

Preventing Co-occurring Intimate Partner Violence and Child Abuse in Eastern Democratic Republic of Congo: The Role of Family Functioning and Programmatic Reflections

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Kathryn Falb¹ , Alexandra Blackwell¹,
Jean de Dieu Hategekimana², Danielle Roth³, and
Meghan O'Connor³

Abstract

Co-occurring intimate partner violence (IPV) and child abuse occur at staggering levels in eastern Democratic Republic of Congo (DRC), yet little is known about the relationship between these forms of violence and a feminist-grounded conceptualization of family functioning nor how best to programmatically address these multiple forms of violence in the home. Analysis of cross-sectional baseline data from 203 adult couple dyads participating in a randomized controlled trial was undertaken to (1) understand the correlation of family functioning and violence in the home in North Kivu, DRC; (2) unpack

¹International Rescue Committee, Washington, DC, USA

²International Rescue Committee, Goma, Democratic Republic of Congo

³International Rescue Committee, New York City, NY, USA

Corresponding Author:

Kathryn Falb, Airbel Impact Lab, International Rescue Committee, 1730 M St NW, Washington, DC 20036, USA.

Email: Kathryn.falb@rescue.org

potential shared correlates of violence in the home and family functioning, such as attitudes and behaviors; and (3) describe programmatic implications for delivering violence prevention programming that seeks to address multiple forms of violence in the home. Findings suggest over half of all families reported experiencing IPV against women or use of child abuse by any caregiver. Moderate levels of family functioning were also reported, although women reported lower levels. In adjusted models, a one-point change in family functioning score was associated with a 0.12 reduction in odds of co-occurring experience of IPV and use of child abuse for women, and a 0.03 reduction in odds of co-occurring perpetration for men. A focus on improving family functioning as a primary outcome, alongside explicit targeting of harmful gender norms and skills-based approaches, may be a promising avenue to integrate approaches from different violence prevention fields while maintaining a strong dedication to intersectional feminist-grounded approaches that allows for separate, but at times combined, approaches to reducing IPV and child abuse in the home.

Keywords

child maltreatment, family violence, domestic violence, violence against women, violence against children

Introduction

Co-occurring intimate partner violence (IPV) and child abuse occur at staggering levels in eastern Democratic Republic of Congo (DRC) as data suggest over three-fifths (68.2%) of married women experience physical, emotional, and/or sexual IPV in their lifetime (Tlapek, 2015), and over half of adult women and men experiencing physical, psychosocial, and economic violence at home as a child (Slegh et al., 2014). There is a dearth of prevalence data on child maltreatment in eastern DRC and on co-occurring IPV and child abuse specifically. Nonetheless, these forms of violence in the home persist and are perpetuated through both unique and shared drivers in the home, including gender and age power hierarchies, economic stressors, and broader insecurities at the community level (Falb et al., 2020; Mootz et al., 2019). While focused interventions on either IPV or child abuse prevention remain critically important, approaches that address these shared drivers are urgently needed to prevent these multiple forms of violence in the home and break cycles of abuse in families (Falb et al., under review).

Attention has indeed been given to these shared drivers and testing more integrated approaches to violence prevention within families in recent years (Guedes et al., 2016). However, most effort has focused on how to leverage opportunities to incorporate gender transformative messages, as an example,

within parenting programs as one promising avenue to bring these approaches together (Bacchus et al., 2017; The Prevention Collaborative, 2019). Additionally, evaluations of either IPV prevention or child abuse prevention programs have begun to examine potential unintended influence on reducing other forms of violence in the home. For example, a community mobilization program to prevent IPV has documented qualitative advancements in child-parent relationships (Kyegombe et al., 2015) and parenting programs have highlighted qualitative improvements in caregiver relationships (Sim et al., 2014).

Despite these advancements, there remains a dearth of intentionally designed and deeply integrated violence prevention approaches, which are currently lacking in part due to theoretical and practical challenges of being related, yet siloed, fields of violence against children (VAC) prevention and violence against women (VAW) prevention. Theoretically, for example, many programs that focus on preventing IPV are grounded in feminist approaches which seek to address and dismantle patriarchal power structures and entrenched gender inequality that limit a woman's autonomy and safety in relationships (Namy et al., 2017). Within evaluation studies, mechanisms of change typically focus on improving gender equitable attitudes and improving decision-making and power sharing within couples towards transformative change and reductions of men's use of IPV against their female partners (Heise, 2011; Michau et al., 2015). Conversely, programs focusing on the prevention or reduction of harsh discipline or child abuse often draw from child developmental theories and focus on reducing caregiver economic or parenting stressors along with an improvement of caregiver skills, and to a somewhat lesser extent, norms (WHO, 2016). Pathways of change in these evaluations are typically operationalized as reducing acceptance of harsh discipline and improvement of positive parenting skills (Mikton et al., 2014; Vlahovicova et al., 2017; WHO, 2016).

These differences in theoretical underpinnings result in challenges in layering deeply integrated approaches for preventing and reducing IPV and child abuse within the home. For example, there may be differences of viewpoints on who to target within families, different considerations and conceptualizations of primary or secondary prevention of violence, and different underlying chronological understanding of the etiology of violence within families, including different conceptualizations of gendered and age power hierarchies in the home (Namy et al., 2017). All these potential design decisions have concrete implications for theories of change and programmatic implementation. Nonetheless, some programs have demonstrated initial success in leveraging opportunities to reduce both VAW and physical child punishment, and particularly so for those that target fathers, such as the REAL Fathers Initiative, a 12-session father mentoring program (Ashburn et al., 2017).

