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How the Indashyikirwa Intimate Partner Violence Prevention Programme in Rwanda Influenced Parenting and Violence against Children

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Abstract

There is increasing interest in working at the intersections of intimate partner violence (IPV) and violence against children (VAC), especially in the family, yet few programmatic strategies exist or have been evaluated to assess the combined impact of strategies on both types of violence. This paper addresses this gap by exploring the influence that *Indashyikirwa*—a programme designed to reduce IPV in Rwanda— had on VAC in the families of couples participating in the programme. *Indashyikirwa* included a 21-session couples' curriculum, safe spaces for IPV survivors, and community activism against violence. In addition to reductions in IPV, a randomized control trial found significant reductions in parent's reports of children witnessing IPV, parents' attitudes condoning harsh physical punishment of children, and parents' use of corporal punishment as discipline. This paper uses qualitative data to better understand how and why the couples' curriculum influenced parenting and VAC. Twenty-eight participants (fourteen male-female couples) were individually interviewed at three time points, once before and twice after the couples' curriculum implementation. Six men and six women who completed the curriculum and subsequently carried out activism were also interviewed at two time points. The data were analyzed thematically. Pathways motivating couples' attitude and behavior changes towards children included reflecting on the consequences of IPV for children and appreciating the benefits for children of non-violent, gender equitable households. This analysis suggests that working with co-habiting couples presents a viable strategy for working to prevent IPV, VAC and promote more gender equitable family dynamics.

Keywords Intimate partner violence · Violence against children · Gender norms · Parenting · Program evaluation

Background

Intimate partner violence (IPV) has long-term physical, mental, social, and economic consequences for women and their children (Ellsberg et al. 2008). Children who witness IPV against their mothers can suffer negative health and social outcomes in later life on par with children who are directly abused (Guedes et al. 2016). Exposure to IPV can have detrimental effects on children's mental health and socio-emotional development (Mueller and Tronick 2019). At the household level, IPV can lead to chronic stress; poor child health; and disruptions in economic security, social support and access to health care (Guedes et al. 2016). The presence of IPV in households can increase children's risk of experiencing harsh physical discipline, abuse, and neglect (Hamby et al. 2010).

Witnessing violence and experiencing harsh physical punishments in childhood are also strong risk factors for experiencing future IPV (among women) and perpetrating IPV (among men) (Fulu et al. 2017). The learned use of

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violence to resolve interpersonal conflicts, and normalization of men's use of power over women, may contribute to this intergenerational transmission of violence risk (Ehrensaft et al. 2003). Social learning theory suggests that the family and community environment a child is exposed to helps them develop normative attitudes and behaviors that are carried into adulthood (Lee et al. 2013). As Digolo et al. 2019 (p.2) emphasize, "the family is crucial for learning core values, skills, behaviours and norms—it is where children first get exposed to gender-related roles and norms, notions of fairness and acceptable behaviour, and learn how to relate to others and resolve conflicts." Exposure to violence in childhood can also affect neurodevelopment and a child's ability to manage stress and regulate emotions (Mueller and Tronick 2019), which can contribute to the risks of aggressive behaviours and future IPV.

IPV and violence against children (VAC) can be justified by those involved and sustained by social and gender norms (Kenny and Cislighi 2019), including that women should undertake domestic and care work and be obedient to male authority; that men and parents have the right to 'discipline' women and children respectively; and that family privacy must be upheld at all costs. As a result, both IPV and VAC prevention strategies rely on gender transformative approaches to shift or transform inequitable gender norms including through community activism, working with couples, or parenting and caregiver support programmes. Overall, there is growing appreciation of the various ways IPV and VAC intersect, including their co-occurrence in the family; their grounding in shared risk factors and social norms; and the contribution of childhood exposure to violence towards increased likelihood of intergenerational transmission of abuse (Fulu et al. 2017; Guedes et al. 2016).

Efforts to prevent IPV alongside prevention of maltreatment and harsh punishment of children in the family can thus reduce the immediate, harmful effects of violence, while simultaneously disrupting the cycle of violence for future generations (Digolo et al. 2019). Positive parental relationships and fathers' modeling of respect, non-violence and care, can interrupt the intergenerational transmission of violence (Van der Gaag et al. 2019). Although there have been increasing calls for violence prevention research to track IPV and VAC and assess patterns and intersections of both forms of violence (Fulu et al. 2017), research and programming efforts to understand and address IPV and VAC often occur separately or in silos. This limits our understanding of strategies that effectively prevent both types of violence (Guedes et al. 2016).

Current Study

This paper addresses this gap by assessing the influence of the *Indashyikirwa* IPV prevention programme in Rwanda on parent's treatment of children and use of VAC. *Indashyikirwa*

(meaning 'agents of change' in Kinyarwanda) was funded by the Department for International Development (DFID) Rwanda and implemented by CARE International in Rwanda, Rwanda Women's Network (RWN) and the Rwanda Men's Resource Centre (RWAMREC) from August 2014 through August 2018 (inclusive of a 14-month inception period). The programme was rigorously evaluated, using both qualitative and quantitative methods, as part of the What Works to Prevent Violence against Women and Girls Global Programme.¹ Although reduced IPV was the focus of *Indashyikirwa* and the primary outcome of the accompanying community randomized controlled trial (cRCT), children's exposure to parental IPV and their experience of harsh physical punishment were included as secondary and exploratory outcomes, respectively (ClinicalTrials.gov: NCT03477877). The cRCT demonstrated that the *Indashyikirwa* couples' curriculum significantly reduced women's experiences of IPV and men's perpetration of IPV (for more details see Dunkle et al. 2020). It further found that women (adjusted risk ratio [aRR]: 0.34; 95% CI: 0.26, 0.45, $p < .001$) and men (aRR: 0.21; 95% CI: 0.16, 0.29, $p < .001$) who received the intervention reduced their endorsement of physical discipline in raising children. Parents in the treatment group also reported a significantly reduced frequency of smacking or beating children in the home compared to the control group (women: aRR: 0.46; 95% CI: 0.31, 0.68, $p < .001$; men: aRR: 0.54; 95% CI: 0.38, 0.75, $p < .001$). Among women who reported physical or sexual IPV, women in the treatment group had 67% lower odds of reporting that their children witnessed IPV (aRR: 0.33; 95% CI: 0.20, 0.54, $p < .001$) as compared to women in the control group (Dunkle et al. 2020). These benefits were present at both the 12-month interim assessment and the final 24-month assessment. It is important to note that the vast majority of couples who participated in the curriculum were parents, with 91.2% of participants at midline and 91.4% at endline reporting children living in the home with them.

