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# From lived experience to intervention design: engaging adolescents and parents living in conflict affected Democratic Republic of Congo to inform content of a parenting intervention guided by the Medical Research Council framework

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## Abstract

**Background** By the end of 2023, it was estimated that over 473 million children were living in areas affected by armed conflict globally. In these settings, adolescents are at heightened risk of experiencing multiple forms of violence. While parenting interventions are a promising strategy that can equip parents with skills and practices to prevent violence against children, little is known about desired content of parenting interventions for caregivers of adolescents in conflict settings. This qualitative study aims to address this gap through participatory methods with adolescents and parents in a setting of co-occurring conflict and displacement. The study is situated in the development phase of the Medical Research Council (MRC) framework for developing and evaluating complex intervention.

**Methods** Same-sex participatory workshops were conducted with n = 73 participants: n = 37 parents, n = 16 adolescent boys and n = 20 adolescent girls living in Ituri province of the Democratic Republic of Congo. Workshops explored perception of the burden of violence among adolescents, the experience of parents living in a conflict setting, associated changes in parenting practices, and proposals on content for parenting interventions to reduce violence against adolescents. The study applied reflexive data analysis and grouped themes corresponding to the research question.

**Results** Parents and adolescents perceive parenting interventions as a strategy that may contribute to reducing different forms of violence experienced by adolescents. Majority of content in existing parenting interventions were nominated by adolescents and by caregivers. Nine components/themes were identified by participants as important for inclusion in a parenting intervention. Three themes related to experiences of violence, three themes related to

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healthy relationships and three themes related to strategies for parents to manage their conduct, skills, and their mental health. While the parenting content proposed as relevant for participants in a conflict setting mirrors content from non-conflict settings, the findings illustrate the necessity to tailor interventions to strengthen the adolescent-parent relationship and address family violence.

**Conclusion** The findings can inform researchers, policy makers and practitioners working with adolescents and parents in conflict settings on what content to adapt, newly develop or replicate to evaluate and implement evidence-based parenting interventions.

**Keywords** Conflict settings, Parenting, Qualitative methods, Violence against Adolescents

## Introduction

In conflict settings, children and adolescents are exposed to different forms of violence, often concurrently, within the home and community violence [1, 2]. A conflict setting is defined as an area within 50-kilometre radius of an active armed conflict between a Government and another state or non-state actor, resulting in at least 25 battle-related deaths in a year [3]. In these settings, the instability arising from conflict can lead to forced separation of children from their caregivers, and the loss of economic livelihoods increase the likelihood of adolescents experiencing physical, emotional and sexual violence [1, 4, 5]. While physical and emotional violence against adolescents within the home is often perpetrated by their caregivers or other household members [6], other forms of violence such as witnessing communal violence, bullying and militarization by armed forces are commonly perpetrated by community members outside the home [5, 6]. By 2024, over 473 million children were estimated to be living in areas affected by armed conflict [3], and therefore in need of violence prevention measures.

Caregivers of children and adolescents such as parents or other adults with primary parental responsibility can offer a protective environment to mitigate the effects of violence on children and adolescents [7–9]. However, in conflict settings, caregivers themselves face stressors such as a breakdown in their existing social support structures, death of family members, or change in gender roles practices, which can negatively impact their capacity to protect children [5, 10, 11]. Additionally, the instability in conflict settings can lead to increased parental stress, which is associated with increased harsh parenting practices including hostility towards children [7, 12].

In recent years, parenting interventions have emerged as a promising strategy for reducing child and adolescent exposure to violence within the home and in the community [13, 14]. A systematic review of parenting interventions in low- and mid-income countries included 131 trials of parenting interventions and found that the interventions were associated with reduction in experiences of physical and emotional violence among children and adolescents ages 2–17 years [13]. The authors found a medium size effect for physical violence (d= -0.59) and a small size effect for emotional violence (d= -0.26 to -0.37) [13]. The majority (61%) of the parenting interventions were implemented in group format, 11% were individual-based interventions, while the rest were a mix of individual and group-based interventions [13]. The median and modal number of sessions was eight. However, only three of the 131 trials were conducted in conflict settings and measured outcomes specific to adolescents, those ages 10–17, reporting on at least one violence outcome [13], and thus the evidence on violence reduction outcomes among adolescents in conflict settings remains low.

When looking at the design of these three interventions that have been implemented so far in conflict settings, we find that there is variation in the outcomes targeted and the scope of content included in the interventions [15]. For instance, only one intervention included 100% parenting content, and the outcome measure was family functioning and children's problem behavior [16]. The second intervention had greater than 50% parenting content, measured physical violence and incorporated content to address intimate partner violence [17]. The third intervention had only 20% parenting content, and measured child labor among working children [18].

Often based on social learning theory, common components across parenting programs are related to discipline strategies to prevent physical and emotional violence, parental supervision and monitoring, and strategies for parents to manage their behaviors and expectations [19]. While some scholars have argued that parenting interventions for child behavior problems remain effective when transferred across contexts [20], context is at the same time considered a key factor that can influence the implementation or outcomes of an evidence-based intervention [21], thereby calling for a need for context adaptation.

Despite consensus in literature that context adaptation and stakeholder engagement is an important factor in intervention design or intervention adaptation [21, 22], to date, no studies have been conducted with parents and adolescents in a conflict setting in Africa to inform the design or adaptation of a parenting intervention that addresses contextual factors experienced in conflict settings.

This study set out to investigate what parents and adolescents living in Ituri province of the Democratic Republic of Congo (DRC) perceive to be important issues to address and content to include in a parenting intervention aimed at reducing violence against adolescents in a conflict setting. The study design was guided by the Medical Research Council (MRC) framework for developing and evaluating complex interventions [23].

The MRC framework defines an intervention as complex based on multiple factors including "*the number of components involved, the range of behaviors targeted, expertise and skills required by those delivering the intervention*" [24]. In line with this definition, parenting interventions in conflict settings can be considered complex due to several factors, such as the flexibility that allows for adaptation to the context, a large number of targeted wellbeing issues (including violence prevention, mental health, and livelihood outcomes), and a diverse beneficiary population (children and parents) [25].

