

National Study on Violence

Against Children in Jordan

2020 - 2019

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This study was conducted through co-operation and partnership between the National Council for Family Affairs (NCFA), UNICEF Jordan Country Office and relevant national governmental and non-governmental institutions. For years, this partnership has led to the successful implementation of several programs and activities related to the protection of children and the family at different levels, including legislative, preventative and service provision, in order to institutionalize the child and family protection system at the national level.

This study aims to shed light on societal practices and trends relating to violence against children, and to provide relevant data, which will help build an integrated picture of violence against children in Jordan and contribute to determining the requirements of the child and family protection system for the coming years. We hope that this study will serve as a reference for decision makers in national governmental and non-governmental institutions and international institutions, to unite visions and efforts towards priorities for action to develop and strengthen the child protection system at its preventive, service provision and legislative levels. We affirm our pride in our partnership with all relevant stakeholders, and our commitment to work with all concerned parties to promote participatory action in the field of child protection to strengthen the child and family protection system at the national level.

Numerous individuals and organizations contributed to the finalization of this study. We would like to extend our thanks and gratitude to the National Team for Family Protection, the members of the technical committee, Mindset team, NCFA, UNICEF in Jordan and the UNICEF Regional Office for the Middle East and North Africa. In particular, Hakam Al-Matlaqa, Mai Sultan, Suzan Kasht, Yumi Matsuda, and Randa Nubani. Special thanks also go to the children, youth, parents and stakeholders who participated in the study for sharing their experiences and reflections.

Finally, we stress the importance of continuing participatory work among all institutions and calling on the -AL-Mighty God- that our concerted efforts to provide a decent livelihood for the sons and daughters of our beloved country are united, in the presence of His Majesty King Abdullah II Ibn Al-Hussein.

The Secretary General of the National
Council for Family Affairs

Dr. Mohammed Fakhri Meqdady



UNICEF Representative/Jordan Country
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Definition of Violence Against Children (VAC)

The right of children to be protected from violence is enshrined in the Convention on the Rights of the Child. Despite this, one billion children experience some form of emotional, physical, or sexual violence every year, whilst one child dies from violence every five minutes.¹

Violence against children knows no boundaries of culture, class, or education. It takes place against children in homes, schools, and institutions. Peer violence and cyberbullying also present a threat to children. Children who were exposed to violence may deal with isolation, loneliness, and fear, and struggle to seek help, especially when the perpetrator is

someone close to them, such as a family member or guardian. A child's gender, disability, poverty, nationality, or religion may all increase the risk of violence, with the youngest being more vulnerable as they are less able to speak up and seek support.²

In this report, the definition of Violence Against Children adopted by UNICEF, aligned with the

Convention on the Rights of the Child, is used, which defines violence as: "All forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation; including sexual abuse against persons under the age of eighteen, whether committed by parents, other caregivers, peers, institutions or others."³

The definition of violence against children emphasizes:

1. No justification for violence – so that "No violence against children can be justified; all kinds of violence against children can be prevented."
2. No exception – to consider "All forms of violence against children as unacceptable," and that the child's fundamental right to dignity, humanity, and physical and psychological integrity should not be compromised in any way, shape, or form and in particular that no form of violence should be characterized as "legally, socially, or culturally acceptable."

¹ United Nations, Children. Web page. Retrieved from <https://www.un.org/en/global-issues/children>

² Ibid.

³ Jordan Department of Statistics. Population and Family Health Survey in Jordan 2017-2018. Retrieved from http://www.dos.gov.jo/dos_home_a/main/linked-html/DHS2017.pdf

Forms of violence include:

Physical violence: any punishment in which physical force is used to cause some degree of pain or discomfort, independently of its intensity. Forms of physical violence include, but is not limited to, beating children (“smacking” or “slapping” or “spanking on the buttocks”) by hand or using an object (e.g., whip, stick, belt, shoe, wooden spoon, etc.), as well as kicking, shaking, or throwing the child, scratching, pinching, biting, pulling hair, punching ears, hitting with a stick, forcing the child to stay in uncomfortable positions, burning, scalding, or forced ingestion.

Sexual violence: sexual violence and sexual exploitation include :

- The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity.
- The use of children in commercial sexual exploitation.
- The use of children in audio or visual images of child sexual abuse cases; and,
- Any sexual abuse in which no physical force is used, yet constitutes transgression against the child, is based on exploitation, and leads to trauma.

Psychological violence: psychological, mental, verbal, and emotional abuse, which includes:

- All forms of persistent harmful interactions with the child (e.g., conveying that they are worthless, unloved, unwanted, endangered, or only of value in meeting another person’s needs).
- Scaring, terrorizing, and threatening; exploiting and corrupting; spurning and rejecting; isolating, or ignoring the child; and practicing favouritism.
- Denying emotional responsiveness; neglecting mental health, medical, and educational needs.
- Insults, name-calling, humiliation, belittling, ridiculing, and hurting a child’s feelings.
- Placement in solitary confinement, isolation, or humiliating or degrading detention conditions.
- Psychological bullying and hazing by adults or other children

Cyberviolence (violence through information and communications technologies (ICT)): risks and acts of violence against children through ICT comprise the following interrelated areas:

- Producing abusive visual and audio images facilitated by the internet and other (ICT) means.
- Taking, making, permitting to take, distributing, showing, possessing, or advertising indecent photographs or virtual photographs (morphing) and videos of children and those making a mockery of an individual child or categories of children; or producing and permitting to take, distribute, display, possess, or advertise such photos.
- Exposing to actually or potentially harmful advertisements, spam, sponsorship, personal information, and content that is aggressive, violent, hateful, biased, racist, pornographic, unwelcomed, and/or misleading.
- Bullying, harassing, stalking (child "luring"), and/or coercing, tricking, or persuading into meeting strangers off-line.
- As actors, children may become involved in bullying or harassing others, playing games that negatively influence their psychological development, creating and uploading inappropriate sexual material, providing misleading information or advice, and/or illegal downloading, hacking, gambling, financial scams, and/or terrorism.

Neglect or inattentive treatment: Neglect describes the failure to meet children's physical and psychological needs, failure to protect them from danger, or give them necessary medical, birth registration, or other services when those responsible for children's care have the means, knowledge, and access to services to do so. Neglect includes:

- Physical neglect: Failure to protect a child from harm through lack of supervision for instance, or failure to provide the child with the basic needs including adequate food, shelter, clothing, and basic medical care.
- Psychological or emotional neglect includes lack of emotional support and love, chronic inattention to the child, caregivers being "psychologically unavailable" by overlooking children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse.
- Neglect of children's physical or mental health: withholding essential medical care.
- Educational neglect: failure to comply with laws requiring caregivers to secure their children's education through school attendance or otherwise.
- Abandonment: a practice of great concern that disproportionately affects some children more than others, especially children with disabilities in some societies.

Background and methodology

Child protection mechanisms and stakeholders in Jordan

Jordan is considered a young country, with more than 40 per cent of its population under the age of 18, according to Jordan's Department of Statistics (DoS).¹ The Government of Jordan (GoJ) positions children atop its national priorities, with regards to services to support children, legislations upholding children's rights, and methods and mechanisms applied to protect and implement their rights.

Jordan was one of the first countries to sign the Convention on the Rights of the Child and issued a special law to endorse the convention. The government's commitment to child protection was demonstrated when it established the Family Protection Department under the Public Security Directorate (PSD) in 1997. The Family Protection Department aims to protect children and families from domestic violence and sexual abuse. It provides a free and confidential 24-hour hotline to receive and register cases of violence against children.

At the end of the 20th century, GoJ began developing a national action plan based on a participatory approach involving all official and civil institutions concerned with family protection. GoJ (with support from the British government) launched the "Family Protection Against Violence" project in 2000. The project aimed

to strengthen the coordination between governmental and non-governmental institutions, build these institutions' capacities, and help them improve their national services to reduce domestic violence and sexual abuse.

The project, which eventually ended in 2005, resulted in the establishment of the National Team for Family Protection and the National Council for Family Affairs (NCFA). The National Council for Family Affairs (NCFA), established in 2001, applies a multisectoral participatory approach to implement national programs to protect children and institutionalizes the protection system on the national level. These efforts are led by the National Team for Family Protection (National Team), which operates under NCFA's umbrella. In 2016, the bylaw of the National Team for Family Protection from Violence No. (33) was issued. The team, comprising representatives

of relevant national governmental and non-governmental institutions, supervises and monitors the implementation of family protection national directives, policies, and strategic plans.

The team also oversees the extent to which national institutions are committed to these directives, policies, and plans, ensuring that these institutions use automated systems to process domestic violence cases. The National Team identifies national family protection priorities, supervises the application of the National Framework for Family Protection Against Violence, and defines standards for accreditation and quality control for the services provided to domestic violence cases. The National Team also offers technical support for national projects implemented by the Council or partners. It follows up on implementing the recommendations of Arab and regional conferences related to

¹ Ibid.

family protection. In 2003, the National Team was awarded the United Nations Prize in the Field of Human Rights.

Working together, these teams developed the National Framework for Family Protection Against Violence and the Strategic Plan for the Protection of the Family and the Prevention of Domestic Violence. They also began implementing crucial programs and activities to prevent and deal with cases of violence against children and domestic violence. They included: Setting up linkages for remote trials for children through closed circuit television (CCTV)LIMI.

A project to develop procedures used to deal with cases of domestic violence in the Ministry of Health, Ministry of Education, Ministry of Social Development, Ministry of Justice, and the Judicial Council. Specialized units were established in these institutions to follow up on cases of domestic violence.

Several training programs which were provided to the employees of national institutions on the procedures used to deal with domestic violence cases.

The Protection Against Domestic Violence Law was enacted.

The Dar Al-Wefaq shelter for abused women, established by the Ministry of Social Development. Violence Against Children in

Jordan: What we know

The 2007 national study on Violence Against Children (VAC) revealed a high prevalence of VAC in Jordan. According to the survey, 50 per cent of children were physically abused by parents/legal guardians, schoolteachers, principals, and siblings, and about one-third were physically abused by adults and children in the neighbourhood. One in 1,000 children was subjected to severe violence, requiring the intervention of responsible authorities, such as the Family Protection Department of the Public Security Directorate.¹

Similarly, the 2012 Jordan Demographic and Health Surveys (DHS) found that 89.4 per cent of children ages 2 to 14 experienced at least one form of violent discipline during the month preceding the survey. This number slightly decreased in the 2018 survey, which indicated that 81 per cent of children ages 1 to 14 were subjected to violent methods of discipline.

The current study is the second national study on VAC in Jordan. It includes a nationwide quantitative survey of 3,837 school students aged 8-17, 1,118 youth aged 18-24, and 1,706 family/informal or professional caregivers. It also includes a qualitative portion, consisting of 34 focus groups with children and caregivers and 23 key

informant interviews (KIIs) with child protection experts, officials, and activists.

The preparation of this report coincided with the COVID-19 pandemic, which had serious consequences for children and their families, including the move to online education, reduced access to reporting mechanisms and protection services, social isolation, and increased economic pressures. This required a rapid assessment to evaluate and measure the prevalence of VAC since the strict COVID-19 lockdown in March 2020. The COVID-19 rapid assessment relied on three research methods to collect information. First, a survey was conducted with 900 caregivers who participated in the 2019 national study on VAC. One of each caregiver's children was randomly selected and the caregiver was asked how this child was treated during the lockdowns. Then, focus group discussions were held with some of the children to understand how they perceived changes in the nature and frequency of violence against them since the pandemic. Finally, KIIs were conducted with experts and children protection practitioners to understand the challenges children in Jordan faced during the pandemic. This rapid assessment is included as an appendix to this study.

¹ Elayyan, K. (n.d.). (rep.). Violence against children study in Jordan. UNICEF. Retrieved from https://usjkamp.s3.amazonaws.com/prod_uploads/system/resources/attachments/000/000/005/original/2007_Violence_Against_Children_in_Jordan_%28UNICEF%29.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJNKAKIDZBGBBOKQA%2F20220216%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20220216T040259Z&X-Amz-Expires=10&X-Amz-SignedHeaders=host&X-Amz-Signature=152bda2ccbc73da1d5b0386cdced4e079769f22b87f66f7311f7e65bcf27d43a.

Research objectives

With support from the United Nations Children's Fund (UNICEF), multiple countries worldwide use standardized studies to assess VAC. These studies aim to identify the prevalence, forms, frequency, and perpetrators of various practices of violence against children and to evaluate any changes in such practices, particularly in countries that adopt specific strategies and programs to protect children.

The objectives of the 2019 VAC study were to:

Assess the prevalence of VAC in Jordan.

Identify the most prevalent forms of VAC, their frequency, and perpetrators.

Propose recommendations on priorities for action at the national level to prevent VAC.

Assessing the current state of VAC in Jordan is an essential step in reducing violence against children and increasing the effectiveness and enforcement of preventative strategies and mechanisms. This study provides rigorous and up-to-date data to support decision-making and policymaking. It includes estimates of the magnitude and

the nature of violence against children in Jordan and allows for comparisons between Jordan's unique population segments.

Hence, the study identifies the most prevalent forms of VAC in Jordan and assesses their patterns, frequency, and associated risks. The study also identifies the perpetrators of such practices, explores factors that may drive or deter violence, and identifies help-seeking behaviors. Finally, it provides recommendations for action to address VAC.

Sample

The study used both qualitative and quantitative research methods to interview children, youth, caregivers, and child protection professionals about VAC in Jordan. Surveying these different groups provided a comprehensive view on violence in Jordan. The sample of children provided insight on current victimization rates; the youth sample provided a retrospective view on violence experienced during childhood, and the caregivers sample provided insight on both attitudes toward and prevalence of violence. Furthermore, the different samples offered an opportunity for triangulation and confirmation of findings between the surveys.

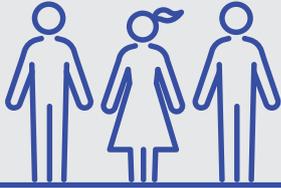
Below are the research samples used:



First:

Survey of children
(ages 8-17):

- Children with disabilities (CWD) sample: 134 children with disabilities were interviewed. This was also an exploratory and non-representative sample.
- Social service institutions sample: This subsample consisted of 126 children in orphanages and juvenile rehabilitation centres. Due to the difficulties associated with obtaining a sample frame and randomly selecting interviewees, this was not a probability sample. In other words, the results represent the interviewees only. However, there are important differences between the results of this subsample and the other categories consistent with research on the experiences of children in rehabilitation or social service institutions. Children were asked about their exposure to violence over their entire lives, therefore their answers did not necessarily measure their exposure to violence in social service institutions centres.
- Schools in Syrian refugee camps sample: 296 children from the Za'atari and Azraq refugee camps were interviewed. This was a random sample representative of school children in Syrian refugee camps.
- Schools sample (national level): 3,281 children were interviewed in public, private and UNRWA schools. This sub-sample is nationally representative of children of all Arabic-speaking nationalities in grades 3 to 12 in the Kingdom. This was a probability sample implemented at the national level. The sample was first stratified by type of school (public/private/UNRWA). Second, schools were randomly selected from each stratum using a sample frame provided by the MoE. Then, grades were preselected from each school. Finally, children were randomly selected from each grade.



Second:

Youth survey (ages 18-24):

- 1,118 young males and females ages 18-24 were interviewed.
- This was a nationally representative survey using the enumeration areas (EAs) from the Population and Housing Census of 2015 as the sampling frame. There were no subsamples for Syrian refugees or other respondent categories.



Third:

Family caregivers survey:

- Caregivers sample (national sample): 1,563 caregivers (mostly mothers and fathers) with at least one child were interviewed. A multi-stage cluster sample, representative at the national level, was implemented in households, using the enumeration areas (EAs) from the Population and Housing Census of 2015 as the sampling frame.
- Caregivers sample (Syrian refugee camps): 143 caregivers with at least one child in the Za'atari and Azraq refugee camps were interviewed.

In each household in which caregivers were interviewed, one child was randomly selected as the "focal child" (index child), that is, the child about whom the questions were asked. For example, some questions were formulated and asked to caregivers as follows: "In the last (12) months, have you shaken (name of the focal child) strongly?" This was done to distinguish between male and female and younger and older children. The enumerator listed all the children under the caregiver's guardianship and randomly selected the "focal" child. At least 8 out of 10 respondents were mothers of the focal child.



Fourth:

Focus Group Discussions (FGDs):

34 focus groups were conducted with children and caregivers from the participants in the samples above, with a total number of 248 participants.



Fifth:

In-Depth Interviews (IDIs):

In-depth interviews were conducted with 23 specialists, experts, insiders, and activists in the field of child protection. They were nominated by national entities and stakeholders. They included:

- Staff of local NGOs and CBOs
- Staff of INGOs
- Subject matter experts
- Government officials

Data were collected between January and October 2019.

Methodological design

Key stakeholders identified by the Study Review Group (SRG) participated in the development of the survey and field tools and procedures over the course of 10 months prior to conducting the survey. Meetings with key stakeholders and informants helped to inform the survey questions and procedures. The stakeholders were instrumental in adapting the survey to the local cultural context. Meetings with these numerous key stakeholders also fostered broad ownership of the study.

The questions in the survey were based on the Child Abuse Screening Tools that were issued by the International Society for the Prevention of Child Abuse & Neglect (ISPCAN), which have been validated and implemented in multiple countries.¹

The questionnaires consisted of two main sections. The first section includes short and direct questions about demographic, social, and economic characteristics. The second and much larger section consisted of a comprehensive set of questions on various types and forms of violence.

Prior to the implementation of the surveys, a pilot test of all three quantitative tools was conducted in Amman and Irbid. In addition to testing the survey instrument itself, the pilot test enabled testing of the sample procedure for randomly selecting households and survey participants, as well as the procedures for providing support to respondents who were distressed or who reported abuse. This pilot helped the team improve the procedures, finalize the tools, and select the final samples.

¹ The International Society for the Prevention of Child Abuse and Neglect. (Official Website). ISPCAN Child Abuse Screening Tools (ICAST). Retrieved from IPSCAN.org: <https://www.ispcan.org/learn/icast-abuse-screening-tools/?v=402f03a963ba>

Ethical standards

The study followed UNICEF's ethical standards (related to the integrity of field studies and the safety of individuals participating in VAC surveys) and the guidelines and standards of ISPCAN related to field surveys.

Approval from the UNICEF Institutional Review Board was obtained to ensure the rights and safety of participants throughout the research, including during the design and implementation of the methodology and tools.

The most significant challenges expected to occur were the strong emotions that some participants could experience when answering questions related to violence, especially if they were survivors. It would be more challenging when participants were experiencing violence at the time of the survey and needed assistance. Accordingly, all enumerators were trained on procedures for recording and reporting abuse. They were trained to inform study participants about their ability to report violence while emphasizing and guaranteeing confidentiality and safety when filling out the questionnaire. Field researchers were also trained to report any violence they might learn about or observe that requires intervention or referral during their fieldwork, using a special form that they could submit to Mindset (the organization that implemented the field study). Mindset in turn would submit forms to UNICEF. Field researchers referred a total of 29 cases to UNICEF for urgent follow-up.

Data quality, accuracy, and reliability

The office-based data processing team reviewed all data for completeness and accuracy. Interviewers were sent back to collect missing information and to clarify information that appeared erroneous. In addition, the roaming field supervisor randomly selected completed interviews from each EA and reviewed them for completeness and accuracy. Mistakes were brought to the attention of team leaders so that errors could be addressed with the teams and avoided in the future.

Quantitative data were collected on an Open Data Kit (ODK)-based system and analysed using the Statistical Package for the Social Sciences (SPSS) (Version 26). All results were calculated using sampling weights so that they were nationally representative. A p-value of 0.05 was used to calculate statistical significance and the bar charts presented in this report show the 95 per cent confidence interval of estimates. See Annex 4 for guidance about how to interpret differences between the estimates and the charts presented in this report. To account for the complex sample design of the surveys, the SPSS Complex Samples package was used in the calculation of standard errors.

Qualitative data produced from the interviews and FGDs were analysed thematically with the aid of NVivo qualitative data analysis software. Using a methodology known as live coding, the data was systematically reviewed to discover and validate themes that addressed the research objectives.

Limitations

The limitations of the study must be considered when reviewing, interpreting, inferring, or disseminating the results. The limitations include:

- The difficult nature of the subject itself may have made respondents uncomfortable as violence against children is primarily considered a “private” matter in Jordan. It may be difficult for respondents to disclose and discuss VAC, especially those who have been exposed to, experienced, or participated in violence.
- Social desirability bias might have affected how respondents answered some questions. The fact that the respondents were not anonymous to the researchers, that researchers had to report certain types of violence to authorities, and that victims of violence may fear retribution or shaming for speaking of violence, also has an effect. Simply put, caregivers or children might have underreported incidents of violence.
- Naturally existing factors in such studies, which are very difficult to completely neutralize if not impossible, and this means that the results are at best a mitigating reflection of the existing violence, its frequency, shape, pattern and impact, especially in the qualitative aspect.
- Memory bias may have affected respondents’ answers to retrospective questions of the survey, especially when youth ages 18-24 were asked about violence in their childhood.
- The lack of statistical frameworks for selecting a random sample of children and caregivers in social service institutions and children with disabilities meant that these samples were not representative. This limits the possibility of generalizing the results of these two sub-samples (children in social service institutions and children with disabilities) and the ability to make comparisons with other samples.
- Using school samples greatly limited the ability to obtain information on certain forms of VAC, especially child labour and early marriage, as children affected by such forms are often outside the educational system. Therefore, the research team highly recommends examining these two forms of violence through ad-hoc and in-depth studies. There are already several extensive studies related to this in Jordan, conducted by UNICEF, the Higher Population Council (HPC), the Department of Statistics (DOS) and the National Council for Family Affairs (NCFA), among others.

Still, the limitations listed above do not diminish the importance of the results of this study, as it still study reflects the most accurate picture to date of VAC in Jordan.

Demographic characteristics of the sample

This section covers the demographic and socio-economic characteristics of survey respondents, including age, sex, and educational status. As with other sections of the report, the survey data are presented in the following sequence: children, youth, and caregivers. The characteristics of focus group participants are briefly presented at the end of this section.

Characteristics of the children's sample

The children's sample was divided between genders (52 per cent were males and 48 per cent were females on average). This split was by design. Equal numbers of females and males were sampled from each grade to ensure sufficient sampling from each gender. Data were analysed separately for males and females.

Only children between the ages of 8 and 17 could participate in the survey, regardless of their current grade in school. Although the age distribution of the students varied between groups, all targeted ages were represented. In the national sample, 33 per cent of the children were between 8 and 10, 29 per cent were between 11 and 13, and 38 per cent were between 14 and 17.

Approximately 8 out of 10 respondents in the national sample were primary school students. This was a natural result of the sample design, as the survey targeted students between 8 and 17 years only.

Three-quarters of children (75 per cent) in the national sample attended public schools, 19.3 per cent attended private schools, and 5.6 per cent attended UNRWA schools. The children from the Syrian refugee camps attended public schools only.

National sample fathers were significantly more educated than Syrian refugee camp fathers. While more than half (56 per cent) of children's fathers in the national sample had a secondary or higher education, only 20 per cent of fathers to children in Syrian camps had similar educational attainment. A similar trend was observed among mothers: More than half of children's mothers (65.1 per cent) in the national sample had a secondary or higher education, compared to only 14 per cent in the Syrian refugee camps sample.

Approximately 9 out of ten (88.9 per cent) of the children in the national sample were Jordanian, 6.7 per cent were Syrian, 2.3 per cent were Palestinian, and the remaining 1.7 per cent were of other nationalities.

Nine in ten children (91.8 per cent) lived with both parents. The proportion among Syrian children was lower, with eight in ten (84.1 per cent) living with both parents.

Living with only one parent was accordingly more common in the Syrian refugee camps sample:

- 13.8 per cent of the children in the Syrian refugee camps lived with the mother only, and 1.0 per cent lived with the father only.
- 6.7 per cent of the children in the national sample lived with the mother only, and 1.0 per cent lived with the father only.

The distribution of the national sample in the governorates was based on population spread and population density in Jordan. Accordingly, 38.9 per cent of the sample of children was within the capital governorate of Amman, then Irbid (18.4 per cent), followed by Zarqa (12.2 per cent).

