

SAFE_{AT} **HOME**

MODULE 1



Introduction to Safe at Home

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WHAT IS SAFE AT HOME?

Safe at Home is the first integrated protection program model designed for humanitarian settings. It aims to improve family wellbeing by addressing co-occurring forms of violence within the home. It includes violence prevention and response approaches across two overarching modules. *The Women and Children Safe at Home* module aims to prevent and respond to co-occurring intimate partner violence (IPV) and child maltreatment. *The Women and Children with Disabilities and Older Persons Safe at Home* module aims to prevent and respond to family violence among populations at higher risk, including women and children with disabilities and older persons. The prevention approach combines gender transformative group processes aimed at unpacking unequal power relations with knowledge and skills development; it is grounded in feminist and child development theory. Safe at Home response builds upon best practices in each of the protection thematic areas including gender-based violence, child protection, and protection and rule of law. The response frameworks require collaboration across teams and offer a way forward that respects and builds upon the principles and practices of each protection thematic area.

WHY IS SAFE AT HOME NEEDED?

Until recently, the humanitarian community has largely focused on family violence as separate and distinct interventions for women and children. While stand-alone programming can be effective, at-risk women and children do not experience violence in isolation. For example, women and children may experience violence occurring at the hands of the same perpetrator within the home or the consistent use of violence against a female partner may normalize violence and lead to child maltreatment. Children may witness or be hurt in situations of IPV, leading to secondary trauma and other negative, life-long effects, including becoming abusers and victims themselves. Additionally, violence is experienced in different ways by different people in the home and a person's multiple identity characteristics (for example being a child and a person with a disability or being an older person and a woman) affect the risk, frequency, and severity of violence. Women with disabilities, children with disabilities, and older persons are at heightened risk of family violence. Support is needed to prevent family violence from happening in the first place and to assure that existing services are accessible and inclusive for diverse groups of people. Recognizing the converging nature of violence within the home and supported by evidence of shared risk factors and social norms, the Safe at Home program model works at this intersection to make families safer and communities resilient in the face of conflict and disasters.

SAFE AT HOME RESOURCE SNAPSHOT

01 | INTRODUCTION

All you need to know about implementing Safe at Home

02 | WOMEN AND CHILDREN SAFE AT HOME

Part 1: Setting up the Safe at Home Program

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Part 2: My Facilitation Guide

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Part 3: Safe at Home Women's, Men's, and Family Curricula

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Part 4: Safe at Home Monitoring and Evaluation

.....

Part 5: Training Guide

**Safe at Home: Response Guidance
for Co-Occurring Intimate Partner Violence
and Child Maltreatment**

03 | WOMEN AND CHILDREN WITH DISABILITIES AND OLDER PERSONS SAFE AT HOME

Part 1: Planning for the Inclusion Curricula

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Part 2: My Facilitation Guide

.....

Part 3: Five distinct prevention curricula addressing stigma and discrimination towards women and children with disabilities and older persons

.....

Part 4: Inclusion Monitoring Tools

.....

Part 5: Training Guide

**1. Guidelines for Integrating an Older Age Lens
into an Existing Case Management Response**

2. Easy Read Case Management Tools

04 | SAFE AT HOME LEARNING

Research and learning on family violence

SAFE AT HOME PROGRAM FRAMEWORK

IMPACT: Women are equal in power to men in their home, while being valued, respected, and safe; Children are safe, valued equally, and have voice and agency in the home.



Survivors of IPV and child maltreatment access appropriate services in a safe and timely manner.



Women face reduced risk of experiencing physical, emotional and sexual IPV.



Children face reduced risk of experiencing physical and emotional maltreatment from caregivers.



Family members make shared decisions, support each other in adapting to changes, and persevere through challenges.

CHANGE IN BEHAVIOR

Women, children, and older persons seek services after experiencing IPV, child maltreatment, violence, abuse, and neglect.

Caregivers demonstrate positive gender-transformative parenting techniques with their children.