The MRC framework identifies four phases of developing and evaluating a complex intervention: identifying, developing or adapting an existing intervention, assessing intervention feasibility, evaluation and implementation and scaling the intervention [22, 24]. This is illustrated in Fig. 1 below. These four phases are not necessarily sequential and depend on the progression of the research.

This study is situated in the "develop intervention" phase of the MRC framework. Given the limited studies on parenting interventions in conflict settings to reduce violence against adolescents, this study seeks to understand the views of parents and adolescents and use this as a basis to develop new or identify content to adapt for a parenting interventions designed for caregivers of adolescents in a conflict context in Africa.

Of the six core elements that apply across the four phases of the MRC framework [26], context and stakeholder engagement were selected as relevant to this study. Context is defined as the characteristics and circumstances, including socio-economic or political situation, which surrounds implementation [27]. Stakeholders include participants targeted by the intervention or policy, as well as those involved in the development and delivery of the intervention in a personal or professional capacity [25]. Contextual factors, for example conflict settings, are recognized in the MRC framework as a core element that can influence implementation success [28], therefore making it critical to understand how context interplays with an intervention during the stage of intervention design [29]. For a parenting intervention, collaborating directly with adolescents and parents as stakeholders through participatory research may inform how contextual adaptation can be best achieved.

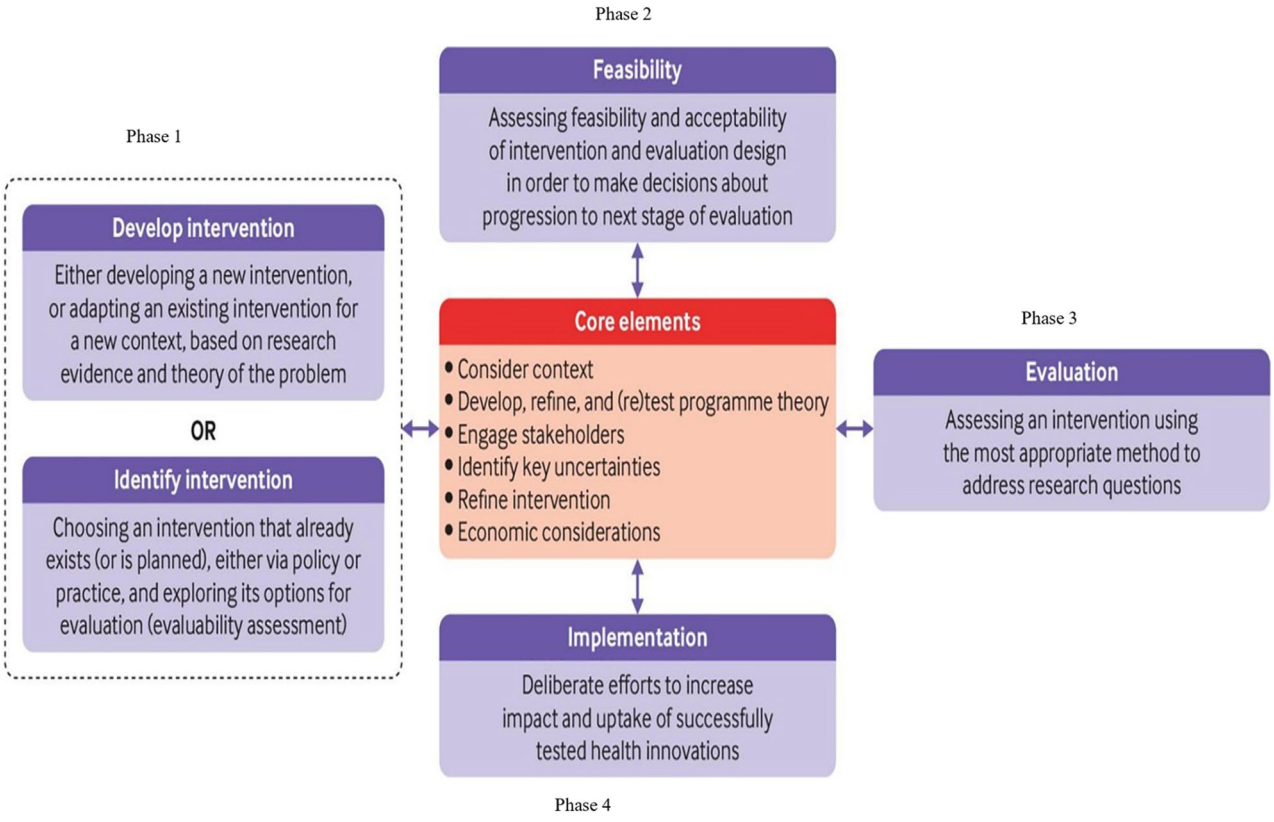


**Fig. 1** MRC phases of developing and evaluating complex interventions [25]

Using participatory workshops, this study explored what adolescents and parents consider the most valuable content to include in a parenting intervention to prevent violence against adolescents limiting the scope to what was in the control of parents. It further maps the findings onto existing programs implemented in a non-conflict setting and a post-conflict setting in Africa to identify differences and similarities of interventions designed for these settings.

## Methods

### Study setting and recruitment

The study was conducted in the DRC, in the conflict-affected province of Ituri. The DRC is the second largest country in Africa and is divided into 26 provinces. Each province is further sub-divided into administrative blocks called territories. The DRC is not all conflict affected, some provinces are stable while others like the Eastern part of the country have experienced recurrent conflict for more than 25 years [30]. There are more than 120 armed groups active in the Eastern part of DRC [30]. Conflict between the army and armed groups has led to constant displacement of people from their homes, separation of children from their caregivers, recruitment of children into armed groups, sexual violence against women and children, loss of livelihoods and generalized stressors experienced by families [31].

