Safe at Home

Preventing violence against women and children in North Kivu, Democratic Republic of the Congo

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2017: Formative Qualitative Research
2018: Design, Piloting and Re-Design
2019-2021: Cluster Randomized Controlled Trial
2022: Scaling Exploration
6 out of 10 families experience co-occurring violence in North Kivu, DRC

33% of women reported that their husband yelled at or beat them when he was angry with their children in the past 3 months.

34% of women reported their husband yelled at or beat their children when he was angry with her in the past 3 months.

Rigorous, and participatory qualitative research conducted in 2017 with over 140 diverse men and women in DRC and Myanmar revealed shared drivers of violence in the home – but also programmatic opportunities to intervene.

Testing the Impact of Safe at Home in the Democratic Republic of the Congo

- **2017**: Formative Qualitative Research
- **2018**: Design, Piloting and Re-Design
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- **2022**: Scaling Exploration
Safe at Home Theory of Change

Changes in Knowledge & Attitudes
- Increased gender equitable attitudes
- Decreased acceptance of harsh discipline

Changes in Behaviors
- Improved power sharing among couples
- Increased positive parenting practices

Improved family functioning

Prevention of intimate partner violence and child abuse

How does Safe at Home work?

- Women’s discussion groups: 18 sessions, One female facilitator for 15 to 25 women
- Men’s discussion groups: 24 sessions, One male facilitator for 15 to 25 men
- Family sessions (once per month): 5 sessions (two family, three couple), Male and female facilitator together
Piloting Lessons

We piloted Safe at Home between 2017-2018 in North Kivu. We found very promising results, but also areas to change.

What Worked:

Addressing the family holistically
Families greatly enjoyed coming together to learn about new ideas and practice new behaviors. And it was also important to keep sex-segregated sessions too. This was in direct response to the request of families.

Skills and attitudes improved
Piloting results demonstrated that couple relationship and parenting skills increased, along with improvement of more equitable attitudes.

What Needed to Change:

Additional inclusion modules
We know that violence against people with disabilities or older persons within the home also occurs. The revised program intentionally set out a more inclusive approach.

Reframed outcome
Given the success of the holistic family approach, future participants were invited to strengthen families, rather than describe it as a violence prevention program. We also developed a new outcome: feminist-grounded family functioning scale as our primary outcome of the program.
Why Safe at Home is different

Feminist-grounded understanding of family functioning as the primary outcome. Neither intimate partner violence or child maltreatment were prioritized over the other.

It combines sex-segregated sessions for deep transformation and support with couples- and families-sessions to allow for specialized, but combined approaches.

It is built from previously evaluated Engaging Men in Accountable Practice and Parenting Makes the Difference programs which are the cornerstone of IRC’s violence prevention programming for women and children, respectively.
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In November 2019 we launched a **cluster randomized control trial (RCT)** with 394 men and women (202 couples) to understand whether Safe at Home improved a feminist-grounded understanding of family functioning, and improved past-three month intimate partner violence (IPV) against women and harsh discipline against children, among other outcomes like power sharing, parenting skills, and gender attitudes.
We only asked IPV outcomes among women to maintain safety and followed global VAW research guidance such as using private spaces for interviews and having a strong referral network in place.

We chose not to interview children in the home due to ethical and logistical constraints.

We used electronic data collection tools and informed consent to increase data privacy.

We received approval from the Comité National d'Ethique de la Santé (CNES)-Direction Provinciale du Sud-Kivu and IRC ethical review boards.
Primary Outcome:
Feminist-Grounded Family Functioning

Family functioning pertains to how family members communicate, relate and maintain relationships, and how they make decisions and solve problems (Talip et al. 2014).

High family functioning:
- Improved feelings of communication
- Empathy and affection for others
- Able to solve problems without the use of violence
- Shared value of different members
- Shared responsibilities
- Power sharing

How we developed the Feminist-Grounded Family Functioning Scale

Definitional focus groups
Free listing
Cognitive interviewing
Adaptation of existing measures
Psychometric testing and latent class analysis

Example Items:
- Girls have the same chances as boys.
- The female partner in your relationship has equal say in important questions.
- We consult the children when we make important family decisions.
- We express feelings of love and affection towards each other.

Feminist-Grounded Family Functioning Improved Slightly

- Higher score = better family functioning
- Overall, small change, all are trending upwards over time.
- Men consistently report increased levels of family functioning as compared to women
- Difference in meaningful versus statistical change
- Why we think it didn’t change statistically:
  1. COVID pandemic
  2. Volcanic eruption
  3. Holistic measures of family functioning are difficult to measure (although our new measure was highly reliable with a Cronbach’s $\alpha = 0.86$)
This exploratory outcome includes co-occurring physical/sexual/emotional intimate partner violence (IPV) and physical/emotional harsh discipline.

We are currently analyzing more nuanced patterns of violence and how Safe at Home worked for different types of families.
Safe at Home PREVENTS Specific Types of IPV for Women

↓86%  Less likely to report physical IPV
↓74%  Less likely to report sexual IPV
↓80%  Less likely to report emotional IPV
Safe at Home PREVENTS harsh discipline against children, but more so for female caregivers.

- Less likely to report physical harsh discipline by female caregivers (67%)
- Less likely to report emotional harsh discipline by male caregivers (79%)
- Trending less likely to report physical harsh discipline by male caregivers (46%)
- Trending less likely to report emotional harsh discipline by male caregivers (37%)
All pathways trended in the right direction according to our theory of change

Going back to our theory of change, we wanted to know whether the following mechanisms also changed, plus an exploratory outcome on mental health.

<table>
<thead>
<tr>
<th>Impact for Women</th>
<th>Outcome</th>
<th>Impact for Men</th>
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<tbody>
<tr>
<td>Acceptance of harsh discipline (wife beating) against women</td>
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</tr>
<tr>
<td>Acceptance of harsh discipline towards children</td>
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<td>Gender attitudes</td>
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<td>Power sharing within the couple</td>
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<td>Positive parenting skills</td>
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<tr>
<td>Mental health</td>
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Green arrows indicate statistically significant change; yellow arrows indicate marginal significant change – likely due to low statistical power.

Arrows indicate direction of change – all trending the right direction.
Key Take-Aways

- This is the first program in humanitarian settings to tackle violence against women and children together.

- We see incredible results: Safe at Home reduced IPV by 80% and child abuse by 41-72%.

- Families love the program because it allows them to address their family well-being holistically.
What’s next for Safe at Home?

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**Future Learning Areas**

**Diffusion**
We saw spillover in the waitlisted arm. How can we learn from this to advance organic, community-led diffusion? Who is leading the diffusion? What messages were most important for them to share with others and why?

**Engaging Men**
There was overall lower change for violence against children outcomes for men. How can we improve their uptake and skills-building in the future?

**Practitioner Learning and Modalities**
What were the most important elements of contextualization for Safe at Home? What delivery modalities work best and is there a difference between community facilitators versus program staff facilitation? What is the perspective of practitioners implementing a combined VAW and VAC program? Is there a core package that could be shorter and delivered more easily?

**Complementary & Inclusive Program Testing**
How can we integrate economic strengthening to make more sustainable change for families? How can we build upon learning for the inclusion pieces to ensure we are reaching people with disabilities and older persons in the home? How can we continue to improve combined responses?