need to work with the boys and men in girls' lives to end discrimination and promote equitable gender norms.⁹⁰

UNICEF can leverage numerous entry points to prevent and respond to violence against adolescents, including its child protection, violence against women and girls, and gender-based violence in emergencies (GBViE) workstreams, as well as its work to advance adolescents' rights to physical and mental health, education and safe transition into adulthood.⁹¹ This may also involve collaboration with other United Nations agencies with complementary mandates, including the United Nations Population Fund (UNFPA), World Health Organization (WHO) and United Nations Programme for Gender Equality and the Empowerment of Women (UN Women).

The following recommendations can support UNICEF country offices and other organizations in strengthening violence prevention and response in adolescence, although it should be said that the entry points and opportunities in each country may differ based on the context, existing programmes and partnerships, and available resources.

Increase focus on primary prevention of violence against

adolescents: This will mean investing in evidence-based and trauma-informed approaches to prevent the interconnected forms of violence adolescents experience at home, in school and in their communities, including those that are categorized as violence against children and those categorized as violence against women. UNICEF can work with adolescents, government institutions, other United Nations agencies and civil society organizations to:

- implement programmes tailored to the age- and gender-specific needs of adolescents, challenging inequitable norms, strengthening

relationship skills and preventing violence against women and girls – this has been identified as a [game-changing solution](#) based on extensive consultation with adolescent girls themselves.⁹²

- adapt developmentally appropriate prevention approaches, including gender-transformative parent and caregiver support programmes and school- and community-based programmes; key strategies have been highlighted in [INSPIRE: Seven strategies for ending violence against children](#) and [RESPECT Women: Preventing violence against women](#).⁹³
- continue investing in efforts to promote girls' education, keep them in school and prevent child marriage,⁹⁴ thereby advancing girls' agency and opportunities and reducing their risk of exposure to violence; key entry points include the [UNICEF–UNFPA Global Programme to End Child Marriage](#) and the global [POWER4Girls Initiative](#).
- strive for long-term funding and invest in strengthening systems that can address the complex and entrenched issues that adolescents face, while building on existing evidence that well-designed, tested and implemented programmes can prevent or reduce violence within three to four years.⁹⁵
- work across sectors and support governments to scale approaches that have been tested and proven effective at preventing or reducing violence against adolescents.⁹⁶

Meaningfully engage adolescents in co-developing programmes to prevent and respond to violence: UNICEF may consider partnering with adolescents, adolescent-led organizations, governments, other United Nations agencies and civil society to adapt evidence-based programmes and test innovative new approaches tailored to adolescents' realities and diverse experiences, knowledge and identities.⁹⁷ To support the meaningful engagement of adolescents, UNICEF can:

- encourage partners to engage adolescents in programme planning and design decisions, including by providing real-time input and feedback to improve implementation and contributing to programme evaluation.⁹⁸

- commit time and resources to enable adolescents' meaningful participation in programmes and ensure their voices and needs are at the centre of programme planning, design, implementation and evaluation,⁹⁹ learning from UNICEF's [Global Girl Leaders Advisory Group](#).
- support participatory, adolescent-led research to explore the extent and nature of violence adolescents are exposed to at home, in relationships, in schools and institutions, in the community, and online – and use the evidence and insights to develop or strengthen policies, programmes and services.¹⁰⁰
- ensure programmes implement safeguarding principles to protect adolescents from harm and make partners aware of how power dynamics between adolescents and adults may complicate efforts to establish mutually respectful partnerships, which are based on shared leadership, transparency, and clear goals and responsibilities.¹⁰¹

Tackle the drivers of violence using social and behaviour change

(SBC) approaches: Preventing the interconnected forms of violence that adolescents experience requires us to address their shared social, cultural and behavioural drivers. This includes intentionally challenging unequal and patriarchal gender norms and addressing the structural and root causes of gender inequality.¹⁰² To tackle the drivers of violence, UNICEF can:

- work with adolescent-led organizations, civil society, other United Nations agencies and governments to design and implement SBC approaches with adolescents that challenge inequitable gender norms and build healthy, non-violent relationship skills.¹⁰³
- implement SBC approaches across the socioecological model – with adolescents, families, communities, services, institutions and policymakers that play a role in shaping adolescents' safety, health and well-being.
- engage adolescents, alongside their caregivers, educators, service providers, communities, religious and traditional leaders, and civil

society, including women's rights and feminist organizations, in the design and implementation of SBC programmes.