This paper uses data from the accompanying qualitative evaluation to better understand how and why the *Indashyikirwa* programme generated these benefits for children. We assess the mechanisms that influenced participants' attitudes and practices towards their children, and how this was related to the couples' curriculum content and delivery. In so doing, we contribute to the evidence base around programmatic strategies to address IPV and VAC and highlight the potential of couples' programming to promote healthier and more gender equitable family relationships.

Rwandan Setting

In the last few decades, Rwanda has witnessed a significant growth of policies, laws, and programmes supporting the rights of women and children, including to prevent and respond to domestic violence. Nonetheless, IPV and VAC in

¹ www.whatworks.co.za

the household remains highly common. The 2014/2015 Rwanda Demographic and Health Survey (DHS) found that one third of women (31%) reported a lifetime prevalence of physical IPV, 12% reported any sexual IPV, and 27% reported any emotional IPV (NISR 2017). A survey of over 2000 children and young people in Rwanda found that half of all girls and six out of ten boys experienced violence during childhood, and that physical and emotional violence was most often committed by a parent or caregiver (Rwandan MoH 2017). Despite important advances in women's political and work opportunities, provider and caregiving roles continue to be highly gendered. The 2010 IMAGES survey in Rwanda found that more than 50% of women and 57% of men said that men should earn more than women, and 73% of men and 82% of women agreed that a woman's most important role is to take care of her family (Slegel et al. 2013). Women who do work outside of the home tend to face a double burden of work and domestic obligations (Thomson et al. 2015).

The Indashyikirwa Programme

The *Indashyikirwa* programme aimed to reduce experiences and perpetration of IPV, shift social norms and attitudes condoning IPV, and provide more empowering responses to IPV survivors. The programme was implemented across 14 sectors,² in seven districts in Eastern, Northern and Western provinces of Rwanda, in predominantly rural, widely dispersed communities. The programme had four main components: (1) Participatory 21-session training over 5 months with couples (couples' curriculum) married or living together for at least 6 months drawn from CARE's micro-finance village savings and loan associations (VSLAs); (2) Community-based activism with a sub-set of trained couples following a 10-day activism training; (3) Direct support to survivors of IPV through women's safe spaces; and (4) An initial 10-day training and ongoing engagement of opinion leaders including religious leaders, service providers and local leaders, to support an enabling programme environment. Further details about all programme elements can be accessed elsewhere (Stern et al. 2018).

Given the positive impacts of the couples' curriculum³ on children demonstrated by the cRCT, we focus on this programme element for this paper. The curriculum was designed to help couples transform power imbalances in their lives and relationships, equip couples to critically identify and manage triggers of IPV, and build skills for equitable, non-violent relationships. The curriculum moved incrementally from knowledge, and attitudes, through to skills and actions to prevent and respond to IPV. One of the fundamental concepts of

the curriculum and overall programme is fostering positive types of power [power to, power within, power with] and reflecting on the consequences of negative types of power [power over]. The curriculum covered power and gender; rights and realities; causes, consequences, and managing triggers of violence including alcohol use, jealousy and economic inequalities; gender roles in the household; foundations of healthy relationships; introduction to activism and providing empowering responses to survivors of violence (Stern and Nyiratunga 2017). The training included take-home exercises for couples to consolidate and strengthen their learning.

Although there were no dedicated sessions on parenting or VAC in the couples' curriculum, there was content throughout that encouraged couples to apply insights from the exercises to their children. Couples were asked to reflect on the consequences of IPV for children, and to consider what observing violence might teach children about relationships between men and women. For example, the sessions on gender roles encouraged participants to reflect on what messages they were sending to their children about the relative value of girls versus boys. Rights of children were explicitly discussed, including the 1999 Inheritance and Succession Law, which grants equal inheritance rights to male and female children of civil marriages. Participants were also asked to consider the benefits of reduced IPV for families and communities, including on the quality of parent and child relationships. In addition, the lessons on communication and conflict resolution skills, and the uses of positive and negative forms of power, asked participants to critically reflect on and apply these relationship skills with their children.

After the couples' curriculum, 420 individuals (approximately 25% of participants) were identified to carry out community-based activism for the remaining programme duration, based on an activism strategy adapted from the SASA! programme established by Raising Voices. Selected activists participated in a 10-day training covering activism skills and how to use "problem posing" pedagogy rather than lecturing. All activists were offered ongoing support through monthly meetings with programme facilitators. The perspectives of these activists are included in this paper as they all originally completed the couples' curriculum.

Methods

Data Collection

Alongside the cRCT conducted with couples who participated in the programme (Dunkle et al. 2020), longitudinal qualitative research was conducted in three intervention sectors chosen to represent rural, small urban, and peri-urban locations (Rurembo Sector, Western Province; Gishari Sector, Eastern Province; and Gacaca Sector, Northern Province). Before the

² Sectors are the third level administrative sub-division in Rwanda. The Rwandan provinces are subdivided into 30 districts, which are divided into 416 Sectors. Sectors are further divided into 2148 cells.