Within the study setting, two sites were identified. One was a village hosting displaced families, and the second was an Internally Displaced Persons (IDP) camp with families living in emergency tents, established in the last 5 years. Study sites were selected based on the presence of a Humanitarian organization, the International Rescue Committee (IRC), whose activities aim to respond to violence against children and humanitarian needs of the population in the conflict affected region of the DRC. Additionally, the presence of the IRC provided immediate access to child protection services if participants disclosed abuse or imminent harm to their safety during the research.

In May 2024, adolescents between ages 13–17 and their parents between ages 25–50 were invited to participate in same-sex participatory workshops. As the study's aim was not to evaluate the effectiveness or acceptability of a parenting program, participants who may have previously participated in such a program were not excluded. Information about the study was shared by the IRC's community mobilisers with the child protection committees and local authorities in the study location. Eligibility for participation included: having lived in Ituri or North Kivu province for at least 1 year and having been displaced or directly affected by armed conflict. The criteria were set to increase chances of participants reflecting on and contributing information based on their lived experience during the workshops.

Regarding the age range of participants, previous qualitative studies have identified mid-adolescence as a key developmental stage where adolescent participants are gaining agency and identity within the community and families, and can also engage safely in qualitative research with peers on sensitive topics while still being under the guardianship of their caregivers [32]. For this reason, the age range of participation for adolescents was set at 13–17 years. Considering this age, the youngest parent would be estimated at 25 years of age based on average age of first birth among females in the DRC being 19.9 years old [33]. For male parents, we applied same age restriction. To minimize risk of having a wide age range of participants that may inhibit open conversation among younger and older parents/caregivers, the age of 50 was set as the higher limit for adult participation. Interested individuals who did not meet the inclusion criteria were assured that no humanitarian services were connected to participation in the study.

### Ethics

The study was granted ethics approval by the University of Oxford's Social Sciences and Humanities Interdivisional Research Ethics Committee (SSH IDREC) and by the DRC Ministry of Health *Comité National d'Ethique de la Santé (CNES), Direction Provinciale du Sud-Kivu.*

### Consent procedures

The research team administered informed consent individually to adults for their own participation. For adolescents' participation, parental consent was administered and when parental consent was granted, the research team then administered informed assent individually with each adolescent for their participation. Parental consent did not determine adolescent assent to participate in the study but was used as a safeguard to respect parental responsibility in line with the rights of the child. All consent procedures were administered in private spaces. The participants were provided with simplified information to understand the objectives of the research, the risks, and benefits of their participation and that participation was voluntary with no benefit attached to participation. Information about where to report misconduct by research team was shared with participants. Informed consent was obtained from all adult participants, and informed assent was obtained from all adolescent participants.

### Data collection

All parents' workshops were conducted in the village site. For adolescents' workshops, the data collection plan included conducting all workshops on one site. However,

due to challenges related to the insecurity in the location and curfew imposed by the IRC to ensure staff safety, the research team could not stay after 3pm in the study location, and the school hours did not allow adolescents who attended school in the afternoon to participate in the workshops. As a result, adolescent workshops were conducted across two sites: one boys' workshop and one girls' workshop in the village site, and one boys' workshop and one girls' workshop in the IDP camp site.

A guided questionnaire was developed for this study, pilot-tested and used to conduct participatory workshops. The English language version is uploaded as a supplementary file. Discussions were built around a character (persona) developed together with the participants, to encourage participants to share experiences of the defined character rather than their own individual experiences. This character was defined as a typical adolescent or parent in the community, and the persona was then given a name.

#### *Developing personas*

At the start of the workshops, adolescent participants were asked to think about a typical adolescent girl (for the girls' group) and adolescent boy (for the boys' group). One of the participants was invited to draw an image that personified this adolescent child. A similar process was followed for adult participants, who were asked to think about a typical mother (in the group for female participants) and a father (in the group for male participants). A drawing of the father/mother was then made by one of the adult participants. In all the groups, participants gave the persona a name which was the reference name used throughout the workshop. The personas in the adolescent girls' groups were: Sarah and Deborah while in the adolescent boys' groups were: Kimareki and Maki. For adult participants, the personas were: Papa Mbidhabi and Papa Bonheur, and for female participants the personas were Mama Safi and Mama Bolini.

Participants spent about 15 minutes describing the characteristics of this persona such as what he/she likes, how the persona typically spends time in the community on a day-to-day basis, the familial relationship of the persona and any other characteristics the participants thought was important to give the persona.

For both adolescents and parents, workshops were conducted in same sex groups. Workshops were selected to be same-sex to reduce the chance of power imbalance between genders, facilitate communication and promote discussion on issues important to the particular gender [34]. In addition, in the DRC context at the community level, community members tend to group by gender to discuss important issues, for example, through women's groups or men's groups. This approach was therefore adopted for this study as it would be more culturally appropriate.

**Adolescents' workshops** The average time for each workshop with adolescents was two hours with breaks, for both adolescent boys' and girls' sessions. Adolescents discussed how violence was perpetrated at home and in the community and the role of parents in perpetrating and preventing violence against adolescents. The discussion centered on the forms of violence that were in the control of parents, and the types of violence that could be prevented through a parenting intervention through parents' behavior, knowledge, and skills. Adolescents discussed their proposal for what an intervention for parents should include (what parents should do, skills and/or knowledge they should have) to be able to prevent violence against adolescents in their community. While weighing responses or ranking was not done, participants were asked to comment about the contribution of their fellow participants, to agree or share a different perspective to the response provided as a means of validating the responses shared. Discussions were facilitated in Swahili, with a mix French and Badha languages.

**Parents' workshops** Parents' workshops were conducted over two days, with each day lasting up to four hours. On day one, parents shared their general experiences in their community before and after the conflict. Discussions then explored how conflict and displacement had impacted parenting practices and how parents currently interacted with and cared for their adolescents. Parents were encouraged to consider sex-specific differences in how they parented adolescent boys and adolescent girls. On day two, reflecting on the discussion from the first day, parents shared their proposals for what a parenting intervention for caregivers of adolescents should include. Discussion centered on what parents could do to reduce the risk of their adolescent child experiencing violence, as well as the skills and knowledge they needed to have related to the prevention of violence against adolescents. Discussions were facilitated in a mix of Swahili and French languages.