Table 1: Characteristics of respondents in the survey of children (n=3,837)

Disability sample (n=134)		Social service institutions (n=126)	Syrian camp sample (n=296)	National sample (n=3281)	
Gender					
	Male	51.5%	54.0%	54.3%	52.2%
	Female	48.5%	46.0%	45.7%	47.8%
Age					
	8 to 10	27.6%	11.1%	43.3%	32.7%
	11 to 13	48.5%	31.7%	24.8%	29.1%
	14 to 17	23.9%	57.1%	31.9%	38.2%
Grade					
Primary school	3rd grade	-	-	17.0%	10.9%
	4rd grade	-	-	28.9%	11.4%
	5rd grade	-	-	12.8%	14.4%
	6rd grade	-	-	5.5%	11.5%
	7rd grade	-	-	7.2%	7.7%
	8rd grade	-	-	0.0%	9.8%
	9rd grade	-	-	0.3%	9.2%
	10rd grade	-	-	3.4%	10.4%
Secondary school	11rd grade	-	-	9.7%	11.0%
	12rd grade	-	-	15.2%	3.8%
	(Not a school survey)	100.0%	100.0%	-	-

Type of school/institution					
	Public schools	0.0%	0.0%	100.0%	75.0%
	Private schools	0.0%	0.0%	0.0%	19.3%
	UNRWA	0.0%	0.0%	0.0%	5.7%
	Special disability cases - interviews conducted at home	24.6%	0.0%	0.0%	0.0%
	Ministry of Social Development (MoSD) – managed care and protection centres	75.4%	100.0%	0.0%	0.0%
Father's education					
	Father's education is not known	41.0%	57.9%	12.7%	19.9%
	Illiterate	1.5%	2.4%	2.7%	1.1%
	Less than secondary	22.4%	16.7%	64.7%	22.9%
	Secondary education	21.6%	15.9%	9.5%	30.2%
	Post-secondary school diploma	3.0%	0.8%	2.5%	5.3%
	University or higher	10.4%	6.3%	8.0%	20.6%
Mother's education					
	Mother's education is not known	35.8%	57.1%	9.0%	13.7%
	Illiterate	1.5%	1.6%	6.5%	1.2%
	Less than secondary	23.9%	16.7%	70.0%	20.0%
	Secondary education	22.4%	15.1%	9.0%	34.4%
	Post-secondary school diploma	6.7%	0.0%	0.6%	8.0%
	University or higher	9.7%	9.5%	4.8%	22.7%
Nationality					
	Jordanian	75.4%	89.7%	-	88.9%
	Syrian	18.7%	1.6%	98.3%	6.9%
	Palestinian	4.5%	5.6%	-	2.3%
	Iraqi	0.0%	0.0%	-	0.4%
	Egyptian	0.7%	0.0%	-	0.9%
	Other	0.7%	0.8%	-	0.2%
	Respondent does not know nationality	0.0%	2.4%	1.7%	0.2%

Living situation					
	Lives with both parents	91.0%	0.0%	84.1%	91.8%
	Lives with the mother only	8.2%	1.6%	13.8%	6.7%
	Lives with the father only	0.7%	2.4%	1.0%	1.0%
	Lives with other relatives	0.0%		1.0%	0.5%
	Lives away from own family, with other children and adults	0.0%	96.0%	0.0%	0.0%
Governorate					
	Amman	61.9%	58.7%	0.0%	38.9%
	Irbid	16.4%	20.6%	0.0%	18.4%
	Zarqa	18.7%	20.6%	16.3%	12.2%
	Balqaa	0.0%	0.0%	0.0%	6.0%
	Mafraq	0.0%	0.0%	83.7%	5.9%
	Jerash	3.0%	0.0%	0.0%	4.3%
	Ma'an	0.0%	0.0%	0.0%	3.4%
	Madaba	0.0%	0.0%	0.0%	3.2%
	Karak	0.0%	0.0%	0.0%	3.0%
	Ajloun	0.0%	0.0%	0.0%	1.8%
	Aqaba	0.0%	0.0%	0.0%	1.7%
	Tafileh	0.0%	0.0%	0.0%	1.3%

Characteristics of the youth sample

Youth respondents (ages 18-24) were randomly selected from each randomly selected household. Seven age levels (18, 19, 20...24) were eligible to participate in the youth survey. There was sufficient representation from all seven; however, there was a slight skew to the right in the distribution (i.e., more respondents in the younger age range than the older one) (Table 2).

Although the sample was biased toward females, who represented 62.9 per cent of youth respondents, all findings from the youth survey were disaggregated by gender, limiting the effects of the gender bias.

More than 7 in 10 youth (74 per cent) had completed or were currently attending secondary school or higher. Approximately 2 in 10 youth (22 per cent) were employed in full-time, part-time, or seasonal work.

Eight in 10 youth respondents (85.5 per cent) were Jordanian, 10.0 per cent were Syrian, 2.7 per cent were Palestinian, and 1.9 per cent were of other nationalities.

Table 2: Characteristics of respondents in the survey of youth (18-24 years old) (n=1118)

Gender		
	Male	37.1%
	Female	62.9%
Age		
	18	16.1%
	19	17.0%
	20	13.7%
	21	14.8%
	22	13.9%
	23	13.3%
	24	11.2%
Nationality		
	Jordanian	85.5%
	Syrian	10.0%
	Palestinian	2.7%
	Egyptian	1.3%
	Iraqi	0.3%
	Sudanese	0.2%
	Other	0.1%
Education (completed or currently attending)		
	No education	0.7%
	Primary	25.6%
	Secondary	37.9%
	Intermediate diploma	5.7%
	BA	29.1%
	MA	0.9%
Employment		
	Working full-time	10.2%
	Working part-time	6.3%
	Works seasonally	2.4%
	Intermittent, day-to-day, contract or accidental work	3.2%
	Not working, but seeking work	23.8%
	Not working and not seeking work	54.1%

Governorate	
Amman	38.9%
Irbid	17.6%
Zarqa	13.1%
Mafraq	7.1%
Balqaa	6.0%
Karak	4.1%
Aqaba	3.4%
Jerash	3.0%
Ma'an	2.2%
Madaba	1.7%
Ajloun	1.6%
Tafileh	1.2%

Characteristics of the caregivers' sample

The targeted respondent in the survey of caregivers was an adult who reported themselves as a care provider for the children in the selected household. In every household, one child was randomly chosen as the "focus" or "index" child (the child about whom the questions were asked). For example, when asking about specific behaviours, questions were phrased as follows: "In the last 12 months, did you shake {name of focus/index child} aggressively?" This was done to differentiate between male and female and younger and older children. In both the national and camp samples, at least 8 in 10 respondents were mothers of the focus child (Table 3).

On average, national sample caregivers cared for three children, while caregivers in Syrian refugee camps cared for four children. The gender of the "focal" child, around whom the questions revolved, was almost equal: 54.5 per cent of the children were males, and 45.6 were females in the national sample; 57.2 per cent were males, and 42.8 per cent were females in the Syrian refugee camps' sample. As for the ages of the children, they were distributed over all age groups.

The vast majority (88.3 per cent) of caregivers in the national sample were Jordanian, 8.9 per cent were Syrian, 1.5 per cent were Palestinian, and 1.5 per cent were other nationalities.

In the national sample, 37 per cent of caregivers had lower than secondary education, 35.3 per cent had a secondary school certificate, and 28 per cent had some form of higher education. Caregivers in Syrian refugee camps had lower education than the national population: 13 per cent received no formal education at all, 67.1 per cent received pre-secondary education, 11.9 per cent received a secondary school education, and only 7.7 per cent received some form of higher education.

The employment status of 67.8 per cent of the national sample of caregivers and 64.1 per cent of the Syrian refugee camps sample was "not working and is not looking for work."

The sample of caregivers in camps was evenly divided between the two camps (50.2 per cent in Azraq camp and 49.8 per cent in Za'atari camp). The national sample was distributed across governorates according to the actual population density of Jordan was used to determine the size of each sample since it is a statistically representative sample that covers all governorates.

Table 3: Characteristics of respondents in the survey of caregivers

National sample (n=1563)		Syrian refugee Camps Sample (n=143)	
	Male	14.9%	12.7%
	Female	85.1%	87.3%
	Male	54.4%	57.2%
	Female	45.6%	42.8%
	0 - 2 years	11.5%	26.9%
	3 - 5 years	16.3%	23.8%
	6 - 8 years	14.9%	16.6%
	9 - 11 years	16.9%	12.3%
	12 - 14 years	22.6%	13.3%
	15 - 17 years	17.8%	7.2%
	Mother	82.9%	85.5%
	Father	14.8%	12.7%
	Stepmother	0.4%	0.7%
	Grandmother	1.4%	0.7%
	Sibling	0.2%	0.4%
	Sister in-law	0.1%	-
	Aunt	0.3%	-
	1	20.0%	12.4%
	2	24.0%	14.2%
	3	24.3%	19.5%
	4	18.3%	22.6%
	5	8.5%	14.0%
	6	3.1%	9.4%
	7 or more	1.8%	7.9%

	Jordanian	88.3%	-
	Syrian	8.9%	100.0%
	Palestinian	1.5%	-
	Egyptian	0.5%	-
	Iraqi	0.3%	-
	Other	0.5%	-
	Illiterate	3.2%	12.6%
	Can read and write (but no certificate)	1.2%	0.7%
	Primary	32.5%	67.1%
	Secondary	35.3%	11.9%
	Intermediate Diploma	10.8%	4.2%
	BA	16.0%	3.5%
	MA	1.0%	0.0%
	PhD	0.2%	0.0%
	Working full-time	14.1%	3.2%
	Working part-time	2.8%	3.7%
	Works seasonally	1.7%	1.4%
	Intermittent, day-to-day, contract or accidental work	1.5%	1.9%
	Not working, but seeking work	12.0%	25.7%
	Not working and not seeking work	67.8%	64.1%
	Amman	41.8%	
	Irbid	20.3%	
	Zarqa	12.6%	50.2%
	Balqa	5.8%	
	Karak	3.8%	
	Aqaba	2.7%	
	Jerash	2.6%	
	Madaba	2.6%	
	Mafraq	2.4%	49.8%
	Ajloun	2.2%	
	Ma'an	1.9%	
	Tafleh	1.3%	

Characteristics of focus group participants

The 2019 Jordan VACS adopted a simultaneous mixed-method approach. Qualitative data were collected through focus group discussions (FGDs) to complement the surveys. In all, 133 children between 8 and 17 years participated in the focus groups conducted throughout Jordan, including Syrian refugee camps.

Focus group sessions were also conducted with caregivers. A total of 26 Jordanian women and 15 Jordanian men participated in the focus groups. In Syrian refugee camps, 10 women and 10 men participated.

The rest of the sessions were conducted with male and female teachers and caregivers in social service institutions and employers (51 participants).

Table 4: Characteristics of focus group discussion participants

Average age	Number of participants per target group	Target group
Children		
Jordanian girls aged 6-12	32	10.2
Jordanian boys aged 6-12	19	10.1
Jordanian girls aged 13-17	29	15.2
Jordanian boys aged 13-17	23	15.4
Syrian boys aged 6-12	11	9.3
Syrian boys aged 13-17	11	15.4
Working boys	8	15.9
Caregivers		
Mothers - Jordanian	26	41.8
Fathers - Jordanian	15	48.2
Mothers - Syrian	10	43.9
Fathers - Syrian	10	45.0
Professionals		
Female teachers	22	
Male teachers	18	
Service providers in care centres	9	
Employers of children	5	
Total number of focus group participants	248	

Key findings

Physical violence

Physical violence against children is widespread in Jordan, with most children across all sub-samples experiencing at least one form of violence in their life.

74.6

per cent of children ages 8 to 17 in the national sample experienced at least one form of physical violence in their life (79.0 per cent of males and 69.7 per cent of females).

69.9

per cent of children ages 8 to 17 in Syrian refugee camps experienced at least one form of physical violence in their life (76.5 per cent of males and 62.1 per cent of females).

55.2

per cent of disabled children ages 8 to 17 experienced at least one form of violence in their life (58.0 per cent of males and 52.3 per cent of females).

- 85.7 per cent of children ages 8 to 17 in social service institutions experienced at least one form of violence in their life.¹
- The most prevalent forms of physical violence experienced by children ages 8 to 17 in the national sample were: slapping on the face or the back of the head (22.9 per cent), kicking (20.8 per cent), pulling hair (19.9 per cent), twisting the ear (18.9 per cent), and pinching (14.2 per cent).
- The most prevalent forms of physical violence experienced by children ages 8 to 17 in the Syrian refugee camps sample were: slapping on the face or back of the head (24.4 per cent), repeatedly hitting with a tool or fist [“beating up”] (18.9 per cent), ear twisting (16.8 per cent), hitting somewhere else [other than the butt] with an object [such as a stick, broom, cane, or belt] (17.5 per cent), pulling hair (14.9 per cent).

Most caregivers in the national sample and Syrian refugee camps had used physical violence as a disciplinary method at least once in the child’s lifetime.

73.9

per cent of family caregivers in the national sample used physical violence at least once in the child’s lifetime.

63.6

per cent of family caregivers in the Syrian camps sample used physical violence at least once in the child’s lifetime.

- Slapping on the face or the back of the head was the most common form of physical violence against children in both the national sample and the Syrian refugee camps sample.
- Violence against children by caregivers is low in the early years of childhood. However, it increases and peaks among children ages 9 to 14, then decreases.

¹ Note that this frequency pertains to their life in total, not only their experience inside the institutions.

Children tended to experience physical violence from people they know: family members, peers, and teachers.

The most common perpetrators of physical violence against children ages 8 to 17 in the national sample were: parents (47.1 per cent), siblings (44.1 per cent), peers (39.6 per cent), and teachers (27.4 per cent).

The most common perpetrators of physical violence against children ages 8 to 17 in the Syrian refugee camps sample were: siblings (43.9 per cent), parents (41.8 per cent), teachers (39.5 per cent), and peers (36.5 per cent).

Caregivers tended to see the child causing harm (i.e., stealing) or putting themselves in danger as a hypothetical justification for physical violence.

The study proposed a hypothetical question: "When is the use of physical violence with children justified?" The most common (hypothetical) justifications from family caregivers in the national sample about the use of physical violence against children were: "if anything was stolen from others" (67.7 per cent), "if something was stolen at school" (56.9 per cent), "if the children left the house without their parents' knowledge" (55.4 per cent), and 55.0 per cent "if the children put themselves in dangerous situations that might expose them to harm."

The (hypothetical) justifications from family caregivers in the Syrian refugee camps sample about the use of physical violence against children were: "If anything was stolen from others" (72.4 per cent), "if something was stolen at school" (63.5 per cent), "if the children left the house without their parents' knowledge" (58.9 per cent), and "if the children put themselves in a dangerous situation that might expose them to harm" (47.5 per cent).

Caregivers largely supported positive disciplinary methods, particularly the idea that a caregiver should explain why their actions were wrong to the child.

The most common caregivers' attitudes toward using non-violent disciplinary methods (positive discipline) with their children in the national sample were: that they should explain to the child why their action is wrong (91.0 per cent), that the child should be rewarded for doing well (81.0 per cent), and that the child should be given something else to do to stop or change their behaviour (73.0 per cent).

Caregivers' attitudes toward using non-violent disciplinary methods (positive discipline) with their children in the Syrian camps sample were: that they should explain to the child why his/her action is wrong (85.0 per cent), that the child should be rewarded for doing well (71.0 per cent), and that the child should be given something else to do to stop or change his/her behaviour (61.0 per cent).

Although most caregivers reported using physical violence as a discipline at least once, most caregivers also agreed that corporal punishment is never effective.

Among family caregivers in the national sample, 60.0 per cent said corporal punishment is never effective, 24.2 per cent not effective most of the time, 15.2 per cent effective most of the time, and 0.7 per cent always effective.

Among caregivers in Syrian camps, 68.3 per cent said corporal punishment is "never effective", 19.6 per cent "not effective most of the time", 10.9 per cent "effective most of the time", and 1.2 per cent "always effective."

Emotional (psychological) violence

Emotional violence was a common experience for children in Jordan. Over half of each sub-sample had experienced at least one form of emotional violence during their lives.

58.3

per cent of children ages 8 to 17 in the national sample had experienced at least one form of emotional violence during their lives (57.2 per cent of males and 59.6 per cent of females)

58.0

per cent of children ages 8 to 17 in the Syrian refugee camps sample had experienced at least one form of emotional violence during their lives (63.0 per cent among males compared to 51.0 per cent among females).

51.5

per cent of disabled children ages 8 to 17 had experienced at least one form of emotional violence during their lives (55.1 per cent among males compared to 47.7 per cent among females).

Over half of caregivers in the national and Syrian refugee camps sample had used emotional violence as a disciplinary method.

65.2

per cent of family caregivers in the national sample had engaged in emotional violence as a disciplinary method against children (0-18) at least once in their lives.

51.3

per cent of family caregivers in the Syrian refugee camps sample had engaged in emotional violence as a disciplinary method against children at least once in their lives.

As with physical violence, emotional violence tended to be committed by those close to the child (family, peers, teachers).

37.1 per cent of children in the national sample reported that they experienced emotional violence perpetrated by siblings, 27.9 per cent by parents, 67.2 per cent by peers, and 5.7 per cent by teachers.

Similarly, among children in Syrian refugee camps, 32.4 per cent reported that they experienced emotional violence perpetrated by siblings, 19.8 per cent by parents, 77.1 per cent by peers, and 12.7 per cent by teachers.

Yelling or shouting and swearing or cursing were the most common forms of emotional violence reported by children in the national sample and the Syrian refugee camps.

The most common forms of emotional violence against children in the national sample were: yelling or shouting (40.0 per cent), swearing or cursing (26.0 per cent), insulting by calling names (e.g. "stupid", "lazy") (22.7 per cent), refusing to talk to the child for a long time (21.8 per cent), and blaming the child for bad things that happened in life and that are not the child's fault and cannot be related to their actions or behaviour (19.7 per cent).

The most common forms of emotional violence against children in the Syrian refugee camps sample were: swearing or cursing (33.0 per cent), yelling or shouting (32.0 per cent), insulting by calling names (e.g. "stupid", "lazy", or similar negative descriptions) (27.0 per cent), refusing to talk to the child for a long time (22.0 per cent), and blaming the child for bad things that happened in life and that are not the child's fault and cannot be related to their actions or behaviour (21.0 per cent).

Neglect

Neglect was also a common experience for children in Jordan:

According to children ages 8 to 17 in the national sample, the most common forms of neglect were: harm or injury of the child due to the absence of adult supervision (16.2 per cent), offering a cigarette or other smoking material to the child (9.1 per cent), the feeling of the child that they are not being cared for (8.3 per cent), and treating the child in such a way that makes them feel worthless (8.2 per cent).

Likewise, the most common forms of neglect in the Syrian refugee camps sample were: harm or injury of the child due to the absence of adult supervision (25.0 per cent), treating the child in such a way that makes them feel worthless (7.9 per cent), making the child feel that they are not necessary (7.6 per cent), and the feeling of the child that they are not being cared for (7.5 per cent).

In social service institutions, 36.5 per cent of children reported not feeling cared for. Children in social service institutions were the most likely to report a form of neglect in general

Caregivers were less likely to report that their children had faced neglect.

According to family caregivers in the national sample, the most common forms of neglect that children were exposed to at least once in their lives were: harm or injury due to lack of adult supervision (9.4 per cent), the child didn't receive treatment during their illness (5.5 per cent), and lack of a safe living place for the child (2.5 per cent).

According to family caregivers in the Syrian refugee camps sample, the most common forms of neglect that children were exposed to at least once in their lives were: the child didn't receive treatment during their illness (7.0 per cent), lack of a safe living place for the child (6.0 per cent), and harm or injury to the child due to lack of adult supervision (5.9 per cent).

Sexual violence

Over a quarter of children in the national sample and slightly less than a quarter in the Syrian refugee camps sample had experienced at least one form of sexual violence.

27.3 per cent of children ages 8-17 in the national sample had experienced at least one form of sexual violence in their lives (31.2 per cent of males versus 23.2 per cent of females).

The forms of sexual violence experienced by children at least once in their lives were:

Using obscene, shameful, or indecent speech in front of a child (24.2 per cent):

29.1 per cent of males 18.8 per cent of females

Forcing a child to watch a sexual video or look at a sexual image (4.8 per cent):

5.8 per cent of males 3.7 per cent of females

Touching the genitals of a child sexually or asking the child to touch someone's genitals (2.8 per cent):

2.0 per cent of males 3.7 per cent of females

**Forcing a child to look at their genitals or wanting to look at the child's genitals
(1.1 per cent):**

0.6 per cent of males

1.6 per cent of females

Taking sexual photos or making a sexual video of the child (1.0 per cent):

1.5 per cent of males

0.7 per cent of females

24.0 per cent of children ages 8 to 17 in the Syrian refugee camps sample had experienced at least one form of sexual violence in their lives (29.7 per cent of males versus 17.3 per cent of females). The forms of sexual violence experienced by children at least once in their lives were:

Forcing a child to watch a sexual video or look at a sexual image (4.2 per cent):

5.3 per cent of males

3.0 per cent of females

**Forcing a child to look at their genitals or wanting to look at the child's genitals
(0.6 per cent):**

1.1 per cent males only

Touching the genitals of a child sexually or asking the child to touch the genitals (1.0 per cent):

1.1 per cent of males

0.8 per cent of females

Taking sexual photos or making a sexual video of the child (0.0 per cent):

Using obscene, shameful, or indecent speech in front of a child (22.4 per cent):

27.9 per cent of males

15.8 per cent of females

Only 1.0 per cent of family caregivers in the national sample and 0.6 per cent of family caregivers in the Syrian refugee camps sample reported that an adult had sexually touched children under their guardianship during the past (12) months before the study.

Unlike with other forms of violence, strangers were significant perpetrators of sexual violence against children (i.e., sexual harassment on the street), in addition to family and peers.

According to children, perpetrators of sexual violence were peers (48.3 per cent), strangers (37.0 per cent), neighbours (14.4 per cent), and adult relatives (10.6 per cent).

Cyber (online) violence

Cyberviolence was more common among children in the national sample than children in the Syrian refugee camps.

13.2

per cent of children ages 8 to 17 in the national sample experienced at least one form of online violence in their lives

- 11.0 per cent of males
- 15.5 per cent of females.

5.1

per cent of children aged 8-17 in the Syrian refugee camps sample experienced at least one form of online violence in their lives

- 9.5 per cent of males
- 0.0 per cent of females

Children had limited awareness about cyberviolence.

34.0

per cent of children in the age group of 8-17 years in the national sample knew the meaning of online violence or knew that it exists.

27.5

per cent of children in the age group of 8-17 years in the Syrian camps sample knew the meaning of online violence or knew that it exists.

Likewise, caregivers, especially in Syrian refugee camps, also had limited awareness of cyberviolence

31.0

per cent of caregivers in the national sample knew the meaning of online violence or knew it existed.

8.3

per cent of caregivers in the Syrian camps sample knew the meaning of online violence or knew it existed.

Forms of cyberviolence

The most common forms of cyberviolence against children, according to their statements, were:

harassment by abusive messages and comments or threats (41.4 per cent), encouragement to harm themselves (18.7 per cent), hacking an (online) account (12.4 per cent), insults (10.7 per cent), harassment through fake accounts (8.1 per cent), posting and sending inappropriate content from the child's account without their knowledge (7.7 per cent), or the child receiving sexual content on their online accounts (6.6 per cent).

Children's knowledge of reporting channels & support programs

When asked to whom they could turn for help when facing violence, children ages 8 to 17 in the national sample reported:

61.5%	27.2%	10.1%
The Police	Family Protection Department	Cybercrime Unit of the Public Security Directorate

Meanwhile, children in Syrian camps reported that when facing violence, they would turn to:

56.2%	20.4%	17.5%
The Police	Family Protection Department	UNICEF

This national study showed that children in Jordan face a significant prevalence of violence, including in spaces meant to be safe for them, such as the home and school. This is exacerbated by cultural norms in Jordan that normalize and justify violence against children when used for disciplinary purposes.

The recommendations of this study are based on the INSPIRE framework (Seven Strategies to End Violence Against Children)¹, which has proven effective in reducing violence against children.

Law implementation and enforcement

- Endorsing the Child Rights Law as a special law, encompassing all the necessary legislative aspects to protect children from all forms of violence and guarantee their rights and well-being.
- Expanding the legal and procedural concept of violence, including developing legislation to incorporate neglect as a type of violence against children.
- Repealing the legal provision allowing the personal right of the perpetrator of violence to be waived Ensuring the presence of lawyers and judges specialized in dealing with issues of domestic violence and violence against children, and the existence of specialized courts for trying cases of violence against children and domestic violence Strengthening and developing monitoring frameworks and mechanisms to ensure enforcement of child protection laws and to promote accountability.

Norms & values

- Conducting in-depth studies on prevailing norms and values related to violence against children to understand the societal and cultural context of violence against children in Jordan as a critical entry point for changing societal acceptance or justification of violence against children.
- Adopting a more participatory and less centralized approach to awareness-raising, focusing on influencers and on enhancing local communities' participation in the combat against violence, including:
 - Promoting the concepts of care, protection, and social responsibility, and changing attitudes to ensure non-tolerance of violence against children, and reporting violence cases to the concerned authorities.
 - Involving men, youth, and children in changing misconceptions about the acceptance and justification of violence against children.

¹ INSPIRE: Seven strategies for ending violence against children, accessed 7 March 2022: <https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>

- Involving religious institutions in changing misconceptions about the acceptance and justification of violence against children.
- Enhancing the role of the media in combating violence and the cultural contexts that justify or accept it and encouraging the creation and adoption of national media ethics in discussing VAC.
- Developing prevention and awareness programs and ensuring that their coverage is balanced in different governorates and for different segments of the population.

Creating safe environments

- Addressing violence through an integrated family-based system approach, instead of focusing only on child violence
- Training medical and educational personnel on mechanisms to identify cases of violence and emphasizing the importance of early detection and reporting.
- Developing specialized courses and modules on violence against children within relevant vocational and university education programs curricula.
- Mobilizing further support and attention to alternative foster family programs, family care frameworks and societal role in providing care.
- Institutionalizing the “Together Towards a Safe School Environment - Ma’An” program and disseminating it to all schools to protect children from violence, including bullying and all other forms of violence, and providing safe play areas and spaces for children in all governorates and regions.
- Ensuring a balanced coverage of all interventions, covering all governorates, and targeting different population groups, especially the poorest and the most marginalized ones.
- Conducting a specialized study on cyberbullying and online sexual harassment to propose innovative solutions and develop a national plan to respond to these urgent issues, particularly in the context of the ongoing Coronavirus Pandemic.