One potential solution for addressing these conceptual and theoretical challenges for integrated programming may be to take an asset-based approach to improving family wellbeing. In particular, a focus on a feminist-grounded conceptualization of family functioning may be a critical strategy of such efforts that seek to address co-occurring violence in the home. Focusing on asset-based constructs as the primary outcome of such efforts may help drive shared theoretical understanding and consensus of traditionally siloed approaches, with potential secondary impacts on changes in the prevention, reduction, and cessation of child abuse and IPV in the home (Chaudhury et al., 2016). Such an approach also allows deep integration and attention to patriarchal power structures within homes rooted in feminist understanding of abuse and how these factors may permeate the safety and wellbeing of women, children, and other household members (Namy et al., 2017). Additionally, assets-based approaches focusing on resiliency and wellbeing may be particularly in demand for families affected by displacement and armed conflict in their communities (Puffer et al., 2017) and be more likely to retain father participation. However, little is currently known about asset-based constructs, such as feminist-grounded understandings of family functioning, and the relationship to VAW/VAC in the home, and how potential shared risk and protection factors may influence these relationships, particularly in eastern DRC. To date, few evaluations have focused on improving economic or social assets in the DRC context, yet further investigation is warranted for such strategies given promising findings from a livestock productive asset transfer program (Glass et al., 2017), although findings are mixed from other studies in eastern DRC (Stark et al., 2018; Vaillant et al., 2020).

Therefore, in order to address this gap in knowledge, the present paper seeks to: (1) understand the correlation of a feminist-grounded conceptualization of family functioning and violence in the home in North Kivu, DRC; (2) unpack potential shared correlates of violence in the home; and (3) describe programmatic considerations for such a pivot in outcomes. The specific hypotheses are: (1) increased levels of feminist-grounded family functioning are associated with reduced levels of violence in the home; and (2) increased levels of potential shared protective factors of gender equitable attitudes, non-acceptance of harsh discipline, improved positive parenting, and power sharing within couples are also associated with reduced levels of violence in the home.

Methods

Study Design

The present analyses use baseline, cross-sectional data collected between November 2019 – January 2020 from a cluster-randomized controlled trial in North Kivu, DRC. The focus of the trial is to evaluate the effectiveness of the Safe at Home program, an assets-based individual, couple, and family

approach which seeks to improve family functioning and reduce other shared drivers of violence in the home, with secondary impacts on the reduction of IPV and child abuse (Clinical Trials #NCT04163549). [Figure 1](#) presents the theory of change for Safe at Home in which attitudes around gender equality and harsh discipline towards role non-fulfillment for women and children in the home precede unhealthy partner and caregiver-child relationships, which in turn inhibit family functioning. These potential correlates may also directly and indirectly influence (through family functioning) the prevention and reduction of IPV and child abuse within the home. This programmatic model is built from extensive qualitative research in DRC and Myanmar that examined intersectional shared risks towards violence against women, children, and other marginalized household members (Falb et al., 2020).

Sample and Data Collection

IRC practitioner staff provided information about Safe at Home to interested community members during routine engagement sessions across four different communities in North Kivu. Couples who were interested were asked to participate in the family strengthening program through this convenience sampling approach. All participants met inclusion criteria of being part of a monogamous couple, having at least one child between 6-12 years of age, and participating in the overarching program. While not an explicit inclusion criterion, all participants were heterosexual. No participant received compensation for their participation. In all, data were collected across 203 adult couple dyads comprising of 394 participants (196 men and 198 women). The overall response rate for those who were participating in the program and had agreed to participate in the research component of the Safe at Home program was 96.6% for men and 97.5% for women. Enumerators verbally administered the survey after receiving consent and captured responses in tablets using Survey CTO. All items were translated and backtranslated into French from English and were subsequently translated into Swahili and Kinyarwanda.

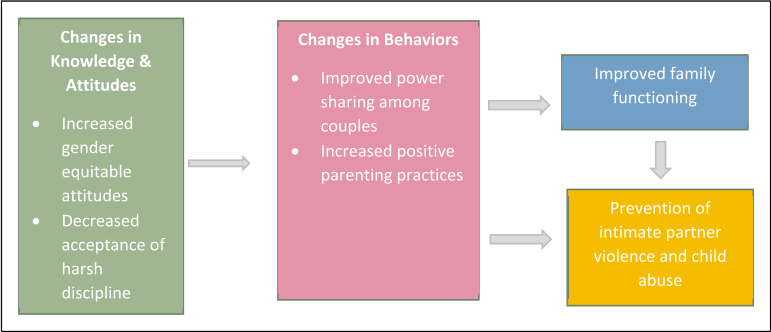


Figure 1. Logical framework for Safe at Home program.

Measures

The primary outcome of this analysis is co-occurring recent (past 3 months) IPV experienced by the female and child abuse perpetrated by either male or female caregiver. Past 3 months was selected as the recall timeframe given this was the maximum timeframe available during the original grant period. A binary variable that comprises any physical/sexual IPV as assessed by the World Health Organization multi-country study on women's health and domestic VAW (WHO, 2005) and any physical or emotional harsh discipline from the Multiple Indicator Cluster Survey (MICS) was created to assess this outcome (UNICEF, 2013). Male and female caregivers reported on their own use of harsh discipline and not their partners. Additionally, IPV and child abuse were also explored in separate models. A multinomial outcome was explored but was not pursued given the extensive overlap of experiences of violence in the home.

The primary predictor of interest was a Feminist-Grounded Family Functioning Scale as reported by men and women independently. The 26-item continuous scale was heavily adapted from Taliep et al. (2014), in South Africa for the DRC context (Blackwell et al., under review) and additional items were generated to capture feminist understandings of family functioning. Other continuous predictors of interest included an 11 item Likert scale of gender inequitable attitudes (Pulerwitz & Barker, 2008), an adapted and expanded 19 binary item scale for acceptance of harsh discipline against women and children (MICS, UNICEF, 2013), 30 item Likert scale from Power Sharing in Couple Relationships (Arici Sahin & Keklik, 2019), and positive parenting (Puffer et al., 2015).