³ The couples' curriculum can be accessed at: <https://www.whatworks.co.za/documents/publications/curricula/268-couple-curriculum-05-09-2018/file>

programme was implemented, 15 couples – five in each of the three sectors – were recruited from the list of couples who had volunteered for the Indashyikirwa couples' curriculum. A convenience sample was applied, approaching couples sequentially until enough couples agreed to participate. The research team purposively selected an equal mix of formally married and cohabiting couples, as this was hypothesised to potentially influence risk and protective factors for IPV (Stern and Mirembe 2017). Basic demographic information for the couples interviewed corresponding with anonymous codes can be found in Table 1. The age range of couples was between 25 and 45 years at the time of the endline interviews. All of the couples interviewed, apart from one, reported children living in the home with them at the baseline interview. The couple without children identified this as a major source of conflict, given the salient social expectations for cohabiting couples to have children.

Thirty participants from 15 male-female couples were individually interviewed in November 2015, after enrolling but before starting the curriculum. The interviews followed an open-ended topic guide and asked participants what motivated their involvement and their expectations of the programme. The interviews explored areas related to the curriculum including gender roles, quality of communication, household decision-making, relationship difficulties and conflict, attitudes towards or experiences of IPV. Participants were asked if they had any children, their ages, and if they lived with them. Participants were also asked what expectations they have of each other, including around childcare.

Twenty-eight midline interviews were conducted with the same couples immediately after completion of the couples' curriculum in May 2016 (one couple moved to Uganda and dropped out of the study) and 28 endline interviews one year later in May 2017. Midline and endline interviews probed for

Table 1 Demographic information of couples interviewed

ID	Gender	Age (at endline interview)	Province	Marital Status	Relationship duration (years)	Number of Children in Household (at baseline interview)	Participated in Activist Training?
FC01W	Female	29	Western Province	Informally married	10	2	No
MC01W	Male	38	Western Province	Informally married	10	2	Yes
FC02W	Female	29	Western Province	Formally married	8	2	No
MC02W	Male	32	Western Province	Formally married	8	2	No
FC03W	Female	37	Western Province	Formally married	17	5	No
MC03W	Male	38	Western Province	Formally married	17	5	Yes
FC04W	Female	33	Western Province	Informally married	14	4	No
MC04W	Male	34	Western Province	Informally married	14	4	Yes
FC05W	Female	35	Western Province	Formally married	15	4	Yes
MC05W	Male	34	Western Province	Formally married	15	4	No
FC01N	Female	29	Northern Province	Formally married	8	2	Yes
MC01N	Male	37	Northern Province	Formally married	8	2	No
FC03N	Female	28	Northern Province	Informally married	5	1	No
MC03N	Male	30	Northern Province	Informally married	5	1	No
FC04N	Female	29	Northern Province	Formally married	9	2	Yes
MC04N	Male	30	Northern Province	Formally married	9	2	No
FC05N	Female	43	Northern Province	Formally married	22	5	No
MC05N	Male	45	Northern Province	Formally married	22	5	No
FC01E	Female	31	Eastern Province	Informally married	10	0	No
MC01E	Male	42	Eastern Province	Informally married	10	0	No
FC02E	Female	28	Eastern Province	Informally married	5	1	No
MC02E	Male	29	Eastern Province	Informally married	5	1	No
FC03E	Female	26	Eastern Province	Formally married	4	1	No
MC03E	Male	37	Eastern Province	Formally married	4	1	Yes
FC04E	Female	31	Eastern Province	Formally married	10	5	Yes
MC04E	Male	32	Eastern Province	Formally married	10	5	No
FC05E	Female	25	Eastern Province	Informally married	3	2	No
MC05E	Male	38	Eastern Province	Informally married	3	2	No

participants' experiences of the couples' curriculum and their related attitude and behavioural changes as a result of participation. This included whether couples had made any changes to their life as a couple and as a family. They were also asked about domestic role changes in the home, including around childcare. At endline, couples were asked whether changes had been sustained, whether there were further changes or if any new attitudes or behaviours had reverted to prior patterns. Eight of the 28 interviewees participated in the subsequent activism training and were engaged with activism activities throughout the programme.

Twelve additional individuals who were elected and trained as community activists after completing the couples' curriculum were also interviewed (two men and two women per sector). The first interviews were conducted in November 2016, after the activist training but before activist activities had begun; follow-up interviews were conducted in May 2018, shortly before the end of the *Indashyikirwa* programme. Activists for these interviews were recruited through RWAMREC staff. Trained qualitative researchers asked about their impressions of the activism training, what motivated them to become and continue as activists, whether they had faced any challenges doing activism, and how their activism efforts changed over time. At baseline and endline, activists were asked if they had made any changes in their life as a result of the programme, including in their relationships with their children. Basic demographic information of community activists interviewed can be found in Table 2.

Interviews lasted approximately 1–1.5 h. All participants were reimbursed for their time with a stipend of RWF 2000 (approximately 2 USD). Interviewing couples over three time points and activists over two time points provided the opportunity to build rapport between interviewers and interviewees and for participants to reflect on the short and longer-term impacts of the programme.

Table 2 Demographic information of community activists interviewed

ID	Gender	Province
MA01E	Male	Eastern Province
FA01E	Female	Eastern Province
MA02E	Male	Eastern Province
FA02E	Female	Eastern Province
MA01N	Male	Northern Province
FA01N	Female	Northern Province
MA02N	Male	Northern Province
FA02N	Female	Northern Province
MA01W	Male	Western Province
FA01W	Female	Western Province
MA02W	Male	Western Province
FA02W	Female	Western Province

Ethics

All participants were interviewed in Kinyarwanda by experienced, gender-matched, Rwandan qualitative researchers. Participants were interviewed at places they preferred and where they could have privacy. For ethical and safety considerations around interviewing couples, women and men were interviewed separately after giving their informed consent and were assured that their responses would not be shared with their partner. All interviewees were also offered the opportunity to be referred to the local women's safe space (which also provided some services for men) or to meet with the research team's dedicated counsellor. Approval to undertake the study was obtained from the Rwandan National Ethics Committee (RNEC) (REF: 340/RNEC/2015), the National Institute of Statistics Rwanda (REF: 0738/2015/10/NISR), and the South Africa Medical Research Council (REF: EC033–10/2015).