Supporting parents and caregivers

- Implementing programs to promote positive parenting and gender equality within the family and focusing on violence among siblings.
- Developing special programs to support and protect mothers, especially those at risk of violence, to strengthen their role in protecting children.
- Developing special programs on the role of fathers in protecting children, educating their male peers, and addressing any form of violence against any child, no matter how minor or inconsequential it may seem.
- Empowering families financially and emotionally and improving the socio-economic and educational conditions of the poorest families in the poorest areas as a method of combating VAC.
- Promoting and supporting positive concepts and alternative disciplinary methods, whether through the media, Friday sermons, workshops, or training courses.
- Raising care providers’ awareness on the support services, their types and availability, and the importance of periodic monitoring and evaluation.
- Conducting home visits and periodic monitoring and follow-up on cases of violence against children and training more service providers on protection procedures and identification of VAC.

Improving income and enhancing the economic situation

- Supporting the continuation and expansion of existing national assistance and social protection policies and, to the extent possible, linking social support and violence protection programs with economic support and livelihood assistance programs.
- Providing financial support to vulnerable households, particularly families with children exposed to early marriage and child labour.
- Conducting in-depth assessment studies on livelihoods and vulnerability, with a particular focus on linking them with children's vulnerability to violence.
- Targeting densely populated and poverty pockets in the Kingdom with comprehensive development programs and initiatives.

Response and support services

- Assessing the current capacity and the effectiveness of the response and support provided to children by service providers.
- Developing multisectoral response and support programs for violence survivors and rehabilitation programs for perpetrators.
- Creating and continuously updating a national database that includes all support services and their providers.
- Developing a monitoring and evaluation mechanism to assure the quality of support services provided in dealing with VAC cases while providing therapy and psychological support services to children and their families.
- Reviewing and updating existing procedures and regulations in accordance with national and local needs.
- Monitoring compliance with national care centres' accreditation standards and developing them where necessary.
- Developing a national accreditation system for individuals and institutions involved in VAC and rehabilitation programs.
- Investing in training and allocating the necessary human resources to service centres and institutions.
- Allocating additional financial resources in the national budget to implement child protection programs.
- Coordinating international funds to ensure sustainability and alignment with local needs, priorities, and local context.
- Updating monitoring systems and investing in online systems and automation processes to ensure quality and effectiveness of service.
- Providing integrated and comprehensive protection services within centres where all services are made available and accessible to the survivors of violence and their families.

Education and life skills

- Empowering parents and children with the necessary knowledge on their rights and responsibilities, including violence in all its forms, mechanisms for seeking help, and protection of those who report incidents of violence.
- Carrying-out online literacy courses and training of caregivers on digital skills and media.
- Supporting teenagers to design and lead peer-based programs in schools and communities to prevent bullying and harassment.
- Raising the awareness and training of managers, counsellors, and school staff to create a safe and friendly school environment.
- Updating school curricula with violence against children concepts and its consequences.

In addition to the recommendations of this study, which were developed in accordance with the Seven Strategies to End Violence Against Children (INSPIRE), the following recommendations (multisectoral procedures and coordination) were added, given their importance in strengthening the protection system on the national level.

Multisectoral procedures and coordination

- Strengthening institutional commitment to combating VAC as a national and institutional priority.
- Adopting the matrix of priorities for strengthening the family protection system at the national level as one of the documentary pillars of the strategy to reduce violence against children.
- Enhancing co-operation and co-ordination frameworks, foremost among which is the model of the National Team for Family Protection.
- Enlisting the support of local decision-makers to urge the government to allocate more resources in the general budget and not to fully rely on external funding and international organizations.
- Executing regular studies of all relevant programs to assess the impact and determine their effectiveness and work priorities.
- Continued monitoring and evaluation through the improvement of the periodic data analysis, dissemination and use in informing public policies and responsive services and support, particularly in identifying the groups most vulnerable and the methods most effective in eliminating violence.

Results

First:

Physical violence

In this study, physical violence was defined as the intentional use of physical force with the potential to cause harm.

Physical violence was explored using the following research methods:

- Quantitative survey of children (including the national sample, the Syrian camps sample, the social service institutions sample, and the sample of children with disabilities).
- Quantitative survey of the youth sample (national sample only).
- Quantitative survey of family caregivers (includes the national sample and the Syrian camps sample).
- Focus group discussions with children.
- Focus group discussions with family caregivers.

In the children's survey, the following questions were asked to gauge physical violence:

In the last year (or 12 months), did anyone:

- Kick you? (Yes/No/Do not remember)
- Shake you aggressively?
- Slap you on the face or on the back of the head?
- Hit you on the head with knuckles?
- Spank you on the bottom with a bare hand?
- Hit you on the buttocks with an object [such as a stick, broom, cane, or belt]?
- Hit you elsewhere [not buttocks] with an object [such as a stick, broom, cane, or belt]?
- Hit you repeatedly with object or fist ["beat-up"]?

- Choke you to prevent you from breathing?
- Burn or scald or branded you?
- Put hot pepper, soap, or spicy food in your mouth to cause you pain?
- Lock you up or tied you to restrict movement?
- Twist your ear?
- Pull your hair?
- Pinch you to cause pain?
- Force you to stand, sit or kneel in a position that caused pain?
- Withhold a meal as a punishment?

If respondents indicated that any of the above incidents had occurred prior to the past 12 months, the incident was recorded as: “Not in the past year, but it has happened before”

In the children’s and youth surveys, respondents were asked about physical acts of violence perpetrated by any person, including strangers, and in any location: i.e., home, school, workplace, or the street. In the caregivers’ sample, respondents were asked if they had perpetrated a form of physical violence against children in their care.

In addition to the above, an indirect question was added to gauge experience with physical violence:

“Many children have had experiences where one deliberately hurt their bodies by beating or doing other things to them. This may have happened to you, too. In general, how do you look at your childhood now?”

- I was never hurt deliberately
- Most of the times I was beaten or physically punished, there was no justification
- Most of the time I was beaten or physically punished, it was not justified even though I was at fault
- Most of the time I was beaten or punished, there was no justification, and I was not at fault

Some children may have found it difficult to respond to direct questions about their experience, such as, “During the last year, did anyone slap you on the face or on the back of the head?” The indirect question was meant to make it easier for children to report their experience of violence.

It is important to note that the ISPCAN caregivers tool contains all the elements in the UNICEF Multiple Indicator Cluster Survey (MICS) child discipline module. However, the time periods are different: MICS asks about behaviour in the last month, while the ISPCAN tool asks about the last 12 months.

Prevalence of physical violence: quantitative results

Children's exposure to at least one form of physical violence in their lives

Figure 1 shows the percentage of 8- to 17-year-old children (males and females combined) who experienced physical violence at least once in their lives. As shown, the children in social service institutions were most likely to experience physical violence in their lives (85.7 per cent). Notably, the data collected concerned exposure to violence during their whole lives, not only within institutions. The second-highest rate of physical violence was in the national sample (74.6 per cent)

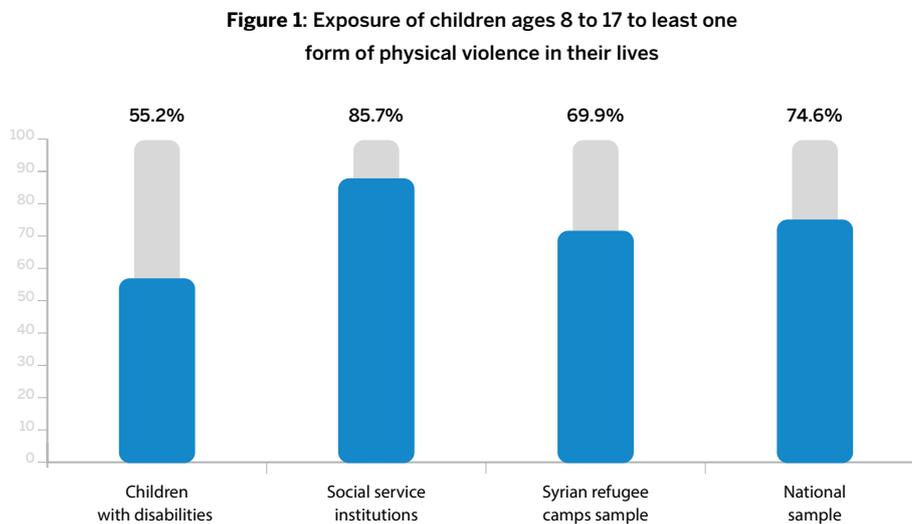
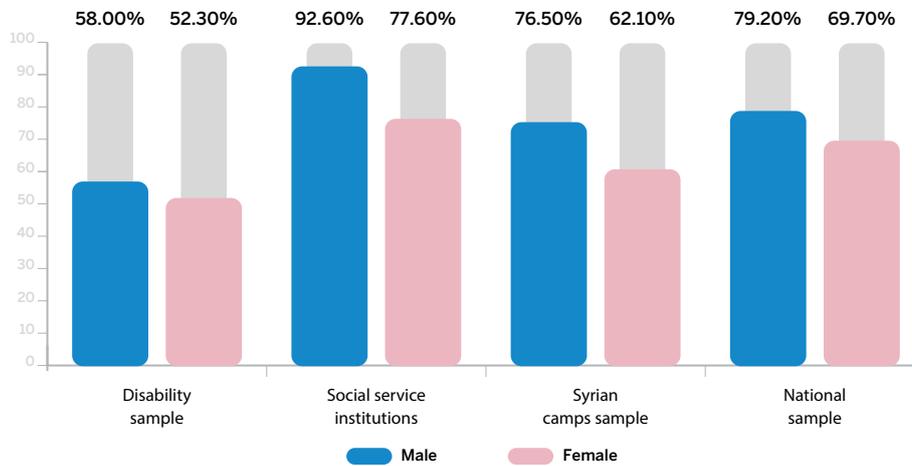


Figure 2 shows the rates of exposure of male and female children in the age group 8-17 years to at least one form of physical violence in their lives. These rates varied within this age group. The highest rates of physical violence were among children in social service institutions (77.6 per cent for females and 92.6 per cent for males). The lowest prevalence of physical violence was among children with disabilities (52.3 per cent for females and 58 per cent for males). Physical violence was reported significantly more often by male children than females in all four sub-samples.

- Children with disabilities sample: Physical violence was reported by 58 per cent of males, compared to 52.3 per cent of females.
- Social service institutions sample: Physical violence was reported by 92.6 per cent of males, compared to 77.6 per cent of females.
- Syrian refugee camps sample: Physical violence was reported by 76.5 per cent of males, compared to 62.1 per cent of females.
- National sample: Physical violence was reported by 79.2 per cent of males, compared to 69.7 per cent of females.

Figure 2: Exposure of males and females ages 8 to 17 to at least one form of physical violence in their lives



Children’s exposure to physical violence within the last 12 months

Figure 3 shows the rates of children ages 8 to 17 (males and females combined) who were exposed to at least one form of violence 12 months prior the date of data collection. The figure shows that the highest rates of physical violence in the last 12 months was in the social service institutions sample (59.5 per cent), followed by the national sample (55 per cent).

Figure 3: Exposure of children ages 8 to 17 to at least one form of physical violence in the last 12 months

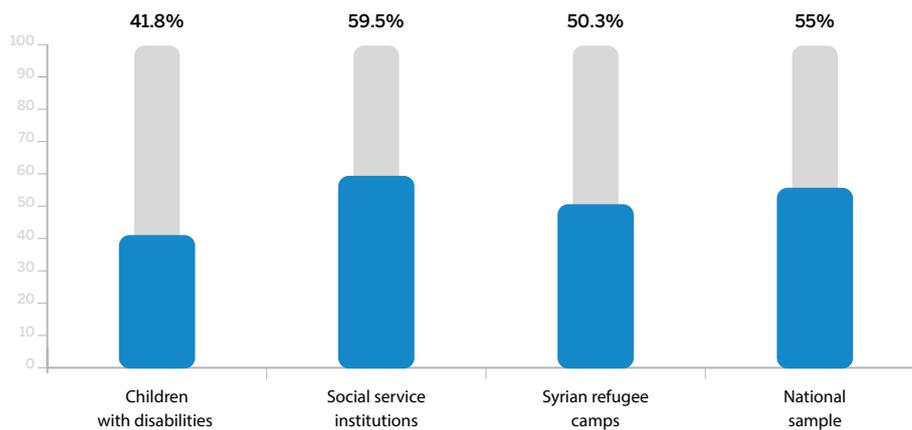
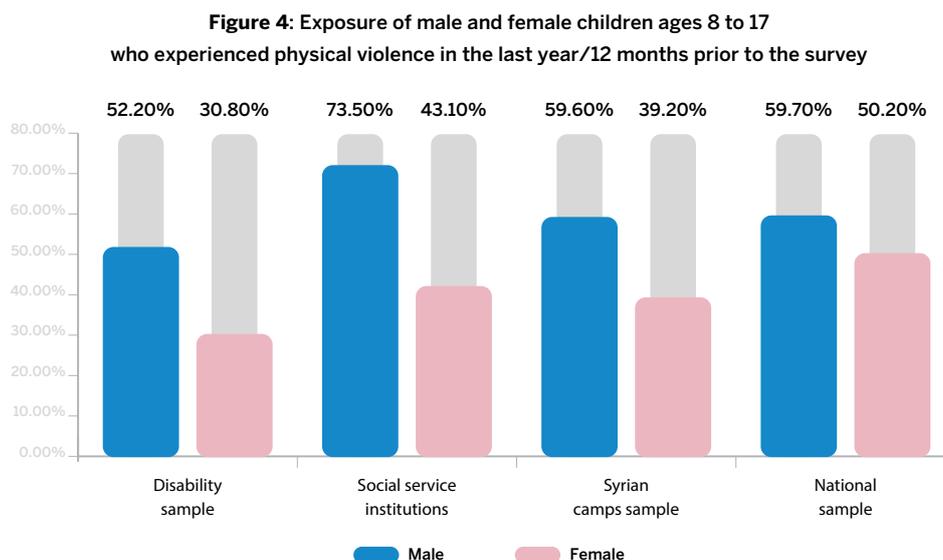


Figure 4 shows the rates of exposure of male and female children in the age group of 8-17 years to at least one form of physical violence over the period of 12 months prior to data collection. It is worth noting that the rates of exposure to violence during the past twelve months were lower than the general rates of exposure throughout the child's life, as follows:

- Children with disabilities: 52.2 per cent of males had experienced physical violence in the past 12 months, compared to 30.8 per cent of females.
- Social service institutions: 73.5 per cent of males had experienced physical violence in the past 12 months, compared to 43.1 per cent of females
- Syrian refugee camps: 59.6 per cent of males had experienced physical violence in the past 12 months, compared to 39.2 per cent of females
- National sample: 59.7 per cent of males had experienced physical violence in the past 12 months, compared to 50.2 per cent of females

As shown, this decrease did not change the disparity between genders, but it somewhat reduced the disparity between the sub-samples. For example, it was found that the rates of exposure to violence during the 12 months period preceding the date of data collection among males in the sub-samples at the national level and the camps level were very close.

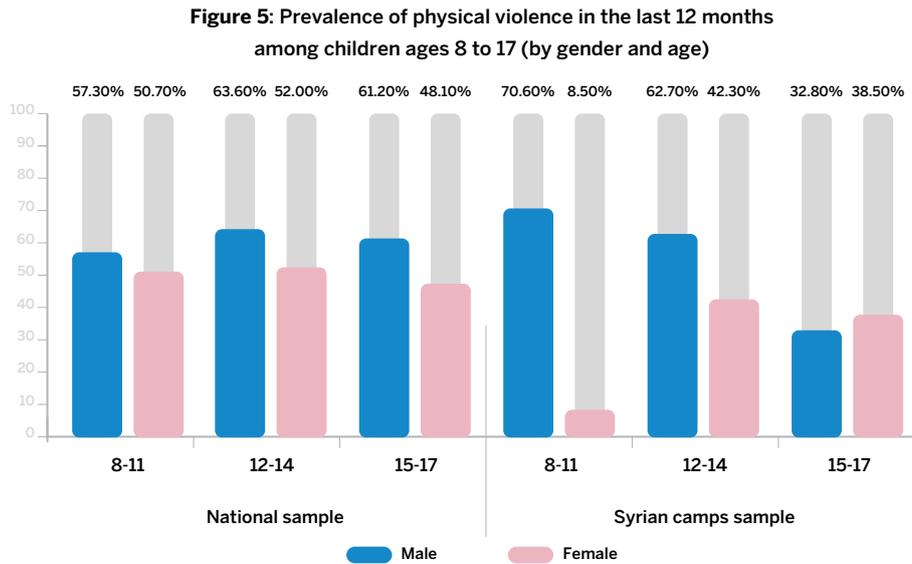


When analysing the quantitative survey of the sample of children (8-17 years), exposure to physical violence was distributed according to age group, as follows:

- From 8 to 11 years old
- From 12 to 14 years old
- From 15 to 17 years old

The data were also disaggregated between males and females to allow researchers to identify gendered trends.

As shown in Figure 5, violence was most experienced by male children ages 12-14 years old (63.6 per cent) in the national sample. In Syrian refugee camps, alternately, physical violence was highest among males ages 8-11 years old (70.6 per cent).

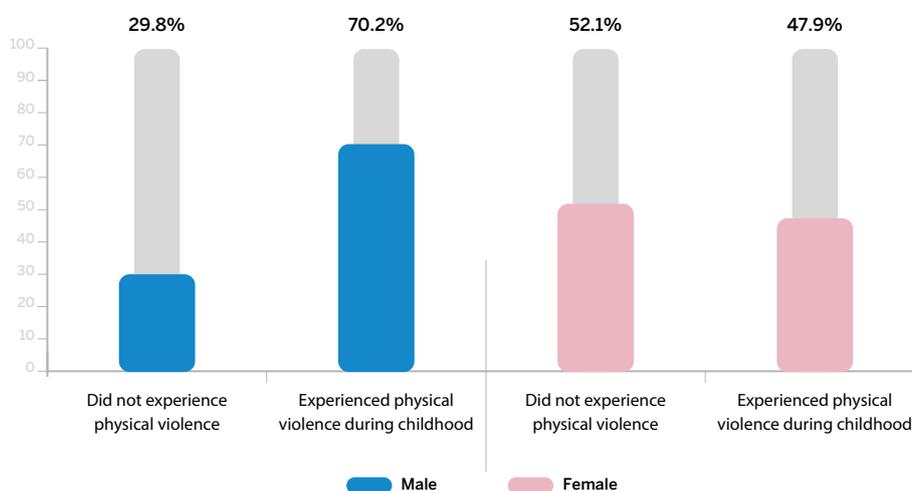


Youth exposure to physical violence during childhood

Physical violence was also a common experience for youth. In the quantitative survey, 56.2 per cent of youth aged 18-24 years-old reported that they had experienced some form of physical violence during their childhood. Youth were most often exposed to physical violence at the ages of 14-16 among males, and at the ages of 12-14 among females. However, it should be noted here that these results are subject to a high level of memory bias, as respondents were describing acts of violence that occurred during their childhood, sometimes several years after the incidents.

Figure 6 shows youth’s exposure to physical violence in their childhood by gender. The majority (70.2 per cent) of male respondents and 47.9 per cent of female respondents reported that they were exposed to physical violence when they were children.

Figure 6: Prevalence of physical violence during childhood according to youth ages 18 to 24



When comparing the results of the quantitative survey of violence against children in the age group of 8-17 in the national sample with violence against youth in the age group of 18-24 when they were children, the following were observed:

- 70.2 per cent of the male youth (18-24 years) in the national sample were subjected to some form of physical violence during childhood, compared to 79.2 per cent of the male children (8-17 years) in the national sample.
- Female children were also more likely to report ever having experienced physical violence than female youth. While 47.9 per cent of young females (18-24 years) indicated that they experienced some form of physical violence during their childhood, 69.7 per cent of children (8-17 years) reported that they had experienced physical violence.

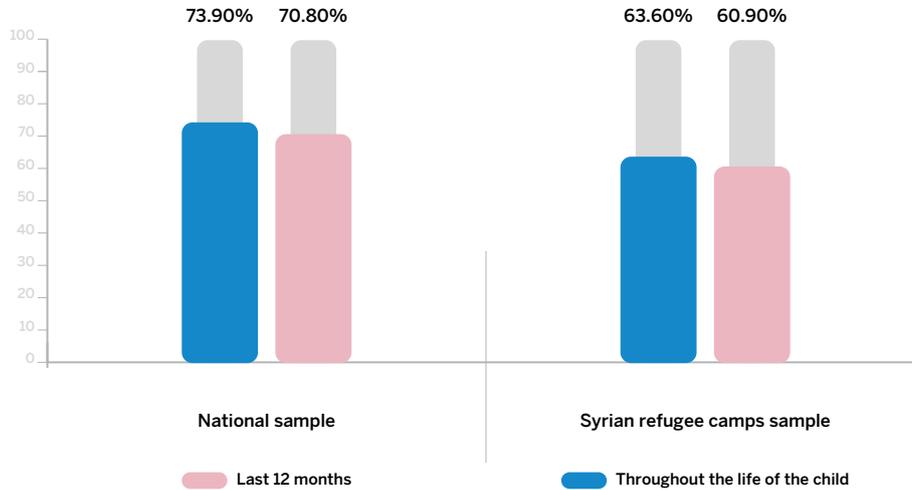
The discrepancies in the rates of physical violence reported by children and youth may be explained by memory (i.e., youth do not remember violent incidents that happened during their childhood due to the passage of time) as well as desirability bias. Youth may have been self-conscious about perceived “weakness” associated with admitting that they experienced violence.

Use of physical violence as a disciplinary method

Consistent with children’s own reports, most caregivers indicated that they had used physical violence as a disciplinary method. Figure 7 shows caregivers’ reports of their own use of physical violence as discipline both ever (i.e., during the lifetime of the focus child) and in the 12 months prior to data collection. Caregivers in the national sample were more likely to report that they had used violence as a disciplinary method both in the past 12 months and in the lifetime of the focus child than caregivers in Syrian refugee camps.

- National sample, child’s lifetime: 73.9 per cent of caregivers used violence as a disciplinary method.
- Syrian refugee camps sample, child’s lifetime: 63.6 per cent of caregivers used violence as a disciplinary method.
- National sample, in the past 12 months: 70.8 per cent of caregivers used violence as a disciplinary method.
- Syrian refugee camps sample, in the past 12 months: 60.9 per cent of caregivers used violence as a disciplinary method.

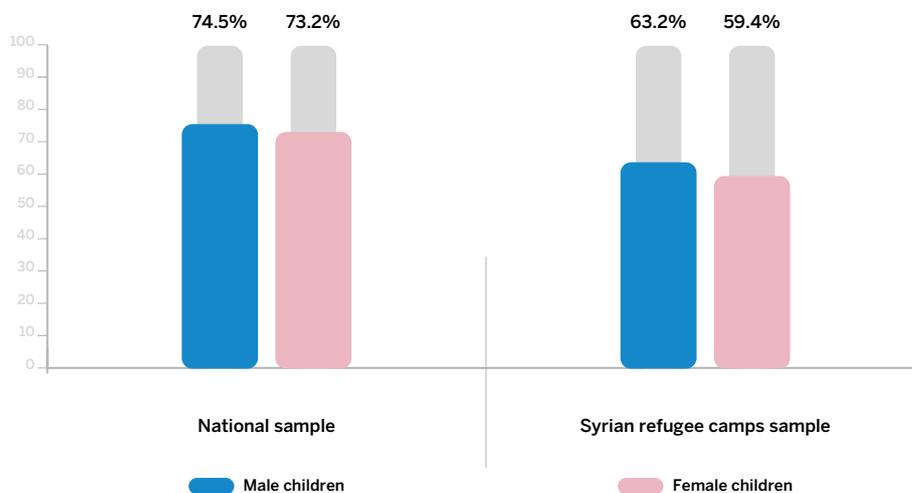
Figure 7: Caregivers' use of physical violence toward a child in their care



Caregivers were more likely to report using physical violence as a disciplinary method against male children. Figure 8 shows the rates of the caregivers' use of physical violence as a disciplinary method disaggregated by the gender of the focus child.

- National sample:
 - 74.5 per cent of male children experienced physical violence as a disciplinary method (according to caregivers)
 - 73.2 per cent of female children experienced physical violence as a disciplinary method (according to caregivers)
- Syrian refugee camps sample:
 - 63.2 per cent of male children experienced physical violence as a disciplinary method (according to caregivers)
 - 59.4 per cent of female children experienced physical violence as a disciplinary method (according to caregivers)

Figure 8: Caregivers' use of physical violence toward a child in their care by gender



Physical violence against children according to age

According to caregivers, the rate of violence used by caregivers against children is low at the early ages of childhood and continues to rise to reach its peak at the ages of 9-14 years. After that, it starts to show a relative drop. Interestingly, although the survey of children found that male children experienced more physical violence, physical violence as reported by caregivers was highest among female children aged 6-8 years in the national sample and female children aged 9-11 years in the Syrian refugee camps.

Table 5: Physical violence used by caregivers against children according to the child's age group

Age of the child	National sample		Syrian refugee camps sample	
	Male	Female	Male	Female
0 - 2 years	40.0	46.1	48.0	33.3
3 - 5 years	85.6	80.5	76.2	76.9
6 - 8 years	86.6	87.9	50.0	69.2
9 - 11 years	86.3	77.5	80.0	87.5
12 - 14 years	70.4	71.3	70.0	50.0
15 - 17 years	58.6	47.3	66.7	0.0

Physical violence: qualitative findings

The results of the qualitative survey were consistent with the results of the quantitative activities. Both methods found that physical violence against children is widespread and often normalized in Jordan.