Men do not use physical, emotional, or sexual violence against female intimate partners.

Peer groups of participants do not blame women, children, or older persons for violence and support their access to services and safety.

Men and women feel respected and valued in their intimate partner relationship.

Caregivers do not use physical and emotional violence against children or older persons in the home.

CHANGE IN KNOWLEDGE, SKILLS

- Men and women have knowledge of positive gender-transformative parenting techniques.
- Caregivers have knowledge of disability and age-specific violence.
- Caregivers have knowledge of child development and positive and empathetic communication techniques.
- Men and women possess strategies for self-regulation, stress reduction, and emotional management.

CHANGE IN ATTITUDES

- Male and female intimate partners respect each other and value each other's opinions.
- Men and women condemn use of physical, emotional, and sexual IPV in the home, and do not blame survivors of IPV.
- Caregivers condemn use of physical, emotional, and sexual violence against women and children with disabilities and older persons.
- Caregivers condemn use of physical and emotional child maltreatment in the home, and do not blame children for mistreatment.

CHANGE IN ENVIRONMENT

- Participants' peer groups support masculinities based on nonviolence; use of non-violent discipline; and mutual respect in the home between intimate partners, parents, children, and older persons.
- Participants' peer groups support help-seeking for survivors of violence.
- Participants' peer groups support use of self-regulation and positive coping techniques.
- Women and children have expanded social support networks.

Response: Service providers accurately identify co-occurrence of IPV and child maltreatment in the home.

Response: Service providers do not blame women, children, or older persons who have experienced violence.

Response: Service providers deliver client-centered, respectful and empathetic support for cases of co-occurring IPV and child maltreatment, and cases of violence, abuse and neglect of older persons.

OUTPUTS	
Level of Socio-Ecological Model Targeted: Individual	Prevention: Weekly gender-segregated integrated curriculum on IPV and child maltreatment in the family completed with male and female intimate partners. Optional sessions on violence, disability, and age. Response: Child-centered case management services conducted with families that disclosed child abuse during programming. Survivor-centered case management services available. Case Management services supportive for older persons.
Level of Socio-Ecological Model Targeted: Relational	Prevention: Monthly family activities on enjoyment of recreational time, non-violent conflict resolution, decision-making, communication, and parenting skills.
Level of Socio-Ecological Model Targeted: Community	Prevention: Local community awareness and social norms-change activities including content that addresses family violence (IPV and child maltreatment). Response: Service providers are trained to recognize co-occurring IPV and CM in the home and provide client-centered, respectful and empathetic support to survivors. Service providers are trained to better support older persons experiencing violence, abuse, and neglect.

ACTIVITIES	
Level of Socio-Ecological Model Targeted: Individual	Prevention: Train facilitators to implement integrated, gender segregated IPV, and child maltreatment curriculum focused on positive parenting techniques, power and accountability, age and disability related social exclusion.
Level of Socio-Ecological Model Targeted: Relational	Prevention: Train facilitators to facilitate once-monthly family activity meant to address topics related to non-violent conflict resolution, decision-making, communication, and parenting skills.
Level of Socio-Ecological Model Targeted: Community	Prevention: Engage local social networks on family violence to address social norms such as use of violent discipline, gender roles, victim-blaming, and accessing services. Response: Provide ongoing support to case management staff in providing services to survivors of family violence.

INPUTS: Funding | Staff with expertise in violence against women, violence against children, violence against older persons and people with disabilities, prevention, response, and research | Institutional knowledge from previous research and programming | Established presence in conflict and displacement-affected communities | Existing service provision to women and children |

WHAT IS THE EVIDENCE TO SUPPORT THIS APPROACH?

