



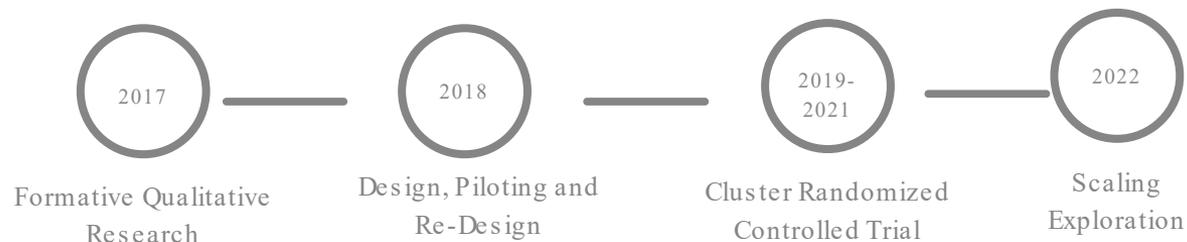
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VIOLENCE  
PREVENTION  
& RESPONSE  
TECHNICAL  
UNIT



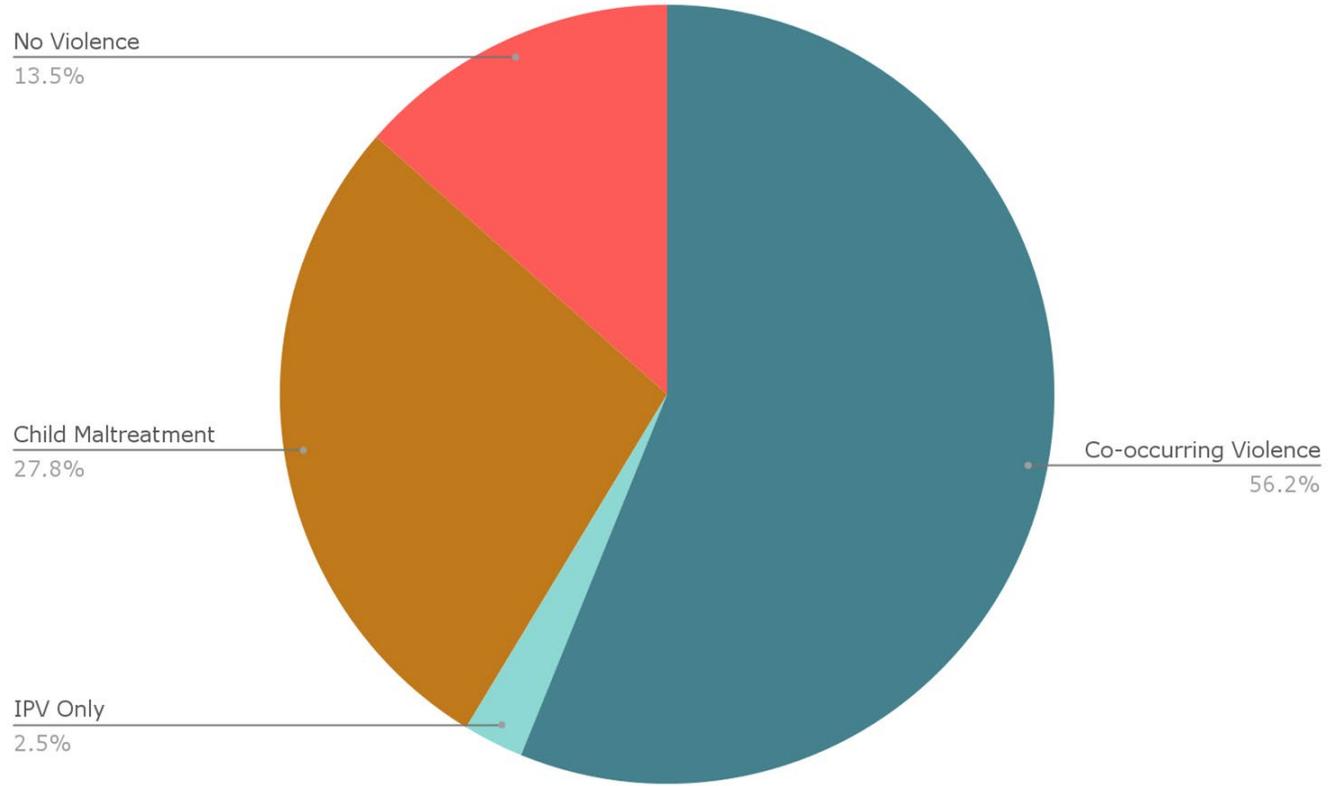
# - Safe at Home -

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