Qualitative research with children confirmed the high incidence of violence seen above. In the words of one child focus group participant, physical violence was "very normal." One of the methods used in the focus groups was vignettes, which is a technique to introduce a difficult topic as well as ease the respondents into the discussion by inviting them to comment on a case from a safe distance, without having to reveal details about their own lives. In the boys' groups, the fictional story in question concerned a boy, named Yazan, who failed an exam in school. He was first scolded by his mother, and then hit by his father when he returned from work. In the girls' groups, it was the story of Leila, a girl who was hit because she disobeyed her mother and went to play outside the house.

The children's responses to these stories displayed the prevalence and tolerance of these violent practices, and in particular the use of physical violence as discipline by caregivers.

Facilitator: Is Yazan's story a common occurrence in our lives?	Participant 1: A lot. Participant 2: A lot. Participant 3: A lot.	Participant 4: A lot. Participant 5: Common, yes Poster 6: A lot.
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[FGD, male children 8-12 years old, Al-Mafraq]

Children were asked how the story might end, i.e., how Yazan’s family might react after he failed an exam. This technique allows facilitators to indirectly investigate children’s realities. In both the boys’ and girls’ samples, participants expected that the father would hit Yazan or Leila after the mother had scolded them earlier in the day. In other words, being hit was the most likely step after the scolding. Grounding, advice, or help were not cited as options.

<p>Facilitator: What did Yazan’s father do when he learned about his bad mark in the exam?</p>	<p>Participant 6: Hit him (laughs).</p>
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<p>Facilitator: (to other participants): What did he do?</p>	<p>Participants: Hit him.</p>
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[FGD, male children 6-12 years, Irbid]

Some participants even said that they themselves experienced situations similar to those of Yazan and Leila.

<p>Facilitator: Have any of you faced the same situation as Yazan</p>	<p>Participant 6: Yes, I have, when I got a low grade in school.</p>
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[FGD, male children 6-12 years, Irbid]

The same sentiment appeared among caregivers’ focus groups. Physical violence, especially as a method of discipline, was seen as widespread, ordinary, and socially acceptable.

<p>Facilitator: Who among you never hit her children</p>	<p>Participants: Impossible, not one. Participant 6: Very rarely, not always.</p>
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[FGD, mothers, Al-Mafraq]

Several parents openly expressed that they consider “physical violence” acceptable when the goal is to discipline the child. They built on their own experiences having been violently disciplined in childhood.

<p>Participant 1:</p>	<p>(Hitting has benefits, yeah. I was beaten as a child so as to avoid repeating the same mistakes. When I got older, I realized that I was being beaten for my own good, to avoid making mistakes. P2: Not hitting kids makes them undisciplined.</p>
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[FGD, mothers, Al-Karak]

Relatedly, some children noted that their parents just repeat what they were exposed to as children and use violence against them because of that.

"We should not blame our parents for using violence with us. My mother told me that she was subjected to a tough and harmful form of physical violence, and it's much more ruthless compared to the methods parents use with us now. Our parents are repeating what they faced before."

[FGD, children, Madaba]

However, despite the agreement that violence is widespread, not all parents were violent. The quantitative survey revealed that 30 per cent of parents had not used any form of physical violence against their children as a method of discipline. Accordingly, during focus group sessions, some parents said that they avoid discipline using physical violence to solve problems with their children.

"Beating doesn't solve the problem. If my kids broke a piece of furniture because they were running around in the house, hitting them won't fix the broken furniture."

"Taking a nonviolent attitude toward an incident like this would be way more effective."

[FGD, mothers, Al-Zarqa']

During focus group discussions in Syrian refugee camps, caregivers described the deep sympathy they felt with children under their guardianship. Living in constrained circumstances in refugee camps, often after surviving hardship, caregivers did not want to further hurt their children by using violent discipline. Additionally, one father expressed a sentiment that as "guests" in Jordan, Syrian refugees do not want to create "trouble" by using violent discipline. These sentiments affected caregivers' use of physical violence as a disciplinary method.

"We can't beat them here. The situation is not the same as in Syria where they had their own space. Here we try to soothe them. They are confined and bound, so we empathize with them."

[Father, Syrian refugee camps]

"I feel sorry for them. They don't go out; you want to hit them too? No, you want to lift their spirit."

[Mother, Syrian refugee camps]

"One is a guest here and does not want trouble."

[Father, Syrian refugee camps.]

[FGDs, mothers and fathers, Syrian refugee camps]

This finding is consistent with the findings from the quantitative survey, which found that both caregivers and children in the Syrian refugee camps were less likely to participate in/experience physical violence against children than those in the national sample. The discrepancy in results can be also linked to Syrian refugees' programs provided by international and development organizations. For example, some children stated that they received life-skills training supported by UNICEF at Makani centres. Additionally, although moderators explained confidentiality to respondents, caregivers in the Syrian refugee camps may have been less willing to admit to using physical violence because of fear of losing access to benefits due to providing the answer perceived as "wrong."

Some caregivers in Syrian refugee camps reported that they use violence because their situation in Jordan is precarious. They considered violence necessary sometimes to make sure that kids behave in public, and to avoid worse consequences such as deportation.

"We use violence with our children to protect them and to avoid any misunderstandings or problems with groups and other families in Jordan."

[FGD, caregivers, Syrian refugee camps]

Forms of physical violence

Physical violence: quantitative results

Forms of physical violence practiced against children

Table 6 shows the prevalence of different forms of physical violence against children aged 8-17 years in the national sample and the Syrian refugee camps sample, disaggregated according to the period when violence was experienced (whether during the life of the child or during the past 12 months), and according to the gender of the child.

There were differences between the two representative samples as well as between males and females. Even though the prevalence of violence was lower among children in Syrian refugee camps than in the national sample, the forms of violence common in camps were more severe than those in the national sample. Hitting with a stick, cane, broom, or belt and beating up were both more common among children in Syrian refugee camps.

- National sample: the most common forms of physical violence over the lifetime of the child were:
 - Slapping on the face or the back of the head (22.9 per cent)
 - Kicking (20.8 per cent)
 - Pulling hair (19.9 per cent)
 - Twisting ears (18.9 per cent)
 - Pinching (14.2 per cent)
 - Pulling hair was more practiced against females (24.6 per cent), while kicking and slapping was more common against males (26.7 per cent and 26.3 per cent, respectively).
- Syrian refugee camps sample: More severe acts of violence against children throughout their lives were more common than in the national sample:
 - 33.5 per cent of male children experienced slapping on the face or the back of the head
 - 23.3 per cent of male children experienced hitting with a stick, cane, broom, or belt
 - 20.2 per cent experienced beating up - hitting repeatedly - with an instrument or with the fist.

Table 6: Forms of physical violence experienced by children ages 8 to 17 (%)

	Question: Has anyone ever? If yes, when?	National sample						Syrian refugee camps sample					
		Lifetime of child			Last 12 months			Lifetime of child			Last 12 months		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	Slapped you on the face or on back of head?	26.3	19.2	22.9	24.1	17.7	21.1	33.5	13.5	24.4	33.5	12.8	24.1
2	Kicked you?	26.7	14.3	20.8	25.0	14.0	19.8	18.6	6.8	13.2	17.2	6.0	12.1
3	Pulled your hair?	15.5	24.6	19.9	14.0	23.7	18.6	12.9	17.3	14.9	12.9	17.3	14.9
4	Twisted your ear?	21.4	16.3	18.9	18.0	14.5	16.3	22.6	9.9	16.8	22.0	9.1	16.1
5	Pinched you to cause pain?	14.0	14.4	14.2	13.5	14.1	13.8	18.5	9.8	14.5	17.9	9.8	14.2
6	Hit you repeatedly with object or fist ("beat-up")?	13.1	11.2	12.2	11.6	9.4	10.6	20.2	17.3	18.9	19.1	12.8	16.2
7	Shook you aggressively?	11.4	10.2	10.8	11.0	9.6	10.4	11.6	3.8	8.0	11.6	3.8	8.0
8	Hit you elsewhere (not buttocks) with an object (such as a stick, broom, cane, or belt)?	16.2	6.8	11.7	13.9	6.1	10.2	23.3	10.5	17.5	20.7	9.0	15.4
9	Spanked you on the bottom with the bare hand?	12.2	6.1	9.3	11.7	5.7	8.9	7.5	3.8	5.8	7.5	3.8	5.8
10	Forced you to stand, sit or kneel in a position that caused pain?	12.8	6.9	9.9	10.2	5.3	7.8	22.7	9.8	16.8	20.8	8.3	15.1
11	Hit you on the buttocks with an object (such as a stick, broom, cane, or belt)?	10.4	5.8	8.2	9.2	5.0	7.2	11.1	5.3	8.4	11.1	4.5	8.1
12	Hit you on the head with knuckles?	5.1	2.2	3.7	5.0	2.0	3.6	7.5	3.0	5.4	6.8	3.0	5.1
13	Choked you to prevent you from breathing?	5.3	2.6	4.0	4.5	2.3	3.5	9.5	1.5	5.8	9.5	1.5	5.8
14	Put hot pepper, soap, or spicy food in your mouth to cause you pain?	5.9	4.6	5.3	3.4	2.3	2.9	2.3	3.0	2.6	2.3	3.0	2.6
15	Burned or scalded or branded you?	2.5	1.1	1.9	1.9	0.8	1.4	3.0	2.3	2.7	3.0	1.5	2.3
16	Locked you up or tied you to restrict movement?	2.2	1.5	1.9	1.4	0.9	1.2	4.1	0.8	2.5	3.3	0.8	2.1
17	Withheld a meal as a punishment?	1.0	0.7	0.9	1.0	0.7	0.8	2.8	0.8	1.9	2.2	0.8	1.6
	Any of the above experiences	64.5	53.6	59.2	59.7	50.2	55.0	62.4	43.7	53.9	59.6	39.2	69.9
18	Many children have had experiences where one deliberately hurt their bodies by beating or doing other things to them. How do you view your childhood?	65.7	55.2	60.7	N/A	N/A	N/A	61.5	47.7	55.2	N/A	N/A	N/A
	Any of the above experiences + indirect question	79.2	69.7	74.6	N/A	N/A	N/A	76.5	62.1	69.9	N/A	N/A	N/A

Forms of physical violence experienced by youth in childhood

The most common form of physical violence experienced in childhood reported by male youth was beating and punching hard (37.4 per cent), followed by beating with an object (stick, whip belt, shoe, or headband) (37.0 per cent), and kicking hard (21.9 per cent). Female youth mostly experienced beating hard with an object (stick, whip, belt, shoe, or headband) (18.2 per cent), beating, and punching hard (17.9 per cent), and shaking hard (14.1 per cent), as shown in Table 7.

Notably, these are largely more severe forms of physical violence than those reported by children in the national sample. It may be that more severe violence made a deeper impact in youth's memory and was more likely to be remembered.

Only youth in the national sample were interviewed. There were no surveys conducted with youth in Syrian refugee camps.

Table 7: Forms of physical violence experienced during childhood according to youth ages 18 to 24

Question: Before you turned 18, did anyone ever...?		Male			Female		
		Yes	No	Cannot remember	Yes	No	Cannot remember
1	Hit or punch you very hard?	37.4	61.8	0.7	17.9	81.4	0.7
2	Kick you very hard?	21.9	74.7	3.4	8.8	90.8	0.4
3	Beat you very hard with an object like a stick, cane, whip, or belt...etc.?	37.0	62.6	0.5	18.2	80.9	0.9
4	Shake you very hard?	21.7	75.7	2.7	14.1	83.6	2.3
5	Stab or cut you with a knife or sharp object?	3.9	96.1	0.0	0.9	99.0	0.1
	Any of the above behaviours (1-5)	63.0			37.9		
6	Many children have experiences where someone hurts their body on purpose, by hitting, beating, or doing other acts. This might have happened to you. In general, how do you think about your childhood now?	48.8	51.2	-	39.0	61.0	-
	Any of the above behaviours (1-5) + indirect question (6)	70.2			47.9		

Forms of physical violence practiced by caregivers against children

Caregivers admitted the use of some forms of physical violence against children. The most used violent practices as disciplinary methods are described below and in Table 8:

Violent shaking (44.7 per cent) during the child's lifetime was most common in the national (44.7 per cent) and Syrian refugee camps samples (35.4 per cent).

Spanking different parts of the body during the child's lifetime was reported by 44.4 per cent of caregivers in the national sample and 35.9 per cent of those in Syrian refugee camps.

Beating with an object during the child's lifetime was reported by 32.0 per cent of caregivers in the national sample and 15.6 per cent of caregivers in Syrian refugee camps.

Table 8: Forms of physical violence caregivers used against children

Question: Have you ever...? If yes, when?	National sample						Syrian refugee camps sample					
	LifETIME of child			Last 12 months			LifETIME of child			Last 12 months		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	45.0	44.4	44.7	43.4	43.2	43.3	37.5	32.5	35.4	34.0	30.2	32.4
2	45.2	43.5	44.4	43.1	41.0	42.1	37.1	34.2	35.9	34.0	33.4	33.7
3	33.4	30.2	32.0	31.5	26.1	29.1	17.7	12.8	15.6	12.0	8.3	10.4
4	30.9	20.6	26.3	28.9	19.8	24.8	18.2	11.5	15.3	12.3	8.9	10.8
5	27.9	21.5	25.0	24.9	18.9	22.2	15.3	20.5	17.5	12.5	17.9	14.8
6	18.7	26.1	22.1	17.4	23.6	20.2	12.7	15.5	13.9	7.7	13.3	10.1
7	21.6	18.9	20.4	20.5	17.8	19.2	13.8	15.9	14.7	9.4	12.0	10.5
8	17.2	16.9	17.1	16.2	15.8	16.1	7.8	10.6	9.0	4.7	7.3	5.8
9	12.9	12.2	12.6	12.1	11.8	11.9	15.7	8.1	12.4	12.7	4.5	9.2
10	13.3	8.6	11.2	11.6	8.3	10.1	10.8	7.7	9.5	6.8	5.9	6.4
11	8.3	7.1	7.7	6.5	5.7	6.1	8.3	7.3	7.9	3.7	3.9	3.8
12	6.7	5.6	6.2	4.6	3.2	4.0	6.3	4.3	5.5	0.4	2.0	1.1
13	5.3	6.8	6.0	5.0	6.6	5.7	5.5	5.8	5.7	0.0	2.7	1.1
14	2.3	1.5	1.9	1.9	1.1	1.5	3.1	2.0	2.6	0.0	0.0	0.0
15	1.0	2.7	1.8	0.7	1.8	1.2	5.2	4.0	4.7	1.3	0.7	1.0
16	0.9	0.4	0.7	0.9	0.4	0.7	3.5	3.6	3.6	0.5	1.0	0.7
17	0.4	1.0	0.7	0.4	0.9	0.6	2.6	3.2	2.9	0.0	0.5	0.2
18	0.4	0.4	0.4	0.3	0.0	0.1	3.6	2.6	3.2	0.0	0.5	0.2
	74.5	73.2	73.9	71.6	69.9	70.8	64.5	62.3	63.6	62.8	58.5	60.9

Forms of physical violence: qualitative findings

Focus group sessions with children found that “slapping on different parts of the body” was the most common form of physical violence used against them. Slapping was seen as a normative form of discipline. Many children related personal anecdotes about being slapped or hit, especially by their caregivers in response to a perceived mistake. This experience was described by children across governorates, genders, Syrian refugee camps, and social service institutions.

Facilitator:

How do they hit you?

Participant 4: She might slap me on the hand.

[FGD, female children, Jerash]

Participant 2:

Once, when I was in kindergarten, I was trying to learn to write hamza (“a” sound in Arabic) and I couldn’t get it. My dad sat with me to explain it to me, but I didn’t get it. He hit me. When I went to school the next day, the principal asked me why I was crying and why my face looked like that.

Facilitator:

How did it look?

Participant 2: It was red because of the hard slapping. He slapped my face three times...I told her that my dad hit me.

[FGD, female children, Amman]

Facilitator:

Participant 4, what you do think?

Participant 4: I am used to being hit.

Facilitator:

Used to being hit? Where do you get hit?

Participant 4: Everywhere.

Facilitator:

Everywhere...okay, where did you feel it was worse?

Participant 4: When I get beaten on the feet.

[FGD, male children, Al-Za’atari (Syrian refugee camp)]

Participant 1

: Yes, my dad hits me, and he broke 3 sticks on me. I don't like to talk to him.

[FGD, male children, social service institutions]

Experts in the field of child protection also described a variety of forms of physical violence used against children. These forms ranged from the relatively mild – like slapping – to extremely severe, even leading to amputation and death.

“I’ve seen everything one can imagine: ironing with metal tools and hot liquids, cracking one’s skull, chest and limbs, deprivation from food and drink until death, I’ve seen kids put in cold rooms and some of them got gangrene due to extreme cold, which led to amputation of their feet. I saw bodies of children who died because of dehydration after depriving them of food and drink. I’ve touched the traces of piercing with sharp tools to torture children. I’ve seen bleeding of skull arteries because of random beating. All of this exists, not imaginary.”

[IDI, domestic violence expert and forensic pathologist]

The director of a public hospital criticized the judicial system’s leniency with perpetrators of violence against children. Because physical violence as a disciplinary method is normalized, he argued, perpetrators can argue that they simply “did not mean” to cause grievous harm or even death.

“In one of the cases, a father tortured his son until death with an electric wire. During the interrogations with the father, he said that he didn’t expect his kid to die, and he didn’t intend to kill him.
When a father hits his son with a sharp object on the head, he would justify his act that he didn’t mean to kill him. The hazards of electricity and head hits are known to everyone, young and old; nevertheless, justifications are believed and accepted by the judiciary!”

[IDI, director of a public hospital]

Perpetrators of physical violence

Perpetrators of physical violence: quantitative results

Distribution of the perpetrators of physical violence against children (ages 8-17):

Children tended to face physical violence from caregivers, family members, and peers. Table 9 shows the distribution of the perpetrators of violence against children ages 8-17.

- National sample: 47.3% of children experienced at least one violent practice by their parents, 44.2% by siblings, 39.1% by peers, 28.0% by teachers, and 21.8% by other people.
- Syrian refugee camps sample: 42.2% of children experienced at least one violent practice by their parents, 43.5% by siblings, 36.6% by peers, 40.4% by teachers, and 23.0% by other people.
 - Children in Syrian refugee camps were more likely to experience violence from teachers than those in the national sample.
- Social service institutions: 49.4% of children experienced at least one violent practice by their parents, 59.6% by other people (i.e., not parents, siblings, teachers, or peers), and 24.7% by teachers.
 - Violence committed by teachers was lowest among this sample and violence by others (not parents, siblings, teachers, or peers) was highest.
 - Violence by sibling was lowest among this population, perhaps because respondents were not living with their siblings.
- Children with disabilities: 34.9% of children experienced at least one violent practice by their parents, 42.9% by siblings, and 39.7% by teachers.
 - Children with disabilities were least likely to experience physical violence from their parents among the samples.
 - However, children with disabilities were more likely to experience violence from teachers than those in the national sample.

Table 9: Perpetrators of physical violence against children ages 8 to 17 in all samples

Perpetrators of physical violence	Children with disabilities sample	Social service institutions	Syrian refugee camps sample	National sample
Parents	47.3	42.2	49.4	34.9
Siblings	44.2	43.5	24.7	42.9
Teachers	28.0	40.4	24.7	39.7
Peers	39.1	36.6	29.2	31.7
Others (not parents, siblings, teacher, or peers)	21.8	23.0	59.6	23.8

Distribution of perpetrators of physical violence according to child's gender

There were differences between the perpetrators of physical violence reported by males and females and between the national and the Syrian refugee camps sample. As shown in table 10, results were:

- National sample:
 - 62.5 per cent of female children experienced violence from siblings
 - 50.0 per cent of male children experienced violence from peers
 - Male children were more often exposed to violence from teachers than female children (37.1 per cent and 14.7 per cent respectively).
- Syrian refugee camps sample:
 - 53.5 per cent of female children experienced violence from siblings
 - 50.5 per cent of male children experienced violence from teachers
 - Female children were more exposed to violence from parents than male children (48.2 per cent and 38.0 per cent respectively).

Table 10: Perpetrators of physical violence against children ages 8 to 17 (by gender)

Perpetrators of physical violence	National sample		Syrian refugee camps sample	
	Male	Female	Male	Female
Parents	44.3	50.6	38.0	48.2
Siblings	30.1	62.5	38.3	53.5
Teachers	37.1	14.7	50.5	20.7
Peers	50.0	25.9	45.8	20.7
Others (not parents, siblings, teacher, or peers)	28.4	13.5	29.1	15.5

Perpetrators of physical violence against youth (18-24 years old) during childhood

The findings about perpetrators of physical violence were similar between youth (ages 18-23 years old) and children (ages 8-17/ages 8-17), as shown in Table 11.

Parents were the most common perpetrators of physical violence against female youth during their childhood (27.7 per cent). As male children reported, male youth were also exposed to violence mostly by peers (39.5 per cent) and teachers (32.5 per cent).

Table 11: Perpetrators of physical violence experienced during childhood according to youth ages 18 to 24

Perpetrators of physical violence	Males	Females
Employers/ work colleagues	0.30	0.00
Another person at home	0.80	2.20
Others (not parents, siblings, teacher, or peers)	2.30	3.50
Neighbours	8.60	1.70
Other adults at home	8.70	9.20
Siblings	11.20	27.70
Strangers	24.60	5.20
Parents	31.50	46.70
Teachers	32.50	19.50
Peers	49.50	17.70

Perpetrators of physical violence: qualitative findings

As documented in the survey, in the focus group discussions children described experiencing violence perpetrated by caregivers, teachers, and peers. In the quantitative survey, children in Syrian refugee camps were more likely to report experiencing violence from teachers than those in the national sample. Likewise, during focus groups in Syrian refugee camps children described violence from teachers as common, normalized, and sometimes severe.

Facilitator:

Is there hitting in school, too?

Participant 1: Yes, there is.

Participant 2: Yes, there is.

Participant 4: The English teacher used to slaughter me (beat me up). He used an electric cable to hit me.

Facilitator:

Hose or cable?

Participant 4: No!

Participant 2: Cable, cable.

Facilitator: Cable...Where did he used to hit you?	Participant 4: On my hand.
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Facilitator: On your hand?	Participant 4: He used to hit me 10 times
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[FGD, children, Syrian refugee camps]

Teachers using physical violence (specifically beating) against children was seen as ubiquitous in schools in Syrian refugee camps.

Facilitator: You are in a different school; your teacher also hits?	Participant 1: Yes.
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Facilitator: Who?	Participant 1: All of them hit. Participant 3: All of them. Participant 2: No, no, mister, not all teachers hit. Participant 1: No, mister, all of them hit.
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[FGD, children, Syrian refugee camps]

Since teachers are well-positioned to observe peer violence among children, they were asked to describe the prevalence of peer violence during focus groups. Peer violence was also described as common in schools.

“A lot, a lot. We see many things on the school playground. A male or female student is walking, a classmate comes and takes his or her sandwich and eats it. A quarrel and exchange of violent and offensive words begins between them.”

[FGD, teachers]

Some parents justified violent practices against their children by explaining that they themselves experienced these practices during their childhood. They inherited and reinforced strong societal norms that encourage them accept violence against children as a disciplinary method and as a way of modifying behaviour.

“I will talk about myself. We were exposed to physical violence as kids. Whoever made a mistake would get hit. We have learnt that the eastern man is like this: A tough man who would hit his kids.”

[FGD, caregivers]

The practice of physical violence against children, including the practice of severe forms of physical violence, was not restricted to male family caregivers. The following is an extract from one of the focus groups with mothers.

Participant 1:

When I hysterically cried on Ameerah when she lost consciousness after she was hit.

Facilitator:

How old was she then?

Participant 1: 5 or 6.

[FGD, mothers]

Notably, caregivers’ practice of physical violence was not always consistent with their feelings about physical violence. One mother said that she has always felt guilty for hitting her child and that she regrets it. Regret was also expressed by mothers in the governorates of Irbid, Karak, and Al-Mafraq.

Facilitator:

As mothers, how do you feel after hitting your child?

Participant 12: Great remorse.

Safe environment issues were discussed during many focus group sessions. Children described being exposed to violence in their homes, schools, and neighbourhoods. Children and caregivers said that safe spaces for playing are needed. Below are extracts from a focus group session with some fathers in Aqaba:

“Our kids are deprived from many things, for example, playgrounds and entertainment places and spaces where they can release their energy.

Where can they release their energy? They have lots of energy that they literally can climb walls!” (laughs)

[FGD, fathers, Aqaba]

Effects of physical violence

Effects of physical violence: quantitative results

Youth in the national sample were asked how much instances of physical violence in their childhood had affected them. As Table 12 shows, the effect of physical violence on females was almost double the effect on males, with respect to three forms of physical violence:

- Hit or punched very hard
 - Affected 47.7 per cent of females “a lot”
 - Affected 25.9 per cent of males “a lot”
- Kicked very hard
 - Affected 40.5 per cent of females “a lot”
 - Affected 25.4 per cent of males “a lot”
- Beating up (severe hitting)
 - Affected 35.2 per cent of females “a lot”
 - Affected 34.0 per cent of males “a lot”

The discrepancy may be due to gender norms. Male youth may be less willing to admit that physical violence affected them due to perceived fears about their masculinity. They may mitigate the effect in their responses to enumerators to seem “tough” or masculine. Female youth, alternately, without that pressure, may have been more willing to admit the effect physical violence exerted on them.