- mobilize communities to challenge inequitable social and gender norms that promote harmful behaviours and perpetuate gender inequality, violence and unequal power dynamics between women and men, and girls and boys.¹⁰⁴
- support communities to elevate new or existing norms that support gender equality and positive expressions of masculinity, as well as promoting protective behaviours, children's and women's rights, and healthy, respectful, non-violent and equitable relationships.¹⁰⁵
- explore edutainment approaches, which have generated promising results when it comes to changing attitudes and norms around violence and reducing violent behaviour towards women and children, including in early and forced marriages.¹⁰⁶
- coordinate or synchronize different SBC strategies that help adolescents grow up healthy and safe – including with other United Nations agencies – to maximize impact and avoid fragmented or diluted approaches.¹⁰⁷

Strengthen and expand parent and caregiver support programmes to meet the needs of caregivers of adolescents and adolescent caregivers:

UNICEF, in collaboration with other United Nations agencies (particularly UN Women and UNFPA), can work with government institutions and civil society partners to adapt, develop, strengthen or scale up evidence-based parenting programmes that are accessible and tailored to caregivers of adolescents and adolescent caregivers. This should include ensuring that parenting programmes, tools and curricula:

- support caregivers with developmentally appropriate parenting skills, promote gender equality and work to reduce violence against children and violence against women (*see more on parenting programmes in [Brief 2](#)*).¹⁰⁸

- foster equitable and caring relationships between caregivers, as well as equipping caregivers with the knowledge and skills (e.g., emotional regulation, communication, positive parenting) they need to interrupt intergenerational cycles of violence.
- integrate specific strategies to protect the mental health of caregivers, children and adolescents, while also raising awareness of and linking them to services; this may include being prepared to refer female caregivers and/or children experiencing violence to services and support.
- promote positive gender socialization and encourage parents to raise girls and boys with equal opportunities, including by promoting healthy masculinity for boys, encouraging all children to show emotion, valuing their capacity for care and empathy, and engaging them in caregiving.
- involve caregivers of adolescents in efforts to prevent violence in adolescent relationships, child marriage and other harmful practices by building caregiver capacity to talk to adolescents about peer influences, relationships, violence, and alcohol and substance use, alongside promoting help-seeking.¹⁰⁹
- ensure that efforts to engage parents and caregivers in keeping girls safe do not inadvertently limit their mobility and opportunities.

Invest in evidence-based and trauma-informed approaches

to prevent IPV among adolescents: It is important to design, adapt and scale up effective programmes that promote gender equality and support healthy, respectful and non-violent relationships among adolescents. UNICEF can work with government institutions, adolescents, United Nations agencies – including UNFPA, UN Women and the United Nations Educational, Scientific and Cultural Organization (UNESCO) – and civil society to:¹¹⁰

- ensure programmes, curricula and tools challenge inequitable social and gender norms, discuss violence and consent, and build social emotional and relationship skills (e.g., communication, conflict negotiation and emotional regulation);¹¹¹ this may involve working

with boys and girls (separately or together) to promote healthy masculine norms and emphasize the benefits of gender equality for boys themselves.¹¹²

- promote adolescent sexual and reproductive health (SRH) and mental health within prevention programmes by providing information, building skills, encouraging help-seeking and linking adolescents to services;¹¹³ this may include referring adolescent girls to maternal health and nutrition services, as well as education, legal, and economic support¹¹⁴ – developmentally appropriate comprehensive sexuality education (CSE), which is gender- and trauma-informed, is a strategy that can be implemented both in and outside schools.^a
- test the delivery of community-based programmes in alternative settings (e.g., religious congregations, primary care clinics, youth centres), which may increase their accessibility and sustainability.¹¹⁵
- implement prevention programmes in schools as extracurricular activities or by integrating them into school curricula (including as part of CSE);¹¹⁶ whole-school approaches, which engage all teachers, staff and students, offer the potential to address school-related GBV alongside other forms of violence, including corporal punishment, bullying and other forms of peer violence.¹¹⁷
- develop and test innovative programmes that address the specific needs and aspirations of underserved or at-risk populations, including adolescents who are out of school, married or cohabiting, disabled, on the move or affected by conflict or armed violence, or dealing with prior exposure to violence.¹¹⁸

a UNESCO defines CSE as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. <<https://healtheducationresources.unesco.org/toolkit/what-comprehensive-sexuality-education-cse>>

- engage parents and other influential adults in initiatives to support the mental health and well-being of adolescents and help them form healthy relationships,¹¹⁹ but only if their involvement does not put adolescents at risk of violence or other negative consequences; adolescents must be consulted on whether and how to engage the influential adults in their lives.
- ensure safeguarding protocols are implemented to protect adolescents from harm, while also providing pathways for confidential support and referral to support services when adolescents are experiencing violence.