Additionally, parents were asked to review the content of two evidence-based parenting programs for violence reduction outcomes, implemented in Africa. One program was Parenting for Lifelong Health-Teens [14] originally implemented in South Africa, a non-conflict setting in Africa. Parenting for Lifelong Health-Teens was selected during the study design as it was the only rigorously tested evidence-based parenting program delivered primarily to parents and found effective in reducing multiple forms of violence against adolescents in Africa [13]. The second was Parents Make the Difference [35] which was originally tested through a trial and implemented in Liberia in a post-conflict setting and later adapted

for adolescents by the International Rescue Committee (IRC). Parents Make the Difference was also selected for review as it was familiar to the research team and would therefore aid in facilitating the conversation with parents. The aim of reviewing these two interventions with parents was to prompt any additional topics parents may not have brought up during previous discussions and to identify any overlap between content proposed by participants and content from non-conflict settings.

Both adolescents' and parents' sessions ended with a reminder of available support for anyone who felt distressed, and who needed the support of a social worker. During the fieldwork, two child protection referrals were made, and the adult participants were connected to a social worker. All sessions were audio-recorded, along with notes taken by the research team, with no names recorded. At the end of the day, debriefing was conducted with the research team to discuss challenges or any required changes to the research plan. Apart from time adjustments during workshops with participants, no major changes were made.

### Data analysis

The data collected included audio recordings and notes from the workshops with adolescents and with parents. The research team translated the audio transcripts into French and then into English. Transcription was conducted together with the Congolese research team. Final transcripts were discussed in joint data analysis sessions. For phrases that did not have a direct translation, the research team discussed and agreed on the contextual meaning. This further strengthened the familiarization with the data.

A reflexive thematic analysis approach was first used to analyze the data [36, 37]. Three research team members reviewed the initial codes and themes. Where there were differing opinions on a theme, this was discussed jointly, and themes recorded based on agreement by the research team. As this is a qualitative study, some research questions elicited more conversation over others during the participatory workshops. In presentation of the findings, weight was not accorded to any section that has more illustrative examples over other sections. Based on the key research question, we then introduced a deductive approach to name the final themes.

A second step of analysis was the comparison of the components/themes proposed by parents and adolescents against the themes of two selected evidence-based parenting interventions in Africa. For Parenting for Lifelong Health – Teens [14], 10 sessions from the intervention curriculum were reviewed. From the adapted Parents Make the Difference [35] (now called Families Make the Difference), 12 sessions were reviewed.

**Table 1** Sex and number of participants

| Site | Girls | Boys | Median age |
|---|---|---|---|
| Site 1 – village | 11 | 8 | 15 years |
| Site 2 – IDP camp | 9 | 8 | |
| Total | 20 | 16 | |
| | 36 adolescents | | |
| | Mothers | Fathers | Median age |
| Site 1 – village | 21 | 16 | 37.5 years |
| | 37 parents/caregivers | | |

## Results

A total of $n = 73$ individuals participated in the study, $n = 36$ adolescents and $n = 37$ parents, as shown in Table 1 below. Among adolescents, the median age was 15 years, with a range of 13–17 years. For parents, the median age was 37.5 years, with a range of 25–50 years. For both adolescent and parent workshops, the sex distribution was approximately 56% female and 44% male.

The results have been grouped into major themes or components that adolescents and parents propose to include in a parenting intervention. Each section highlights why the issue was perceived as important by parents and adolescents and how it relates to the role of parents to reduce violence against adolescents.

### Intersection of parenting practices and violence experienced by adolescents.

Both adolescent and adult participants spoke about three main forms of violence experienced by adolescents: physical and emotional violence, sexual violence, and exploitation through hazardous labor. Their reflections highlighted not only the ways in which these forms of violence occur within the home and community but also the frequency with which they are experienced and the underlying causes that perpetuate them.

### Physical and emotional violence in the home and discipline

Adolescents described experiences of both physical and emotional violence within the home. Physical violence was reported mainly in the form of beatings, while emotional violence included insults, threats of physical beatings and denial of food. These harsh parenting practices were not always linked to discipline. These practices were perceived to be behavior that parents had normalized in how they interacted with their adolescents. When associated with discipline, adolescents reported that harsh parenting was justified when the adolescents had made mistakes and unjustified when the mistake had not been verified by parents. Adolescents also remarked that not every mistake should result in harsh discipline.

*If Maki does not make a mistake he should not be reprimanded or quarreled, only if he makes a mistake.*
*~ Adolescent boy*
*She [mother] hears things said about Sarah outside the home and comes home to quarrel and reprimand her.*
*~ Adolescent girl*

Adolescents further described how emotional violence could create mistrust and distance particularly between boys and their male caregivers. Boys noted that female caregivers sometimes escalated conflict by reporting the behavior of boys to fathers. While harsh parenting was exercised by male and female caregivers, adolescent boys perceived their male parent as the primary disciplinarian, who often enforced punishment without first having a conversation with the child or verifying the incident. Adolescents emphasized the importance of communication within the home, particularly between caregivers, either to ensure discipline was directed at incidences that truly took place or as means of positive correction.

*Advise the mother that if a child does a mistake, it is not that children should do mistakes, but if they do, the mother tells the father "heee! he did this." The father should ask "did the child truly do that mistake?" The mothers should stop accusing the child and conflicting the child with the father.*
*~ Adolescent boy*
*Her father [should] not scold her all the time.*
*~ Adolescent girl*
*The father should stop beating Maki, if he wants to correct Maki, he should use his mouth to advise Maki.*
*~ Adolescent boy*

Parents were also aware of these patterns. Parents stated that stress and the trauma of living in a conflict-affected environment contributed to the use of harsh discipline, and that physical punishment was the only option they had to correct their adolescents. Parents described the challenging behavior of adolescents and the lack of alternatives to address these behaviors, which sometimes reinforced the use of harsh measures. At the same time, parents emphasized that discipline practices should be conducted within the home and not in public.

