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Violence against children in Afghanistan: Concerns and opportunities for positive change



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ABSTRACT

Violence against children (VAC) in Afghanistan is a serious issue in the context of many decades of conflict and poverty. To date, limited studies have explored the extent of VAC in Afghanistan and the settings where VAC takes place. To understand (i) the extent of VAC, (ii) settings where VAC takes place, (iii) parental forms of VAC and (iv) regional differences, an interview administered cross-sectional survey was employed among a community sample of 145 children and 104 parents living within Kabul, Torkham, and Jalalabad. Demographic information was collected as well as items from the International Child Abuse Screening Tool (ICAST-CH). In this study, 71% of children reported experiencing physical violence in some form in the past year. Home was the most likely location of violence. The overwhelming majority of parents reported using physical violence as a discipline method. Parents who attained higher levels of education and had more skilled occupations used violence less as a discipline method. However, consistent with international research, children cited their parents as their preferred source of support in situations of violence. Interestingly, parents did not see violent forms of discipline as more effective than non-violent strategies. The results offer a disturbing yet 'on the ground' insight into VAC in Afghanistan from the experience of children and parents. The results have important implications for programming design and provide a focus for stopping and preventing VAC in Afghanistan and similar contexts.

1. Introduction

Violence against children (VAC) is a serious problem that has been characterised as involving child marriage, child labour, physical assault, and corporal punishment (UNICEF, 2012). The World Health Organization (WHO) together with other United Nations Organizations and international non-government organizations (INGOs) has continually prioritized prevention and intervention on VAC. For example the seminal WHO report, 'INSPIRE' has seven strategies to end VAC (WHO, 2016) and emphasizes the importance of empirical research to understand the extent of, and prevention of VAC. Clearly, VAC is a worldwide problem that results in serious harm across the life course and can impede children from reaching their full potential (WHO, 2016). In countries

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where there is significant socioeconomic disadvantage and trauma from humanitarian disasters and armed conflict, the occurrence of VAC is likely to be higher and more entrenched. VAC remains largely hidden because it often occurs within the confines of the home (Theodore et al., 2005; Zolotor et al., 2009).

A review of research on children living in humanitarian and armed conflict contexts reveals the importance of the family environment as a mitigating factor (Miller & Jordans, 2016). Yet there is limited research on children's experience of parental violence. Children in low income and fragile settings such as Afghanistan experience high rates of polyvictimization (Le, Holton, Romero, & Fisher, 2016). The combination of impoverished living, internal conflict and high incidences of violence can culminate in serious mental health and developmental consequences for children (Miller & Jordans, 2016). Consequently, children living in emergency contexts are extremely vulnerable and research is a critical priority (Stark & Landis, 2016).

Afghanistan is one such country that has experienced many of these contextual issues. The unstable security and political environment of the country has meant that contemporary data on VAC has been very limited. Incidences of domestic and family violence are strongly linked to VAC and are exacerbated in contexts of armed conflict and disasters (Catani et al., 2009; Saile, Ertl, Neuner, & Catani, 2013). VAC within the home is well recognised to account for majority of incidences, while at the same time often being under-reported (Theodore et al., 2005; Zolotor et al., 2009). Community perceptions play an influential role in how VAC is recognized and responded to. It is a sensitive issue for the community and this is especially complex in Afghanistan (Catani et al., 2009). In developmental contexts where there are high rates of child labour and homelessness, VAC is often more prevalent. Institutions, such as schools, are also a common location for VAC (Bjorgo Skardalsmo & Jensen, 2015; Skovdal, Emmott, & Maranto, 2014). The available research on VAC in Afghanistan points to explanatory factors such as education, trauma, poverty and child labour (Catani et al., 2009; Skovdal et al., 2014). However, there has been an absence of research on parental violence.

It is difficult to ascertain the extent of VAC in Afghanistan, as official reporting is non-existent (UNICEF, 2012). The child protection system in Afghanistan is very limited with few government services (Inwald et al., 2014; Welbourne & Dixon, 2016). Serious child maltreatment cases are typically referred to police or local religious and community leaders, who often have limited expertise in child related matters. INGOs operate in some districts providing emergency relief and social development services to improve the situation for children and families.

To date most research on VAC in Afghanistan has relied on retrospective data from refugees who report on their experiences of childhood (Jakobsen, Demott, & Heir, 2014; Mghir, Freed, Raskin, & Katon, 1995; Mghir & Raskin, 1999; Skardalsmo Bjorgo & Jensen, 2015). Nevertheless VAC is regularly observed by INGOs as being a frequent and even epidemic occurrence in Afghanistan (UNICEF, 2012; Terre des hommes [Tdh], 2015; Afghanistan Independent Human Rights Commission [AIHRC], 2006). Security concerns and cultural sensitivities around VAC, make research into the situation at the coal face very challenging.

Despite the important findings from the available literature, there are significant gaps in knowledge on VAC in Afghanistan. There are methodological and sample limitations in the available studies which are common to VAC research in humanitarian settings (Stark & Landis, 2016). Comparatively few studies have been conducted on VAC in Afghanistan generally and even less have had samples of Afghan children in situ (Catani et al., 2009; Elbert et al., 2009). There are some studies that examine perceptual levels of prevalence and attitudes of VAC from parents and relevant stakeholders, but many have been qualitative (Catani et al., 2009; Whitsel & Mehran, 2010). Few studies have had focus on parental VAC separate from exposure to violence arising from war and armed conflict (Panter-Brick, Eggerman, Gonzalez, & Safdar, 2009; Panter-Brick, Goodman, Tol, & Eggerman, 2011; Miller & Jordans, 2016). Additionally, no studies to date have explored the variety of forms of VAC in Afghanistan and specific settings where VAC takes place. Thus this research aimed to understand the (i) extent of VAC, (ii) settings where VAC takes place, (iii) parental forms of VAC and (iv) regional differences of VAC in Afghanistan.

2. Method

A cross-sectional survey administered via interview.

2.1. Locations

Surveys were administered in three locations: Jalalabad, Kabul, and Torkham. Jalalabad is the main city in the province of Nangarhar. The whole province is highly volatile with some districts under the control of Taliban or Daesh. There is frequent fighting and attacks on villages and rumors of schools and clinics being closed by combatants. Kabul, the capital, is the largest city in Afghanistan and populated by many displaced people. International organizations and foreign military have a significant presence in Kabul. This adds to precarious security conditions and unpredictable armed conflict. Torkham is a remote rural center close to the border with Pakistan. It is a transit point for goods and people between the two nations. Torkham's main road is often violently targeted by Daesh, Taliban, and other Armed Organization Groups (AOGs). These sites were suitable because Terre des hommes Foundation's (Tdh) has Child Protection Center's in each location with an established relationship with the community and relevant authorities, along with the availability of staff with a good knowledge of child rights. Specific neighbourhoods included Jalalabad district three, Kabul district six, Torkham and its surrounding villages. Children and parents currently receiving services from Tdh were excluded from the sample.

2.2. Recruitment and sample

Focus groups with community members helped identify networks for recruiting participants for the survey. An identification map

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