Analysis

The first author debriefed with the qualitative researchers on a daily to bi-weekly basis during data collection to capture their initial impressions, non-verbal, and contextual insights. These research summaries were used to inform the analysis. Recordings of the interviews were transcribed and translated verbatim into English by a professional translator. After carefully reading the baseline transcripts, the first author established a preliminary coding structure to thematically analyse all of the baseline, midline and endline data using NVIVO 11. Further codes that emerged during the process of thematic analysis were added to provide a rich, detailed and holistic account of the data (Braun and Clarke 2006). An additional transcriber coded a small subset of the baseline transcripts using NVIVO 10 and inter-coder agreement was found to be 95%.

Following the emergence of clear benefits for children in our pre-planned exploratory analyses of the cRCT data, we returned to this coded data to explore the extent to which the qualitative findings could provide context for or possible mechanisms of change underlying the numerical findings. There was also great interest from programme partners in more deeply understanding these benefits. One of the grounded thematic codes included 'Relations with Children' to capture participants' reports related to children, including children's exposure to violence, gender norms among children, parenting practices, and the impact of the *Indashyikirwa* programme on children. This code represents the majority of data analyzed for this paper. Afterwards, this data was triangulated against the curriculum content and elements that addressed VAC and parenting, to further explain the processes of change related to the programme.

Findings

Consequences of IPV on Children: "When a woman is sad the children also become sad." (FC02W Midline)

At baseline, a few participants identified various consequences of IPV on children including negative effects on children's development: "When they are in bad terms and the mother is scared when she sees her husband coming, it is not good, and the child can't grow up well." (MC01E Baseline) One woman reported how children witnessing IPV were prone to develop trauma, and that IPV could lead to temporary separation of parents, harming children:

Children develop trauma and whenever they see their father come home, they feel frightened thinking he is going to fight and expel them from the house. They fear him. When their mother leaves to her parents she cannot take three children with her and when they stay with their father, they do not have peace. (FC02E Baseline)

Men's use of severe physical IPV was identified to have significant consequences on women and their children: "He can beat her, and she passes away or she becomes disabled. If they have children and it happens like that, they both lose." (FC04E Baseline).

Consequences of children witnessing or experiencing violence were further explored in the couples' curriculum, including physical and emotional consequences, normalizing IPV in relationships, fear, isolation, limited trust, lack of healthy relationship with parents, hindering children's ability to reach their full potential, and undermining economic development. Several participants noted heightened awareness of the consequences of IPV on children's well-being, educational achievements and development: "By refusing to buy food I wanted to hurt my wife, but I came to realize our children were affected by that." (MC01N Endline).

We studied that the home that has conflict, their children are not secure. When our home has conflicts, our children are not polite. When you are having conflicts, those children are not learning. (FC01W Midline).

The couples' curriculum session on alcohol use aimed to strengthen participants' understanding of the consequences of excessive alcohol use on men, women, and children. Several male and female participants reported greater understanding of how excessive drinking affected children by undermining families' economic security and exacerbating household conflict. A key learning emphasized in the couples' curriculum is that children who witness or experience violence in their homes are more likely to grow up to experience relationship violence, and to face problems in their psychological, physical

and intellectual development. A few participants reflected on such intergenerational risks of violence. For instance, one man discussed advice he gave to a friend to prevent violence by highlighting the negative example it sets to children: "I approached that man and asked him, is this really the example you want to give to your children? Do you think that your daughter will have a dream of getting married or will she be afraid that she will be beaten just like her mother is being beaten?" (MC05N Midline) Identifying the consequences of IPV on children was an important motivation for couples to reduce violence in the household including VAC, which we turn to now.

Reduced VAC

A few participants identified reduced use of violence against their children related to greater awareness of the consequences of VAC, and challenging acceptability of any form of violence or "power over":

He has many regrets and said I wish I could get back the time that I wasted and said this will not happen again. Sometimes the child even tells him, 'do you remember the way you used to beat me?' And my husband tells him, 'I promise I will not beat you again.' (FC01N Endline)

A few participants reported using conflict resolution and communication skills learned through the curriculum to more effectively discipline their children, rather than resort to harsh physical punishment. However, as this participant suggests, the social norm that children may need to be physically punished to be disciplined could persist:

We share ideas, and if children have made mistakes you talk to them and explain to them their mistake before you beat them and tell them that it is bad. It's true that you cannot tolerate when a child needs punishment, but you have to show him how he should behave. (MC04E Endline)

One woman noted how learning about the consequences of children witnessing violence motivated her and her husband to change their parenting approach and use of harsh physical punishment:

Through the training they taught us about being emotionally affected, and I can see our child has been affected. My husband and I talked about it and were saying, our child has been affected by our bad history. We said, when she cries for no reason, we should not reprimand her, we should not beat her. We should console her in order to build her life because those are emotional

shocks she has had because her behavior results from the way we were living before. Now we try to build her life so that she can have changes. (FA01W Endline)

One man reflected on being motivated to reduce his use of IPV through recognizing that this could underlie his wife's mistreatment of the children and/or use of VAC:

When I had done those things to her, she was unkind with the children. She would beat the children even if they had done nothing wrong. But we had the lessons about stopping those habits- for example when we were studying, the money that I was squandering, we have now put our child in school. (MC04E Midline)