Global estimates suggest that a staggering 1 in 3 women will experience violence at some point in their lives¹ and half of all children around the world have reported some form of violence or abuse.² Globally, 26% of all women have experienced violence by an intimate partner, and 38% of murders of women are committed by a current or former intimate partner.³ Violence in the home is the most common form of violence against girls and boys. Four out of five children between the ages of 2–14 experience violent discipline, and 70% of children face threats, intimidation, ridicule, and verbal or emotional abuse in the home.⁴

In humanitarian contexts, violence against women and children may be even higher due to the stressors of displacement, active conflict, and the breakdown of family units and legal systems, which ordinarily serve as protective structures.⁵ These forms of violence have been linked with a wide range of negative outcomes that are often shared between women and children survivors, including poor mental health, physical health issues, reproductive health problems, developmental delays for children, and perpetuation of the cycle of disability and poverty.⁶

Recent evidence suggests that these forms of violence often co-occur within the home and share similar risk factors such as social norms that condone violence, male power in the home, weak legal sanctions against violence, or harmful use of alcohol or drugs.⁷ Men who perpetrate violence against their intimate partners are at higher risk of perpetrating abuse against children.⁸ Evidence also points to converging drivers of violence,⁹ indicating that violence prevention programs need to tap multiple levers of change to be effective.

Further, while violence against women (VAW) and violence against children (VAC) may often occur simultaneously in a household,¹⁰ evidence also demonstrates that experiences of violence in childhood can lead to later perpetration and victimization.¹¹ For example, witnessing parental IPV among boys is associated with a near three-fold increased risk of perpetrating IPV as an adult.¹² Increased odds of perpetration of IPV have also been found for men who experienced abuse or neglect as a child.¹³ For women, witnessing parental IPV in childhood or experiencing child abuse has also been linked to increased odds of experiencing IPV as an adult.¹⁴ Robust evidence also demonstrates that adverse experiences during childhood have long-term impacts via neurological,¹⁵ epigenetic, and social pathways and are associated with poor physical and mental health,¹⁶ lower academic achievement, criminal behaviors in adulthood,¹⁷ and reduced economic earnings.

IPV, child maltreatment and other forms of family violence may also increase as age, gender, and disability status interact to create unique risks.

The data on women and children with disabilities and older person's experience of violence in global majority countries is sparse. Globally, women with disabilities are more likely to experience physical, sexual, economic, and emotional IPV than women without disabilities while women with moderate or severe disability are more likely to experience any form of IPV than women without disabilities.¹⁸ Children with disabilities experience violence four times more frequently than children without disabilities,¹⁹ and they are more likely to be injured or harmed than children without disabilities.²⁰ Children with intellectual disabilities experience more severe child maltreatment.²¹ Older people experience violence, abuse, and neglect at high rates. For example, in Bangladesh, 88% of older people in one study reported psychological abuse, 83% reported neglect, 54% reported economic abuse and 40% reported physical abuse.²² Older women may experience changing forms of violence as they age and may have a history of repeated violence victimization over the life course.²³ Global prevalence of abuse of older women is estimated at 14.1% in the past year, with psychological violence as the most prevalent form.²⁴

WHAT IS THE SAFE AT HOME PROGRAM IMPLEMENTATION MODEL?

Organizations interested in implementing Safe at Home may choose from different implementation modalities based upon interest, budget, availability of participants, risks specific to their contexts, etc. Implementation modalities are described below.

1. Safe at Home Foundations Curricula: Individual-Level Behavior Change Program

The Safe at Home Foundations Curricula involve a community-based strategy for building family wellbeing and addressing IPV and child maltreatment.

The implementation model generally includes dedicated staff persons who support community facilitators to lead gender-segregated male and female discussion groups of no more than twenty-five participants over a period of at least six months. Participants are members of couples. The discussion groups are held on a weekly basis, in safe spaces, for approximately three hours. Sex-segregated discussion groups are complemented by five family sessions, where participants come together once a month to a couple- or family-focused session dedicated to building and practicing key family relationship skills.