**Airbel Impact Lab**  
Research & Innovation at the IRC

# 6 out of 10 families experience co-occurring violence in North Kivu, DRC

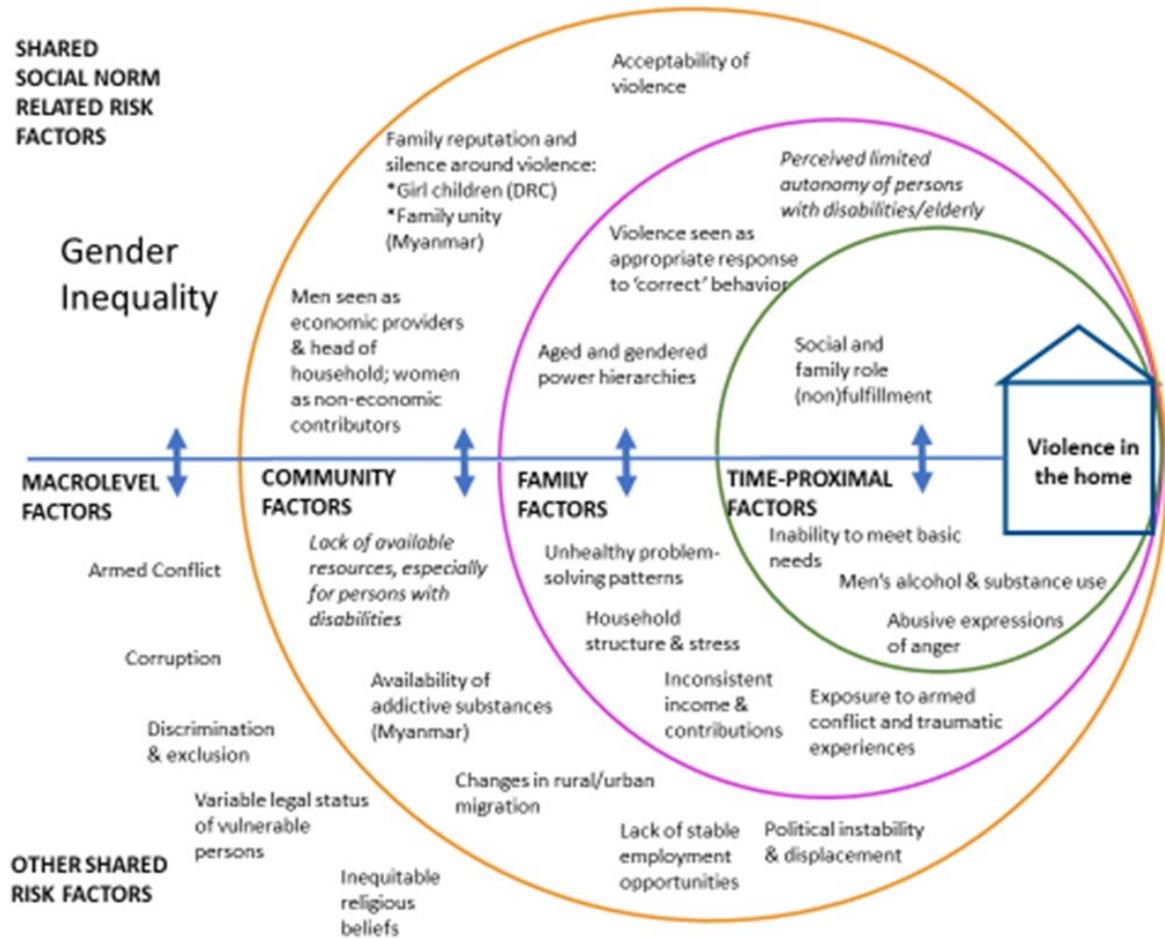


33% of women reported that their husband yelled at or beat them when he was angry with their children in the past 3 months