Other covariates included armed conflict-related traumatic experiences (WHO & GWI, 2017), age, marital status, displacement history, and educational attainment. A detailed description of each construct assessed within the study can be found in Table 1. Disability status (Washington Group on Disability Statistics, 2016) was also included as a covariate given previous correlations with increased risk of IPV amongst women in North Kivu, DRC (Scolese et al., 2020).

Ethical Considerations

All participants provided informed consent before participation in the survey. All interviews were conducted in confidential spaces and only the woman was asked about their experiences of IPV, consistent with global ethical guidance (WHO, 2007). The study received ethical approval from the IRC's institutional review board (WPE 1.00.014) and from the Comité National d'Ethique de la Santé- Direction Provinciale du Sud-Kivu. Additionally, all enumerators were trained on sensitive violence research ethics to promote non-judgment,

Table 1. Constructs Assessed Within Study.

Construct	Measure	Construction/Scale	Example items	Source
Feminst-grounded family functioning	Continuous measures (range: 0–78) summing the number of statements with which a respondent strongly agreed (3), agreed (2), disagreed (1), or strongly disagreed (0)	• 26-item, 4-point Likert scale (strongly agree, agree, disagree, strongly disagree)	I am going to read some statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree with them. In our family...	Blackwell et al., under review; Adapted from Taliep et al., 2014
		• Responses summed to form a continuous measure	• We help and support each other • It is difficult to decide how to solve a problem because we never agree about anything • Girls have the same chances as boys	
Conflict-related traumatic experiences	Continuous measure (range: 0–5) summing the number of affirmative responses to experiences of conflict-related acts	• Higher score denotes better family functioning		WHO & GWI 2017
		• 5 binary items (yes/no) • Any affirmative binary response (yes) was coded as experiencing that form of conflict-related act	During any times of conflict, has someone in your family or someone close to you	
		• Responses summed to form a continuous summary measure	• Ever been seriously injured?	

(continued)

Table 1. (continued)

Construct	Measure	Construction/Scale	Example items	Source
Gender inequitable attitudes	Continuous measure (range: 0–22) summing the number of statements with which a respondent agreed (2), partially agreed (1), or disagreed (0)	• 11-item, 3-point Likert scale (agree, partially agree, disagree) • Responses summed to form a continuous measure • Higher score denotes more agreement with gender inequitable attitudes	I am going to read you a list of statements, and I would like to ask you whether you agree or disagree with the statements • There are times when a woman deserves to be beaten • A woman should tolerate violence to keep her family together	Pulerwitz & Barker, 2008
Acceptance of harsh discipline against women and children	Continuous measure (range: 0–19) summing the number of statements with which a respondent agreed (1) or disagreed (0)	• 19 binary items (10 from MICS and 9 added for this study) • Responses summed to form a continuous measure • Higher scores denote higher acceptance of harsh discipline	Examples of items from scale • Is it OK for a husband to beat or hit his wife if she goes out without telling him? • Is it OK for a parent to beat or hit a child of the child argues with the parent?	Adapted from UNICEF, 2013

(continued)

Table 1. (continued)

Construct	Measure	Construction/Scale	Example items	Source
Equitable power sharing	Continuous measure (range: 5–150) summing the number of statements that the respondent said completely applied (4), applied (3), partially applied (2), did not apply (1), or did not apply at all (0) to their relationship with their partner	• 30-item, 5-point Likert scale (“Completely applies” to “Doesn’t apply at all”) • Responses summed to form a continuous measure • Higher scores denote more balanced power sharing	Now I am going to say several statements about your relationship with your partner. For each one, I want you to say whether this statement applies to your relationship with your partner/spouse • My partner is my closest friend • Sharing things about myself with my partner relieves me	Arici Sahin & Keklik, 2019
Positive parenting	Continuous measure (range: 0–27) summing how often the respondent does 9 parenting behaviors: very frequently (3), frequently (2), occasionally (1), or almost never (0)	• 9-item, 4-point Likert scale (“Very frequently” to “Almost never”) • Responses summed to form a continuous measure • Higher score denotes more use of positive parenting behaviors	Example items from scale • How often did you tell your child that you care for them? How often are you able to give your child guidance by setting rules?	Adapted from Puffer et al., 2015

Table 2. Sample Demographics and Frequency of Past 3-month IPV Experience and Child Abuse Perpetration for Women (N = 198):

	Women's Sample % (N) Mean (SD)	Co-occurring past 3-month IPV Experience & Child Abuse Perpetration	Past 3 Month IPV Experience	Past 3 Month Child Abuse Perpetration
Overall	-	56.1 (111)	58.6 (116)	83.8 (166)
Demographic variables				
Age mean (SD) (range: 19–59)	32.0 (8.7)	31.6 (8.4)	31.5 (8.4)	31.7 (8.5)
Level of education % (N)				
None	42.9 (85)	55.3 (47)	57.7 (49)	88.2 (75)
Primary	41.9 (83)	50.6 (42)	54.2 (45)	79.5 (66)
Secondary and Above	15.15 (30)	73.3 (22)	73.3 (22)	83.3 (25)
Disability level				
None	21.2 (42)	57.1 (24)	59.3 (25)	83.3 (35)
Mild	60.1 (119)	52.9 (63)	56.3 (67)	79.8 (95)
Moderate/Severe	18.7 (37)	64.9 (24)	64.9 (24)	97.3 (36)
Conflict-Related Traumatic events experienced (SD) (range: 0–5)	3.6 (1.5)	4.1 (1.2)	4.0 (1.3)	3.8 (1.5)
Number of times displaced in lifetime mean (SD) (range: 0–10)	3.18 (1.5)	3.2 (1.3)	3.2 (1.4)	3.2 (1.5)

(continued)

Table 2. (continued)