Only youth in the national sample were included. Therefore, these findings do not reflect the experiences of youth in Syrian refugee camps, youth with disabilities, or youth who were in social service institutions.

Table 12: Effects of physical violence during childhood according to youth ages 18 to 24

	Male				Female			
	A lot	Moderate	Mild	No effect	A lot	Moderate	Mild	No effect
Hit or punched very hard	22.2%	18.3%	11.9%	47.7%	42.7%	7.1%	23.9%	25.9%
Kicked very hard	25.9%	16.2%	16.2%	40.5%	38.6%	7.7%	28.7%	25.4%
Beat very hard with an object like a stick, cane, whip, or belt	27.3%	10.9%	26.6%	35.2%	38.5%	11.8%	16.3%	34.0%
Shook very hard	45.1%	14.2%	18.3%	22.5%	34.6%	31.2%	21.9%	12.3%

Effects of physical violence; qualitative results

Adults' practices of and attitudes toward violence affected the opinions of children under their guardianship. During focus group sessions with children, many of them said that, despite their exposure to suffering and pain by their parents, and despite their opposition to violence, they still believed that hitting was for their own benefit.

"Although violence will not bring about long-term change in a child's behaviour, however, it will cause pain, and when the child feels pain, he/she will remember his/her mistake. He/she will never repeat it."
 "My mother told me that if I did the same mistake again, she would hit me, and I did not [make the mistake again]."

[FGD, female children, Aqaba]

Some children even felt that they "deserved" punishment, and some said that their parents should not feel guilty for using violence because they do so out of love. They seemed to have internalized justifications for violence from their parents and society at large.

"When a father hits his children, it is not because the father wants to, but because it is in the best interests of the child."

[FGD, male children, Syrian refugee camps]

Justifications and motives of physical violence

Justifications and motives of physical violence: quantitative results

The survey of family caregivers involved a question about whether physical violence in 19 different situations was justified, with the aim of monitoring the prevailing societal culture that normalizes VAC. Table 13 shows the answers to these questions.

- National sample: 67.7 per cent of family caregivers justified the use of physical violence when the child steals anything from others, and 56.9 per cent when he/she steals something from school.
- Syrian refugee camps sample: 72.4 per cent of family caregivers justified the use of physical violence when the child steals anything from others, and 63.5 per cent when he/she steals something from school.
- The higher justification among Syrian refugee camps may be due to the previous observation that caregivers in Syrian refugee camps feel they are "guests" in Jordan and have a greater obligation to follow laws and social norms and curb their children's misbehaviour.

Table 13: Circumstances when physical violence would be justified according to caregivers

	National sample			Syrian refugee camps sample		
	Yes	No	DK	Yes	No	DK
If a child steals something from others	67.7	31.8	0.4	72.4	27.2	0.4
If a child steals something in school	56.9	42.7	0.4	63.5	35.2	1.2
If a child place his/herself in a dangerous situation that may cause him/her harm	55.0	44.4	0.6	58.9	40.8	0.2
If a child leaves home without her/his parents' knowledge	50.4	49.2	0.4	47.5	52.5	0.0
If a child leaves the classroom without the teacher's permission	46.1	53.5	0.3	47.3	51.7	1.0
If a child disobeys the teacher	43.5	55.5	1.0	47.3	51.0	1.7
If a child refuses to do his/her homework	39.5	59.8	0.6	38.7	60.3	1.1
If a child disobeys adults	36.0	63.5	0.5	39.4	59.4	1.1
If a child is troublesome and argues a lot with her/his siblings	28.5	70.8	0.6	29.4	70.6	0.0
If a child fights with another child	20.1	79.2	0.8	19.6	78.0	2.4
If a child fought with another child in the neighbourhood	19.5	80.1	0.4	21.0	78.6	0.4
If a child forgets to bring his/her book	19.3	79.4	1.3	23.1	76.0	0.9
If a child speaks to another one during class	18.4	80.9	0.7	18.1	81.5	0.4
If a child refuses to perform a task he/she was assigned	17.5	81.5	1.0	12.9	87.1	0.0
If a child is late to class	16.3	82.8	0.9	18.3	81.1	0.7
If a child's academic performance in school is weak	11.7	87.8	0.5	12.7	86.7	0.6
If a child is moving a lot	9.8	89.7	0.5	14.1	85.9	0.0
If a child sleeps in the classroom	9.4	90.1	0.5	14.8	85.2	0.0
If a child's performance in a test is poor	6.7	92.7	0.6	12.5	86.9	0.6

When family caregivers were asked about their attitude toward disciplinary practices (in general), they indicated the following (detailed in table 14):

- National sample: 42.1 per cent of caregivers somewhat agreed with the use of discipline at home and 36.9 per cent per cent strongly agreed.
- Syrian refugee camps sample: 45.0 per cent of caregivers strongly agreed with the use of discipline at home and 32.8 per cent somewhat agreed.

Caregivers were also asked about their attitudes towards physical violence as a disciplinary method and their relationships with their children in-depth. The findings were consistent with previous findings that caregivers believe physical violence is in the best interest of their children.

- National sample:
 - 55.0 per cent strongly agreed that they wanted their children to succeed (pass school), even if that requires hurting them sometimes
 - 37.8 per cent somewhat agreed that the use of corporal punishment is important in disciplining a child.
 - 53.5 per cent strongly disagreed with the statement: "The proper use of corporal punishment has a positive effect on raising a child."

- Syrian refugee camps sample:
 - 64.5 per cent strongly agreed that they wanted their children to succeed (pass school), even if that requires hurting them sometimes
 - 34.3 per cent somewhat agreed that the use of corporal punishment is important in disciplining a child.
 - 60.3 per cent strongly disagreed with the statement: “The proper use of corporal punishment has a positive effect on raising a child.”

As shown, caregivers had mixed and contradictory views about the use of physical discipline. They simultaneously disagreed that corporal punishment has a positive effect on children and simultaneously wanted their children to succeed, even if that requires hurting them sometimes.

Table 14: Parents/caregivers’ attitudes toward the use of physical discipline (violence) at home

	National sample					Syrian camps sample				
	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Refused to Answer	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Refused to Answer
Most children do not respect their parents nowadays	16.0	5.0	42.1	36.9	0.0	18.0	3.8	32.8	45.0	0.4
Most children’s disciplinary problems can be resolved using dialogue	3.7	4.4	31.4	60.4	0.1	5.2	3.0	32.0	59.8	0.0
Sound use of physical punishment has a positive effect in raising children	53.5	9.4	22.9	14.1	0.0	60.3	10.4	20.2	8.9	0.2
It is important to use physical punishment in disciplining a child	34.6	10.7	37.8	16.9	0.1	48.5	7.7	34.3	9.4	0.0
It is important that a parent is more respected than loved	38.8	11.3	18.3	31.5	0.2	37.8	7.8	17.4	37.1	0.0
I want success for my child even it means I have to hurt her/him sometimes	16.2	4.4	24.3	55.0	0.1	11.6	4.0	20.0	64.5	0.0

Justifications and motives of physical violence: qualitative results:

During the focus group discussions, the most commonly justified uses of physical violence were related to stealing or the children exposing themselves to danger. However, there were also cases related to leaving home or classroom without parents' or teachers' permission or being generally disobedient. In focus group sessions, parents largely emphasized that they use violence because they love and care about their children and want to keep them safe. They also repeated the idea that their own parents' use of violence was beneficial for them and attributed their adult children's success to their experience of violent discipline

"I used to hit my daughter when she was a kid. Now she is a great married woman."

[FGD, mothers, Al-Karak]

"I want my child to succeed even if that means that I have to hurt him/her sometimes."

[FGD, mothers, Syrian refugee camps]

"Beating has benefits, yes. I was hit as a child so that I don't repeat the same mistakes. When I grew up, I realized that I was beaten for my own benefit, to avoid mistakes. Not hitting children makes them undisciplined."

[FGD, mothers, Al-Karak]

Likewise, teachers and school counsellors argued that violence can be part of the "learning process," especially if used as a last resort.

Participant 1:

We begin with a discussion, and we end with hitting if they repeat the same mistake. Hitting is part of the treatment circle.

Participant 2:

I use a stick in my classes, to threaten the girls only.

[FGD, teachers and school counsellors]

Use of positive disciplinary methods

Use of positive disciplinary methods: quantitative results

The quantitative survey of caregivers included questions about attitudes toward positive disciplinary methods and their effectiveness in resolving issues related to children's behaviour and discipline. Caregivers largely agreed with positive disciplinary methods (even though, as the previous sections explain, they simultaneously agreed with and justified violent disciplinary methods).

- National sample:
 - 91 per cent of caregivers agreed that a child should be explained why what he/she did was wrong.
 - 81 per cent agreed that a child should be rewarded for acting well.
- Syrian refugee camps sample:
 - 85 per cent of caregivers agreed that a child should be explained why what he/she did was wrong.
 - 71 per cent agreed that a child should be rewarded for acting well.

Table 15: Non-violent/positive disciplinary practices by caregivers toward children

Positive disciplinary behaviour	National sample	Syrian refugee camps sample
Explain to the child why something he/she did was wrong	91	85
Give the child something else to do to stop or change behaviour	73	61
Take away privileges or money	28	19
Give the child a reward for behaving well	81	71
Put child in time-out	29	18
Forbid child from going out	34	26
Tell child to start or stop doing a particular thing	61	43

Caregivers' attitudes about the effectiveness of corporal punishment

Caregivers' attitudes about the effectiveness of corporal punishment: quantitative results

Table 16 shows attitudes of caregivers toward the effectiveness of the use of violence against children as a disciplinary method. The majority (70.0 per cent) of the caregivers in the national sample and 68.3 per cent in the Syrian camps sample indicated that corporal punishment is not effective at all. Positively, only a very small proportion (0.7% of the national sample and 1.2% of the Syrian refugee camps sample) believed that corporal punishment is always effective.

Table 16: Caregivers' attitudes toward the effectiveness of corporal punishment

Effectiveness	National sample	Syrian refugee camps sample
Not effective at all	70	68.3
Not effective in most of the cases	24.2	19.6
Effective in most of the cases	15.2	10.9
Always effective	0.7	1.2

Caregivers' attitudes toward the effectiveness of corporal punishment: qualitative results

Some parents expressed their clear attitudes toward physical violence and its effects on children and showed awareness about legal accountability.

"If there is a problem, don't hit the child but talk to him/her. Make him/her feel afraid but don't hit."

[FGD, male caregivers, Irbid]

One father expressed his objection to severe violence and said that it creates a "vicious circle." This is consistent with some caregivers' reports that they use violence because they themselves were treated violently by their parents.

"If I hit my child hard, I would turn domestic violence into a societal violence.
We see violent individuals in our societies today because of the way they were raised."

[FGD, male caregivers, Tafelieh]

Such positive attitudes and beliefs were reflected by some children who believed that violence is not effective and leads to creating a vicious cycle.

"Miss, violence must not be used with kids. Dialogue should be used, or else violence becomes a habit and when children grow, they will become violent with their sons and daughters too."

[FGD, children, Syrian refugee camps]

"Physical violence leads to hatred among family members."

[FGD, children, Irbid]

Results of the VAC study (2007)

The 2007 VAC national study found that the rates of exposure to all forms of physical abuse are highest against children ages 8-12, and lower in age groups of older children. These findings are consistent with the results of this study. We found that the exposure to violence is highest among ages 12-14 years (males and females in the national sample), and against females in the Syrian camps sample, and ages 8-11 years (males in the Syrian camps sample).

In addition, the 2007 study found that:

- About 53 per cent of children were subjected to minor physical abuse by parents.
- About 49 per cent of children were subjected to minor physical abuse by siblings.
- About 50 per cent of children were subjected to mild physical abuse by teachers and administrators.
- About 40 per cent of children were subjected to minor physical abuse by peers.
- About 34 per cent of children were subjected to severe physical abuse by parents.
- About 26 per cent of children were subjected to severe physical abuse by siblings.
- About 57 per cent of children were subjected to severe physical abuse by teachers and administrators.
- About 18 per cent of children were subjected to severe physical abuse by peers.
- About 32 per cent of children were subjected to moderate physical abuse by siblings.
- About 21 per cent of children were subjected to moderate physical abuse by peers.

Results of Population and Family Health Survey 2018

The Population and Family Health Survey 2018 included an estimate of the percentage of children in the ages 1-14 who were subjected to physical discipline by family caregivers,

- About 59.8 per cent of children were subjected to physical abuse by their parents in the national sample
- About 59.7 per cent of children were subjected to physical abuse by their parents in the Syrian refugee camps sample



Second:

Emotional violence

Emotional (psychological) violence describes any form of emotional abuse and ill treatment, in which a person subjects other to behaviours that may cause them psychological trauma using certain words, or through the continuous refrain from positive behaviour. Emotional violence will very likely have negative effects on children's mental health, psychological, spiritual, moral, or social development.

Emotional violence was explored through the following research methods:

- Quantitative survey of the children's sample (including the national sample, the Syrian refugee camps sample, the social service institutions sample, and the sample of children with disabilities).
- Quantitative survey of the youth sample (national sample only)
- Quantitative survey of family caregivers (national sample and Syrian refugee camps sample)
- Qualitative survey of the sample of children
- Qualitative survey of family caregivers

This section explores different forms of emotional violence, perpetrators of emotional violence, caregivers' attitudes towards emotional violence, and the effects of emotional violence.

Prevalence of emotional violence

Emotional violence: quantitative results

Exposure of children 8-17 years old to emotional violence during their lives

Like physical violence emotional violence was also a common experience for children in Jordan. Figure 9 shows the percentage of 8- to 17-year-old children (male and female combined) who experienced at least one form of emotional violence in their lives. As shown, children in social service institutions (74.1%) experienced the highest rate of emotional violence. Children with disabilities, on the other hand, reported the lowest rate of emotional violence.

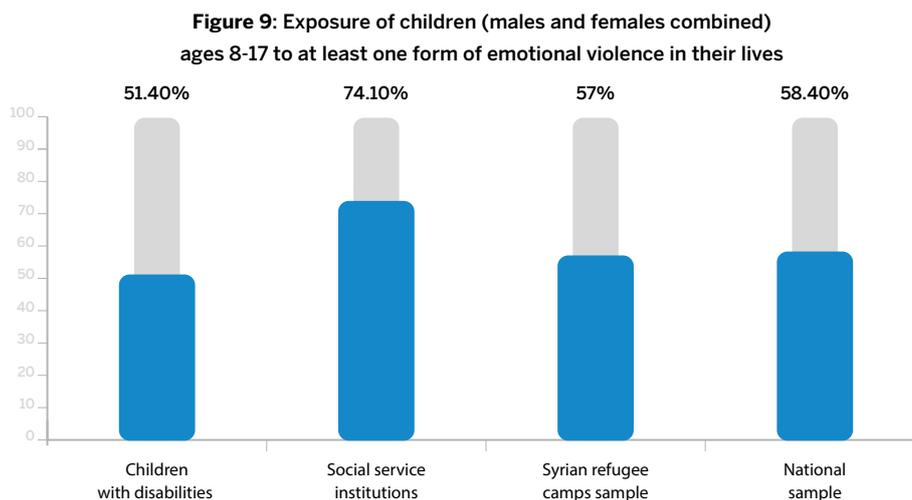
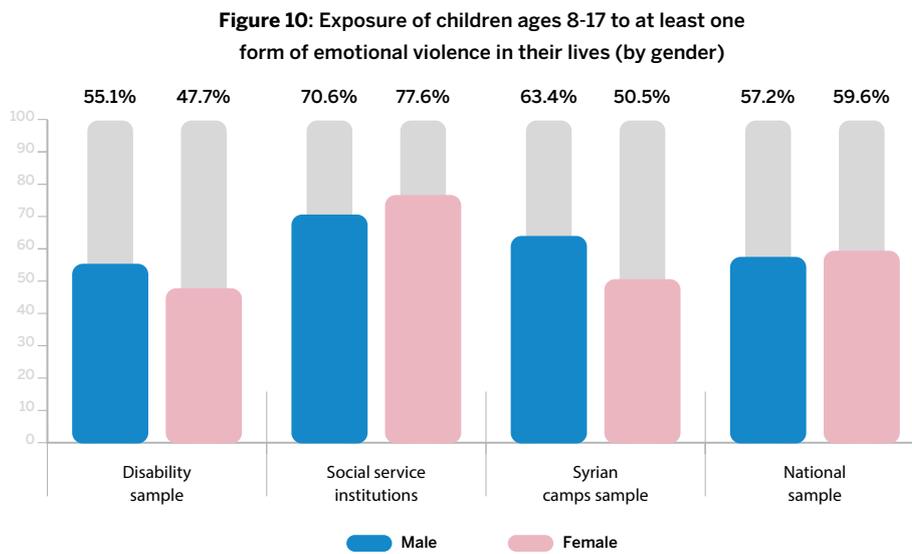


Figure 10 shows the percentage of the children ages 8-17 who experienced emotional violence in their lives, distributed by gender.

- Children with disabilities:
 - 55.1 per cent of males had ever experienced emotional violence
 - 47.7 per cent of females had ever experienced emotional violence
- Social service institutions:
 - 70.6 per cent of males had ever experienced emotional violence
 - 77.6 per cent of females had ever experienced emotional violence

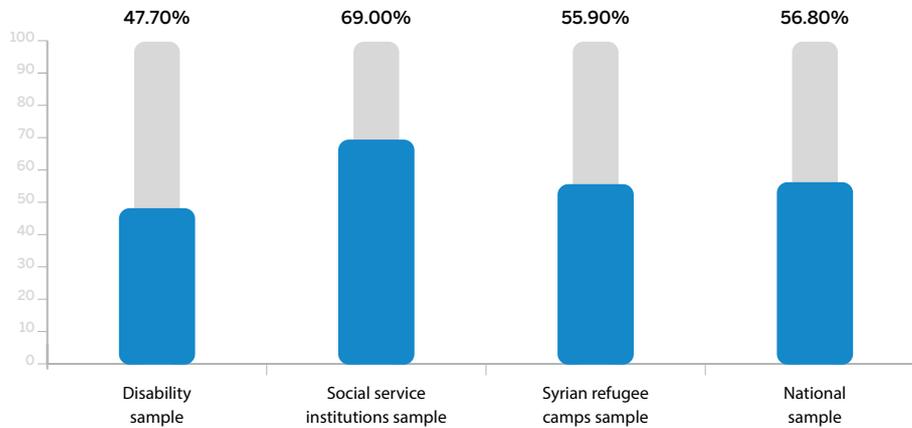
- Syrian refugee camps sample:
 - 63.4 per cent of males had ever experienced emotional violence
 - 50.5 per cent of females had ever experienced emotional violence
- National sample:
 - 57.2 per cent of males had ever experienced emotional violence
 - 59.6 per cent of females had ever experienced emotional violence



Exposure of children (8-17 years old) to emotional violence in the last 12 months

Figure 11 shows the rates of children who experienced emotional violence during the 12 months prior to data collection. As shown, the highest rate was in the social service institutions (a non-representative sample) with a percentage of 69.0 per cent.

Figure 11: Exposure of children (ages 8-17) to at least one form of emotional violence in the last 12 months

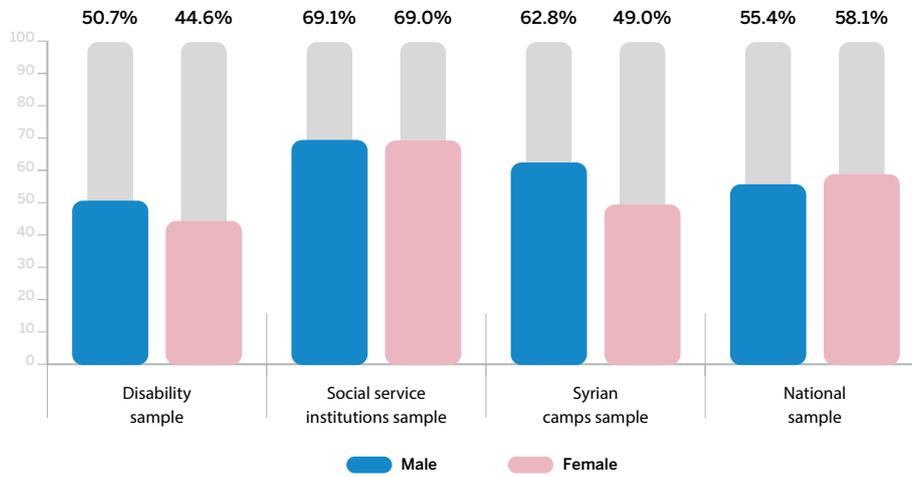


There were no statistically significant differences between the rates of exposure to emotional violence in any period of childhood and the rates of exposure to emotional violence during the twelve months preceding the survey, which confirms the recurrent and persistent nature of emotional violence.

Figure 12 shows these same findings disaggregated by gender.

- Children with disabilities:
 - 50.7 per cent of males experienced emotional violence in the past 12 months.
 - 44.6 per cent of females experienced emotional violence in the past 12 months.
- Social service institutions:
 - 69.1 per cent of males experienced emotional violence in the past 12 months.
 - 69.0 per cent of females experienced emotional violence in the past 12 months.
- Syrian refugee camps sample:
 - 62.8 per cent of males experienced emotional violence in the past 12 months.
 - 49.0 per cent of females experienced emotional violence in the past 12 months.
- National sample:
 - 55.4 per cent of males experienced emotional violence in the past 12 months.
 - 58.1 per cent of females experienced emotional violence in the past 12 months.

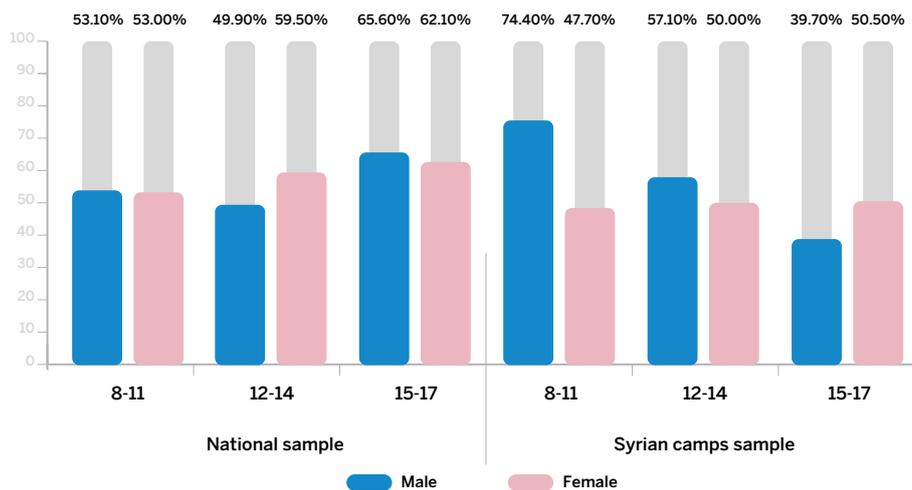
Figure 12: Exposure of children ages 8 to 17 to emotional violence in the last 12 months (by gender)



Rates of emotional violence against children according to age and gender

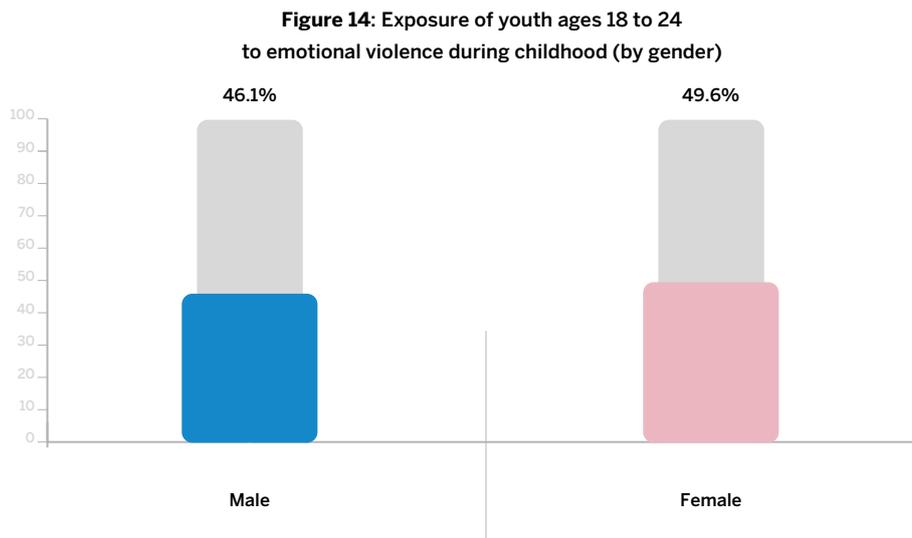
The data were also disaggregated by the child's age group. Children's exposure to emotional violence in the past 12 months increased significantly in the age group of 15-17 years in the national sample, while it increased significantly in the age group of 8-11 years in the Syrian refugee camps.

Figure 13: Exposure of children ages 8 to 17 to emotional violence in the last 12 months by age



Exposure of youth (18-24 years old) to emotional violence during their childhood

Under half (27.9 per cent) of youth in the national sample reported that they experienced emotional violence during their childhood. A total of 46.1 per cent of male youth experienced emotional violence as children, compared to 49.6 per cent of females.