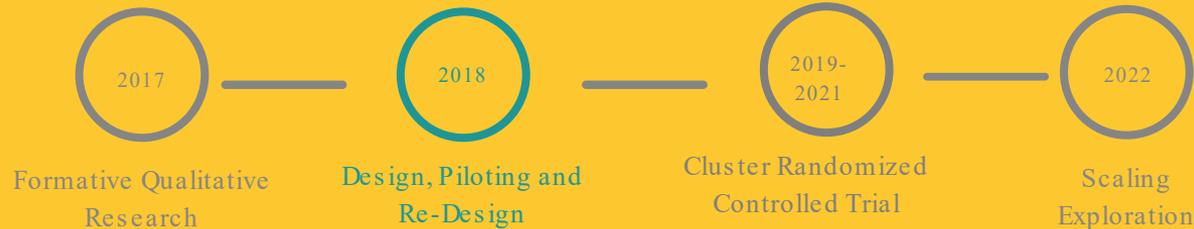
34% of women reported their husband yelled at or beat their children when he was angry with her in the past 3 months

Falb, Blackwell, Hategekimana, Sifat, Roth, O'Connor. (forthcoming). Co-occurring intimate partner violence and child abuse in eastern Democratic Republic of Congo: the influence of early life experiences of abuse. *Violence Against Women*.

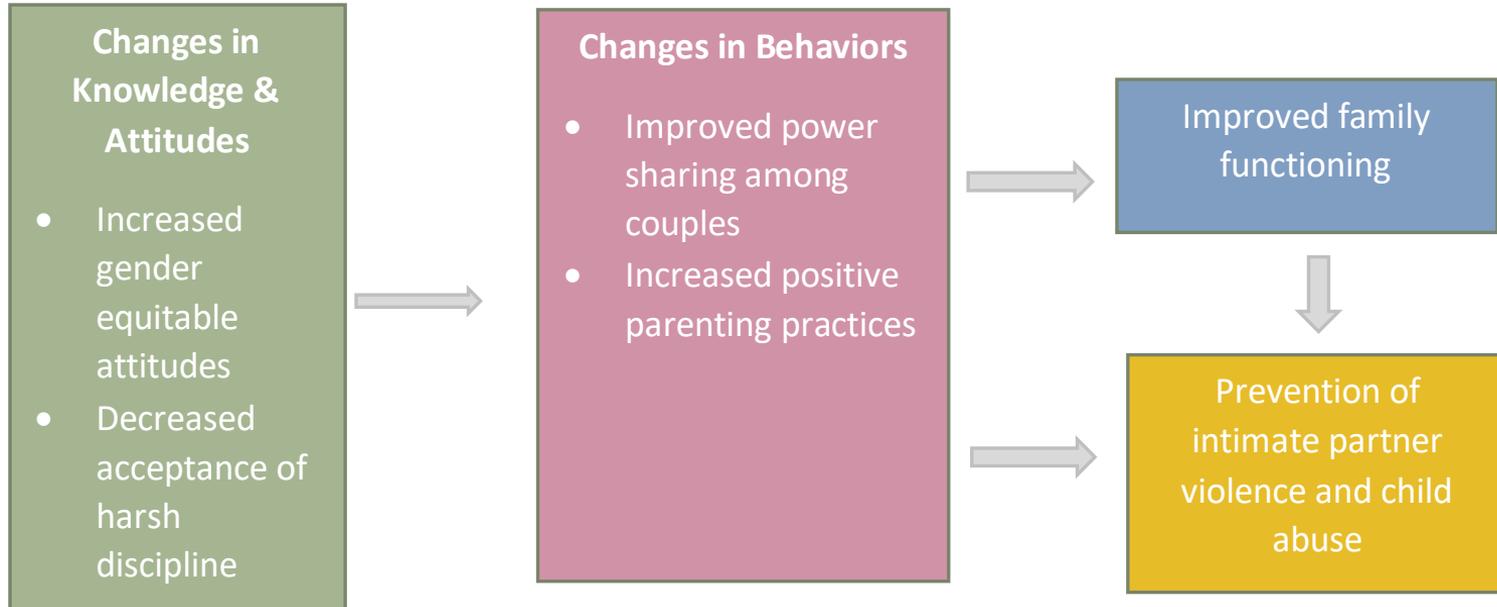
Rigorous, and participatory qualitative research conducted in 2017 with over 140 diverse men and women in DRC and Myanmar revealed shared drivers of violence in the home – but also programmatic opportunities to intervene.