	Women's Sample % (N) Mean (SD)	Co-occurring past 3-month IPV Experience & Child Abuse Perpetration	Past 3 Month IPV Experience	Past 3 Month Child Abuse Perpetration
Hypothesized Shared drivers				
Family functioning 26-item index mean (SD) (range: 0–78)	47.99 (5.55)	46.25 (5.28)	46.42 (5.37)	47.58 (5.63)
Acceptance of harsh discipline score mean (SD) (range: 0–19)	10.1 (5.4)	11.9 (4.8)	11.9 (4.8)	10.7 (5.3)
Gender inequitable attitudes mean (SD) (range: 0–22)	17.0 (4.1)	18.1 (3.3)	18.1 (3.4)	17.5 (3.7)
Power sharing score mean (SD) (range: 5–150)	86.1 (6.6)	84.8 (5.7)	84.9 (5.7)	85.4 (6.1)
Positive parenting score mean (SD) (range: 0–27)	14.5 (2.2)	13.1 (2.6)	13.3 (2.7)	14.0 (3.0)

Note. IPV = intimate partner violence.

referral information to violence case management services, and confidentiality. Enumerators were also gender-matched so that only females interviewed females and males interviewed males to promote participant comfort.

Analysis

Descriptive statistics and models were generated in gender-stratified approaches given the relationships may operate differently for men and women. Unadjusted, logistic generalized estimating equations accounting for clustering at the village level assessed potential associations between demographics, conflict experiences, family functioning, and other potential shared drivers of violence in the home including acceptance of harsh discipline, gender inequitable attitudes, power sharing, and positive parenting. If variables were associated with violence outcomes at the $\alpha < 0.05$ level, they were retained in final adjusted models.

Results

Participants

Women respondents were 32.0 years of age average ($SD = 8.7$; range: 19–59) (Table 2) and men were 36.9 years of age ($SD = 8.7$; range: 21–59) (Table 3). Women had lower educational attainment with 15.2% of women reporting attending secondary school or above compared to 43.4% of men reaching this same level. The majority of women (60.1%) reported having a mild disability and 18.7% reported having a moderate and/or severe disability. A lower proportion of men reported having a disability, with 42.4% reporting a mild disability and 18.4 reporting a moderate and/or severe disability. Experience of conflict and displacement was high for all respondents: both men and women were displaced on average three times over their lifetime and had experienced on average three or more conflict-related traumatic events.

Examining Current Violence in the Home and Correlated Factors

Experiences of violence in the home in the past 3 months were examined by gender, demographics, and correlate variables. Past-3-month violence outcomes are defined in three categories: (1) any co-occurring violence (women's experience of IPV and perpetration of child abuse by either caregiver); (2) women's reporting of any physical, sexual, and/or emotional IPV; and (3) any physical and/or psychological violent discipline perpetration by either caregiver. Over half (56.1%) of women reported co-occurring IPV and perpetration of child abuse within the home, with 83.8% reporting perpetration of child abuse and 58.6% indicating IPV by their husband (Table 2). Fewer men (50.5%) indicated co-occurring IPV as reported by their partner and perpetration of violent discipline.

Table 3. Sample Demographics, Shared Drivers, and Frequency of Past 3-month IPV and Child Abuse Perpetration for Men (N = 196).

	Men's Sample % (N) Mean (SD)	Co-occurring past 3 month IPV & Child Abuse Perpetration	Past 3 Month IPV Perpetration	Past 3 Month Child Abuse Perpetration
Overall	-	50.5 (87)	57.7 (113)	74.5 (146)
Demographic variables				
Age mean (SD) (range: 21–59)	36.9 (8.7)	35.7 (8.4)	35.3 (8.5)	36.0 (8.5)
Education level % (N)				
None	12.2 (24)	50.0 (12)	58.3 (14)	87.5 (21)
Primary	44.4 (87)	43.7 (38)	51.2 (44)	79.3 (69)
Secondary and Above	43.4 (85)	44.4 (37)	64.7 (55)	65.9 (56)
Disability level				
None	39.3 (77)	44.2 (34)	60.5 (46)	70.1 (54)
Mild	42.4 (83)	39.8 (33)	55.4 (46)	74.7 (62)
Moderate/Severe	18.4 (36)	55.6 (20)	58.3 (21)	83.3 (30)
Conflict-Related Traumatic events experienced (SD) (range: 0–5)	3.3 (1.5)	3.4 (1.5)	3.4 (1.5)	3.3 (1.5)
Number of times displaced in lifetime mean (SD) (range: 0–8)	3.01 (1.1)	3.1 (1.1)	3.0 (1.0)	3.1 (1.2)
Hypothesized Shared drivers				
Family functioning 26-item index mean (SD) (range: 0–78)	51.08 (6.57)	49.85 (6.44)	50.34 (6.05)	50.59 (6.92)
Acceptance of harsh discipline score mean (SD) (range: 0–19)	5.6 (5.0)	7.2 (4.9)	6.2 (5.0)	6.8 (4.9)
Gender inequitable attitudes mean (SD) (range: 0–22)	13.1 (5.6)	15.1 (5.3)	13.8 (5.6)	14.5 (5.2)

(continued)

Table 3. (continued)

	Men's Sample % (N) Mean (SD)	Co-occurring past 3 month IPV & Child Abuse Perpetration	Past 3 Month IPV Perpetration	Past 3 Month Child Abuse Perpetration
Power sharing score mean (SD) (range: 5–150)	91.0 (8.1)	90.4 (8.1)	91.2 (7.7)	90.0 (8.0)
Positive parenting score mean (SD) (range: 0–27)	16.4 (3.2)	16.1 (3.4)	16.4 (3.2)	16.2 (3.4)

Note. IPV = intimate partner violence.

Women reported lower family functioning (49.88, SD = 5.55) (Table 2) than men (51.08, SD = 6.57) (Table 3). Reported positive behaviors were also lower among women than men, including power sharing score (86.1, SD = 6.6 and 91.0, SD = 8.1, respectively) and positive parenting (14.5, SD = 2.2 and 16.4, SD = 3.2, respectively). Attitudes also differed by gender, with women reporting more harmful and discriminatory attitudes. Women reported a higher acceptance of harsh discipline mean score (10.1, SD = 5.4) compared to men (5.6, SD = 5.0). Similarly, women's mean gender inequitable attitudes score was higher (17.0, SD = 4.1) than mean score among men (13.1, SD = 5.6).