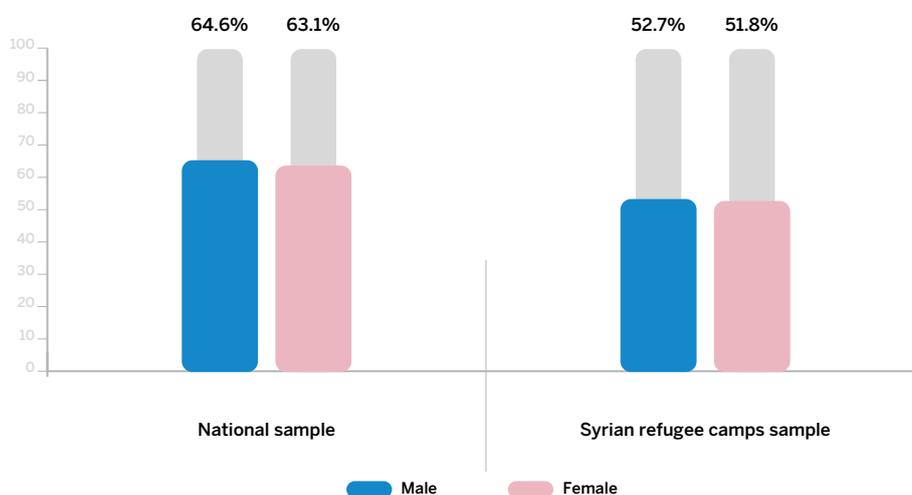


Caregivers' use of emotional violence as a disciplinary method

Caregivers in the national sample were more likely to use emotional violence as a disciplinary method than those in the Syrian refugee camps, by their own reports. While 64 per cent of caregivers in the national sample had used emotional violence as a disciplinary method, 52 per cent of caregivers the Syrian refugee camps sample had.

There was no significant difference in caregivers' practice of emotional violence based on the focus child's gender.

Figure 15: Emotional violence by caregivers toward children (ages 0-18) in the last 12 months



Emotional violence: qualitative results

The results of the quantitative survey were consistent with the results of the qualitative activities. In focus group discussions, children and caregivers explained that emotional violence is widespread and highly practiced. children face emotional violence in all places: home, school, streets, and play areas and playgrounds.

Many forms and practices of emotional violence were considered “acceptable” and were normalized in most the communities, both in the national sample and in Syrian refugee camps. Emotional violence was widely experienced by both male and female children.

“Verbal abuse is so normal for us girls.” (laughter)

[FGD, female children 8-12 years old, Za’atari camp (Syrian refugee camp)]

The social acceptance of emotional violence affected children to the extent that they did not necessarily realize that verbal abuse is a type of violence, even if they realized that such practices have negative effects on their feelings and self-esteem. This was evident in the cases where violence was practiced by adults in home and school.

Participant 1: I hate hearing bad words from my mother like ‘animal, stupid...’

Participant 2: My teacher told me that I am ‘like a car without fuel; we have you, but we can’t benefit from you.’

[FGD, female children 8-12 years old, Aqaba]

Forms of emotional violence

Forms of emotional violence: quantitative results

Most prevalent forms of psychological violence according to children (8-17 years old)

Despite the similarity of the rates of exposure to psychological violence between females and males, considering the forms of emotional violence practices against children, there were noticeable differences between the forms of emotional violence experienced by females compared to males. Additionally, as with physical violence, the forms of emotional violence tended to be more severe in the Syrian refugee camps than in the national sample, particularly for male children.

- National sample:
 - 40.0 per cent of all children (male and female) experienced yelling or shouting loudly
 - 26.0 per cent of all children experienced swearing or cursing
 - 22.7 per cent experienced insulting by calling names such as stupid, lazy
 - 21.8 per cent experienced refusing to talk to the child for a long time
- Syrian refugee camps sample:
 - 38.0 per cent of male children were cursed or called names.
 - 36.0 per cent of male children were subjected to yelling or shouting.
 - Table 18: Forms of emotional violence experienced by children (8-17 years old)

Table 17: Forms of emotional violence experienced by children (8-17 years old)

#	Question: Has anyone ever? If yes, when?	National sample						Syrian refugee camps sample					
		Child's lifetime			Last 12 months			Child's lifetime			Last 12 months		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	Shouted, yelled, or screamed at you very loudly	41.4	38.4	40.0	40.9	37.6	39.3	36.0	27.0	32.0	36.0	25.0	31.0
2	Cursed you	27.7	24.0	26.0	27.0	23.7	25.4	39.0	26.0	33.0	38.0	23.0	31.0
3	Insulted you by calling you dumb, lazy or other names like that	21.1	24.6	22.7	20.2	23.9	22.0	31.0	22.0	27.0	31.0	22.0	27.0
4	Refused to talk to you	21.8	21.8	21.8	20.4	20.4	20.4	22.0	22.0	22.0	21.0	20.0	21.0
5	Blamed you for his/her misfortune?	16.9	22.8	19.7	16.4	22.1	19.1	16.0	14.0	15.0	16.0	14.0	15.0
6	Embarrassed you publicly?	15.5	21.7	18.4	15.2	21.4	18.2	21.0	20.0	20.0	19.0	20.0	20.0
7	Threatened to fail you in an exam	17.7	16.5	17.1	15.2	15.2	15.2	25.0	17.0	21.0	23.0	17.0	21.0
8	Referred to your race, culture, gender, or religion in a hurtful way?	9.7	14.0	11.7	9.3	13.5	11.3	14.0	12.0	13.0	14.0	11.0	13.0
9	Said they wished you were dead or were not born?	6.2	12.4	9.1	6.2	12.2	9.1	10.0	11.0	10.0	10.0	11.0	10.0
10	Treated you in a way that made you feel useless?	5.6	11.1	8.2	5.1	10.8	7.9	5.0	11.0	8.0	5.0	11.0	8.0
11	Threatened to invoke harmful people, ghosts, or evil spirits against you?	9.5	8.6	9.0	6.4	5.7	6.1	7.0	5.0	6.0	7.0	5.0	6.0
12	Threatened to leave or abandon you?	4.0	6.1	5.0	3.9	5.9	4.8	4.0	3.0	4.0	4.0	2.0	3.0
13	Threatened to hurt or kill you?	3.9	3.5	3.7	3.7	3.3	3.5	15.0	8.0	11.0	15.0	7.0	11.0
14	Locked you in	5.8	2.3	4.1	4.4	1.8	3.2	4.0	0.0	2.0	3.0	0.0	2.0
15	Locked you out of the house	2.6	1.2	1.9	2.3	1.1	1.7	3.0	3.0	3.0	3.0	2.0	3.0
16	Tried to embarrass you because you were an orphan (not having one or both parents)?	1.3	0.7	1.0	1.2	0.7	0.9	3.0	2.0	2.0	3.0	2.0	2.0
	Any of the above behaviours	70.5	70.2	70.3	68.9	68.8	68.9	75.0	61.0	69.0	74.0	58.0	67.0
	Any of the above behaviours (except #1: "shouted at you")	62.6	63.9	63.2	60.1	62.2	61.1	71.0	57.0	64.0	69.0	54.0	62.0
	Any of 3, 2, 4, 5, 6, 9, 12, 15, 11, 13, 16, 10 (Definition used in the Jordan VACS analysis)	57.2	59.6	58.3	55.4	58.1	56.7	63.0	51.0	58.0	63.0	49.0	57.0

Forms of emotional violence that youth ages 18-24 experienced in childhood

Insulting and criticizing was the most widespread form of emotional violence that youth experienced in childhood, followed by wishing that the child was dead or was never born, expressing dislike, and rejecting the child (saying that the child is unlikable). The first and second practices were common in the statements of both males and females. The third applied more to females.

Table 19 shows youth's statements about the forms of emotional violence to which they were exposed when they were children. Their responses reflect some similarities with children's statements, despite the difference between the two sets of questions that take into consideration the age of respondents in each group. For example, the most common answer given by youth was "being insulted and criticized", which is closest to "cursing", the most frequent answer given by children.

Table 18: Most common forms of emotional violence that youth ages 18-24 experienced in childhood (%) (national sample)

#	Question: Before you turned 18, did anyone...?	Male			Female		
		Yes	No	Cannot remember	Yes	No	Cannot remember
1	...insult and criticize you, to make you feel that you were bad, stupid, or worthless?	24.4	71.5	4.1	29.6	68.8	1.6
2	...say that you were not loved or did not deserve to be loved?	8.2	91.1	0.7	13.4	86.4	0.1
3	...say that they wish you were never born, or were dead?	13.7	86.0	0.2	13.4	86.0	0.6
4	...personally threatened you that you would be badly hurt or killed?	9.7	90.3	0.0	5.3	94.6	0.1
5	...threatened to abandon you, or refused to let you live in the house anymore?	4.3	95.7	0.0	1.7	98.3	0.0
	Any of the above experiences (1-5)	34.5			38.6		
6	Many children are insulted or threatened at some time during their lives. This may have happened to you. In general, how do you think about your childhood now?	33.6	66.4	-	35.0	65.0	-
	Any of the above experiences (1-5) + indirect question (6)	46.1			49.6		

Most common forms of emotional violence according to caregivers

According to caregivers, the most common forms of emotional violence against children were:

- Yelling or shouting
 - Reported by 87 per cent of caregivers in the national sample
 - Reported by 73 per cent in the Syrian refugee camps sample.
 - Since yelling and shouting was not part of the composite index adopted by surveys of violent practices against children, emotional violence in particular, the practices of cursing and swearing were the most prevalent according to this classification.

- Cursing and swearing
 - Reported by 44 per cent of caregivers in the national sample.
 - Reported by 30 per cent of caregivers in the Syrian refugee camps sample

Calling the child stupid, lazy, or other degrading descriptions

- Reported by 37 per cent of caregivers in the national sample.
- Reported by 28 per cent in the Syrian refugee camps sample.

Despite the difference in rates between the national and the camps samples, the order of the forms of violence was very similar.

Table 19: Forms of emotional violence used by caregivers against children ages 0-17.

Question: Have you ever...? If yes, when?	National sample						Syrian refugee camps sample					
	Child's lifetime			In last 12 months			Child's lifetime			In last 12 months		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
1	24.4	19.2	22.1	23.3	18.2	20.9	22.4	18.3	20.7	18.2	16.0	17.2
2	7.5	6.3	6.9	6.6	5.7	6.2	10.8	10.3	10.6	7.1	7.6	7.3
3	8.2	4.1	6.4	7.5	4.0	5.9	7.9	5.4	6.8	4.8	3.9	4.4
4	10.4	7.3	9.0	9.4	6.3	8.0	5.9	5.0	5.5	3.3	2.3	2.9
5	0.5	0.6	0.6	0.4	0.5	0.4	3.9	2.1	3.1	0.6	0.0	0.4
6	1.0	0.2	0.6	0.9	0.2	0.6	3.0	1.5	2.4	0.0	0.0	0.0
7	10.0	7.3	8.8	8.8	5.6	7.4	10.0	10.0	10.0	6.4	6.9	6.6
8	2.4	0.4	1.5	2.3	0.4	1.4	4.8	3.7	4.4	2.3	1.1	1.8
9	16.6	13.5	15.2	16.3	13.3	14.9	11.7	8.5	10.3	9.1	5.3	7.5
10	11.1	13.3	12.1	10.2	12.4	11.2	8.8	12.3	10.3	7.6	10.9	9.0
11	2.3	0.8	1.6	1.3	0.5	0.9	3.0	2.5	2.8	0.5	0.5	0.5
12	88.5	84.2	86.5	88.2	83.8	86.2	73.6	73.1	73.4	73.1	71.3	72.3
13	45.0	42.5	43.9	44.2	42.3	43.4	29.7	31.2	30.3	27.5	28.2	27.8
14	37.6	36.6	37.1	36.8	35.6	36.2	27.9	27.2	27.6	24.3	25.7	24.9
15	90.2	87.1	88.8	89.7	86.5	88.2	77.6	80.1	78.6	77.6	78.3	77.9
16	66.0	64.2	65.2	64.6	63.1	63.9	54.8	53.6	54.3	52.7	51.8	52.3

Forms of emotional violence: qualitative results:

Emotional violence was practiced against children in all subsamples and in a variety of locations and circumstances.

Facilitator: Hasna', what forms of violence are practiced against children like you, with disabilities	Participant 4: Verbal violence. Participant 3: Verbal and physical mostly, but verbal more.
--	--

Facilitator: Hasna', do boys or girls get reprimanded all the time	Participants: Girls.
--	----------------------

[FGD, female children with disabilities, Za'atari camp]

Perpetrators of emotional violence

Perpetrators of emotional violence: quantitative results

Perpetrators of emotional violence against children (8-17 years old)

Peers were the most common perpetrators of emotional violence reported by children. Female children were twice as likely to experience emotional violence from siblings than males (48.8% and 26% respectively).

Table 20: Perpetrators of emotional violence against children ages 8-17

Perpetrators of emotional violence	National sample			Syrian refugee camps sample		
	Males	Females	Total	Males	Females	Total
Parents	24.5	31.4	27.9	18.0	22.5	19.8
Siblings	26.0	48.8	37.1	27.1	40.4	32.4
Teachers	6.4	4.9	5.7	13.2	11.9	12.7
Peers	73.4	60.6	67.2	79.9	73.0	77.1
Others (except parents, siblings, teachers, and peers)	29.7	27.4	28.6	41.7	34.3	38.7

Perpetrators of emotional violence against youth ages 18-24 during childhood

Youth in the national sample were also asked about emotional violence they experienced during childhood. Although the most frequent perpetrators of emotional violence against females and males in their childhood were parents and peers, females were more likely to experience emotional violence from siblings and males were more likely to experience emotional violence from strangers.

Table 21: Perpetrators of emotional violence against youth ages 18-24 during childhood (national sample)

Perpetrators of emotional violence	Males	Females
Employers/ work colleagues	3.0%	0.00%
Someone else at home	1.9%	1.4%
Others (not those mentioned in this table)	2.5%	5.0%
Neighbours	9.8%	4.5%
Other adults at home	25.5%	30.6%
Siblings	10.3%	23.9%
Strangers	26.0%	13.5%
Parents	38.0%	34.4%
Teachers	19.2%	17.8%
Peers	36.7%	32.7%

Perpetrators of emotional violence: qualitative results

In focus group discussions, children affirmed the quantitative results. They described experiencing emotional violence mainly from their peers and parents.

"At school, kids who insult me do it for no reason...rude insults, and at home they keep telling me: 'take out the garbage', 'go buy stuff'. That's how they make me a servant."

[FGD, male children, Al-Karak]

Effects of emotional violence

Effects of emotional violence: quantitative results:

Impact of various forms of emotional violence on children according to gender

As with physical violence, female youth were more likely to report that they were affected by emotional violence in their childhood than male youth.

Females were more affected by insults and criticism than males (29.6 per cent and 24.5 per cent respectively), as well as the hurt caused by feeling unloved or not deserving to be loved (13.4 per cent and 8.2 per cent respectively). Males and females had a relatively similar result when it came to the practice of wishing they were never born, or they were dead (13.7 per cent for males and 13.4 per cent for females). Males were more affected by the threats of hurt and killing than females (9.7 per cent for males and 5.2 per cent for females) as well as by the threats of abandonment (4.2 per cent for males and 1.7 per cent for females).

As mentioned previously, this difference may not be due to a difference in the actual effects but rather due to male youths' unwillingness, conscious or unconscious, to admit the impact of emotional violence to an enumerator.

Table 22: Effects of emotional violence that youth ages 18-24 experienced as children by gender

Practice	Males (%)	Females (%)
Someone insulted you and criticized you to make you feel bad, stupid, or worthless	24.5%	29.6%
Someone told you that you were not loved or that you don't deserve to be loved	8.2%	13.4%
Someone told you that he/she with you were never born, were dead or wanted you to die	13.7%	13.4%
You were personally threatened that you would be severely hurt or killed.	9.7%	5.2%
You were threatened that you would be abandoned or your presence at home is not wanted	4.2%	1.7%

Effect of emotional violence: qualitative results

Some experts interviewed during the qualitative activities showed higher awareness on the negative effects emotional violence has on children, especially when compared with the family caregivers interviewed. Experts and key informants described the hazards of emotional violence on a child's self-esteem and emotional health, especially when perpetrated by adults.

Experts believed that this type of violence begins at home and extends to schools and public places. It should be noted that verbal violence in particular was not given the same importance as physical or sexual violence among all respondents, and that in many cases it was seen as a minor or non-serious form of violence against children.

Participant 1: If someone yells at a child, it is not violence against children.

Participant 2: If it does not involve physical violence, we cannot consider it a phenomenon.

[IDs]

Most parents and caregivers believed that verbal and emotional violence practiced by peers at school is the real problem - but that the same emotional violence is not a problem when perpetrated at home.

At the same time, children were well aware of the negative impacts emotional violence exert on them.

"Violence can destroy children. They will never get over it."

"Children might run away from home, might kill themselves or their parents."

"They will feel bad, hate themselves, and wish they did not exist in this world."

"They will not be able to communicate with others, and they will be alone."

[FGD, female children, Aqaba]

"In case you made a mistake, how do you want your father to deal with you?": a question I asked a child in one of my lectures. He said: 'He should go down to my age, I don't have any experience in life yet, and I tell him don't treat me like this, I am younger than you!'

There is no excuse for the abusers who think that the law does not punish them for torturing their children, and there is no justification for their arguments that they 'can raise their children the way they want to.' The constitution and international conventions that transcend national legislation criminalize their act."

[IDI, Director of the Department of Groups Most in Need of Protection at the National Centre for Human Rights]

Results of Jordan Population and Family Health Survey (Department of Statistics-DoS, 2018):

Referring to the Population and Family Health Survey (2018), there is one indicator related to emotional violence against children, which is the index of “children in the age group of (1-14) years who have been subjected to non-physical or psychological abuse as a method of discipline by parents or family caregivers.” It found the following:

- About 76.2 per cent of children were subjected to psychological abuse by their parents in the national sample.
- About 77.4 per cent of children were subjected to psychological abuse by parents in the Syrian refugee camps sample.

Results of the National Study of Violence Against Children (2007)

The 2007 study on VAC showed that rates of exposure to psychological abuse were as follows:

- About 70 per cent of children were subjected to verbal abuse from parents
- About 49 per cent of children were subjected to verbal abuse by siblings.
- About (1 per cent of children were subjected to verbal abuse by teachers and administrators
- About 41.1 per cent of children were subjected to verbal abuse by their peers, and the rate is higher for males 45.6 per cent compared to females 37.1 per cent which is in line with our results and with global trends that show that males are more exposed to this form of violence than females.

The 2007 study also revealed that more than a third of children are subjected to verbal abuse from adults and other children, especially in the neighborhood.

- About 71 per cent were subjected to verbal abuse by teachers and administrators.
- About 10 per cent were subjected to verbal abuse by school janitors.

However, the rest of the results could not be compared with the 2007 VAC study because of the different research criteria used for this form of violence.

Third:

Neglect

Neglect describes the intentional or unintentional failure of the caregiver – any person, entity, or institution (including the state) with a clear responsibility for the child’s safety – to provide the essentials needed to protect the child from actual or potential harm or to fulfil the child’s right to safety.

Neglect was explored through the following research methods:

- Quantitative survey of the children’s sample (included the national sample, Syrian refugee camps sample, social service institutions, and children with disabilities)
- Quantitative survey of the youth sample (national sample only)
- Quantitative survey of family caregivers (national sample and Syrian refugee camps sample)
- Focus group discussions with children
- Focus group discussions with family caregivers

This study included quantitative and qualitative questions related to neglect practices among children, youth, and family caregivers.

Neglect: quantitative results

Most prevalent forms of neglect of children ages 8-17

The most prevalent forms of neglect, according to the statements of children ages 8-17, varied according to sub-sample. In social service institutions, 36.5 per cent of children reported that they didn’t feel cared for. A quarter (25 per cent) of children in Syrian refugee camps, 16.2 per cent of the national sample, and 9 per cent of children with disabilities faced injury or hurt due to the absence of adult supervision. Children in social service institutions were the most likely to report a form of neglect in general.

Table 23: Types of neglect experienced by children ages 8 – 17 (%)

	Children with disabilities sample	Social service institution's sample	Syrian refugee camps sample	National sample
Offered a cigarette or other smokables	6.0	18.3	7.0	9.1
Treated in a way that makes you feel useless	5.2	19.0	7.9	8.2
Get you out of school against your will	0.7	15.9	2.3	1.4
Forced to give earnings from work	0.0	8.7	0.3	0.1
Did not get enough to eat [went hungry] and[or] drink [were thirsty]	0.7	13.5	1.3	1.8
Had to wear clothes that were dirty, torn, or not suitable for the season	0.7	10.3	1.6	0.8
Not taken care of when sick or injured	0.0	18.3	1.6	2.2
Hurt or injured because of the absence of adult supervision	9.0	22.2	25.0	16.2
Did not feel cared for	6.0	36.5	7.5	8.3
Made to feel unimportant	4.5	23.0	7.6	6.5

Forms of neglect also differed according to the gender of the child. Among male children in the national sample, the most common form was being “offered a cigarette or other smoking materials” (71.5 per cent), in addition to injury or harm due to the absence an adult supervision, with the same percentage (71.5 per cent).

For female children in the national sample, the most common form of neglect was “having to wear dirty, torn or clothes that are not suitable for the weather” (72 per cent), followed closely by “not taken care of when sick or injured” (70 per cent).

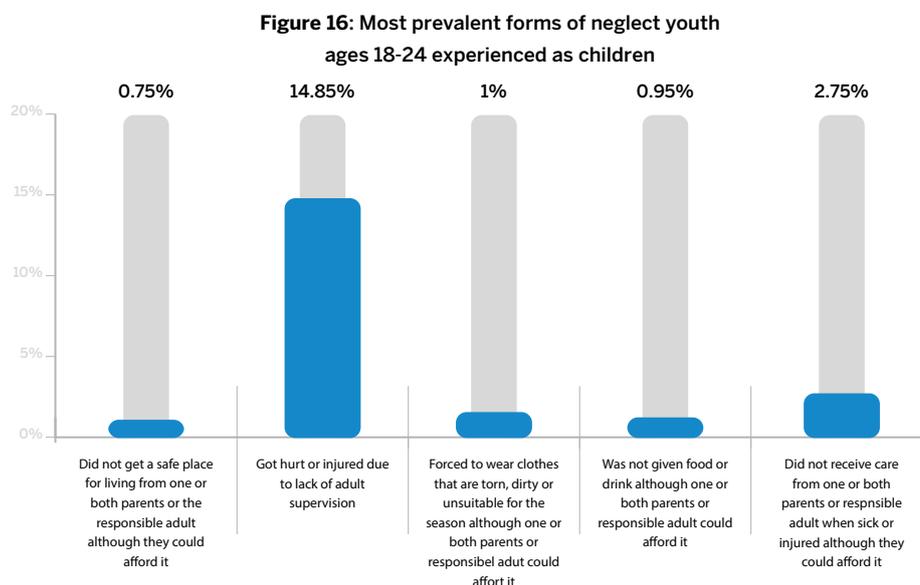
Table 24: Forms of neglect reported by children ages 8-17 the national sample by gender

Form of neglect	Male children (%)	Female children (%)
Offered a cigarette or other smokables	71.5	28.5
Treated in a way that makes you feel useless	35.6	64.4
Get you out of school against your will	67.5	32.5
Forced to give earnings from work	70.5	29.5
Did not get enough to eat [went hungry] and[or] drink [were thirsty]	58.8	41.2
Had to wear clothes that were dirty, torn, or not suitable for the season	28.0	72.0
Not taken care of when sick or injured	30.0	70.0
Hurt or injured because of the absence of adult supervision	71.5	28.5
Did not feel cared for	35.6	64.4
Made to feel unimportant	67.5	32.5

As for the sample of the Syrian refugee camps, neglect of both genders was prevalent: 58.7 per cent of males and 41.3 per cent of females had experienced at least one form of neglect.

Most prevalent forms of neglect youth ages 18-24 experienced as children

Figure 16 shows the forms of neglect experienced by youth during their childhood. Injury or harm due to the absence of adult supervision was the most common form of neglect, reported by 14.85 per cent of all youth.



A slightly larger proportion of male youth (16.7 per cent) had been harmed or injured due to lack of adult supervision as children than female youth (13 per cent).

Table 25: Most prevalent forms of neglect youth ages 18-24 experienced as children, by gender

Form of neglect	Male (%)	Female (%)
Not taken care of by parents or other responsible adults when sick or injured even though they could afford it	2.5	3.0
Not given food to eat and-or drink even though parents or other responsible adults could afford it	0.9	1.0
Made to wear clothes that were dirty, torn, or inappropriate for the season when parents or other responsible adults could afford it	1.0	1.0
Been hurt or injured due to lack of adult supervision	16.7	13.0
Parents or other responsible adults did not always provide a safe place to live in even though they could afford it	0.9	0.6

Relation between neglect of youth during childhood and economic status

Figure 17 shows the extent to which lack of money and the consequent inability to provide medical care, food, clothes, or supervision to youth 18-24 years old during their childhood had affected them. A total of 9.6% of youth stated that the economic status during their childhood made them feel deprived from the essentials of living “a lot.” Here, the essentials of living included medical care, food, appropriate clothing, and/or supervision (the absence of which could cause harm).