Leverage digital solutions to prevent violence and promote gender equality among adolescents:

Digital solutions can be utilized to reach adolescents at scale to promote gender equality and healthy relationships, and to address technology-facilitated violence, which should be considered and addressed as part of an online/offline continuum of violence.¹²⁰ UNICEF can collaborate with governments, other United Nations agencies – including UNFPA and UN Women – and civil society to:

- develop and test digital solutions that will reach more adolescents and the adults in their lives, promote gender equality and healthy relationships, counter backlash, and prevent violence both online and offline.
- promote digital literacy and safety for adolescents, including by equipping them with the knowledge and critical thinking skills they need to navigate online spaces safely.
- give parents the skills and knowledge they need to keep their children safe online and to navigate conversations about the potential risks and harms of digital technologies.
- engage with tech companies and policymakers to advocate for stronger safeguards and accountability for digital technologies and platforms, and to support efforts to prevent and respond to the violence adolescents (and younger children) experience online.

- support research on the prevalence and impacts of technology-facilitated forms of violence, including by developing standardized definitions and measures and generating evidence on what works to prevent technology-facilitated violence.¹²¹
- ensure that efforts to leverage digital technologies complement offline approaches and do not leave the most marginalized behind; where relevant, digital solutions should be tailored to reach the most marginalized people online.

Evaluate adolescent programming to build evidence on what works when it comes to preventing violence in adolescence:

Systematic monitoring and evaluation is needed to ensure high-quality implementation and to assess programme effectiveness. UNICEF, together with governments, other United Nations agencies and civil society, can:

- invest in operational research and evaluation of prevention programmes to understand whether they lead to reductions in violence against children and/or violence against women, address their shared risk factors, and improve relationship, SRH and mental health outcomes (*see Box 3 for research priorities*) – with specific attention to outcomes for adolescents, as outcomes in early childhood or adulthood cannot be assumed to occur in adolescence.
- assess the effectiveness of SBC programming to change social and gender norms, build protective behaviours (including help-seeking) and contribute to reductions in violence.
- encourage research partners and evaluators to engage adolescents and individuals with lived experience in the design and implementation of programme monitoring and evaluation.¹²²
- support partners in using consistent and validated measures of violence and other key outcomes, including protective factors, to enable comparison across programmes and assess which programmes are more effective; ensure evaluations measure potential risks or unintended consequences of programme participation (e.g., backlash, reducing girls' mobility).¹²³

- support the design of evaluations that are capable of exploring the mechanisms through which change occurs, identifying core components of effective approaches, assessing for whom programmes work and measuring longer-term effectiveness.¹²⁴
- encourage the use of mixed methods, using qualitative research to explore whether and how programmes achieve change and provide insights on programme implementation, which can support the design of new interventions and adaptation of existing programmes to new settings.¹²⁵
- disseminate evidence on programme effectiveness to government institutions, researchers, civil society and other United Nations agencies to improve understanding of what works when it comes to preventing violence among adolescents and to make the case for investment.

BOX 3. A GLOBAL RESEARCH AGENDA ON THE INTERSECTION OF VIOLENCE

AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN

As part of efforts to bring the fields of violence against children and violence against women together, the United Nations Special Programme on Human Reproduction, WHO, UNICEF Innocenti and the Sexual Violence Research Initiative (SVRI) have collaborated to identify [Global Research Priorities on the Intersections between Violence against Children and Violence against Women](#).¹²⁶

The shared global research agenda was an inclusive process, designed to promote a diversity of voices, especially from low- and middle-income country settings, to identify key evidence gaps and research priorities. Several questions emerged which were specific to adolescents or relevant to programming that can prevent both types of violence among adolescents – and which might therefore guide future research and evaluation:

- What forms of violence against children and violence against women do adolescents experience, including in the digital sphere?
- How are adolescent girls adequately addressed in policies that address violence against children, violence against women and their intersection?
- What are the essential elements of effective integrated programmes that address violence against women and violence against children?
- How can parenting programmes be adapted to effectively prevent multiple forms of violence against children and violence against women?
- How do interventions to prevent violence against women and violence against children achieve change?
- How can children, adolescents and women (plus women's and youth groups) participate in developing tools, methods and measurements that address the intersection, incidence, prevalence and prevention of violence against women and violence against children?