Women

Unadjusted Associations Between Past-Three-Month Violence in the Home, Family Functioning, Correlate Variables, and Demographics. In unadjusted logistic regressions adjusting for clustering at the site level, all hypothesized correlate variables were significantly associated with all three forms of past-three-month violence for women. Acceptance of harsh discipline was most strongly associated with past-three-month co-occurring violence in the home (OR = 1.17; 95%CI: 1.11–1.24) and was also strongly associated with past-three-month IPV experience and child abuse in separate unadjusted models (Table 4). Gender inequitable attitudes was also strongly associated with all three outcomes, with odds of reporting current co-occurring violence in the home increasing as women's gender inequitable attitudes increased (OR = 1.16; 95% CI: 1.14–1.17). Having a secondary education or higher was non-significantly associated with elevated odds of IPV while it held a protective effect for child abuse perpetration, as compared to women without education. Combined, having a secondary education was associated with increased odds of co-occurring violence as compared to women with no

Table 4. Unadjusted Associations of Family Functioning, Attitudes, and Past-Three-Month Experience of co-occurrence of IPV and Child Abuse, IPV, and Child Abuse as Reported by Women (N = 198) and Men (N = 196)^a.

	Women			Men		
	Co-occurring IPV & Child Abuse ⁱⁱ OR (CI), p-value	Experiencing IPV OR (CI), p-value	Child Abuse Perpetration OR (CI), p-value	Co-occurring IPV & Child Abuse ⁱⁱⁱ OR (CI), p-value	IPV Perpetration OR (CI), p-value	Child Abuse Perpetration OR (CI), p-value
Demographics						
Age	0.99 (0.94, 1.04) 0.65	0.99 (0.90, 1.03) 0.51	0.98 (0.94, 1.02) 0.25	1.00 (0.96, 1.03) 0.80	0.98 (0.94, 1.03) 0.42	1.01 (0.97, 1.04) 0.76
Education level (Ref.=None)	0.77 (0.52, 1.13) 0.18	0.81 (0.50, 1.30) 0.38	0.49 (0.29, 1.14) 0.10	0.75 (0.19, 2.94) 0.68	0.69 (0.23, 2.13) 0.52	0.56 (0.07, 4.25) 0.58
Secondary and primary	2.18 (1.04, 4.58) 0.04	1.95 (0.85, 4.46) 0.11	0.69 (0.48, 0.9954) 0.05	0.71 (0.20, 2.55) 0.60	1.11 (0.26, 4.78) 0.88	0.29 (0.08, 0.07)
Above						
Disability level	0.88 (0.29, 2.63) 0.81	0.91 (0.29, 2.87) 0.88	0.79 (0.41, 1.54) 0.49	0.88 (0.71, 1.08) 0.21	0.8527 (0.66, 1.10) 0.22	1.13 (0.45, 2.80) 0.80
(Ref.=None) mild						
Moderate/Severe	1.48 (0.38, 5.77) 0.57	1.35 (0.41, 4.48) 0.63	7.46 (2.11, 26.34) 0.00	1.90 (0.73, 4.96) 0.19	1.25 (0.34, 4.64) 0.74	1.98 (1.61, 2.43) <.0001
Conflict-Related Traumatic events	1.57 (1.37, 1.81) <.0001	1.53 (1.31, 1.78) <.0001	1.42 (1.19, 1.69) 0.00	1.09 (0.94, 1.27) 0.24	1.09 (0.93, 1.27) 0.28	1.06 (0.99, 1.13) 0.08
experienced						
Number of times displaced in lifetime	1.05 (0.92, 1.21) 0.46	1.05 (0.95, 1.16) 0.36	1.14 (0.99, 1.32) 0.06	1.13 (0.95, 1.34) 0.17	1.07 (0.95, 1.21) 0.27	1.10 (0.80, 1.12) 0.54
Hypothesized Shared drivers						
Family functioning	0.84 (0.78, 0.89) <.0001	0.85 (0.80, 0.91) <.0001	0.91 (0.88, 0.95) <.0001	0.94 (0.92, 0.96) <.0001	0.96 (0.94, 0.98) <.0001	0.96 (0.94, 0.98) <.0001
26-item index						

(continued)

Table 4. (continued)

	Women			Men		
	Co-occurring IPV & Child Abuse ^{II} OR (CI), p-value	Experiencing IPV OR (CI), p-value	Child Abuse Perpetration OR (CI), p-value	Co-occurring IPV & Child Abuse ^{III} OR (CI), p-value	IPV Perpetration OR (CI), p-value	Child Abuse Perpetration OR (CI), p-value
Acceptance of harsh discipline score	1.17 (1.11, 1.24) <.0001	1.18 (1.11, 1.26) <.0001	1.14 (1.07, 1.21) <.0001	1.14 (1.08, 1.21) <.0001	1.07 (1.03, 1.11) 0.0005	1.32 (1.26, 1.38) <.0001
Gender inequitable attitudes score	1.16 (1.14, 1.17) <.0001	1.15 (1.11, 1.20) <.0001	1.16 (1.09, 1.23) <.0001	1.14 (1.10, 1.18) <.0001	1.05 (1.02, 1.09) 0.00	1.21 (1.17, 1.26) <.0001
Power sharing score	0.94 (0.92, 0.96) <.0001	0.94 (0.91, 0.96) <.0001	0.91 (0.83, 0.99) 0.03	0.97 (0.97, 0.98) <.0001	1.00 (0.98, 1.01) 0.42	0.94 (0.94, 0.95) <.0001
Positive parenting score	0.66 (0.57, 0.77) <.0001	0.69 (0.58, 0.81) <.0001	0.69 (0.65, 0.72) <.0001	0.92 (0.89, 0.96) <.0001	0.96 (0.92, 1.00) 0.04	0.94 (0.90, 0.97) 0.0006

Note. IPV = intimate partner violence.