*Us parents are traumatized. That is why we take a stick and beat the children like you are killing them, now what will you do?*
*~ Female parent*

*One must call the child to the house; you do not correct them in the middle of the road as this shames them.*
*~ Male parent*
*I take the cane and beat them; I must do this because I am a parent. Then I will give them advice, I will tell them I beat you today because of this mistake, and you ask the child if they will repeat the mistake, and they say they will not repeat it.*
*~ Female parent*

#### Keeping safe in the community

Safety in the community and the role of parents in keeping adolescents safe was seen as a key responsibility of parents that could be reinforced through parenting practices. For adolescent girls, the concerns about safety in the community were related to sexual violence while for boys the concerns about safety in the community were related to their perceived nonconformist actions that often led them into trouble in the community.

Concerning adolescent girls, sexual violence was reported to be experienced outside the home, thereby making the community unsafe. This was a concern raised by parents, both male and female, and the adolescent girls themselves. Exposure to sexual violence was reported to occur when girls were on their way to the water points or markets. Experiences of transactional sexual exploitation were linked to situations where caregivers were unable to provide for adolescent girls' basic needs, such as clothing or other essentials. In these circumstances, through coercion, adolescent girls then became exposed to sexual exploitation by males - peers or older. Participants did not reflect on sexual violence cases occurring in the home and they were not promoted to.

The burden of exposure to sexual violence was sometimes put on the girls by their caregivers. This featured in the discussion with female caregivers who perceived girls as seeking out sexual experiences that led to sexual violence, while adolescent girls discussed this as a concern driven by peer pressure.

*She could go to get water and when on her way she can meet bad people who can rape her.*
*~Adolescent girl*
*Especially if it a girl, she asks for money for underwear and the father does not have, she asks for money for a blouse and the father does not have. She will see that instead of walking naked and her friends are walking "well," it will push the child to go into other ways that are not good. If there was a way the father would be able to provide for the child despite the other needs, the child will be able to follow their father well.*

*~Male parent*
*Because when a girl lacks something, and she gets to the level of begging elsewhere, they give her conditions.*
*'For you to get something you must do this and this.' And since she has needs and no way out, she gets into problems that she did not want to get into.*
*~ Female parent*
*Girls today also go searching, to give themselves to boys.*
*~ Female parent*

Concerning adolescent boys, their safety in the community was associated with their own action or inaction. Like in the case of sexual violence against adolescent girls, the responsibility of exposure to violence in the community was put on the adolescent boys. This perception did not come from the parents only but also from the adolescent boys themselves who expressed self-blame, thereby seeing themselves as responsible for inviting violence in their lives. For instance, while explicit examples were not shared, parents expressed that the way adolescent boys conducted themselves towards adolescent girls in the community was the reason that caused the adolescent boys to land into trouble. The meaning of "trouble" was not further unpacked in the discussion with participants to understand what constituted troublesome behavior. On the other hand, adolescent boys cited actions like use of alcohol as a conduct that could lead them to harm.

*They should take him (adolescent boy) to school because while at school he will not be wandering about, and it will prevent him from getting problems in the community.*
*~Adolescent boy*

#### Guiding healthy choices

Parents and adolescent girls identified the role of parents in guiding the choices adolescents made and supervising the conduct of adolescents to keep them safe in the community. These practices were perceived to be key strategies for reducing adolescents' risk of experiencing violence outside the home. At the same time, the responsibility of being safe in the community was sometimes put on the adolescents, as parents expected them to behave in a way that would keep the adolescents from harm. Lastly, the responsibility of guiding the choices and the conduct of girls was on female caregivers. When violence happened to adolescent girls, particularly when they became pregnant, female caregivers received the blame for this outcome and bore the consequences imposed by their spouse, the male caregiver of the adolescent girl.

*He [parent] should be taught that if a child is out there, they should be like this, and he [parent] should monitor the child when they are going out to know what they are going to do.*
*~ Male parent*
*Parents should advise adolescent boys not to get girls pregnant.*
*~ Female parent*
*When girls get pregnant, the mother is blamed, and it becomes her burden. And as a mother you are troubled, because you worry about your child. And then you will hear the father saying she [the adolescent girl] must leave the house and go away. And even you the woman are asked to leave with the child.*
*~ Female parent*

#### Building healthy relationships

Two types of relationships were identified and recommended for inclusion in parenting programs: fostering positive parent–child relationships and parent-parent relationships. Parents noted that for adolescents to be receptive to parental guidance and supervision, there was a need to improve positive parent-child relationships. Having the skills to have a nonconfrontational conversation with adolescents was also seen as important to building trust and bringing harmony in the family. This was perceived as a crucial step if parents wished to guide adolescents' choices including how adolescents formed friendships. Parents also noted that establishing a positive parent-child relationship was possible in spite of potential strained past relationship.

*When a child makes a mistake, you feel that they are offending you. But sometimes they do not know that they are offending you. So, you make them sit, even the young ones, make them sit and speak to them slowly.*
*~ Female parent*
*When you show a child love and they are open to you…. They will come back to you and will forget the problems you had before, and they forget you had wronged them before.*
*~ Male parent*

As an extension of addressing patterns that normalize violence, parents also highlighted the importance of improving parent-parent relationships by avoiding intimate partner violence in front of the adolescents. While both male and female parents talked about the importance of fostering harmony in the home, the parents were mostly concerned about displaying acts of intimate partner violence in front of their children. This was seen

as crucial for preventing children from internalizing violence as acceptable behavior and for fostering a more supportive home environment.

Adolescent boys also stated the importance of improving parent-parent relationships, particularly the prevention of violence between their parents. In the discussion group of adolescent girls, this theme on intimate partner violence between their parents was not brought up among adolescent girls.