Figure 17: Extent to which economic status affected youth deprivation in childhood

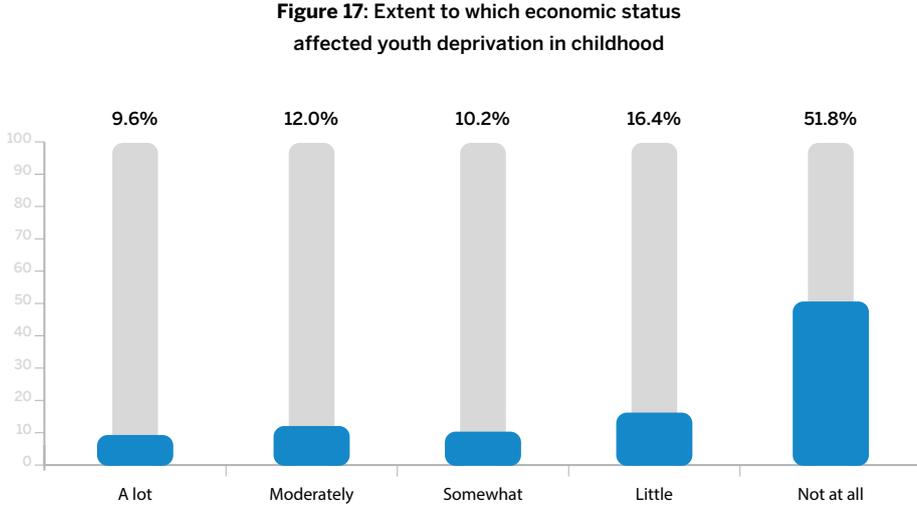
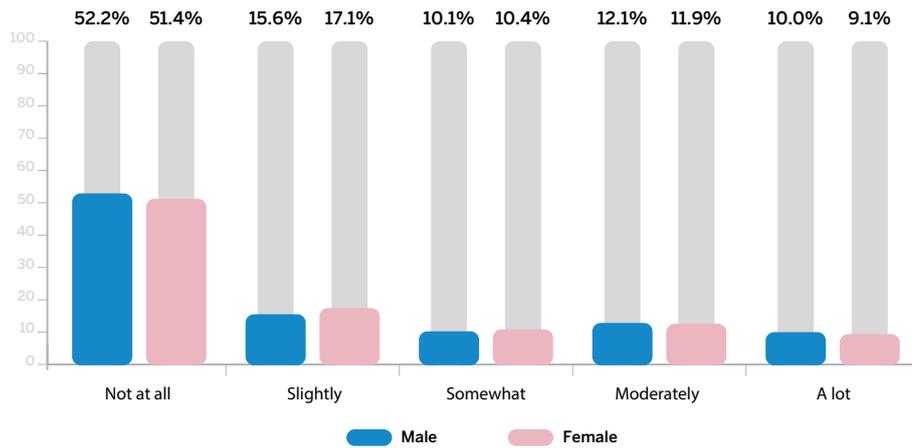


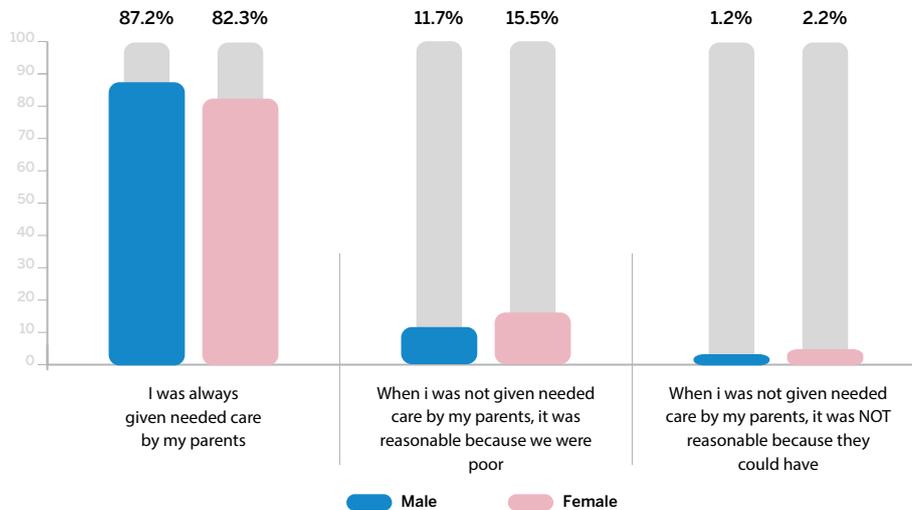
Figure 18 shows the extent to which economic status affected youth deprivation in childhood, distributed by gender. Gender did not seem to bear a significant impact on youth's reports of how economic status affected their deprivation of the essentials of living.

Figure 18: "How much did a lack of money contribute to not providing medical care, food, clothing, or supervision?"



The youth (18-24 years) survey also included a question exploring the link between economic conditions and care. A total of 84.7 per cent of youth indicated that they always received the necessary care from their parents during their childhood. However, 13.6 per cent of youth did not get the necessary care from their parents during their childhood, justified by poverty and poor economic conditions. Only 1.7 per cent of youth did not get care from their parents during their childhood, which was not justified and could have been avoided. These findings were consistent across both male and female youth.

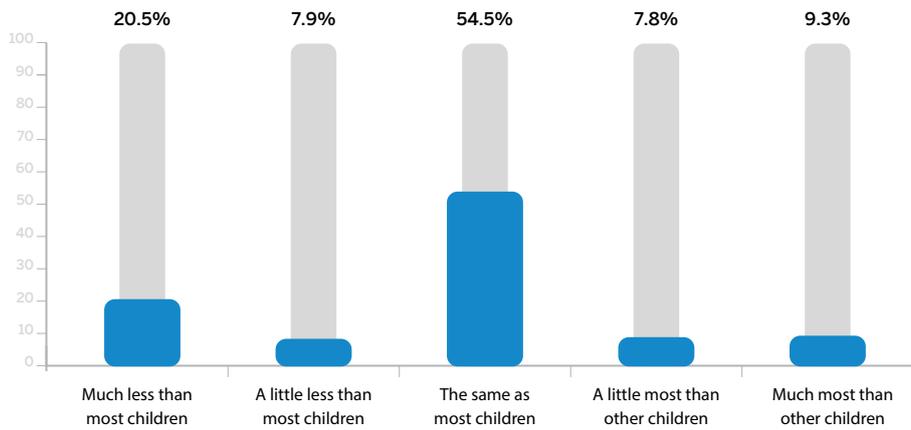
Figure 19: Youth experience of care during childhood



Exposure of youth (18-24 years) to neglect when they were children in comparison to others

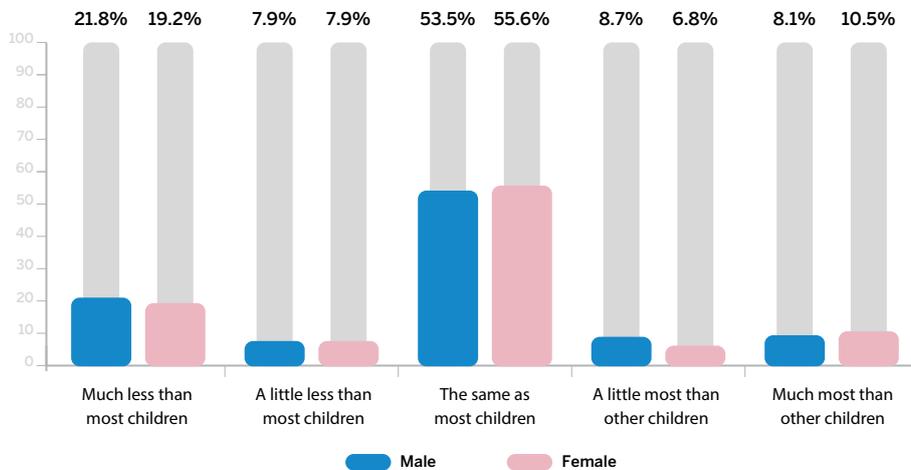
Youth (18-24 years old) were asked to compare the frequency with which they were neglected compared to other children of their age at that time. Figure 20 shows that 54.5 per cent of young people reported that they had received the same level of care compared to their peers, while 20.5% said that they received much less care than other children in their age at that time.

Figure 20: Youth experience of neglect in childhood, compared to their peers at that time



There was not much variance by gender. While 21.8 per cent of males said that they received much less physical and emotional care than most children, 19.2 per cent of females said that they received much less physical and emotional care than most children.

Figure 21: Youth experience of neglect in childhood, compared to their peers at that time, by gender



Caregivers' neglect of children

When caregivers were asked about the forms of neglect, they had practiced within the last 12 months, the most common answer among the national sample was hurt or injury due to the absence of adult supervision (9.4 per cent) and children's sickness and lack of proper medical care in the Syrian refugee camps (7 per cent).

Table 26: Caregivers' neglect of children by sample

Form of child neglect by caregiver during the last 12 months	National sample	Syrian refugee camps sample
During last year, the child got sick and was not treated	5.5	7.0
During the last year, the child did not eat well for his/her age (ate less than usual)	1.1	1.0
During the last year, the child under the guardianship of the caregiver was hurt or injured due to the absence of adult supervision.	9.4	5.9
During the last year, the child did not have a safe place to live in constantly	2.5	6.0

Neglect: qualitative results

During the qualitative activities, experts and insiders in the child protection sector suggested that many forms of neglect are not actually identified as neglect. They argued that neglect should be more broadly recognized as a form of violence against children.

"There are violence cases and behaviours that people do not recognize as violence, neglect, or abuse. There are many cases that could be considered a phenomena and numbers are rising every year, especially among children and kids below six years.

Neglect from the family affects children who become victims. I believe that this phenomenon exists in Jordan despite all the work and effort made and the National Family Protection Law. The National Team for Family Protection works so hard to prevent this phenomenon."

[IDI, specialist from the Ministry of Social Development]

One key informant stated that staff at mother and child centres, run by the Ministry of Health, regularly observe forms of neglect. This neglect is not typically considered a form of violence by caregivers.

“We observe neglect when mothers and children visit the centres. A form of neglect we see is that when it’s cold in winter and a mother does not put enough clothes on her child, when the nails of a baby are long, when you smell the bottle of the baby and it reeks, when a child is carried in a wrong way and his/her mother would say that he fell off the balcony. How could he fall off the balcony? Where has she been? Where has his father been? Of course, I’m talking about both parents. They are both responsible. Any problem is the responsibility of both parents.”

[IDI, representative of Ministry of Health]

“Neglect is widespread, but people do not consider it violence.”

[IDI, expert from the National Council for Family Affairs]

“Neglect [is the most dangerous form of violence]; This is because it is difficult to measure and document. Until this moment no case of neglect has reached the judiciary, despite the existence of an article punishing the perpetrators of neglect against the child. [...]

The difficulty of separating between intentional and unintentional neglect: Is the child falling in a bucket of water - which is a frequent case – an intentional or unintentional neglect?”

[IDI, forensic medicine specialist and hospital director]

Although neglect seemed to not be taken as seriously as a form of violence by caregivers, children had a deep and fundamental understanding of the violent nature and effects of neglect. Neglect was considered very severe by children.

“Violence does not have to be beating. There are many things that are worse than beating: the way children are treated, dealt with, the way they are approached and neglected.”

“There is no real reaction from the administration; on the contrary, indifference and transferring our problems to the administration and this is carelessness.”

[FGD, male children, social service institutions, Aqaba]

Children provided many examples of injury or hurt due to the absence of adult supervision, which was one of the most common forms of neglect reported in the quantitative portion. Lack of adult supervision allowed children to enter unsafe situations and encounter potential or actual harm.

Participant 9:

Miss, once we were at my grandfather's house and my brother and a bunch of boys went to the rooftop and swam in the water tanks.

Facilitator:

They swam in the water tanks

Participant 9: Yes, miss. I told my mom about it, and she scolded my brother.

F: He could have drowned! The water is for drinking and washing too.

[FGD, female children]

Results of Population and Family Health Survey 2018

The Population and Family Health Survey (2018) included an indicator of neglect. This indicator was related to children under the age of five who were left alone or cared after by children under ten years old for an hour or more. The rate of children that met this indicator was 16.4 per cent, which is a relatively high rate, and there was no noticeable disparity between males and females.

Results of The National Study on Violence Against Children in Jordan (2007)

The National Study on Violence Against Children in Jordan (2007) included questions about the child's lack of food and lack of treatment, or illness (etc.). 97 per cent of the parents answered that this shortage did not occur, while the rest of the sample, 2.94 per cent, confirmed that the child was exposed to disease and harm and that he/she did not receive the necessary treatment.

To compare with this current study, the percentage of children who reported being injured or being harmed due to the absence of adult supervision were 16.2 per cent in the national sample.

Fourthly:

Sexual violence

Sexual violence describes all forms of sexual abuse and sexual exploitation of children, which includes a range of acts, including rape, attempted sexual acts, abusive sexual contact (unwanted touching), and unwelcomed sexual abuse without touching (such as threats of sexual violence, nudity, and verbal sexual harassment). In this study, sexual violence was measured using the following research methods:

- Quantitative survey of the children's sample (includes the national sample, the Syrian camps sample, the social service institutions sample, and the sample of children with disabilities)
- Quantitative survey of the youth sample (national sample only)
- Quantitative survey of family caregivers (includes the national sample and the Syrian refugee camps sample)
- Focus group discussions with children
- Focus group discussions with family caregivers

During the study of sexual violence, the methods, and outcomes of this type of violence were measured and analysed over the period of one year before the survey, or before that, depending on the occurrence of the violent act. The methods of sexual violence studied were:

- Using profanity or obscene jokes
- Watching a sexual video or looking at a sexual picture
- Looking at the genitals or asking to look at the child's genitals

- Touching genitals in a sexual way or asking the child to touch genitals parts
- Making a sexual video or taking pictures of children performing sexual acts either alone or with other people

Since discussing sex is still sensitive and even taboo in Jordanian society, even in medical or scientific context, the research team, following the recommendations of the stakeholders and the reference study group from relevant national authorities, to remove questions about some acts of sexual violence (such as rape). Other questions were reworded to be more appropriate for Jordanian cultural norms.

Sexual violence: quantitative results

Prevalence of sexual violence against children

Over a quarter (27.3 per cent) of children 8-17 years old in the national sample were exposed to at least one form of sexual violence during their lives (31.2 per cent of males and 23.2 per cent of females). Similarly, 24.0 per cent of children in the Syrian refugee camps sample were exposed to at least one form of sexual violence (29.7 per cent of males and 17.3 per cent females).

Table 27: Children's exposure to at least one form of sexual violence during their life, by gender

Children's exposure to at least one form of sexual violence during their life	Overall	Males	Females
National sample	27.3	31.2	23.2
Syrian refugee camps sample	24.0	29.7	17.3

Sexual abuse by caregivers was very rare, according to the survey of children. Table 28-A shows that 1.0 per cent of children in the national sample and 0.6% of children in the Syrian camps sample stated that they have been exposed to at least one form of sexual violence by their caregivers at least once in their lives.

Table 27-A: Children's exposure to at least one form of sexual violence by caregivers during their life

Children's exposure to sexual violence by caregivers	Rate
National sample	1.0
Syrian refugee camps sample	0.6

Forms of sexual violence against children (8-17 years old)

Across all four sub-samples, exposure to obscene, shameful, or indecent words was the most common form of sexual violence reported by children. The second most common form of sexual violence was being made to watch a sexual video or look at a sexual picture, also across all sub-samples.

Table 28: Forms of sexual violence against children (8-17 years old)

Sample	Someone used obscene, shameful, or indecent words in front of you	Someone made you watch a sexual video or look at a sexual picture	Someone made you look at their genitals or wanted to see your genitals	Someone touched their genitals in a sexual way or asked you to touch your genitals	Someone made a sexual video or took pictures of you either alone or with other people performing sexual acts
Children with disabilities	21.60	3.70	1.50	1.50	0.70
Social service institutions	33.30	7.90	5.60	5.60	0.80
Syrian refugee camps sample	22.40	4.20	0.60	1	0.00
National sample	24.20	4.80	1.10	2.80	0.20

In both the national sample and the Syrian camps sample, male children were more likely to be exposed to obscene, shameful, or indecent words than female children.

Table 29: Forms of sexual violence experienced by children (8-17 years old) by gender and sample

Group	Gender	Someone used obscene, shameful, or indecent words in front of you (%)	Made you watch a sexual video or look at a sexual picture (%)	Someone made you look at their genitals or wanted to see your genitals (%)	Someone touched their genitals in a sexual way or asked you to touch your genitals (%)	Someone made a sexual video or took pictures of you either alone or with other people performing sexual acts (%)
Children with disabilities	Male	27.5	4.3	0.0	0.0	0.0
	Female	15.4	3.1	3.1	3.1	1.5
	Total	21.6	3.7	1.5	1.5	0.7
Social service institutions	Male	33.8	7.4	1.5	1.5	0.0
	Female	32.8	8.6	10.3	10.3	1.7
	Total	33.3	7.9	5.6	5.6	0.8
Syrian refugee camps sample	Male	27.9	5.2	1.1	1.0	0.0
	Female	15.8	3.0	0.0	0.8	0.0
	Total	22.4	4.2	6.	1.0	0.0
National sample	Male	29.1	5.8	0.6	2.0	0.2
	Female	18.8	3.7	1.6	3.7	0.1
	Total	24.2	4.8	1.1	2.8	0.2

Forms of sexual violence practiced against youth (18-24) during their childhood:1

Youth were exposed to different forms of sexual violence during their childhood. A total of 6.3 per cent of males and 4.3 per cent of females in this sample were asked by someone to look at their private parts; 6 per cent of males and females were exposed to verbal harassment through dirty, obscene, and shameful words (either oral or written). The more direct sexual violence practices such as unwanted touching or taking pictures and videos ranged from 1 per cent to 3 per cent. Table 30 gives more details on the rates of sexual violence against youth during their childhood according to gender.

Table 30: Forms of sexual violence that youth (18-24 years old) experienced in childhood by gender

Practice	Males	Females
When you were young or below 18 years old, did anyone make you look at their private parts or made you look at yours and you didn't want to?	6.3%	4.3%
Did anyone make a sexual video or took a sexual picture of you doing sexual act alone or with others and you didn't want to?	1.0%	1.2%
Did anyone touch your private parts or made you touch theirs and you didn't want to?	2.1%	2.5%
Did anyone make you feel bad talking to you in a sexual way or write sexual things about you and you didn't want to?	5.9%	6.0%

Perpetrators of sexual violence

As shown in Table 31, peers were the most common perpetrators of sexual violence (48.3 per cent), followed by strangers (37 per cent), neighbours (14.4 per cent), and adult relatives (10.6 per cent), as reported by youth.

Table 31: Perpetrators of sexual violence that youth ages 18-24 experienced in childhood

Perpetrators of sexual violence experienced in childhood	Percentage of youth ages 18-24
Peers	48.3
Strangers	37.0
Neighbours	14.4
Adult relatives	10.6
Siblings	5.0
Parents	3.4
Employer	0.5
Teacher	0.3
Other children at home	0.3
Work colleagues	0.2
Others	5.3

1 One of the questions on sexual violence was removed due to its sensitivity and challenges in data collection: "Were you forced to have sex or he/she tried to have sex with you when you didn't want to?"

Forms of sexual violence according to caregivers

Only 1 per cent of family caregivers in the national sample indicated that their children were exposed to touching in a sexual context by an adult during the past 12 months prior to the study, compared to 0.6% in the Syrian refugee camps sample.

Sexual violence: qualitative results

The results of the focus group sessions with children suggested that sexual violence against children is widespread in Jordan. Male children mentioned that they were exposed to sexual violence, mostly committed by peers, in school, at home, and on the street. Female children were mostly exposed to verbal harassment from strangers.

Facilitator:

How do they harass you in the street

Participant: Miss, they start saying bad things... they would say "hey beautiful" ..." what is this red you are wearing?" ...they say such things.

[FGD, female children, Za'atari camp (Syrian refugee camp)]

Female children were also aware of sexual violence, and said it existed in schools, in the street and at home. They particularly mentioned sexual violence in the context of the home, perpetrated by relatives of the family.

Facilitator:

Do you think that girls your age in Al-Katfeh or Sakeb areas are approached by people

Participants: Yes, yes.

Participant 8: Our neighbour, who is about 8 years old, was approached by a boy who was getting close to her, he got close and did bad things...

[FGD, female children, Jerash]

Male children said that sexual violence against children was not uncommon and happened in schools and on the streets, usually by their peers. Male children in social service institutions believed that survivors of sexual violence may also become perpetrators of sexual abuse themselves. When male children were asked about a vignette involving a child, Qusai, who experiences sexual harassment, "do children in Qusai's age get bothered on their way to school? And who are the people who do it?" some participants characterized this behaviour as harassment.

Participant

They harassed him

Facilitator:

Harassed? How is that?

Participant: They bothered him.

[FGD, male children, Al-Balqa’]

No adults spoke about personal experiences of sexual violence (either experienced or perpetrated), but parents, teachers, employers, service providers and key informants mentioned that children are exposed to the threat of sexual violence by other adults in schools, at home, in public, and the labour market.

Teachers in particular indicated their own lack of capacity in responding to sexual violence.

“We don’t know how to address matters related to the relationship between boys and girls. We need specialized mentors to help us. As teachers, we need specialized training on how to deal with such issues.”

[FGD, teachers, Ajloun]

While there was some tolerance for physical and emotional violence, sexual violence was unanimously seen as the most damaging and most insidious form of abuse perpetrated against children. Caregivers believed that sexual violence is one of the worst, if not the worst form of violence against children in terms of its lasting effects. One teacher even repeated a misconception that children who experience sexual violence will commit sexual violence (“transmits it to others”).

Facilitator:

: if we talk about the most dangerous effects on children...emotional, verbal, sexual or physical?

Participants: Sexual [violence] is the most dangerous.

Participant 9: They are all dangerous but sexual violence is the most dangerous because it transfers diseases...it affects their future.

P10: Any child exposed to sexual violence cannot be emotionally healthy, even after he/she grows up. It’s not only that he/she transmits it to others, but the child will face hardships unless extensively treated.

[FGD, teachers, Ajloun]

“A father had sex with his 14-year-old-daughter without penetration and he was acquitted (not guilty according to court). When they went home, he married her off to a man in Iraq who works in prostitution. She returned to Jordan to be arrested again because she is a child who works in prostitution. We should revise such cases and treat any gaps that prevent these children from being protected on the right time.”

[IDI, forensic doctor who participated in the establishment of the Family Protection Unit in 1998]

Results of Population and Family Health Survey 2018:

According to the Population and Family Health Survey of 2018 the estimated rate of girls ages 15-17 years who were exposed to sexual violence was about 2.7 per cent.

Results of the National Study on Violence Against Children in Jordan (2007)

The study found that:

- About 3 per cent of children were subjected to minor sexual abuse from their parents
- About 6 per cent of children were subjected to minor sexual abuse by siblings.
- About 2 per cent of children were subjected to minor sexual abuse by relatives.
- About 1 per cent of children were subjected to minor sexual abuse by others.
- About 7 per cent of children were subjected to minor sexual abuse by teachers and administrators.
- About 28 per cent of children were subjected to minor sexual abuse by peers.

The study also indicated that minor sexual abuse increases as the child grows up when the abuser is a parent/guardian and decreases when the abuser is a relative or another child.

- About 1 per cent of children were subjected to moderate sexual abuse by teachers and administrators.
- About 1 per cent of children were subjected to severe sexual abuse by school janitors.

For the purposes of comparison with this study, and if we exclude the use of obscene or indecent words (we considered them verbal abuse. However, the 2007 study adopted different classifications for the forms of violence from the current study), the results of this study are similar to the results of the 2007 study with regard to assessing the state of sexual violence practices, the unwillingness to talk about severe sexual abuse or violence and mentioning the less severe sexual violence practices only.

fifth:

Cyberviolence

“Cybercrimes is an international issue. It has the world’s attention because it is difficult to control.”

[IDI, program director for an international organization]

Cyberviolence (or online violence) against children describes the use of modern communication systems, including social media, to cause, facilitate, or threaten violence against a child. Acts of cyberviolence may involve different types of harassment (including bullying), violation of privacy, sexual abuse and sexual exploitation, and direct threats of physical violence.¹

As with other forms of violence, long-term or recurrent cyberviolence puts survivors at risk of stress, anxiety, fear, depression, confusion, anger, insecurity, low self-confidence, shame, stress-related disorders, and could lead to suicide. The severity of the impacts depends on child’s resilience and ability to face hardships.

Cyberviolence against children and the use of the internet by children in general was addressed through the following research methodologies:

- Quantitative survey of the children’s sample (including the national sample, the Syrian camps sample, the social service institutions sample and the children with disabilities sample).
- Quantitative survey of family caregivers (including the national sample and the Syrian camps sample).
- Focus groups with children.
- Focus groups with family caregivers.

¹ (European Council, 2020).

The study identified a variety of forms of cyberviolence:

- Exclusion: when people the child knows deliberately ignore and exclude him/her from online social interaction.
- Harassment: sending offensive or threatening messages and comments to the child.
- Insulting a child in public.
- Online stalking, surveillance, and tracking.
- Posting and sending inappropriate content from the child's account without his/her knowledge.
- Harassment through fake accounts.
- Tricking the child into sharing private content, information, or pictures.
- Publicly ridiculing the child and using him/her as a material for humour (making fun of the child).
- Theft of the online accounts of the child.
- Online coercion: when a stranger builds an emotional relationship with the child to gain his/her trust with the intention of sexual exploitation.
- Encouraging self-harm.
- Sending sexual content to the child.

