Safe at Home: An Innovative Solution to Prevent Family Violence

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Despite evidence that suggests shared risk factors for violence against women (VAW) and violence against children (VAC) in the family, humanitarian programming has traditionally addressed the needs of women and children through separate approaches**.** This has led to inefficient and suboptimal programming models that were unable to holistically meet the needs of families. To address this challenge, the International Rescue Committee (IRC), with the support from the USAID/Bureau for Humanitarian Affairs, undertook four years of rigorous programmatic development and research to create the evidence-based Safe at Home model to prevent the co-occurrence of intimate partner violence (IPV) and child maltreatment in the family.

Stage 1: Formative Research

To inform program model development, IRC conducted qualitative research in the Democratic Republic of the Congo (DRC) and Myanmar to shed light on shared drivers and risk factors for co-occurring IPV and child maltreatment. IRC found the following results emerging across both country contexts:

- ***Acceptance of harsh discipline for women and children*:** Violence against women and children emerged as a corrective measure for perceived transgressions, or justifiable demonstrations of anger.
- ***Gender inequality:*** Power and gender norms stemming from patriarchal culture permeated and perpetuated violence in the home. Women were expected to obey men in all situations, even when men were not fulfilling their traditional gender roles. Harsh punishment for girls was attributed to potential impacts on the family's reputation and more violent treatment of boys was attributed to beliefs that males are stronger and thus able to withstand tougher physical punishment than girls.
- ***Economic Insecurity:*** Economic insecurity was identified as a risk factor for violence against women and children. For example, unavailability of food in the home causes tension that may lead to arguments and violence.

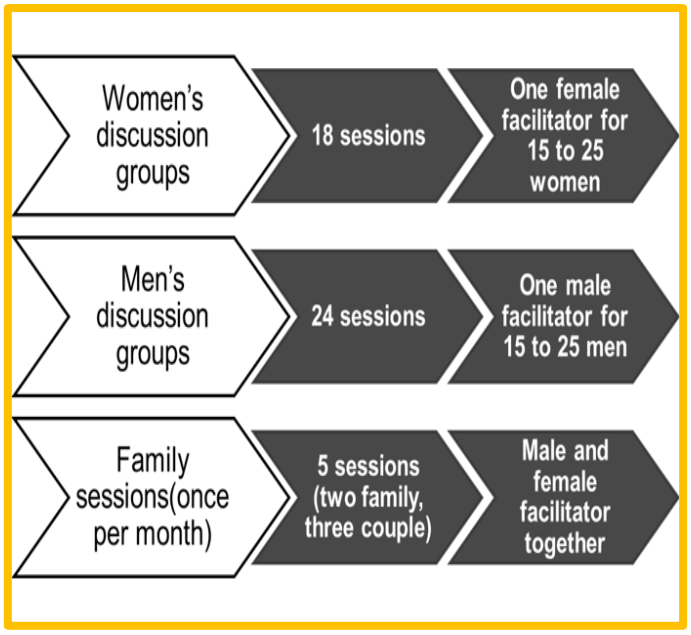
- ***Drug and Alcohol Abuse:*** Drug use in Myanmar and alcohol abuse in the DRC was frequently cited as a risk factor for men's use of VAW and VAC in the home. Men's use of substances appeared to increase the occurrence and severity of aggression against women and children.

Stage 2: Design, Piloting, and Redesign

Prevention

Building from IRC's formative research and existing evidence-based approaches to shifting gender attitudes and norms among men, and improving positive parenting practices for caregivers, IRC developed a curriculum for families that aims to prevent IPV and child maltreatment.

The curriculum combines knowledge-building, critical reflection and dialogue, and skill-building approaches to address power inequity within the home and improve power balance and sharing within the family. The curriculum aims to unpack men's power and privilege, support reflection on the consequences of VAW and VAC, reduce barriers to accessing services, and deepen couples' understanding of child development while building positive discipline skills and empathetic communication strategies. It includes content on valuing the girl child, understanding the intergenerational cycle of violence, and reflecting on family reputation.



The men's and women's curricula are complemented by a family curriculum where couples meet once a month (twice with their children) for five months to build critical relationship skills such as developing a vision and goals for their family, supporting joint financial decision-making, improving communication, establishing family rules, and improving joint decision-making on family planning and reproduction.

The program was piloted among persons affected by internal displacement, including 300 couples in the DRC and 36 couples in Myanmar. Piloting took place in rural and peri-urban communities in the Eastern DRC and in rural, internally displaced persons camps in Northern Shan State, Myanmar.

Response

Recognizing that women and children are part of a family system, and do not experience violence in isolation, IRC also worked to develop case management guidance on co-occurring IPV and child maltreatment. The guidance outlines a process for caseworkers to work together to provide holistic services to women and

children, building from the guiding principles and approaches of the gender-based violence (GBV) and child protection sectors. The case management guidance will be piloted in select countries with GBV and child protection caseworkers.

Stage 3: Impact: Cluster Randomized Controlled Trial

From 2019 to 2021, IRC conducted a pilot randomized control trial in the Democratic Republic of the Congo with 200 couples. Results show significant promise for the program, including:

- Significant drops in co-occurring IPV and child maltreatment from baseline to endline
- Women are significantly less likely to experience IPV (86% less likely to report physical IPV, 74% less likely to report sexual IPV and 80% less likely to report emotional IPV)
- Decreases in harsh physical and emotional discipline of children
- Increased gender equitable attitudes among men and women, increased power-sharing, and better parenting skills for male and female caregiver

What Participants Told IRC about the Program

When asked if they remembered a time when they discussed a curriculum-related topic at home with their partner, participants said,

"Yes, sex. I have to talk about sex. Before this program Usalama Nyumbani, my husband forced me to have sex, [and] now we are preparing after attending the different sessions." –Woman, DRC

"Yes, I remember. It happened to me that I was angry wanting to hurt my child. My wife pronounced only the term 'Usalama Nyumbani.' As soon as I heard that, I left the child. After a few minutes, she approached me to talk about a counting technique starting with 90, I tried to do it and the incident was finished." –Man, DRC

Stage 4: Scaling Exploration

IRC is exploring scaling and sustainability pathways for Safe at Home. We aim to work with local actors in countries affected by conflict and displacement to scale the program to better meet the needs of women and children who are at risk of violence through three strategies: (1) adaptation and diffusion in partnership with women's and children's rights organizations; (2) support for national policy advocacy for coordinated VAW and VAC prevention and response programming; and (3) internal scaling of the program approach through our different IRC country offices.

For more information on the program, please reach out to Danielle Roth, Primary Prevention Advisor (Danielle.Roth@rescue.org).