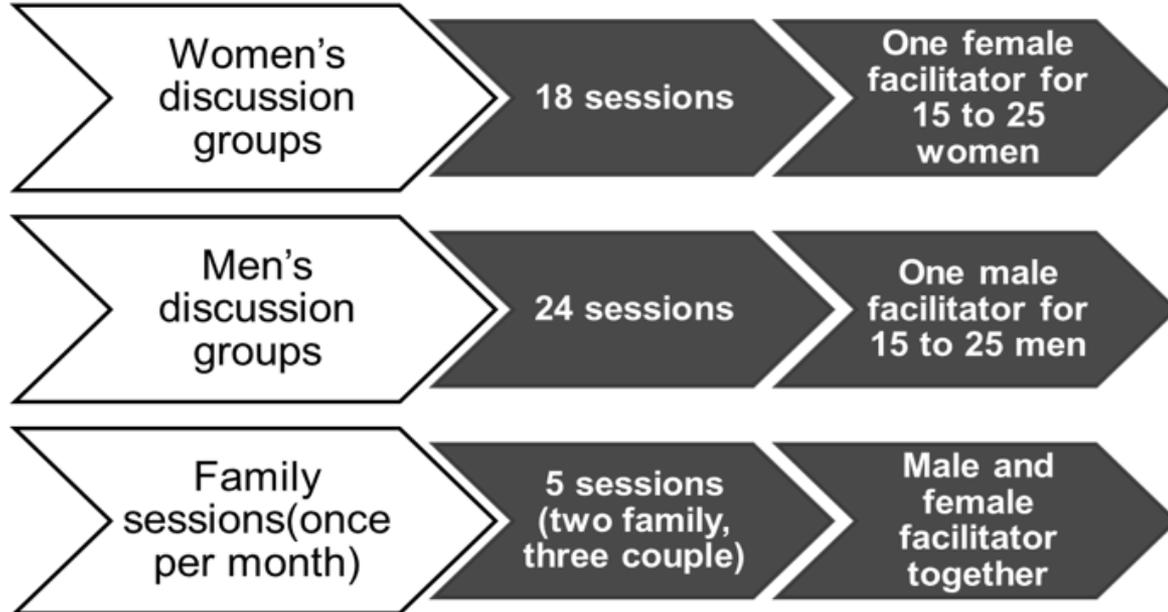
# Testing the Impact of Safe at Home in the Democratic Republic of the Congo



# *Safe at Home Theory of Change*



# How does Safe at Home work?



# *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*



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



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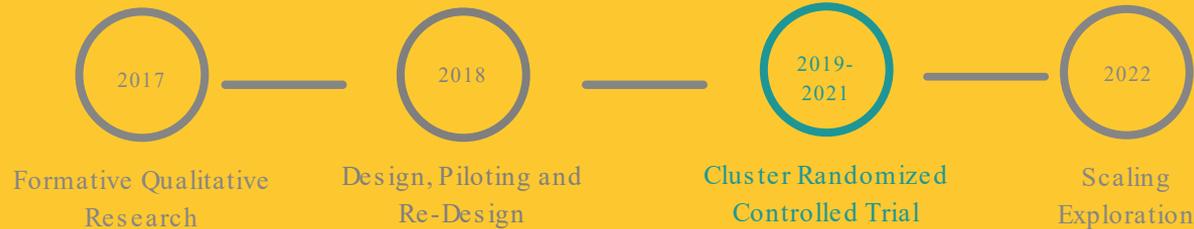
It combines sex-segregated sessions for deep transformation and support with couples- and families-sessions **to allow for specialized, but combined approaches.**



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**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.