Strengthen coordination and capacity of services to meet the needs of adolescents experiencing violence: UNICEF may consider working with adolescents, other United Nations agencies – including WHO and UNFPA – government institutions and civil society to bring attention to the different types of violence experienced by adolescents, alongside their needs and the challenges they face in accessing services.¹²⁷ UNICEF can work with these partners to:

- promote improved coordination and communication between response and support services for children, women and families, including child protection, GBV, health, disability, education, legal, justice, social protection, welfare and social services (*see Brief 4*);¹²⁸ opportunities for integrated services and coordinated case management should be explored and their risks and effectiveness evaluated, where it makes sense.¹²⁹
- conduct formative research to understand the barriers adolescents face in accessing prevention and response services and adopt human-centred design principles to design systems and services that are approachable, accessible, responsive and non-discriminatory.
- build the capacity of the social service workforce and other frontline workers to effectively recognize and respond to violence against children and violence against women, and then to deliver adolescent-friendly care that is rights-based, gender-responsive, age-appropriate and accessible.¹³⁰
- build health system capacity for early detection of and response to both types of violence; pre- and in-service training can help health care providers identify risk factors associated with violence and provide a first-line response, especially during pregnancy when risks of violence increase and girls and women are more likely to access care (*see Box 4 for more information*)¹³¹ – health systems can also play a key role in linking adolescents to parenting and violence prevention and livelihood opportunities.¹³²
- support effective referral pathways for adolescents experiencing violence, including to SRH services, mental health care and psychosocial support.¹³³

- strengthen coordination and cooperation between actors working on child protection and GBV in humanitarian settings, guided by the [Gender-Based Violence and Child Protection Field Cooperation Framework](#).
- support work with adolescents to advocate for policies and legislation that enable more coordinated responses, such as joint national action plans on violence against children and violence against women, or laws banning corporal punishment.¹³⁴

BOX 4. PROVIDING A FIRST-LINE RESPONSE TO VIOLENCE THROUGH LIVES CC:

LISTEN, INQUIRE, VALIDATE, ENHANCE SAFETY, SUPPORT AND CREATE

A CHILD- AND ADOLESCENT-FRIENDLY ENVIRONMENT WITH CAREGIVER SUPPORT

Health services are often the first point of contact for individuals experiencing violence. WHO developed the LIVES CC approach to support health care providers in offering compassionate and non-judgemental first-line support to adolescents, children and their caregivers experiencing violence.¹³⁵ First-line support is a practical, child-centred and empathetic approach that is based on psychological first aid. It is designed to respond to a child's emotional, safety and support needs, while respecting their privacy.

First-line support, which is also provided to adults experiencing violence, consists of five components, as represented by the original LIVES framework. Two additional components were then added to account for the specific needs of children and adolescents, generating the LIVES CC approach. The components do not follow a particular order but should be woven into the provider's conversation with the child or adolescent. The acronym (LIVES CC) reminds providers of the key components of the approach, which can be applied regardless of whether the child, adolescent or caregiver has disclosed the presence of violence.

Listen	Listen to the child or adolescent closely with empathy and without judging in a private space.
Inquire	Assess and respond to needs, wishes and concerns – emotional, physical, social and practical.
Validate	Show the child or adolescent that you understand and believe them, and that they are not to blame for what happened.
Enhance safety	Protect the child or adolescent from further harm. Enhance the safety of the child or adolescent.
Support	Facilitate support by connecting children and adolescents to formal and informal support services.
Child- and adolescent-friendly environment	Create a child- and adolescent-friendly environment by training providers and improving service readiness to provide survivor-centred care.
Caregiver support	Provide guidance and support to non-offending caregivers to support the child or adolescent.

Support systematic and coordinated data generation on violence

in adolescence: More comparable and systematic collection of data on violence in adolescence, including on violence against children and violence against women, is needed to inform effective policies, services and programmes. Data on both types of violence, disaggregated by age and gender, will improve understanding of their co-occurrence, shared risk and protective factors, and factors that support resilience.¹³⁷

To support this, UNICEF can:

- advocate, together with other United Nations agencies, government institutions, researchers and civil society, for regular country-led surveys on violence against children and on violence against women which capture adolescents' experiences.