2. Safe at Home Foundations Curricula + Safe at Home Inclusion Curricula

Specific family members, by nature of their identities or life experiences, may be at increased risk for violence by their family members. Addressing family violence for at-risk populations is important and may be added into the Safe at Home Foundations Curricula. Optional Inclusion Curricula have been developed to address prevention for specific at-risk populations. Available curricula focus on (1) Preventing Violence against Women and Girls with Disabilities, (2) Preventing Intimate Partner Violence through the Life Course, (3) Inclusive Parenting, (4) Preventing Violence, Abuse, and Neglect of Older Women and Older Men, as well as (5) a core concepts module on disability inclusion and diversity called Introduction to Human Diversity and Disability Inclusion: The Rainbow Within Us All. Individual sessions also exist to complement the Safe at Home Foundations Curricula and these focus on preventing early and forced marriage and alcohol and substance abuse.

3. Safe at Home Inclusion Curricula only

Although it is recommended to implement the Safe at Home Foundations Curricula first, followed by the Inclusion Curricula, this may not always be possible. Safe at Home Inclusion Curricula (listed under number two above) may be implemented as stand-alone, but implementation must be done in partnership with organizations of persons with disabilities and/or older person serving organizations in the context.

4. Safe at Home Response

The Safe at Home program has developed several response frameworks and tools that can be piloted along with the prevention curricula or separately. They include:

- Safe at Home: Response Guidance for Co-Occurring Intimate Partner Violence and Child Maltreatment
- Guidelines for Integrating an Older Age Lens into Existing Case Management Response
- Easy Read Case Management Tools

IS SAFE AT HOME RIGHT FOR MY CONTEXT?

The table below describes the necessary prerequisites to Safe at Home implementation.

SAFE AT HOME REQUIREMENTS AT A GLANCE	
Service Provision	☑ Quality child protection (CP) AND gender-based violence (GBV) case management services available in project sites
Staffing	☑ At least 4 dedicated staff members ☑ Staff trained in CP and GBV core concepts ☑ For Inclusion Curricula, staff trained in disability inclusion ☑ GBV and CP Managers interested in collaboration and joint learning with shared decision-making and responsibility for program implementation
Context Considerations	Foundations Curricula ☑ Prolonged humanitarian contexts, stable populations, development settings ☑ Couples available to participate in 2–3-hour meetings once a week for 6–8 months ☑ Couples with children 6–12 years old ☑ Safe spaces (gender segregated) available for community discussion groups Inclusion Curricula ☑ Community members available to participate in 2–3-hour meetings for at least 8 weeks ☑ Involvement of organizations of persons with disabilities and older person serving organizations ☑ Safe spaces (gender segregated for GBV-related content) available for community discussion groups
Funding	☑ Multi-year funding
Program Experience	☑ Prior experience implementing CP and GBV programming, for example prior experience in programming to engage men for the promotion of gender equality, positive parenting, and community-level social norms change

SAFE AT HOME CORE PRINCIPLES

Evidence-Based

The Foundations Curricula are built from two IRC program approaches that have been tested and demonstrate impact. They include [Engaging Men in Accountable Practice](#) and [Families Make a Difference](#). Safe at Home combines these two approaches in a life-course framework to address the social norms and shared risk factors for the co-occurrence of IPV and child maltreatment.

Safe at Home Inclusion Curricula respond to the evidence base,²⁵ which has highlighted high levels of stigma and discrimination experienced by women and children with disabilities as well as a reduction in help-seeking. Evidence also suggests global prevalence of ageism whereby one in two people hold stereotypes and prejudices or enact discriminatory behaviors toward older people globally.²⁶

Power-Focused

Unequitable power relations form the basis for violence perpetration within families. All Safe at Home content works to deconstruct power relations, unpack privilege, and hold participants accountable for their use of power. A power focus also means looking at systems of power and oppression that play out through an individual's experience of their world. This means attention to the "-isms"—such as ableism, racism, sexism, and ageism—and how they interact to shape individual experience of violence.

Feminist

Family violence is rooted in patriarchal culture. Patriarchal culture is a set of social roles, responsibilities, norms, and practices that are born from power inequity, where men have systematic and socially acceptable power and control over women and children. In patriarchal culture, men are valued above women and children with and without disabilities and may use power and privilege to enact violence. Safe at Home supports a transformation of gender relations and promotion of gender equality.

