# Preventing intimate partner violence amongst women in Afghanistan: Identifying changeable risk factors

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**Globally, one in three women have experienced physical and/or sexual violence in their lifetime (WHO 2013). In Afghanistan, recent demographic and health survey data (CSO 2017) indicates that the prevalence of intimate partner violence (emotional, physical or sexual) perpetrated against women aged 15 to 49 is 56%, ranging from between 7% and 92% across different provinces. Based on the baseline for an impact evaluation of Women for Women International's programme in Afghanistan, this brief describes the factors associated with physical and emotional intimate partner violence. The brief is intended for employees of governmental and non-governmental organisations, and donors, interested in working to prevent violence against women before it occurs.**

## Background

Preventing violence against women and girls, in particular intimate partner violence (IPV), is a key aim of the Sustainable Development Goals. To work effectively to prevent IPV, we need to understand the drivers of IPV in any given context.

In Afghanistan there is very little research on the prevelance of IPV and the factors driving it. This research brief describes findings from a study of married women enrolled in an ongoing evaluation of Women for Women International's (WfWI's) programme in Afghanistan. It focuses on the factors that protect married women from, or increase their vulnerability, to IPV and makes recommendations on effective strategies to prevent IPV.

## The Issue

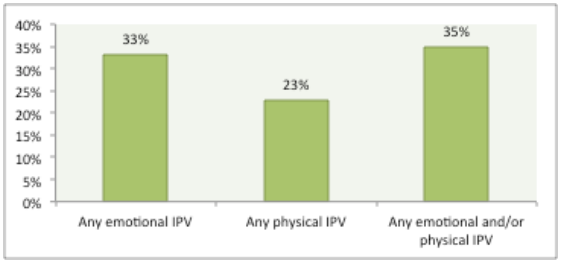
IPV is common globally and women who experience IPV have worse health outcomes than those who do not (WHO 2013). Globally, evidence is mounting regarding the drivers of IPV, with factors including poverty, gender inequalities, lack of education and social norms (Jewkes 2002; Jewkes et al 2017). However, there is very little research on the drivers of IPV in Afghanistan.

## Methodology

Between September 2016 and March 2017 we interviewed married women aged 18-49 who were enrolled in an evaluation of the WfWI programme in Kabul and Nangarhar provinces. The programme is a one year intervention that combines social empowerment and livelihoods training to improve women's lives. In total we asked 935 married women a range of questions, including about their experiences of IPV in the past year, education, views of gender equity, and livelihoods. We then explored quantitatively what factors increased women's vulnerability to physical and emotional IPV. We also assessed the impact of IPV on women's health.

## Findings

We found that almost a quarter (23%) of married women had experienced physical IPV in the past year and a third (33%) had experienced emotional IPV. There was substantial overlap between both types of IPV, with almost all women reporting physical IPV also reporting emotional IPV.




A range of factors increased women's likelihood of experiencing physical IPV. Women who experienced childhood traumas, including physical abuse and emotional neglect before the age of 18, were more likely to experience physical IPV.

Other factors increasing women's risk of experiencing IPV from a husband included experiencing violence from another family member, including mothers-in-law, fathers or siblings. Women who reported that their community had less equitable gender norms were also more likely to report physical IPV. Finally,

women reporting higher levels of disability were more likely to report physical IPV. Experiencing physical IPV is also likely to increase disability.

For women who only experienced emotional IPV, factors placing them at risk included higher levels of food insecurity, experiencing physical violence from another family member and reporting that their community had less equitable gender norms.

The study also showed that women reporting IPV in the past year had worse health outomes than those not reporting IPV. Physical IPV was associated with greater levels of depression, post-traumatic stress disorder, higher levels of disability and overall worse general health. Women reporting two or more instances of emotional IPV in the past year reported worse overall general health and increased severity of disability.

### Key messages

1) IPV is common among women in this study, with almost a quarter of married women experiencing physical IPV and a third experiencing emotional IPV in the past year.
2) Women who experience physical and emotional IPV are more likely to experience a range of health problems.
3) Physical and emotional IPV are associated with changeable factors that interventions can target and address.

## Conclusion

### Implications

Despite IPV being common amongst married Afghan women, our analysis highlights that the factors that place women at risk of IPV are preventable. However, without developing and implementing interventions to prevent IPV, the significant health burden will continue, alongside human rights violations.

### Recommendations

Interventions working to reduce IPV should focus on preventing childhood trauma. Working with parents to reduce physical abuse, such as beating, and to improve the care children are provided is likely to have long-term benefits in reducing IPV.

Interventions can work with women to reduce experiences of IPV, but should consider working with households rather than only individual women as violence appears to happen at the household level. Interventions should also work to change community level gender norms.

Finally, interventions need to ensure that they include women with disabilities, as having disabilities increases women's vulnerability to IPV. This may require the development of inclusive approaches to people with disabilities (Van Der Heijden 2014).

### Next steps

This research is part of a larger programme evaluating the impact of the WfWI programme on women's experiences of IPV. The evaluation is a randomised control trial – that is half the women receive the intervention and the other half do not. The study will last two years, with final results in 2019.

## Programme team

The research is led by Prof Rachel Jewkes, Dr Andrew Gibbs and Dr Julienne Corboz, of the South African Medical Research Council. Women for Women International partners include Mohammed Shafiq, Fazal Karim, Frozan Marofi, Carron Mann, Andria Hayes-Birchler and Eva Noble.

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