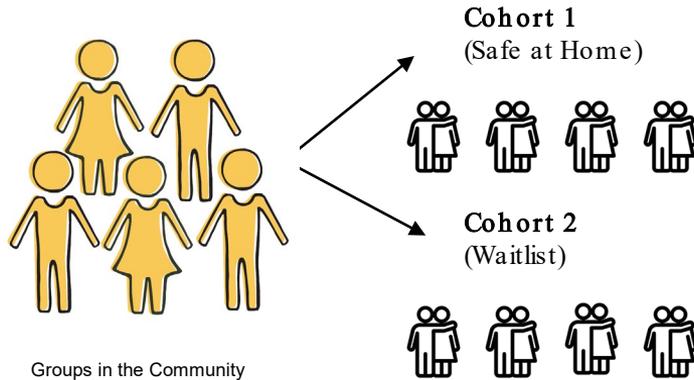
# Testing the Impact of Safe at Home in the Democratic Republic of the Congo



# Research Design

## Methodology

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.



# *Ethical Considerations*



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 (Taliep 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

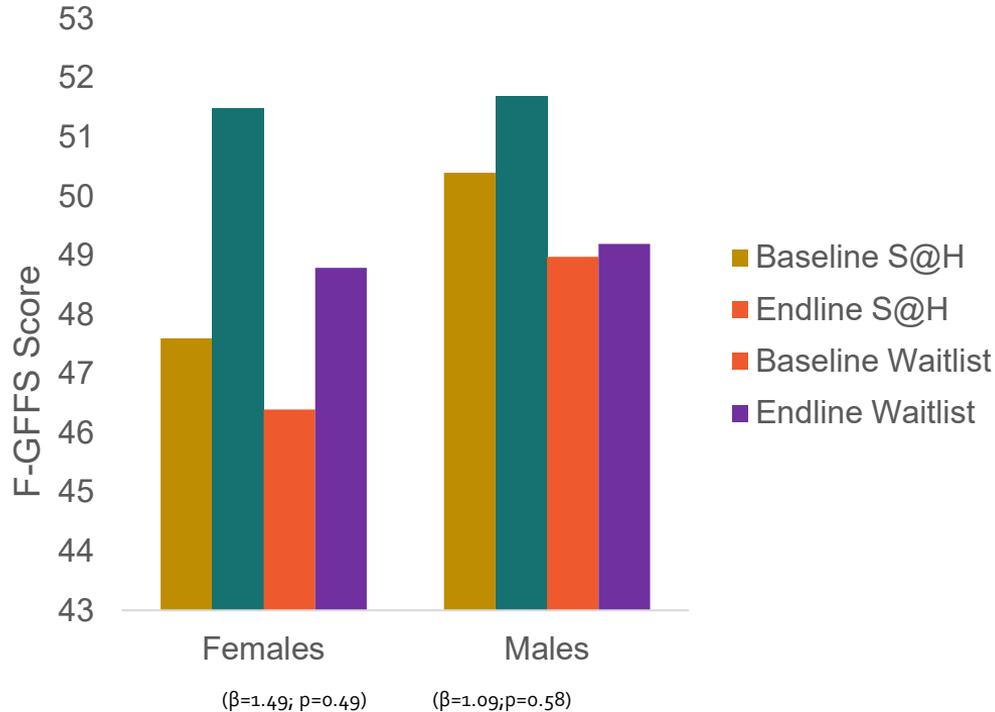
Adaptation of existing measures

Psychometric testing and latent class analysis

### Example Items:

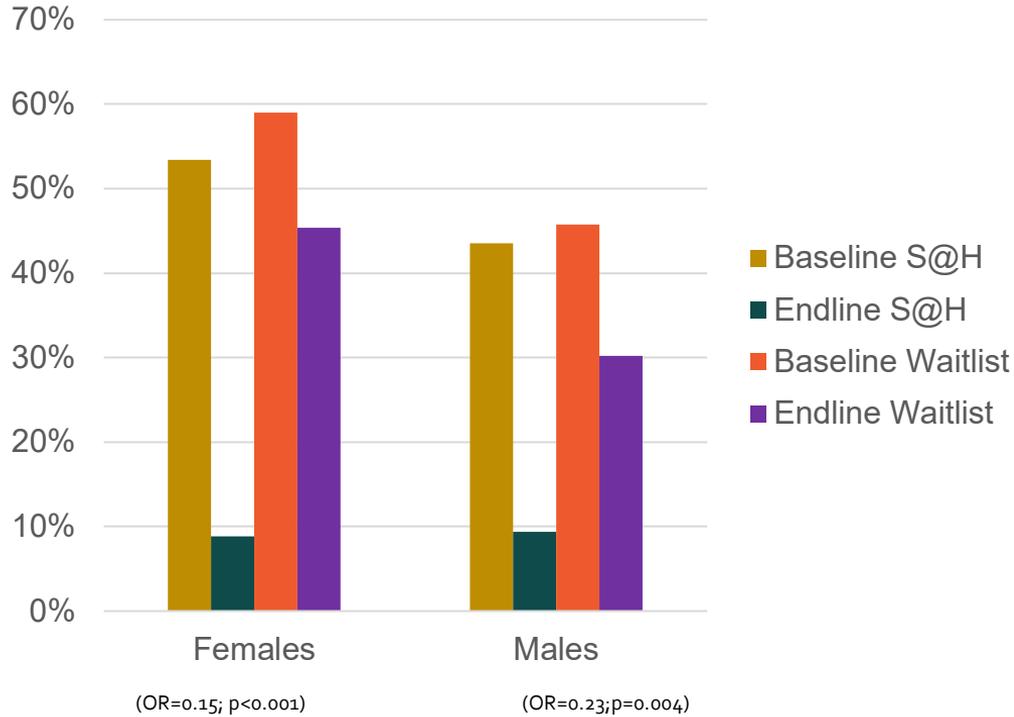
- Girls have the same chances as boys.
- The female partner in your relationship has equal say in important questions.
- We consult the children when we make important family decisions.
- We express feelings of love and affection towards each other.

# 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  $\alpha=0.86$ )*

# Safe at Home Prevents Co-Occurring Violence



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*

↓ **67%**

