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A RAPID EVIDENCE ASSESSMENT ON EXPOSURE TO GENDER-BASED VIOLENCE AND CHILDREN'S NUTRITION

Evidence indicates that a maternal caregiver's experience of intimate partner violence negatively affects breastfeeding practices and is also linked to low birthweight, stunting and severe malnutrition in her children.

Background

This brief summarizes the findings of a rapid evidence assessment that examined the linkages between exposure to gender-based violence (GBV) and nutrition outcomes for children in fragile settings.¹ The assessment was commissioned² as part of UNICEF's broader commitment to ensure that all programmatic interventions – including, but not limited to, those in the nutrition sector – are as safe and accessible as possible for women and girls. This approach involves proactively identifying and taking action to mitigate GBV-related risks, as outlined in the [Inter-Agency Standing Committee \(IASC\) Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action](#).

GBV undermines the rights of women and girls and is a significant threat to their physical and mental health. In humanitarian and other fragile settings, risk factors for GBV are increased and access to support services may be limited. While many of the health impacts of GBV are well established,³ evidence on the associations between GBV and nutrition outcomes has received less attention in the academic literature and in spaces for

¹ GBV refers to harm directed at an individual based on socially ascribed (i.e., gender) differences between males and females; it is most commonly perpetrated by men against women, and includes early/ forced marriage, non-partner sexual violence and intimate partner violence.

² The rapid evidence assessment was led by Sarah Meyer, Manuela Orjuela-Grimm, Luissa Vahedi and Silvia Bhatt-Carreño.

³ These include physical injury, increased risk of sexually transmitted infections and HIV, unwanted pregnancy and increased risk of depression, low birthweight babies and suicide. See World Health Organization, 'Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence', 2013.

exchange of practitioner learning. This is a notable gap, given that both GBV and nutrition practitioners regularly highlight the important linkages between these sectors within their day-to-day work. To help address this, UNICEF commissioned a rapid evidence assessment with the following objectives:

- 1) To review and synthesize the quantitative evidence on the linkages between intimate partner violence (IPV) against a maternal caregiver and nutrition outcomes of the children in her care (indirect pathway); and
- 2) To review and synthesize the quantitative evidence on the linkages between GBV against girls and their own nutrition outcomes (direct pathway).

Indirect pathway: IPV against maternal caregivers and linkages to children's nutrition

The assessment identified 72 studies that examined associations between IPV against a maternal caregiver and her children's nutrition outcomes. This component of the assessment focused on countries that received humanitarian assistance at any point between 2006 and 2021; however, none of the studies were conducted in active humanitarian settings. The identified studies represent a rapidly expanding evidence-base, with 15 of the studies published in 2020 or 2021 alone. The evidence-base on indirect exposures of children to IPV focused on three types of nutrition-related outcomes:⁴

- **Low birthweight:** Among all associations assessed in the evidence-base, maternal caregiver exposure to IPV was most consistently associated with having a child born with lower birthweight.
- **Breastfeeding practices:** Studies reported that women exposed to IPV were less likely to engage in recommended breastfeeding practices.⁵ In particular, a maternal caregiver's experience of IPV made early breast feeding initiation and exclusive breastfeeding less likely.
- **Indicators of child growth:** A maternal caregiver's experience of IPV was associated with worsened growth indicators (stunting, wasting and/or underweight), though results by type of IPV varied across studies. In the study with the largest sample size included in the assessment, maternal exposure to IPV was significantly associated with stunting in children aged 5 years and under.

While the research continues to evolve, there are several potential explanations emerging as to why IPV against a maternal caregiver might affect a child's nutrition. IPV may negatively impact survivors' mental health and psychosocial well-being, induce stress responses in both the mother and child, contribute to negative coping mechanisms that are detrimental to fetal and child growth, cause physical injury during pregnancy, and/or contribute to a household environment in which women have less control over key resources and less agency to make decisions regarding the care of their children. More research is needed to establish the mechanisms by which IPV affects child nutrition to better inform programming and policies.

Direct pathway: GBV against girls and its linkages to their own nutrition

Girls face numerous forms of GBV throughout childhood and adolescence, including sexual violence, child marriage, and denial of resources and opportunities. While associations between GBV against maternal caregivers and nutrition have received some attention, there is very little research on the nutrition of girls who have experienced GBV themselves, particularly in humanitarian contexts. The assessment identified 12

⁴Forms of IPV – physical, sexual, emotional and controlling behaviours – were considered separately and in some studies, together, which we refer to as “combined IPV.”

⁵Only one study, focused on emotional violence exclusively, found no significant association with breastfeeding practices.

publications that examined the association between GBV against girls and their nutrition outcomes, the majority of which were conducted in high-income contexts.

Most studies identified focused on associations between GBV – specifically girls who had experienced childhood sexual abuse and/or dating violence – and obesity. Studies found a positive association between these forms of violence and elevated body mass index (BMI) in later adolescence. The only study conducted in a low-income setting (Ethiopia) found that adolescent girls who were subjected to early childbearing and/or child marriage were significantly more likely to have anaemia. As highlighted by this component of the assessment, the paucity of research on girls' nutrition and GBV is striking, particularly given that adolescence is a critical period of growth and development and in many fragile contexts a high proportion of adolescent girls become mothers themselves, thereby compounding the nutritional consequences across generations.



Policy and programmatic implications:

UNICEF's assessment highlights the clear linkages between GBV and multiple nutrition outcomes for children. The assessment yielded a wide and rapidly expanding evidence-base examining the linkages between a maternal caregiver's exposure to IPV and nutrition outcomes for her children. It also captured a smaller set of academic publications on girls' exposure to GBV and linkages to their own nutrition outcomes. Additionally, it identified a knowledge gap regarding nutritional outcomes, particularly for children and adolescents.

The findings of the assessment – alongside UNICEF’s practical experience implementing nutrition interventions around the world – illustrate that incorporating GBV considerations into nutrition policies and programming is crucial to the promotion and protection of infant and child nutrition. **Taking action to proactively identify and mitigate GBV-related risks can help make nutrition programming more effective.** Specific examples of these interventions include: *“safety audits”* that are tailored to identify and address potential GBV-related risks at nutrition facilities; training nutrition staff on *how to respond to disclosures of GBV safely and appropriately*; advocating for policies that create a safe and supportive environment for breastfeeding; and leveraging nutrition and other sector programming as a platform for disseminating information about available GBV response services.

While integrated GBV and nutrition programming continues to be an evolving area of work, there are already some promising examples emerging from the field. In particular, UNICEF and partners are conducting operational research in South Sudan to examine the effectiveness of GBV risk mitigation interventions in nutrition programming. This study features a theory of change coupled with a concrete programming package for integrating GBV considerations into nutrition programming, which will be rolled out and evaluated in other settings as well. In a related workstream, UNICEF and the Harvard Humanitarian Initiative have developed a set of tools and resources to *strengthen monitoring and evaluation of GBV risk mitigation* within nutrition programmes. In the coming year, UNICEF plans to develop a forward-looking research agenda on GBV and nutrition.

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