*It requires us parents to be in harmony with each other. For us to respect children and for us to respect ourselves.*
*~ Female parent*
*Truly, the father would not want the children to imitate something bad from him. For example, the violence that the father does on the mother, like beating her. A responsible father would not beat the mother of the children in front of the children. He cannot do that.*
*~ Male parent*
*They should talk to them [parents]about "what do you [parents] fight about?" so that they [parents]do not quarrel/fight.*
*~ Adolescent boy*

#### Parents conduct in the community

Parents recognized that their own conduct, both as individuals and as couples, influenced their ability to foster positive relationships with their children and shaped whether children came to normalize or reject violence. This was therefore seen as an important theme to include in a parenting program. Parents reflected on behaviors that could undermine family harmony, such as gambling, drinking alcohol, or quarrelling with neighbors, and emphasized the importance of addressing these habits to set a better example for adolescents. Parents were concerned about not being good role models and how bad conduct of parents might push children further away from them, thereby affecting the parent-child relationship.

Adolescents noted that the conduct of their parents in the community sometimes brought them shame. Like in the case of parents, adolescents identified similar examples of behaviors considered to be negative or perceived as bad conduct by parents. These were gambling, excessive use of alcohol and conflict between their parents and their neighbors.

*They should advise parents and Sarah's mother that she should not drink alcohol on the road or get drunk on the road as this brings shame to the children. This is advice parents should be given.*
*~ Adolescent girl*
*Because when a father is drunk, the child cannot come close to their father. Everything that comes from his mouth is bad. And what kind of advice will this father give? He cannot give good advice.*
*~ Male parent*

#### Addressing economic stressors, emotional support, and coping strategies

Parents acknowledge that they needed economic support to help them execute their role as parents and to reinforce positive parenting practices. Economic support was associated with the ability to enable parents to cater for the basic needs and education of their children. Adolescents also saw themselves as contributors to reduce the economic stressors that their parents experienced. Programs that trained adolescents to acquire skills that could lead to economic empowerment were seen as important. Adolescents believed that such programs could enable them to cater for their own needs and in the case of girls, to prevent transactional exploitation.

Concerning emotional support and coping strategies, parents spoke about their own need for emotional and social support to mitigate the stressors experienced due to the conflict in their community. Emotional problems were associated with loss of livelihoods and the impact of conflict on the wellbeing of the parents. Parents expressed the need to cope with these losses and the associated trauma that impacted how they interacted with their children.

*Papa Bonheur (male caregiver) is in trauma, he will need to have sessions to help him not to be traumatized, so that he can go back to normal life. He should be accompanied by these activities. Some sessions will help him.*
*~ Male parent*
*During conflict, life is hard. Even going to the farm is hard. Looking for food is hard. You are wondering if you will get hurt by animals or you can be killed if you go to the farm. Children ask for different types of food. You feel traumatized. You have many thoughts, you wonder if God hates you. Maybe an NGO will come, and you will get selected to receive support.*
*~ Female parent*
*The life of the parent is a life of suffering and of trauma, he [parent]has become someone who is forgetful, he is someone who keeps getting panic attacks, he has become someone who is fearful.*
*~ Male parent*

### Consolidation of findings

When the findings from adolescent girls, adolescent boys and parents are mapped together, the themes identified by the participants reflect commonality in the participants proposals. These reflect the components proposed for inclusion in parenting interventions in a conflict setting. A small variation is seen in the content proposed by parents and adolescent girls, and the content proposed by parents and adolescent boys. The intersection and divergence in the proposals and discussions by parents, adolescent girls, and adolescent boys regarding content for parenting interventions is illustrated in Fig. 2 below.

### Review of two parenting interventions implemented in Africa compared against content from the workshops with parents and adolescents.

The last step of analysis was the comparison of the results above with two evidence-based parenting interventions implemented in Africa; Parenting for Lifelong Health-Teens and Parents Make the Difference. The comparison was conducted using the title of the sessions within the curricula of these two interventions and by looking at the content within each session. While the title of the sessions varied, the core content was derived by examining the details of each session. Illustrative headings (see table below) have been used to group the main parenting practices that Parenting for Lifelong Health-Teens and Parents Make the Difference target alongside the components proposed by the participants in this study.

The findings indicate that seven out of nine components proposed by parents and adolescents in the DRC already exist in the content of parenting interventions for caregivers of adolescents implemented in non-conflict settings. Only two sessions, associated with parent-parent relationships and parents conduct in the community, proposed by study participants, were found to be missing in the content of Parenting for Lifelong Health-Teens and Parents Make the Difference curricula. This is illustrated in Table 2 below.

## Discussion

This study used the MRC framework as a guide to identify content of a parenting intervention for caregivers of adolescents in a conflict setting in Africa through participatory workshops with parents and adolescent girls and boys. The results demonstrate that in conflict settings, adolescent girls and boys are exposed to intersecting forms of violence. In these settings, parents see their role as important in addressing violence against adolescents through parenting practices, and adolescents also acknowledge that their parents have a role to play in mitigating adolescents' exposure to violence. Parenting interventions can therefore be an important strategy to reduce certain forms of violence against adolescents in the home and in the community.

The results indicate that violence against adolescents and parenting practices towards adolescents are gendered. This is observed from the results by how adolescent boys perceive their male caregivers as responsible for discipline, while this observation did not emerge from the adolescent girls. In addition, adolescent boys were often described by parents as likely perpetrators of violence and the parenting practices that were mentioned to most likely reduce violence among males was guiding