Less likely to report  
physical harsh  
discipline by female  
caregivers

↓ **79%**

Less likely to report  
emotional harsh  
discipline by male  
caregivers

↓ **46%**

Trending less likely  
to report physical  
harsh discipline by  
male caregivers

↓ **37%**

Trending less likely  
to report emotional  
harsh discipline by  
male caregivers



# 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.

Impact for Women	Outcome	Impact for Men
↓	Acceptance of harsh discipline (wife beating) against women	↓
↓	Acceptance of harsh discipline towards children	↓
↑	Gender attitudes	↑
↑	Power sharing within the couple	↓
↑	Positive parenting skills	↑
↑	Mental health	↑

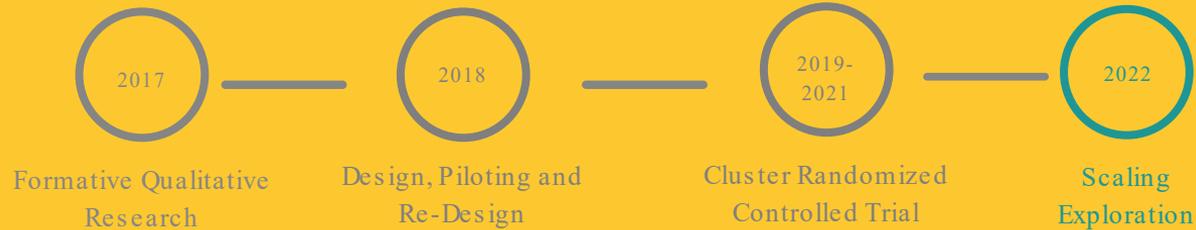
Green arrows indicate statistically significant change; yellow arrows indicate marginal significant change – likely due to low statistical power.

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?



# *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?