

Intimate Partner Violence and Child Growth: A Summary of the Evidence Base

Evidence indicates that women who experience intimate partner violence are more likely to have children who are undernourished.

Background

This brief summarizes some of 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.^{1,2} The assessment was commissioned³ 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 [IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action](#). While the full assessment includes a summary of the documented associations between GBV and nutrition outcomes for children, this brief focuses on the findings related to maternal exposure to intimate partner violence (IPV) and measures of suboptimal child growth (stunting/ low height for age, underweight/low weight for age, wasting/low weight for height, and other forms of anthropometric failure).

Nearly half of all deaths in children under 5 are attributable to undernutrition. Stunting and wasting, in particular, leave children vulnerable to developmental delays, disease and death. The number of children who suffer from wasting and other forms of undernutrition can increase dramatically as a result of conflict, epidemics and food insecurity, including those caused by climate change-induced droughts and flooding. For example, since the start of the global food and nutrition crisis in 2022, the number of children suffering from severe wasting in the 15 worst-affected countries has increased at an unprecedented speed. Evidence from the assessment indicates that women who experience IPV are more likely to have children who become undernourished.

¹The studies included in the assessment were conducted in a country that received United Nations Central Emergency Response Funding from 2006 to 2021. Out of the 72 studies that fit these inclusion criteria, 15 examined exposure to intimate partner violence and child growth outcomes.

²GBV 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.

³The rapid evidence assessment was led by Sarah Meyer, Manuela Orjuela-Grimm, Luissa Vahedi, and Silvia Bhatt-Carreño.

Key findings of the assessment

The assessment examined studies focusing on the linkage between maternal caregivers' experiences of IPV⁴ and measures of their child's growth in fragile settings. Overall, the evidence base indicated that:⁵

- A maternal caregiver's experience of physical and/ or sexual IPV was significantly associated with a higher risk of stunting in their children under 5 years of age;⁶
- A maternal caregiver's experience of physical IPV, sexual IPV, emotional IPV and combined IPV was associated with a child's low birthweight and [suboptimal breastfeeding](#), which are risk factors for undernutrition; and
- A maternal caregiver's experience of IPV during pregnancy was associated with lower height for age in her children under 5 years of age, with the difference being statistically significant for girls.⁷

The association between IPV and stunting, underweight and wasting showed variation across studies, with some significant and non-significant associations. In the study with the largest sample size (204,159), children of mothers who experienced IPV were significantly more likely to be stunted. This strong and consistent association in a large sample provides good evidence of the relationship between a maternal caregiver's experience of IPV and risk of stunting among children 5 years of age and under.

Within the research, several potential mechanisms were proposed to explain how IPV against a maternal caregiver could negatively impact their child's growth. For example, IPV increases stress for survivors which, for those who experience violence while pregnant, may have harmful effects on in-utero nutrient delivery, and/or maternal caretaking capacities after delivery. The gendered power imbalances that underpin intimate partner violence are also more likely to reduce women's decision-making power with respect to choices around food and healthcare within the household.

Policy and programmatic implications

The findings of the assessment – alongside UNICEF's practical experience implementing nutrition interventions around the world – illustrate that it is important to incorporate GBV considerations into nutrition policies and programmes in certain contexts. Actions to proactively identify and mitigate GBV-related risks are especially appropriate in humanitarian settings, where GBV-related risks are exacerbated. Specific examples of GBV risk mitigation interventions in nutrition programming include: "[safety audits](#)" that have been 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 to disseminate information about available GBV response services.

In an effort to continue to build the evidence base in operational and implementation research UNICEF is undertaking research in South Sudan to integrate GBV/nutrition programming with nutrition. The study features a concrete programming package for integrating GBV considerations into nutrition programming, which UNICEF plans to roll out and evaluate in additional settings. 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 also plans to develop a forward-looking research agenda on GBV and nutrition.

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For more information on UNICEF's work on GBV risk mitigation in nutrition programming, please contact Christine Heckman checkman@unicef.org, Andrew Beckingham abeckingham@unicef.org or Megan Gayford mgayford@unicef.org.

⁴Physical IPV was the most commonly measured form of IPV, either in isolation or in combination with verbal, emotional and/or sexual victimization, which we refer to as "combined IPV". Recall periods also varied; lifetime IPV was most commonly measured and in combination with past year victimization.

⁵The relationship between maternal caregivers' experiences of physical or combined IPV and a child's stunting, underweight and wasting yielded a mix of significant and non-significant results. Non-significant results may be due to the large number of studies lacking sufficiently large sample sizes to be adequately powered to detect significant differences.

⁶No studies examined the impact of IPV exposure on growth indicators among children older than 5 years.

⁷For children of mothers who experienced controlling behaviours, specifically, the impact on girls was significant but not present for boys.