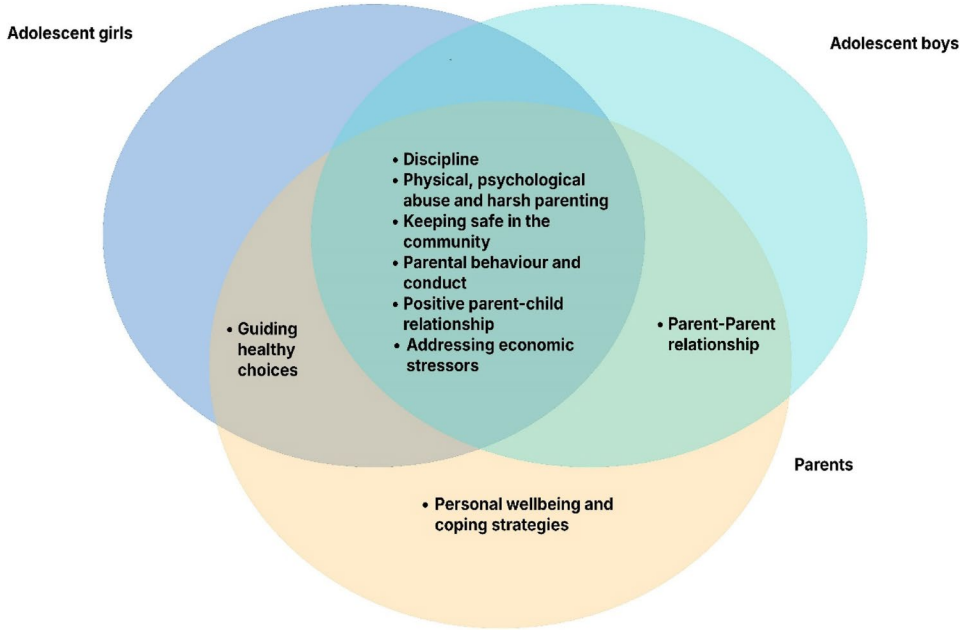


**Fig. 2** Intersection of content proposed by parents and by adolescent boys and girls

**Table 2** Comparison of findings from participants with content from two evidence-based parenting interventions

| Illustrative heading of content from two evidence-based interventions | Parents Make the Difference (adapted for teens) | Parenting for Lifelong Health -Teens (10-17years) | Themes proposed by parents and adolescent participants (13–17 years) |
|---|---|---|---|
| Adolescent brain development | ☑ | X | X |
| Building healthy relationships | ☑ | ☑ | ☑ |
| Emotions and coping strategies | ☑ | ☑ | ☑ |
| Discipline and managing anger | ☑ | ☑ | ☑ |
| Empathy and communication | ☑ | ☑ | ☑ |
| Guiding healthy choices and decision making | ☑ | ☑ | ☑ |
| Praise | ☑ | ☑ | X |
| Problem solving | ☑ | ☑ | ☑ |
| Responding to crisis in the community | ☑ | ☑ | ☑ |
| Cycle of support | ☑ | ☑ | ☑ |
| Reproductive health and changing bodies | ☑ | X | ☑ |
| Parent-Parent relationship | X | X | ☑ |
| Parental behavior and conduct | X | X | ☑ |

adolescent boys to avoid perpetrating violence. On the other hand, girls were viewed as those who are exposed to violence. In turn, parenting practices for violence reduction focused on being aware of power imbalanced relationships and avoiding unsafe spaces in the community. These observations align with patriarchal norms.

As a result, parents approach their prevention role differently for adolescent boys and adolescent girls; for girls, the approach is to prevent them from experiencing harm while for boys the approach is to prevent them from causing harm. At the same time, the responsibility of reducing violence exposure is placed on both adolescent boys and girls, and in the case of pregnancy of girls, the responsibility of reducing violence exposure is placed on adolescent girls and their mothers. Yet adolescence is a period of biological growth and involves major social role transitions [38].

Previous research has illustrated that children and adolescents who experience violence are likely to display aggressive conduct in their relationships as adults [39], and those who are exposed to negative gender norms are likely to display acceptance and perpetration of intimate partner violence [40], or harmful gender attitudes later in life [41]. One of the pathways of intergenerational perpetration of violence is imitation [42]. Parenting interventions can therefore play an important role in mitigating violence in childhood and adolescence, by fostering an environment for children and adolescents to imitate positive attitudes and non-violence [43].

Concerning adolescent boys, the results indicate that they are commonly perceived as violence perpetrators and they also experience physical and emotional violence. This experience hinders a healthy relationship between them and their parents. Accordingly, lack of prevention efforts towards adolescent boys can hamper efforts to end the cycle of all forms of violence against children and adolescents, leading to violence perpetration by boys or their victimization in the future [42, 43]. This calls for intervention designers to collaborate with parents on improving gender supportive attitudes to prevent violence against children of all sexes and collaborating with boys as allies to promote positive gender norms from an early age.

When looking at the content of existing parenting interventions implemented in Africa for caregivers of adolescents, the results from this study show a great overlap between two evidence-based interventions already implemented in Africa and the content proposed by participants in conflict affected DRC. Despite this overlap in content, components that address parents' conduct and how this conduct impacts the wellbeing of their adolescent child is not commonly found in core components or targeted outcomes of parenting interventions [19]. In looking at the WHO systematic review of parenting interventions to end child maltreatment earlier discussed in the introduction, we find that parents' conduct and its impact on adolescents has so far not been included as a component in existing parenting interventions (13).

While some parenting interventions have incorporated content to address intimate partner violence [44, 45], the findings from this study concur with evidence and recommendations to address co-occurrence of violence against children and family violence in contexts where exposure to conflict, family and political violence can lead to high rates of violence against children [46, 47]. To date, only one trial of parenting intervention in conflict settings in Africa has included content on family violence by looking at co-occurrence of gender-based violence and violence against young children [48]. Future research may benefit from intervention adaptation using such a model.

Concerning adolescent girls, the findings from this study suggest the need for inclusion of content to address

sexual violence against adolescent girls. However, existing interventions to mitigate sexual violence through a parenting intervention in the context of the DRC have so far not been effective in reducing sexual violence exposure but have improved caregivers gender-equitable attitudes [41, 49]. As such, interventions that incorporate effective sexual violence prevention strategies in the context remain a gap.

#### Implications for practitioners

Multiple strategies are required alongside parenting programs to contribute to ending violence against children, as illustrated in the WHO INSPIRE framework which identifies seven evidence-based strategies [50]. The findings from this study therefore offer insights into adapting parenting interventions for conflict settings, as one pathway that can contribute to ending violence against adolescents. In addition, it is important that practitioners implementing parenting programs in conflict settings address drivers of violence against adolescents in the community, for example, provide support to parents to address daily economic stressors that impact parenting abilities.