The couples' curriculum and subsequent activism training encouraged community level actions to stop violence before it starts, and safely intervene in IPV. Many activists and a few couples discussed intervening to prevent and respond to VAC and promote children's rights:

A child can go fetch water and gets beaten on the way whereas there were some people who saw it but didn't do anything. We were saying if we all fight against violence, everyone would be responsible, and if one sees a child calling for help, we should help him. By so doing, our future and our children's future will be good. (FA01N Baseline)

Norms Condoning IPV and VAC

Similar gender and social norms that could underlie or be used to justify both VAC and IPV were identified in the data. One salient norm was the expectation for women to be the primary caregivers of children. Women perceived to be neglecting caregiving duties towards children was noted as a trigger of conflict or men's use of violence, particularly at baseline:

It is possible I can slap her. Let me tell you when it can happen: if I find my children did not eat, did not have a shower and that it was not because there was no food, no water or no soap and I find that my children are dirty and starving because she is just there doing unproductive things, we really quarrel about it. (MC05E Baseline)

Several participants noted a shifting sense of responsibility for children from women to both partners of couples, which helped challenge this norm and potential trigger of conflict:

Before, if our children have committed some mistakes, he used to blame me for their mistakes but now we both discuss with our children and he no longer thinks that

the children are only mine. Now he also considers them his, and he no longer uses language such as 'you and your children.' (FA02W Midline)

Another norm identified was that physical punishment against women and children could be justified to ensure obedience to men and parents, respectively:

I tell her, we do not want our children to become frightened of us, but you will have to scare them every once in a while...I sometimes tell her, take a stick and beat him. How come you tell a two-year-child to bring you a cup and he refuses? What will happen when he is four years old? You should not say you failed to make such a little child obey you. You should not torment him either, but in any case, you should punish him, so he is not spoiled. (MC03E Midline)

In addition, men's greater physical strength was identified to justify their role as disciplinarians with their spouses and/or children. For instance, one man shared his belief that a father is meant to take on the authority role, threaten or use physical punishment against children:

The husband needs to show severity to the child; sometimes the wife tells the child to go to school but he refuses; but if the husband seriously says, 'I will break your legs if you don't go to school,' the child cannot disobey him. If he orders the child to help harvest crops, he cannot disobey him. It's because the child thinks, if I run, she cannot catch me, but if it is the husband, the child knows, if I run away, he can catch me. It is because of physical strength. (MC03N Midline)

The concept of "power over" helped shift norms condoning men's use of violence by encouraging participants to challenge the acceptability of violence and having unfair authority over others. In the curriculum session introducing this concept, the take home exercise asked participants to observe their interactions over the following week, including with their partner, children, relatives, friends and neighbours, and identify at least two instances of using power positively and two instances of using power negatively. Several participants considered the consequences of using "power over" with their children. For instance, one man shared the consequences of having sole decision-making over household resources, to the neglect of his children's needs. He also noted how his greater commitment to provide for the household was related to his reduced use of "power over":

We learnt that if we have used power over it affects children. As there is no more power over children, now they get everything they need. First of all, I no

longer take all the money and spend it on beer. I can buy juice, which contains nutrients, and bring this to my child, and he grows up well. Children have all their needs answered because I no longer abuse our resources. (MC05E Midline)

Benefits to Children of Non-Violent, Equitable Households: “When you enter a house where there is peace, you find the wife is happy, the man is happy, and the peace shows with the children.” (MC03E Baseline)

The couples’ curriculum encouraged participants to consider the benefits to children of non-violent, gender equitable households, which appeared to motivate participants to change their behaviours and parenting practices. In the curriculum session emphasizing constructive communication styles, participants were asked to reflect on their own styles of communication, and whether they communicate the same with everyone, including their children. A few participants discussed how they applied newly acquired conflict resolution and communication skills—discussed in the context of partner relations—to improve relationships with their children: “When our children saw their father coming, they used to run away and hide themselves. But now, when there was equalizing power and having conversations with the children, they now understand that both their parents are close to them.” (FA02W Endline).

The couples’ curriculum session on gender asked participants to identify the benefits of more balanced gender roles and division of labour in the home, including creating healthier and more efficient households. The programme encouraged men to take on more domestic and caregiving responsibilities, and implied that this could foster strong connections between fathers and their children. Several participants identified the benefits to children of men’s more active engagement as caregivers:

She can send the children back home and I will care for them until she will come back. But if it was before, I would ignore the children without caring about them because I used to only care for my own needs; therefore, the children would suffer a lot. Today, before I eat, I make sure the children have eaten, and they wash their bodies and go to school. (MC04E Endline)

One of the take home activities asked participants to choose one household task traditionally done by the opposite sex in the family, carry out this task for one week and observe how it felt. This included fathers taking on childcare duties usually identified as taboo for men to perform, such as taking children to health care clinics, bathing children, and carrying babies.

Several men noted the importance of supporting each other within the curriculum groups to take on these roles, being encouraged to try new skills, and reflecting on the benefits of doing so for their families:

When I have bathed the children, I feel proud, I feel I have done a great thing possible. Now my child cannot stay in the hands of his mother when I am with him, the child enjoys being with me; I carry him when we walk. (MC05E Midline)

The couples’ curriculum supported participants with awareness and skills to reduce alcohol abuse, which was identified by some participants to benefit children including improving relationships with their fathers:

When he was drunk, he would come home and quarrel with everyone at home and with the children, but after the lessons, now when he comes home sober, he discusses with the children and they have good times. The child who was afraid of him is now free with him. (FC05W Midline)

In one of the final curriculum sessions, participants were encouraged to share commitment statements, one of which was: ‘for children I will not solve problems or frustrations through shouting or hitting. Our house is now a happier place, even the children are doing better.’ A few activists discussed raising awareness of the benefits of treating boys and girls equally through their community-based discussions: “When I open a discussion, I ask ‘do you think a girl can also climb a ladder? Is that possible?’ and they now say, ‘that is true, it’s possible!’ The benefit has become clear indeed.” (FA02N Endline).