^a Adjusted for clustering at the site level.

education (OR = 2.18; 95% CI: 1.04–4.58). Each additional exposure to a traumatic event during armed conflict was also associated with 1.57 increased odds of all three conceptualizations of violence in the home.

Family functioning was also strongly negatively associated with past-three-month violence outcomes for women (Table 4). Each additional increase in family functioning was associated with a 0.84 change in odds of reporting co-occurring past-three-month IPV experience and child abuse perpetration (95% CI: 0.78–0.89). Increased family functioning was also associated with a significant decrease in odds of both past-three-month IPV experience and perpetration of violent discipline in separate models. A similar protective trend was noted for positive behaviors, such that perception of more equitable power sharing and reported use of positive parenting behaviors were both associated with a decrease in co-occurring violence (OR = 0.94; 95% CI: 0.92–0.96 for power sharing and OR = 0.66; 95% CI 0.57–0.77 for positive parenting, respectively).

Adjusted Associations Between Past-Three-Month Violence in the Home, Family Functioning, Behaviors, Attitudes, and Demographics. In the final model adjusted for significantly associated demographics and clustering (Table 5), family functioning held a protective association with co-occurring violence and IPV. Perception of an additional increase in family functioning resulted in a reduction of co-occurring IPV and child abuse (aOR = 0.88; 95% CI: 0.82–0.95) and IPV experience (aOR = 0.92; 95% CI: 0.86–0.99). Positive parenting was the only correlate variable significantly associated with all three forms of past-three-month violence for women in the final models. An additional increase in perception of positive parenting behaviors resulted in a 0.68 change in odds of co-occurring violence (95% CI: 0.60–0.78). Power sharing maintained its significance only for co-occurring violence, with perceptions of more equitable power sharing between couples resulting in decreased odds of co-occurring violence (aOR = 0.96; 95% CI: 0.94–0.99). Negative attitudes remained strongly significant with increases in co-occurring violence and IPV in separate models. An additional increase in both acceptance of harsh discipline (aOR = 1.11; 95% CI: 1.04–1.18) and gender inequitable attitudes (aOR = 1.18; 95% CI: 1.10–1.27) resulted in increased odds of reported co-occurring IPV and child abuse.

Men

Unadjusted Associations Between Past-Three-Month Violence in the Home, Family Functioning, Correlate Variables, and Demographics. In unadjusted logistic regressions adjusting for clustering at the site level, all hypothesized correlate variables were significantly associated with all three forms of past-three-month violence perpetration for men. Attitudes including acceptance of harsh

Table 5. Adjusted^a Model Assessing the Association Between Gender Inequitable Attitudes, Behaviors, and Family Functioning and Violence in the Home, for Women and Men.

	Women			Men		
	Co-occurring IPV & Child Abuse aOR (CI), <i>p</i> -value	Experiencing IPV aOR (CI), <i>p</i> -value	Child Abuse Perpetration aOR (CI), <i>p</i> -value	Co-occurring IPV & Child Abuse aOR (CI), <i>p</i> -value	Experiencing IPV aOR (CI), <i>p</i> -value	Child Abuse Perpetration aOR (CI), <i>p</i> -value
Acceptance of harsh discipline score	1.11 (1.04, 1.18) 0.001	1.13 (1.05, 1.21) 0.001	1.08 (0.96, 1.22) 0.20	1.08 (1.00, 1.17) 0.05	1.06 (1.00, 1.12) 0.04	1.26 (1.17, 1.36) <.0001
Gender inequitable attitudes	1.18 (1.10, 1.27) <.0001	1.17 (1.09, 1.26) <.0001	1.02 (0.92, 1.12) 0.74	1.11 (1.09, 1.12) <.0001	1.03 (0.99, 1.07) 0.16	1.10 (1.04, 1.16) 0.001
Power sharing score	0.96 (0.94, 0.99) 0.002	0.97 (0.93, 1.00) 0.08	0.91 (0.82, 1.01) 0.08	1.03 (0.99, 1.08) 0.16	1.03 (1.01, 1.05) 0.01	1.00 (0.94, 1.06) 0.89
Positive parenting score	0.68 (0.60, 0.78) <.0001	0.71 (0.60, 0.83) <.0001	0.72 (0.69, 0.74) <.0001	1.00 (0.95, 1.04) 0.84	0.99 (0.95, 1.04) 0.82	1.08 (1.03, 1.13) 0.001
Family functioning score	0.88 (0.82, 0.95) 0.0004	0.92 (0.86, 0.99) 0.03	1.00 (0.94, 1.05) 0.85	0.97 (0.95, 0.99) 0.02	0.96 (0.91, 1.01) 0.10	0.97 (0.95, 0.99) 0.02

Note. IPV = intimate partner violence.

^aAdjusted for significantly associated demographics (education level and disability level), conflict experiences, and clustering at the site level.

^bIn full adjusted models, *N* = 190 for women, *N* = 191 for men.

discipline (OR = 1.14; 95% CI: 1.08–1.21) and gender inequitable attitudes (OR = 1.14; 95% CI: 1.10–1.18) were most strongly associated with past-three-month co-occurring violence in the home, with odds of co-occurring violence perpetration increasing as men's negative attitudes about gender and acceptance of discipline increased (Table 4). Acceptance of harsh discipline and gender inequitable attitudes were also strongly associated with past-three-month IPV perpetration and child abuse by men in separate unadjusted models. For men, reporting a moderate to severe disability was the only demographic that was associated with child abuse perpetration; no demographics were statistically associated with increased odds of IPV perpetration.