#### Implications for researchers

It is worth noting that few studies have been conducted to date on parenting interventions to reduce violence against adolescents in conflict settings [15]. At the same time, parents and adolescents are key stakeholders in intervention design of parenting programs [26]. Research that centers the voice of adolescents and their caregivers as stakeholders in intervention design can be a useful pathway for researchers to continue engagement with recipients of the program as interventions are being developed and implemented. This calls for researchers to have continued engagement with program designers to adapt content and test for feasibility of the adapted interventions.

When designing a parenting intervention for a conflict setting in line with the MRC framework [26], an adaptation of existing interventions that have shown effectiveness in reducing violence against adolescents can be a useful foundational process for intervention development or intervention adaptation. At the same time, actors in conflict settings often have limited resources available to address multiple needs of the population and multiple forms of violence against adolescents [5]. Research with a conflict affected community also calls for the need to balance research priorities alongside delivery of humanitarian assistance [51]. As such, intervention adaptation may be a useful strategy and ethical approach for intervention designers working in conflict settings.

Lastly, the findings from this study suggest that normalized violence in the home such as physical and emotional violence and violence in the community including sexual violence and lack of safety in the community intersect with conflict stressors impacting parenting practices and economic wellbeing of parents. Different studies have identified the need to strengthen economic support for parents and consequently improve outcomes of parenting interventions [18, 52, 53]. Consequently, integrating economic support into a parenting program to address drivers of violence against adolescents can enhance violence reduction outcomes in a conflict setting.

#### Strengths and limitations

While the results from this study provide initial insights into components that may be relevant to include in a parenting intervention to reduce violence against adolescents, there is need to conduct research in additional conflict settings to identify common themes that emerge in conflict settings. The findings from this study give indication of the needs of adolescents and parents in conflict settings, based on feedback from sample participants in the DRC. While these findings contribute to the gap in literature on parenting in conflict settings, they are nevertheless not generalizable to all conflict settings.

In addition, group facilitated discussions can in some instances introduce social desirability bias due to the lack of anonymity of participants contribution within the group [54], even when confidentiality standards have been set and re-affirmed. There is therefore a likelihood that while personas were used to guide the discussions with participants, and despite assurances that participants' identity would not be linked to findings, participants might not have fully shared their views.

As this study did not aim to evaluate acceptability of a parenting program, the study participants were not screened based on previous participation in a parenting program. It is likely that some participants could have participated in parenting interventions delivered in the context. This, however, can also be a strength to the extent that such a situation provided a chance for the participants to share their proposal for content of the intervention based on what they have experienced.

Regarding data analysis, a key limitation was that data analysis was limited to the research team only and did not include study participants. Such an approach has potential to introduce researcher interpretation bias given the lead researcher's positioning within evidence-based intervention science. To mitigate this, the choice of reflexive analysis approach allowed flexibility for the lead researcher in collaboration with the local research team to familiarize with the data and use contextual knowledge and knowledge of parenting interventions to co-develop codes and themes, consequently structuring the results through a deductive approach.

Lastly, the adolescents' workshops were designed to take a shorter time (2 h) compared to the workshops with parents. This design was intended to limit disruption for school-going adolescents and maximize opportunities for participation by adolescents in the community, including those who may have dropped out of school. This approach is however a limitation in this qualitative study as longer periods of time spent with children and adolescents overtime may help improve familiarity with the researchers [55], thereby creating opportunities for more in-depth and richer insights.

## Conclusion

Guided by the intervention development phase of the MRC framework, this is the first study that contributes to the literature on content to include in a parenting intervention for caregivers of adolescents in conflict settings. The study utilized participatory methods with parents and adolescent girls and boys affected by conflict in the Eastern DRC. The findings highlight that most content of existing parenting interventions implemented in Africa in non-conflict settings can support parents in conflict settings. However, additional specific content is required and proposed by participants to address their specific needs in the setting.

The results further indicate that both adolescents and their parents are aware of harmful parenting behavior and how this can negatively impact adolescents. Parents also seek a better relationship with their adolescents and acknowledge that this is important to reduce further harm against adolescents in the community. Further research with parents and adolescents in multiple conflict settings can contribute to the development of a new parenting support framework with core components that need to be considered in conflict settings.

### Abbreviations

| | |
|---|---|
| CNES | Comité National d'Ethique de la Santé |
| DRC | Democratic Republic of Congo |
| IDP | Internally Displaced Person |
| IRC | International Rescue Committee |
| MRC | Medical Research Council |
| SSH IDREC | University of Oxford's Social Sciences and Humanities Interdivisional Research Ethics Committee |

## Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12889-026-26773-y.

Supplementary Material 1.

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### Clinical trial number

Not applicable.

### Authors' contributions

YA led the conceptualization, design, acquisition of data, analysis, and drafting the manuscript. GM made substantial contributions to the acquisition of the data, analysis, interpretation and review of the manuscript. JM made substantial contributions to the acquisition of the data, analysis and interpretation. CF made substantial contributions to the interpretation of data and review of the manuscript. LC made substantial contributions to the conceptualization, design and revision of the manuscript. All authors read and approved the final manuscript.

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### Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

## Declarations

### Ethics approval and consent to participate

The study was designed and conducted in accordance with the UNICEF Ethical Research Involving Children compendium and in compliance with the Helsinki Declaration. The study was granted ethics approval by the University of Oxford's Social Sciences and Humanities Interdivisional Research Ethics Committee (SSH IDREC) approval number R91930/RE001, and by the Democratic Republic of Congo (DRC) Ministry of Health *Comité National d'Ethique de la Santé (CNES)*, *Direction Provinciale du Sud-Kivu* approval number CNES001/DPSK/221PM/2024.
Informed consent was obtained from all adult participants. For child participants, informed assent was obtained after parental consent was granted.

### Consent for publication

Not applicable.

### Competing interests

The authors declare no competing interests.

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## Publisher's note