Gender Equitable Parenting

Several men and women reported changed attitudes and behaviors in support of more gender equitable parenting. In the curriculum session introducing the concept of gender, participants were asked to think about and discuss what characterizes a girl and boy’s life in their community from birth until age 25. This included how boys and girls are expected to behave, how they are treated and valued, what they are expected to wear, what they are allowed to do, and who they can associate with. This exercise was intended to raise awareness of different expectations of boys and girls, and how this creates a power imbalance, restricting opportunities for girls and women. One woman related treating her daughter as less important than her son because she felt devalued as a woman and normalized women’s experiences of violence. Her perception shifted through greater awareness of unfair

discrimination given the equal rights of men and women, including boys and girls:

I used to think I was of no importance because I had lost hope. I felt I was just to be there and receive orders from my husband. When he came home drunk, I accepted to be beaten. Being beaten was like my food and I had accepted it as a woman's burden. I used to think the same thing would happen to my daughter. After I had the lessons and understood that all children are the same, I now treat them the same way. (FA01E Endline)

De-valuing daughters was also related to the perception that only sons are able to financially provide for parents long-term, but this notion was challenged through the programme's emphasis of the rights and opportunities for women and girls:

I appreciated to know that both a male and girl child has equal value in the family. Many times, you find people were not happy if they gave birth to a baby girl. Some parents would say, we have lost our chance and instead of being happy, they would say, I have stopped my family from expanding. A girl child would be confined at home, doing housework and doesn't go to school. Now we have found out that all children are equal. (MC03E Midline)

The take home exercise for this gender session asked couples to consider the ways they socialize children according to gender expectations and how this affects their children (if they did not have children, they were asked to consider how they were socialized as children). They were asked to do at least one thing to treat their sons and daughters more equally. A major gender inequality identified through *Indashyikirwa* was prioritizing boys' education over girls. Several men and women shared commitments to their daughters more equitably accessing education as a result of the programme. Many participants commented on the novel approach of striving to raise boys and girls equitably, as this contrasted to how they were raised:

In my family we were daughters and sons and if a girl and a boy passed national examinations, only the boy was sent to school because my father thought he will stay near my home. For the girl, he said this one will go to benefit other families. There was a big difference because of former Rwandan cultures. But after receiving the *Indashyikirwa* training, my mindset and my wife's mindset have changed. (MC03E Endline)

Another major gender inequality and common social norm identified through *Indashyikirwa* was the domestic and caregiving burden on women and girls. The couples' curriculum

identified the negative impacts of strict division of household labour on men, women, their relationships and households. Several participants noted how considering the domestic and care burden on women and girls motivated them to ensure more equal distribution of household tasks among their sons and daughters:

There is a boy and a girl at home, my husband used to tell me, you should leave my son to play ball and you should not give him any task. What we have studied about gender is that we should let all the children work whether they are boys or girls. He has received that lesson well and tells him, even though you are a boy you should also help your sister wash clothes. He teaches him how to sweep and they do it. (FC01N Midline)

A few participants identified how children were influenced through observing more gender equitable attitudes and behaviours modelled by their parents:

The old child is a boy. What I like is when I arrive at home, I find that he is helping his sister do work, I find that they are preparing food together. Because he sees me when I am doing it, he also does it without any problem. (MC03W Endline)

In addition to modelling changes, one couple noted how they regularly discussed what they learned through *Indashyikirwa* with their children. Another couple reported educating their children about equal gender rights:

My husband and I will continue the change we had. By so doing, if our son sees his father fetching water, he will also fetch it. So, we will educate our children that they are all equal and have the same rights. (FA01W Baseline)

Discussion

This study explored how the *Indashyikirwa* couples' curriculum influenced participants' relationships with their children, including their use of VAC. Although *Indashyikirwa* did not explicitly target parenting practices as a programme outcome, the couples' curriculum offered a wealth of examples and take-home activities to encourage participants to apply the learnings to their children. Identifying the consequences of IPV and VAC on children, including the negative impact on children's development, mental health, food security, and educational achievements, motivated participants to reduce their use of IPV and VAC. IPV was also identified by participants

to affect women's mental-health and well-being, which in so doing could influence their parenting and use of VAC, as suggested elsewhere (Digolo et al. 2019; Fulu et al. 2017). These insights emphasize the importance for women's use of violence against their children to be considered within the wider lens of gender inequalities and their exposure to IPV (Namy et al. 2017). This speaks to the value of interventions addressing IPV to also strive to prevent men and women's use of VAC and/or neglect of children.

Parents were also motivated to change through considering the benefits to children of non-violent, more gender equitable households. This speaks to the efficacy of benefits-based approaches to support attitude and behavior changes and complements other evidence suggesting the positive impacts on children as a result of reduced IPV (Kyegombe et al. 2015; Wathen and MacMillan 2013). While *Indashyikirwa* did not explicitly incorporate parenting skills, many couples reported applying relationship skills learned, including conflict resolution and constructive communication, to how they parented their children. Applying such relationship skills was found to foster improved quality of relationships among couples (Stern et al. 2019), and participants similarly reported improved quality of relationships with their children.