Men's perception of family functioning was also associated with past-three-month violence outcomes (Table 4). An increase in perceived family functioning was associated with a 0.94 change in odds of reporting co-occurring past-three-month perpetration of IPV and child abuse perpetration (95% CI: 0.92–0.96), as well as a significant change in odds of past-three-month perpetration of IPV and perpetration of violent discipline in separate models. Similar to women, a protective trend was also noted for men's reported equitable power sharing and use of positive parenting behaviors, which were both associated with a decrease in co-occurring violence (OR = 0.97; 95% CI: 0.97–0.98 for power sharing and OR = 0.92; 95% CI 0.89–0.96 for positive parenting, respectively). Neither men's experiences of conflict nor displacement were significantly associated with violence outcomes in the unadjusted models.

Adjusted Associations Between Past-Three-Month Violence in the Home, Family Functioning, Correlate Variables, and Demographics. In the final adjusted model (Table 5), the protective association between family functioning and co-occurring IPV and child abuse perpetration among men was slightly attenuated (aOR = 0.97; 95% CI: 0.95–0.99). Family functioning also held a protective association with child abuse perpetration in the separate model (aOR = 0.97; 95% CI: 0.95–0.99), but was only marginally significant for IPV perpetration (aOR = 0.96; 95% CI: 0.91–1.01). Acceptance of harsh discipline was the only correlate variable significantly associated with all three forms of past-three-month violence for men in the final adjusted model. Gender inequitable attitudes also retained their significance for co-occurring violence, with odds of reporting current co-occurring violence in the home increasing as men's gender inequitable attitudes increased (aOR = 1.11; 95% CI: 1.09–1.12). Men's gender inequitable attitudes were also significantly associated with child abuse perpetration in the separate adjusted model. Power sharing retained its significant association with IPV perpetration as reported by men (aOR = 1.03; 95% CI: 1.01–1.05), and positive parenting retained its significant association with child abuse perpetration, though neither were significantly associated with co-occurring IPV and child abuse perpetration by men.

Discussion

Findings of this analysis demonstrate a staggering overlap and overall frequency of IPV and child abuse in eastern DRC, such that over half of all families reported experiencing these recent forms of co-occurring violence in the home. Additionally, while a highly adapted and contextualized construct developed primarily for the perspectives of women in the home, women and men indicated moderate levels of a feminist-grounded conceptualization of family functioning, with women reporting slightly lower levels of functioning (Blackwell et al., under review). In unadjusted models, increased reporting of family functioning was associated with reduced odds of experiencing all forms of violence in the home. In the final model, a one-point change in family functioning score was associated with a 0.12 reduction in odds of co-occurring violence for women, and a 0.03 reduction in odds of co-occurring violence perpetration for men. Such findings are consistent with literature from other conflict and humanitarian settings, which demonstrate how conflict and displacement disrupt family functioning over time, contributing to additional VAC and VAW in the home (Catani et al., 2009; Mootz et al., 2019; Murphy et al., 2017; Sim et al., 2018), and conversely that family functioning and family cohesion can be protective against negative outcomes for parents and children including outcomes of violence (Orpinas et al., 2014; Sriskandarajah et al., 2015). Programs targeting VAC in South Africa, Thailand, and Liberia have also found positive impacts on family functioning, demonstrating the relationship between overall family wellbeing and use of violence (Cluver et al., 2018; Puffer et al., 2017).

Simultaneously, while a focus on a feminist-grounded conceptualization of family functioning may be an important outcome to consider in approaches that seek to de-silo VAW and VAC fields, particular attention to shared risk factors are important. Our analyses finds that gender inequitable attitudes, and to a slightly lesser extent, acceptance of harsh discipline, are associated with heightened risk of co-occurring violence perpetration for men and experience of IPV/child abuse perpetration for women. Approaches that address these attitudes, rooted in feminist and age-related power frameworks, may be particularly helpful. Additionally, power-sharing between couples and positive parenting were also associated with reduced odds of experiencing IPV/child abuse perpetration for women but were no longer significant for men's models. Positive parenting was also associated with a 0.32 reduction in odds of co-occurring violence for women, which indicates that these potential skills-based approaches may be helpful to reduce experience of co-occurring violence for women, but may also point to a dynamic relationship in which women are held accountable for their children's misbehavior given the high levels of co-occurring violence (Falb et al., under review). The null associations for men point to the importance of including gender and age-related

attitudes approaches to reduce perpetration of violence, situated within broader strategies to promote gender equitable norms at the community level that address patriarchal family systems (Namy et al., 2017), in addition to any skills-based strategies.

Further, a focus on family functioning, alongside recognition of power and gendered hierarchies within the home and family, allows for organic ability of practitioners to incorporate the needs of diverse individuals within the home, such as older persons or people with disabilities, who often share risk factors for violence and abuse (Falb et al., 2020). For example, existing literature shows that women and children with disabilities are at increased risk of violence and maltreatment in the home (Jones et al., 2012; Van der Heijden & Dunkle, 2017), which is further exacerbated in situations of conflict or displacement (Guedes et al., 2016; Rubenstein et al., 2020). Focusing on family functioning would therefore allow for programming to address other drivers of discrimination and abuse within the broader family sphere.

Programmatic Reflections

Ultimately, these findings, particularly from the views of women, point to considering asset-based approaches which focus on family functioning as a key outcome to be a potential positive and productive way forward to theoretically bring together IPV and VAC fields. This was operationalized within the current program as improving communication, shared financial decision-making, creating equitable family roles and responsibilities, etc. together with a shift in gender attitudes, improved power balance, and reduced acceptability of violence. Additionally, such a pivot to strengthening families was a responsive approach during the development of Safe at Home programming as men, women, and families in the communities voiced preference for such an approach. Similar programs that are designed with positive framing and outcomes around family wellbeing may be promising to increase engagement and retention, particularly for fathers, with potential secondary impacts on reducing co-occurring violence in the home (Betancourt et al., 2020; Panter-Brick et al., 2014; Siu et al., 2017; Veale et al., 2020).