Child-Development-Focused

Parents and caregivers need skills and tools to implement positive discipline. Orienting these skills and tools within an understanding of child development is essential for caregivers' knowledge, attitude and behavior change.

Accountable

Safe at Home aims to center the voices of women, children, and older persons with and without disabilities. This includes a dedicated accountability mechanism in the Foundations Curricula and collaboration with representative organizations in the implementation of the Inclusion Curricula.

Inclusive

Knowing that family violence risk factors vary substantially, the program model strives to include diverse groups of people in family violence prevention and response. This means assuring accessibility of programming for individuals with and without disabilities as well as planning for reasonable accommodation for persons with disabilities. It means asking, "What barriers can I remove so that everyone can participate in this programming equally?"

Collaborative

Safe at Home requires collaboration between protection thematic areas for implementation (e.g. collaboration between GBV and CP actors). It requires these actors, typically siloed, to break down barriers and to begin to understand each other's operating principles in order to work together for holistic support to families.

STRENGTHS AND LIMITS OF THE SAFE AT HOME APPROACH

- **Safe at Home training cannot be shortened to less than 18 days.**

The 18-day training for Safe at Home Foundations Curricula cannot be shortened. Given the nature and depth of content, shortening the training will limit assimilation of the knowledge, skills, attitudes, and behaviors needed from Safe at Home facilitators and risks sending facilitators into communities where they may do actual harm. If the funding does not support the number of training days, a different programming approach should be considered such as Engaging Men in Accountable Practice (EMAP) or Families Make a Difference (FMD).

- **Safe at Home is not intended to correct/reduce IPV perpetration in couples.**

Programming that works with perpetrators has shown limited results. The Safe at Home program framework focuses on primary prevention as a more effective strategy, aiming to build a cadre of gender-transformed men who are role models for their peers in their communities.

- **Safe at Home is not intended to be implemented with polygamous couples.**

Working with polygamous households to address violence against women and children is important. However, because this approach engages both male and female household members (couples), it risks doing harm in polygamous families.

BUDGETING FOR SAFE AT HOME

Required Budget Elements:

- At a minimum, the Safe at Home core team should include four to five dedicated staff at 100% level of effort. The number of staff would increase depending on the scope (# of groups and sites).
- Support for ongoing CP and GBV service provision, as well as Protection service provision (Inclusion Curricula)
- Two-to-three-day curriculum contextualization workshop (**recommended, not required**)
- 18-day training of staff and/or facilitators implementing the Safe at Home Foundations Curricula
- Three-to-five-day training for Inclusion Curricula, depending on which curricula are selected
- Printing (curricula, feedback forms, attendance sheets, etc.)
- Stationary
- Information education and communication (IEC) materials to reflect local context
- Transport costs for facilitators
- Budget to support reasonable accommodation of participants with disabilities (transport, interpretation, support person, etc.)
- Equipment: printer, portable projector, computers for program staff

Supplemental Budget Elements:

- Translation of curricula and relevant documents to local language
- Safe Space rehabilitation (including accessibility considerations)
- Refreshments during group discussions
- Certificates of participation
- Raincoats and umbrellas for facilitators
- Hats, bags, and other program-related gifts for facilitators and/or participants

GLOSSARY OF TERMS

Co-occurrence: Multiple forms of violence happening within the home at the same time. These forms are violence share common risk factors and drivers.

Family Violence: Co-occurring violence against women, children, and at-risk populations within the home, perpetrated by family members. It may include intimate partner violence, abuse, and neglect of older persons. Family violence is driven by embedded, socially reinforced power inequity, stemming from patriarchal culture and perpetuated by a variety of risk factors unique to each family's circumstances.

Intimate Partner Violence: Behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.²⁷

Child Maltreatment: Abuse and neglect of children under 18 years of age. It includes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power.²⁸

*More specific terms related to disability and older age inclusion can be found in the relevant guidance.

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