Men reported that reductions in perpetration of IPV and VAC and/or taking on more active caregiving roles led to improved relationship quality. This highlights the value of outlining the benefits to men's role as caregivers and aligns with literature suggesting the importance for men to have opportunities to consider how gender equality can be beneficial to men (Clowes 2013). Men taking on domestic and care roles traditionally done by women could model alternative realities for their children, in line with social learning theory which suggests that children's observations of how parents and significant others behave in intimate relationships provides initial learning of appropriate behaviours. Several men reported greater ownership and responsibility in caring for their children, which could take some of the onus off women and mitigate the common trigger of conflict and IPV arising from perceptions of women neglecting childcare duties and/or women being blamed for children's mistakes. The 2014/2015 Rwandan DHS similarly found that acceptance of wife beating was most commonly justified by men and women if a woman neglects the children (with 29% of women and 12% of men agreeing that wife beating is justified for this reason) (NISR 2017). However, it is important to note that another analysis of this data set found many men still believed that domestic and caregiving tasks are fundamentally a woman's responsibility, and that men could choose to help on their terms (when they have time, want to relieve their wives' burden, or when their wives are out), which suggests some limits to change in this domain (McLean et al. 2019). This speaks to the importance of efforts to challenge entrenched gender roles,

identify the caregiving and domestic burden on women and emphasize the value of such work.

Promoting the rights of women and girls appeared to help mitigate son preference and discrimination against girls, an important area for programmes to address identified in a review of the intersections of IPV and VAC (Guedes et al. 2016). Social norms emphasizing men's power, strength and control were associated with certain forms of IPV and VAC, as suggested elsewhere (Fulu et al. 2017). Challenging acceptability of violence, negative uses of power, and harmful gender norms could motivate changes in parents' relations with their children, including to apply more constructive conflict resolution skills with children. However, the notion that harsh physical punishment could have a role in disciplining children persisted, as suggested in the literature (Namy et al. 2017). This indicates the difficulty to shift strongly embedded social norms within programmatic time frames. The curriculum would have benefitted from more carefully articulating the negative consequences of harsh physical punishment against children and challenging the notion that corporal punishment is effective as a form of discipline. While the programme achieved noteworthy benefits for children, without more explicitly emphasizing positive parenting techniques and the intersections of VAC and IPV, the opportunity to address both forms of violence was not fully maximized.

Implications

This analysis offers important lessons for strengthening programmes to address IPV and VAC simultaneously. Providing opportunities for parents to critically reflect on the consequences of IPV and uses of "power over" on children can be important motivational factors for change. Prevention programmes should also emphasize the benefits of non-violent, gender equitable households for entire families, including improved quality of relationships. An evaluation of the Journeys of Transformation (JoT) curriculum in Rwanda, which engaged men as partners of women in micro-credit schemes, found men were more often attracted to group discussions when issues they perceived as interesting to them were considered, including their relationships with their children and partners (Slegh et al. 2013). It is important for programmes to emphasize relationship skills including communication and conflict resolution skills, with opportunities for couples to practice such skills with each other and with their children. Programmes should also provide opportunities for parents to reflect on gender discrimination, emphasize the rights and equal opportunities for women and girls, and promote gender equitable parenting. The *Indashyikirwa* curriculum could have potentially generated more benefits for children by introducing more content around parenting skills, including the negative consequences of harsh physical punishment as a form of discipline, and alternative strategies to more

effectively discipline children. It is important for fathers in particular to receive guidance on how to build healthy emotional bonds and constructively engage in their children's development, given the prominent norm in many settings for women to be the primary caregivers. A recent review of promising approaches to integrate prevention of IPV and VAC similarly highlighted the importance of efforts to promote nurturing and caring relationships between parents and children, build skills to manage a child's behaviour through non-violent discipline, develop parents and caregivers' emotional self-regulation skills, promote gender-equitable relationships in the family, and engage fathers or male caregivers in caregiving and domestic responsibilities (Digolo et al. 2019).

The findings also highlight the powerful potential of couples' programming to reduce both IPV and VAC. The Bandedereho couples' intervention in Rwanda to promote men's engagement in reproductive and maternal health, caregiving, and healthier couple relations, also led to substantial improvements in women's experiences of physical and sexual IPV, and women and men's use of physical punishment against children (Doyle et al. 2018). This strategy is most likely to be effective with couples who live together and with their children, as they can model relationship changes in the home and apply programme lessons to their parenting approaches and use of household violence.

Future Research

Further research around the possible joint impacts of programmes on IPV and VAC is warranted, across different contexts and types of prevention programmes. IPV prevention programmes should assess the impact on children in the home and child well-being from witnessing IPV and parents' use of corporal punishment, and parenting/caregiver programmes to prevent VAC should evaluate their influence on IPV. This will allow us to better understand the intersections and identify programmatic possibilities to address both forms of violence. It would be beneficial for future programming and research to comprehensively consider domestic violence at the household level including IPV, VAC and other types (i.e. sibling violence or violence from in-laws).

Limitations

This study is not without its limitations. The data analyzed were collected to assess the impact of the couples' curriculum on IPV, rather than focusing explicitly on VAC. This limited our ability to explore concordance or discordance among partners around this topic because it was not a specific focus of the interviews. Likewise, we did not collect data from children's perspectives to triangulate with the reports from their parents. However, while VAC and parenting were not the focus of the study, they were identified as emergent grounded themes and

through triangulation with quantitative data from the cRCT, which speaks to the robustness of the findings and the value of an exploratory and triangulated approach. Although repeat qualitative interviews over time are one way to improve disclosure of sensitive issues like IPV and VAC, no method completely solves the problem of underreporting. There may be social desirability bias around participants wanting to report favorably on an intervention they clearly valued and in the case of activists, committed to engage in subsequent advocacy. We attempted to mitigate this by using field researchers who identified themselves as clearly 'external' to the programme and emphasizing the confidentiality of their answers. Nonetheless, we recognize that these narratives deserve some degree of skepticism as respondents may have wanted to emphasize what they learned. The generalizability of these findings to other intervention approaches and contexts remains to be explored.