- support national statistics offices and government institutions in adopting consistent, standardized measures in line with global guidance (including ICVAC), as well as promoting greater coordination between researchers from the two fields.¹³⁸
- support countries and researchers leading surveys on violence against children to include older adolescents (aged 15–19), integrate questions on exposure to IPV (including more comprehensive measures) and capture data on perpetrator type and gender.¹³⁹
- encourage other United Nations agencies and government institutions leading surveys on violence against women to include adolescent girls and integrate questions on exposure to childhood violence.¹⁴⁰
- advocate for more systematic and comparable data collection on IPV (experience and perpetration) from adolescents which better reflects the nature of adolescent relationships; this may include collecting data from adolescent girls who are not partnered, boys, younger adolescents of both genders and adolescents in under-researched regions.¹⁴¹
- strengthen government and researcher capacity for the collection and analysis of administrative data on violence against children and violence against women across different sectors.
- support research on vulnerable or marginalized adolescents, including adolescents who are not in parental care, adolescents with disabilities, married or parenting adolescents (including boys), indigenous adolescents, adolescents affected by migration or displacement, adolescents living in rural areas, and adolescents with a family history of violence.¹⁴²
- encourage more comprehensive data collection on school-related violence, including GBV and bullying.¹⁴³
- ensure that adolescents are included in study design and dissemination, research is done safely and ethically and data are used to inform services, policies, programmes and legislation.¹⁴⁴

Key resources

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

1. UNICEF, [*Gender Dimensions of Violence against Children and Adolescents*](#), 2020
2. Guedes, Alessandra, et al., '[Bridging the Gaps: A global review of intersections of violence against women and violence against children](#)', *Global Health Action*, vol. 9, no. 1, 2016, 31516
3. World Health Organization, [*Intersections between Violence against Children and Violence against Women: Global research priorities*](#), 2024
4. UNICEF, [*A Global Research Agenda for Children with Disabilities*](#), 2025
5. [GTT SharePoint on Violence against Girls, Boys and Women](#) (available only to UNICEF personnel)
6. UNICEF's [SBC programme guidance](#)
7. [Social norms change programming](#) (available only to UNICEF personnel)
8. UNICEF's Agora learning platforms on SBC and Ending Violence against Children programmes (available only to UNICEF personnel), 2023:
 - [Summary of Social Norms, Social Change \(PART 1\)](#)
 - [Summary of Social Norms Programming and Measurement](#)
 - [Summary of Social and Behaviour Change \(SBC\) Learning Channel](#)
 - [Summary of Social and Behaviour Change \(SBC\) Building Blocks](#)
 - [Summary of Introduction to Behavioural Insights](#)
 - [Summary of Learning Pathway: Human Centred Design/Behavioural Science](#)
 - [Summary of Action to End Child Sexual Exploitation and Abuse](#)
9. UNICEF and Coram International, [*Promoting Healthy Gender Norms and Behaviours in Early Adolescence: Common drivers and effective SBC approaches to prevent violence in adolescent intimate partner relationships*](#)
10. UNICEF, [*Addressing Stigma and Discrimination toward Children and Youth with Disabilities through SBC: Disability toolkit*](#)

11. World Health Organization and UNICEF, [*Helping Adolescents Thrive Toolkit: Strategies to promote and protect adolescent mental health and reduce self-harm and other risk behaviours*](#), 2021
12. Prevention Collaborative, [*'Working at the Intersection of Violence against Women and Children'*](#), online course, 2021
13. United Nations Population Fund, [*A Framework for TFGBV Programming*](#), 2024
14. UNICEF Innocenti – Global Office of Research and Foresight, [*Working at the Intersections of Violence against Children and Violence against Women: Why it matters for children's protection and well-being*](#), 2024
15. UNICEF Innocenti – Global Office of Research and Foresight, [*Working at the Intersections of Violence against Children and Violence against Women: Parent and caregiver support programmes*](#), 2024
16. UNICEF Innocenti – Global Office of Research and Foresight, [*Working at the Intersections of Violence against Children and Violence against Women: Improving coordination of response and support services for victim-survivors of violence*](#), forthcoming in 2026.

Endnotes

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Via degli Alfani, 58
50121, Florence, Italy

Email: innocenti@unicef.org

Web: unicef.org/innocenti | data.unicef.org

Social media: @UNICEFINnocenti on [Bluesky](#), [Instagram](#), [LinkedIn](#), and [YouTube](#)

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