The use of family functioning as a primary outcome should not minimize commitments to women and children. Accountability may be achieved by directly incorporating women and children's voices into community sessions and should remain central to any engagement on violence against women and/or children. Additional care must also be taken to acknowledge and address other identities that may lead to increased risk of violence in shared efforts. For example, even in conflict settings, women, girls, and boys with and without disabilities (Catani, 2010; Parcesepe et al., 2016; Rubenstein et al., 2020), and children with disabilities (Scolese et al., 2020; Van der Heijden &

Dunkle, 2017), are at the highest risk of violence within their homes, requiring specialized response services.

Considering how family functioning relates to co-occurring VAW/VAC in the home has further advantages beyond retention, as it can help overcome theoretically different approaches for targeting within a program. Specifically, the Safe at Home program currently under evaluation was developed through a deeply integrated approach of layering IRC's Engaging Men for Accountable Practice (EMAP), a gender transformative male engagement approach previously trialed in DRC aimed at reducing IPV, (Vaillant et al., 2020) and Parents Make the Difference/Happy Families, which serve as IRC's cornerstone parenting programs to reduce harsh discipline (Puffer et al., 2015, 2017) previously trialed in Liberia and Thailand, respectively. The Safe at Home program brings together women and men for individual sex-segregated sessions, couple sessions, and family sessions with their children. Neither approach that was foundational to the development of Safe at Home was prioritized over the other nor was the outcome of IPV or child abuse prioritized over the other. However, both independently and jointly drove towards improvement in family functioning and a potential reduction in co-occurring violence in the home, while also offering single-sex groups with gender-matched trained facilitation for deep transformational work for men and supportive environments for women. The individual EMAP and parenting approaches also touched upon the constructs of gender inequitable attitudes, harsh discipline, power sharing, and positive parenting, which were further deepened in Safe at Home and allowed for a fully integrated theory of change presented in Figure 1 that was grounded in feminist understanding of power imbalances of gender, age, and other social identities within the home. The Safe at Home program was then developed in collaboration with practitioners from DRC and piloted. The pre-posttest results demonstrated promise, along with highlighting areas for improvement. Subsequently, the program was slightly revised to address these issues and is the current version of the program under evaluation in the present study.

In addition to solidifying a theory of change with the primary outcome of family functioning, this approach also clarified and overcame challenges around the potential target of Safe at Home. For instance, IRC's Women's Protection and Empowerment programming maintains a fundamental principle of not engaging perpetrators of violence in order to affirm a stance towards survivor-centered approaches and ensuring resources are focused on women, which is particularly important when an organization concurrently provides case management services to women. However, challenges may arise in this approach, as exemplified in a previous EMAP trial in eastern DRC which sought to engage men to improve their gender equitable attitudes and relationships. While intended to be a primary prevention program where non-violent men become change agents to mobilize other men to end VAW, nearly

60% of the baseline sample had perpetrated IPV against their female partners in the past year. The implications are that the programmatic targeting approach and programmatic theory of change did not match the realities of violence perpetration and patterns. In this case, in the intent-to-treat analyses, while there were significant improvements in gender equitable attitudes and other secondary impacts, there were overall null impacts on IPV prevention or cessation (Vaillant et al., 2020).

Simultaneously, IRC's parenting programming does not explicitly conceptualize caregivers as "perpetrators" and often seek to improve parenting behaviors regardless of previous history of abuse, while ensuring high-risk children receive appropriate support and referrals for case management. The focus on family functioning as a primary outcome of Safe at Home allowed practitioners to overcome some of these targeting and screening challenges to focus on families, men, women, and children who wanted to improve their family wellbeing. Practically, this meant some acknowledgment that families fell on a continuum regarding power, attitudes, and behaviors. Throughout implementation, attention to high-risk children and survivor needs were a critical component of the program, alongside deepened response services with community-based organizations.

Limitations of the analyses must be kept in mind. First, participants volunteered to participate in the Safe at Home program and may not be representative of the full communities. For example, in eastern DRC, polygamy is common but these family structures were outside of the scope of the current Safe at Home iteration given potential increased complexity of programming approaches. Second, our measures are cross-sectional in nature and temporality is difficult to establish. Further longitudinal research should be conducted to unpack these measures, alongside intersectional risks of diverse individuals within the home. Third, sensitive measures may be subject to under-reporting due to social desirability bias. Finally, while children's perspectives were captured as part of the monitoring and evaluation of the program, the voices and perspectives of children are absent from the research component given financial constraints and ethical considerations, but future analyses should include their perspectives through qualitative and other quantitative measures.

In conclusion, family functioning and the co-occurrence of IPV and child abuse are highly correlated for women in conflict-affected communities in North Kivu. A focus on improving family functioning, alongside explicit targeting of harmful gender norms and skills-based approaches, may be a fruitful avenue to integrate approaches from different fields while prioritizing a strong dedication to feminist-grounded approaches that allows for separate, but at times combined, approaches to reducing IPV and child abuse in the home. Future longitudinal research is needed to investigate how and for whom different forms of violence in the home may change through an ecological and feminist understanding of violence.

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ORCID iD

Kathryn Falb  <https://orcid.org/0000-0001-8254-3364>

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Author Biographies

Kathryn Falb, ScD, is a social epidemiologist focusing on understanding what works to prevent violence against women and children and leads the International Rescue Committee's violence research portfolio.

Alexandra Blackwell, Master of Public Health, is Violence Research Coordinator at the International Rescue Committee.

Jean De Dieu Hategekimana Ndiyunze has a Bachelor's degree in Development Management and is Supervisor for the Women's Protection & Empowerment Program with the International Rescue Committee.

Danielle Roth, MA in International Development, supports International Rescue Committee's work in family violence prevention and response.

Meghan O'Connor, MA is a social worker by training and serves as Senior Technical Advisor for the Violence Prevention and Response Unit at the International Rescue Committee.