Conclusion

This study meets an identified need to better understand the mechanisms and pathways of change through which violence prevention programmes can address both IPV and VAC. In particular, this analysis suggests the potential viability of working with cohabiting couples to prevent IPV, VAC and promote more gender equitable family dynamics. Couples' programmes should continue to be strengthened and evaluated for their ability to critically address the intersections of IPV and VAC. Further synergies might be realized by making reductions in both types of violence an explicit part of future programme's theories of change.

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References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.

- Clowes, L. (2013). The limits of discourse: Masculinity as vulnerability. *Agenda*, 27(1), 12–19. <https://doi.org/10.1080/10130950.2013.778621>.
- Digolo, L., Asghar, K., Berry, V., Mitchell, S., Rumble, L., Alemann, C., & Heise L. (2019). Evidence review: Parenting and caregiver support programmes to prevent and respond to violence in the home. *Prevention Collaborative*.
- Doyle, K., Levitov, R. G., Barker, G., Bastian, G. G., Bingenheimer, J. B., Kazimbaya, S., & Shattuck, D. (2018). Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One*, 13(4), e0192756. <https://doi.org/10.1371/journal.pone.0192756>.
- Dunkle, K., Stern, E., Chatterji, S., & Heise, L. (2020). Effective prevention of intimate partner violence in Rwanda through a couples training programme: Results from the *Indashyikirwa* community randomized controlled trial. *BMJ Global Health*, In Press.
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741–753. <https://doi.org/10.1037/0022-006x.71.4.741>.
- Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *Lancet*, 371(9619), 1165–1172. [https://doi.org/10.1016/s0140-6736\(08\)60522-x](https://doi.org/10.1016/s0140-6736(08)60522-x).
- Fulu, E., McCook, S., and Falb, K. 2017. *What works evidence review: Intersections of violence against women and violence against children*.
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, 9, 31516–31516. <https://doi.org/10.3402/gha.v9.31516>.
- Hamby, S., Finkelhor, D., Turner, H., & Ommrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse & Neglect*, 34(10), 734–741. <https://doi.org/10.1016/j.chiabu.2010.03.001>.
- Kenny, L., Cislighi, B. (2019). *Addressing social norms at the VAW/VAC intersection*. Learning Group on Social Norms and Gender-related Harmful Practices.
- Kyegombe, N., Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Stammann, E., & Watts, C. (2015). What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! Study, Kampala, Uganda. *Child Abuse & Neglect*, 50, 128–140. <https://doi.org/10.1016/j.chiabu.2015.10.003>.
- Lee, R. D., Walters, M. L., Hall, J. E., & Basile, K. C. (2013). Behavioral and attitudinal factors differentiating male intimate partner violence perpetrators with and without a history of childhood family violence. *Journal of Family Violence*, 28(1), 85–94. <https://doi.org/10.1007/s10896-012-9475-8>.
- McLean, L., Heise, L., & Stern, E. (2019). Shifting and transforming gender inequitable beliefs, behaviours and norms in intimate partnerships: The *Indashyikirwa* couples programme in Rwanda. *Culture, Health & Sexuality*, 22, 13–30. <https://doi.org/10.1080/13691058.2019.1679394>.
- Mueller, I., & Tronick, E. (2019). Early life exposure to violence: Developmental consequences on brain and behavior. *Frontiers in Behavioral Neuroscience*, 13, 156–156. <https://doi.org/10.3389/fnbeh.2019.00156>.
- Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184, 40–48. <https://doi.org/10.1016/j.socscimed.2017.04.042>.
- National Institute of Statistics Rwanda. (2017). *Rwanda demographic and health Survey, 2014–2015*. Kigali, Rwanda: Ministry of Finance and Economic Planning.
- Rwandan Ministry of Health. (2017). *Violence against children and youth survey in Rwanda: Findings from a national survey, 2015–2016*. Rwanda: Kigali.
- Slegh, H., Barker, G., Kimonyo, A., Ndolimana, P., & Bannerman, M. (2013). 'I can do women's work': Reflections on engaging men as allies in women's economic empowerment in Rwanda. *Gender and Development*, 21(1), 15–30. <https://doi.org/10.2307/23408765>.
- Stern, E., & Mirembe, J. (2017). Intersectionalities of formality of marital status and women's risk and protective factors for intimate partner violence in rural Rwanda. *Agenda Special Edition on Re-thinking Intersectionalities in Africa*, 31, 116–127. <https://doi.org/10.1080/10130950.2017.1349345>.
- Stern, E., & Nyiratunga, R. (2017). A process review of the *Indashyikirwa* couples curriculum to prevent intimate partner violence and support healthy, equitable relationships in Rwanda. *Social Sciences*, 6(2), 63.
- Stern, E., Martins, S., Stefanik, L., Uwimpuhwe, S., & Yaker, R. (2018). Lessons learned from implementing *Indashyikirwa* in Rwanda- an adaptation of the SASA! Approach to prevent and respond to intimate partner violence. *Evaluation and Program Planning*, 71, 58–67. <https://doi.org/10.1016/j.evalprogplan.2018.08.005>.
- Stern, E., McGhee, S., Ferguson, G., & Clark, C. J. (2019). A comparative case study of couples programming to support relationship quality in Nepal and Rwanda. *Journal of Social and Personal Relationships*, 37(2), 393–413. <https://doi.org/10.1177/0265407519867466>.
- Thomson, D., Bah, A. B., Rubanzana, W. G., & Mutesa, L. (2015). Correlates of intimate partner violence against women during a time of rapid social transition in Rwanda: Analysis of the 2005 and 2010 demographic and health surveys. *BMC Women's Health*, 15, 1331.
- Van der Gaag, N., Heilman, B., Gupta, T., Nembhard, C., & Barker, G. (2019). *State of the World's fathers: Unlocking the power of Men's care*. Washington, DC: Promundo Us.
- Wathen, C. N., & MacMillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & Child Health*, 18(8), 419–422. <https://doi.org/10.1093/pch/18.8.419>.

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