Children turned to the following people to report incidents of cyberviolence:

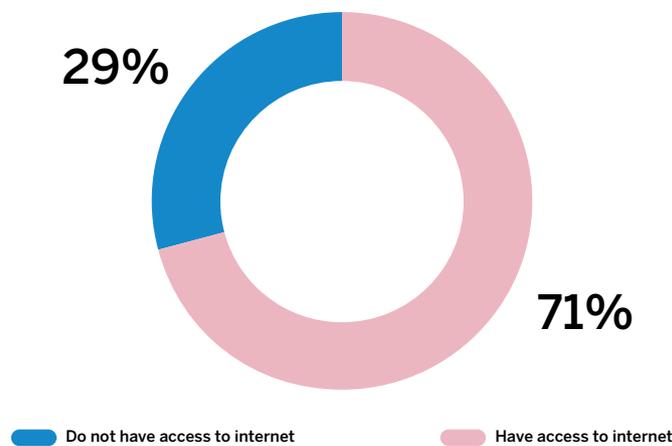
- Mother
- Father
- Siblings
- Friend
- Authorities (e.g., Cybercrime Unit)
- Teacher, educational counsellor, or principal
- Any other person

Cyberviolence: quantitative results

Usage of internet by children (ages 8-17)

To understand the context of cyberviolence, the study included a question directed to children ages 8-17 about their use of the internet. As Figure 23 shows, 71 per cent of children surveyed had access to the internet.

Figure 23: Children's (ages 8-17) access to the internet



Children in the national sample had over half the rate of internet access than those in Syrian camps. While 76 per cent of children in the national sample had internet access, only 36 per cent in the Syrian camps sample had access.

Figure 24: Distribution of internet access by children ages 8-17 by sample

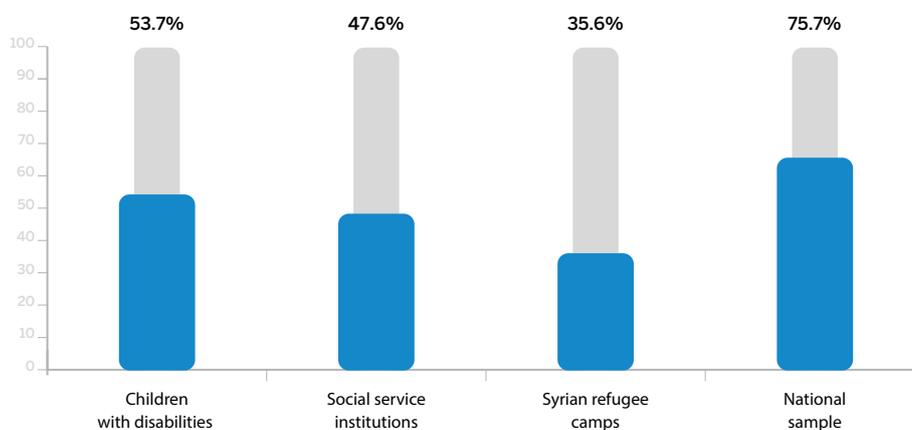
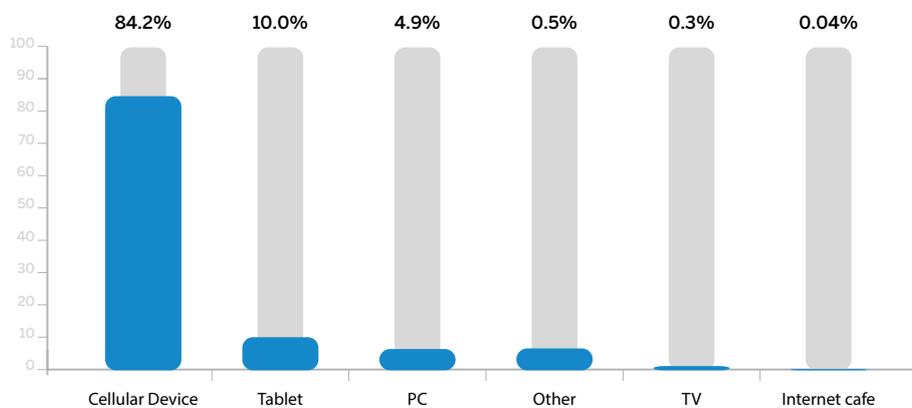


Figure 25 shows the methods (media) children used to access the internet. As shown, 84.2 per cent used mobile phones to access the internet, making adult supervision more difficult.

Figure 25: : Methods (media) children ages 8-17 use to access the internet



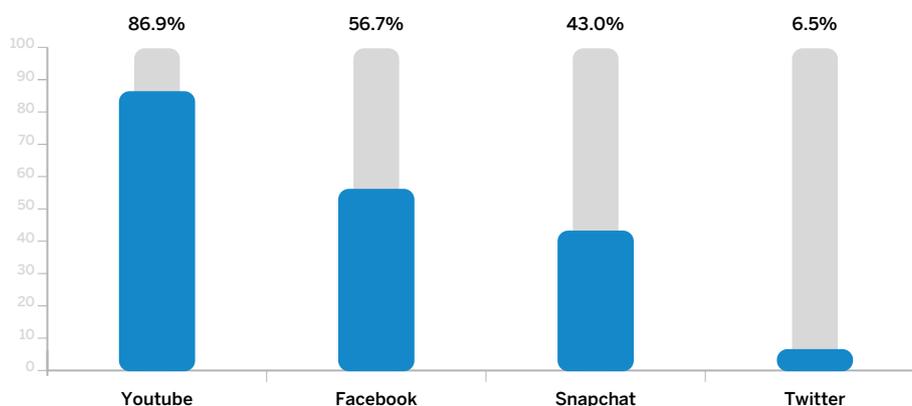
Mobile phones were the most popular method for accessing the internet across all four samples, although they were least likely to be used by children in social service institutions and most likely to be used by children in Syrian refugee camps.

Table 32: Methods (media) children ages 8-17 use to access the internet, by sample

Sample	Mobile phone	Tablet	Computer	TV	Internet cafe	Other
Children with disabilities	81.90	12.50	4.20	1.40	0	0
Social service institutions	68.30	23.30	6.70	0	1.70	0
Syrian refugee camps	91.60	0.90	5.70	0	0	1.80
National	84.30	10	4.90	0.20	0	0.50

The survey also explored the sites that children most frequently visit. The four most frequently used sites were the following: YouTube (86.9 per cent), followed by Facebook (56.7 per cent), Snapchat (43.0 per cent), and Twitter (6.5 per cent), among a long list of sites offered to participants.

Figure 26: Sites most visited by children (ages 8-17)



YouTube was the most visited site by children in all samples. Twitter was most popular among children in Syrian refugee camps, while Snapchat was most popular among those in social service institutions.

Table 33: Sites most visited by children (ages 8-17) by sample

Sample	Twitter	Snapchat	Facebook	You Tube
Children with disabilities	1.4	30.6	51.4	84.7
Social service institutions	16.7	55.0	75.0	85.0
Syrian refugee camps sample	6.0	26.7	46.8	80.7
National sample	6.4	43.6	56.7	87.2

Prevalence of different forms of cyberviolence

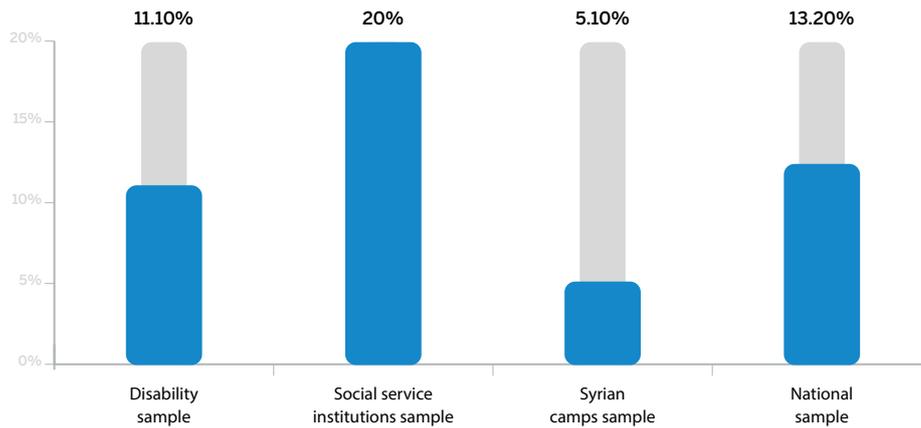
Children reported exposure to a variety of forms of cyberviolence. The largest portion (41.4 per cent) were harassed by “abusive messages and comments or threats”, followed by 18.7 per cent who were exposed to violence in the form of encouraging self-harm.

Table 34: Prevalence of different forms of cyberviolence

Form of cyberviolence	Exposure rate: out of the total number of children who have been exposed to at least one form of cyberviolence (%)
Exclusion: when people the child knows deliberately ignore and exclude him/her from online social interaction.	3.0
Harassment: sending offensive or threatening messages and comments to the child.	41.4
Insulting a child in public.	10.7
Posting and sending inappropriate content from the child’s account without his/her knowledge.	7.7
Online stalking, surveillance, and tracking.	6.3
Harassment through fake accounts	8.1
Tricking the child into sharing private content, information, or pictures.	2.6
Theft of the online accounts of the child.	12.4
Publicly ridiculing the child and use him/her as a material for humour (making fun of the child).	6.2
Online coercion: when a stranger builds an emotional relationship with the child to gain his/her trust with the intention of sexual exploitation.	1.4
Sending sexual content to the child.	6.6
Encouraging self-harm.	18.7

Children in social service institutions reported the highest rates of cyberviolence, followed by those in the national sample. Children with disabilities were least likely to report experiencing cyberviolence.

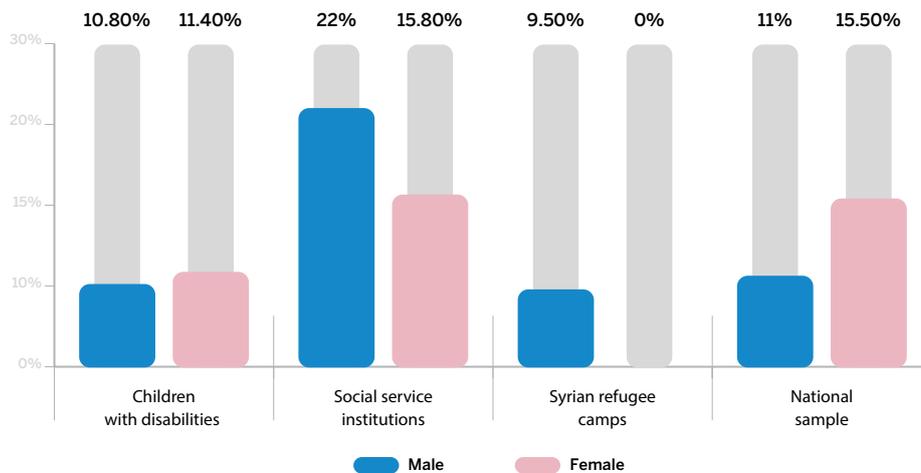
Figure 27: Exposure to cyberviolence by sample



Notably, 15.8 per cent of females in the social service institution’s sample were exposed to at least one form of cyberviolence, and 15.5 per cent in the national sample.

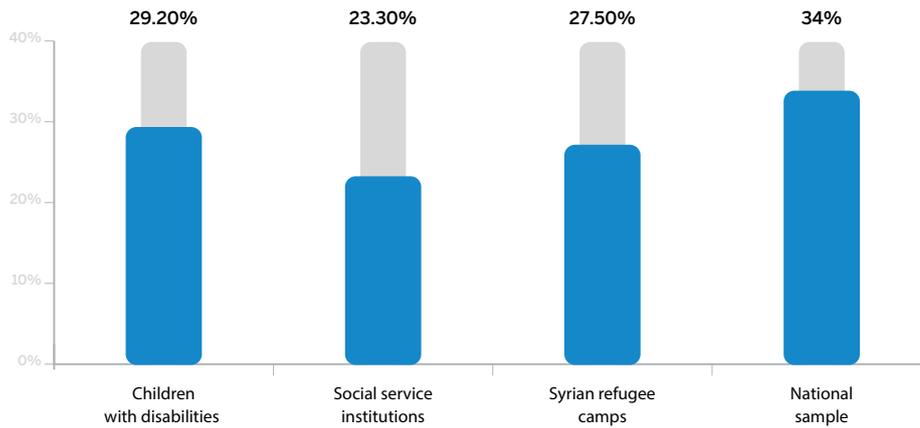
Alternately, 22 per cent of males in the social service institutions samples were exposed to at least one form of cyberviolence, and 11.0 per cent in the national sample.

Figure 28: Exposure to cyberviolence by gender



Although the Jordanian cybercrime law criminalizes some practices of online violence, children have little knowledge of the meaning or existence of online violence and online bullying. Only 34 per cent of children in the national sample, 27.5 per cent of children in Syrian refugee camps, 23.3 per cent of children in social service institutions, and 29.2 per cent of children with disabilities knew about cyberviolence.

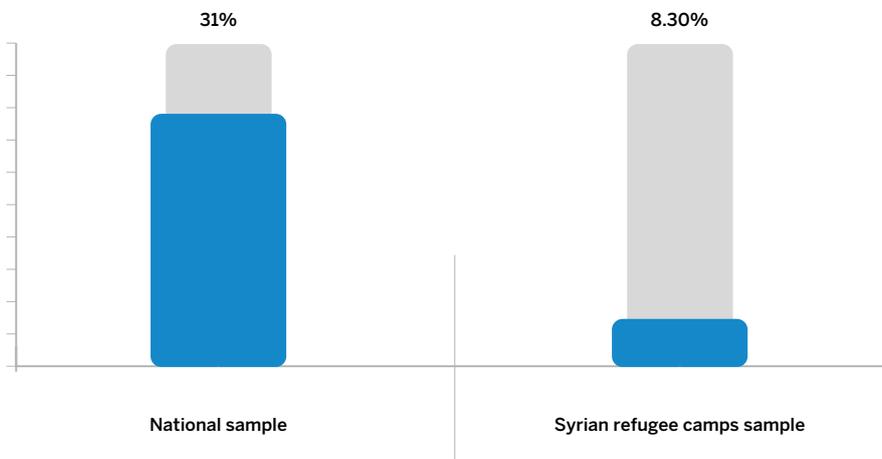
Figure 29: Children's awareness about the meaning or existence of cyberviolence by sample



Cyberviolence according to caregivers

Like children, caregivers also had limited knowledge about cyberviolence. Only 31 per cent of caregivers in the national sample and 8.3 per cent in the Syrian camps sample indicated that they know about cyberviolence. Figure 30 shows caregivers' knowledge of children's exposure to online violence.

Figure 30: Caregivers' knowledge of online violence practiced against children under their guardianship



Cyberviolence: qualitative results

The qualitative results found that cyberviolence is widespread for children in Jordan, and that it is a relatively new challenge for caregivers, experts, and teachers. Many adults indicated that they have difficulty trying to protect children from cyberviolence. They viewed social media and online platforms in general as a mysterious realm in which they are not qualified or capable of protecting their children.

“I know that social media has a negative influence on children, but we don’t know how to control our children’s use of these tools.”

[FGD, mothers, Al-Mafraq governorate]

“My kids enter YouTube but I don’t see what they watch.”

[FGD, mothers, Al-Karak]

Caregivers were somewhat aware of the risk of cyberviolence when children use the internet. Parents and teachers were concerned that children are exposed to emotional and sexual violence online, including through social media platforms and online games.

Children were aware of the risks of sexual violence perpetrated online. Several male children in the focus groups admitted to using technology to harass girls, while both male and female children recounted instances of being sexually harassed online by others. Furthermore, children reported being bullied online.

There was fear that children could be exploited by others for sexual benefits, as well as being recruited by extremist organizations. Fathers specifically spoke about children having access to unsecure locations online, and that they could be exposed to extremists. This was supported by one female child’s story of joining an online group called ‘Alfaisaly’, believing them to be the popular Jordanian football club, only to realize that it was a violent political organization. Children in juvenile centres stated that they knew several children who were recruited by such organizations online. Mothers said that their children spend time online consuming inappropriate content, and then act out the type of violence they see on their younger siblings.

Caregivers expressed the concern about the kind of content children might encounter online, especially violent, and sexual imagery.

“Every game shows sexual images.”

“[Online platforms] are very dangerous especially for teenagers. They could lead teenagers to terrorist groups through conversations.”

“I went to China. They don’t use Facebook. They don’t have open channels. They only have 21 channels for kids and news. On the contrary, here we can enter everything.”

“The government must interfere. There should be better filtering for children’s programs.

They should be more enforcement of laws and legislations.”

[FGD, teachers, Al-Tafeilah]

Here is an extract from a discussion with a program director of one of the international organizations:

“Cybercrimes is an international issue. It has the world’s attention because it is difficult to control.”

[IDI, program director for an international organization]

Some parents and caregivers expressed the fear that their children may be sexually exploited by strangers online, in addition to the fear that some extremist organizations or human trafficking organizations exploit children.

“Online violence involves exploitation of males and females and threatening them through hacking their accounts or taking their pictures and using them in an indecent way, or through conversations with strangers, such as when a girl talks to a young man and is lured into direct conversations.”

[FGD, fathers, Al-Balqa’]

Representatives of the Department of Sexually Exploited Children at the Family Protection Department likewise indicated that children in Jordan are at risk for exploitation online. They also noted, in line with caregivers’ own reports of their ignorance around the internet, that parental ignorance can contribute to cyberviolence against children.

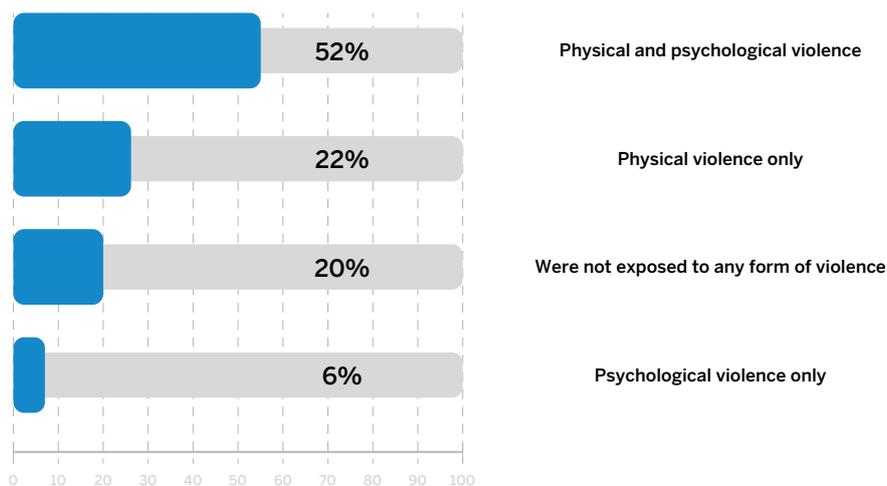
“A lot of cases in which children are abused via the Internet are caused by parents’ ignorance of the Internet and communication networks in general. In many cases, children have many friends on social media who they do not really know, as these fake individuals try to exploit children later.... Exploitation does not only include sexual abuse, but also blackmailing, photo sharing and other unacceptable behaviours.”

[IDI, Department of Sexually Exploited Children in the Family Protection Department]

Contributors to children's exposure to violence

Several field studies in different regions and countries around the world indicate that there are factors that may increase a child's vulnerability to violence. Below are some of the contributors explored through this study:

Figure 31: Co-occurrence of physical and emotional violence against children



Co-occurrence of violence

A child who is exposed to one form of violence is more likely to be exposed to other types of violence as well. The exposure to one form of violence is a contributing factor to the increased risk of exposure to other forms of violence and abuse. These practices usually take one of two forms: they either occur simultaneously, as when the child is subjected to physical and emotional abuse at the same time; or they occur against the same child, but at different stages of age or time.¹

The present study confirmed this previous research about the links between different forms of violence. It found that over half of children experienced both emotional and physical violence.

- 52 per cent of children experienced both emotional and physical violence.
- 22 per cent of children experienced physical violence only.
- 6 per cent of children experienced emotional violence only.
- 20 per cent of children did not experience any form of violence.

¹ UNICEF. (2007). *Ending Violence Against Children Handbook for Parliamentarians*. Retrieved from www.unicef.org: <https://www.unicef.org/documents/eliminating-violence-against-children>

Gender of the child

Although male and female children face emotional and physical violence, it was found that male children were at greater risk of physical violence than females. This was true among all four sub-samples and is shown in Figure (2). The difference was starkest among the social service institutions.

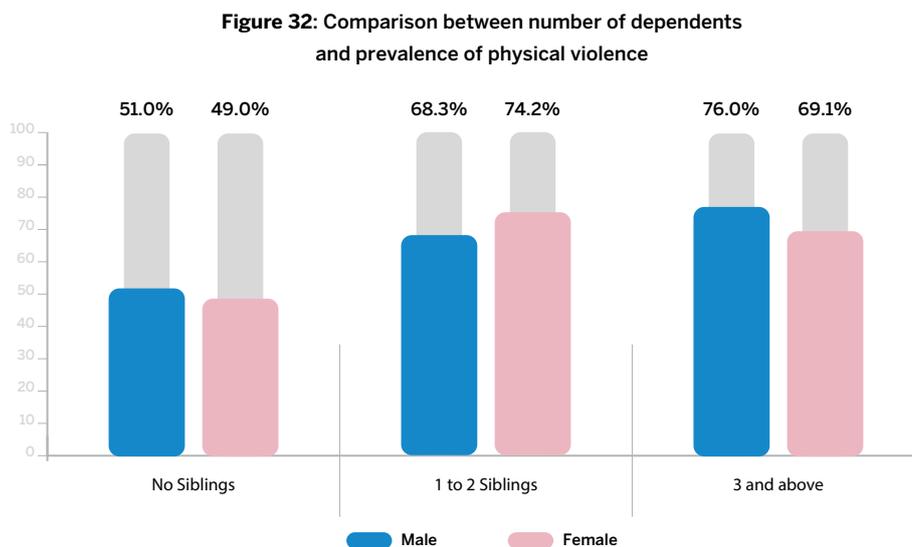
- Children with disabilities: 58 per cent of males, 52.3 per cent of females.
- Social service institutions sample: 92.6 per cent of males, 77.6 per cent of females.
- Syrian refugee camps sample: 76.5 per cent of males, 62.1 per cent among females.
- National sample: 79.2 per cent of males, 69.7 per cent of females experienced violence.

Number of family members

The results of the quantitative survey of family caregivers showed a correlation between the number of family members and violence against children within the family, although this does not necessarily imply a direct causal link (Centres for Disease Control and Prevention, 2016).¹

There was a connection between the number of siblings (regardless of their gender) and children's exposure to physical violence as shown in Figure 33. The result of the analysis indicates that the greater the number of siblings in a family, the greater the chance of the child being exposed to physical violence. While only 51 per cent of male children who do not have siblings were exposed to physical violence, 68.3% of male children with at least one sibling was exposed. The rate continued to increase alongside the increase in the number of siblings.

Exposure to physical violence also increased alongside number of siblings for female children, although not as consistently. Around half (49.0 per cent) of those with no siblings, 74.2 per cent of those with one sibling, and 69.1 per cent of those with had three or more siblings experienced physical violence.

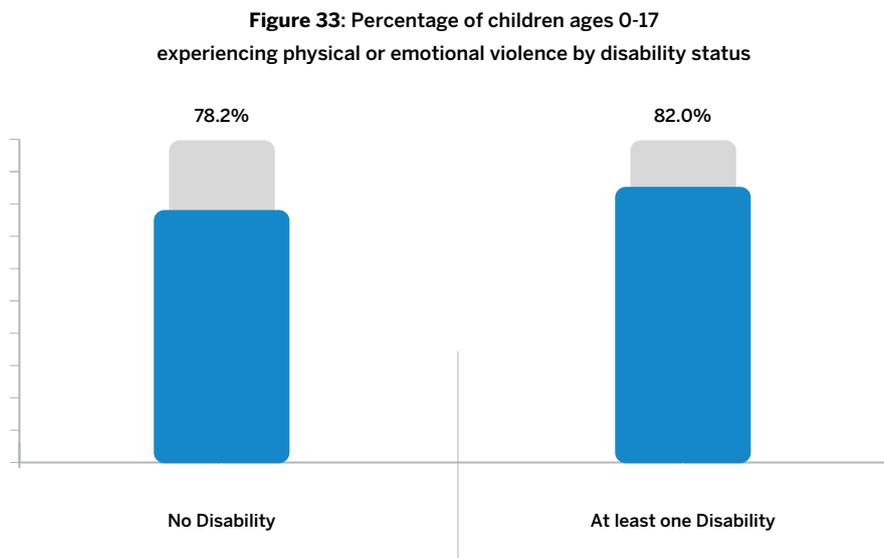


¹ Centers for Disease Control and Prevention (2016). Violence Against Children and Youth Surveys. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.htm>

Child's disability

One of the factors that previous research has identified as a contributor to increased risk of a child's exposure to violence is physical or mental disability.¹

The results of a sample of family caregivers in the national sample and in the Syrian refugee camps sample showed a relationship in exposure to physical violence between children with at least one functional disability and able-bodied children (without any functional disability). Whereas 82.0 per cent of children with at least one functional disability experienced physical violence, only 78.2 per cent of able-bodied children experienced physical violence.



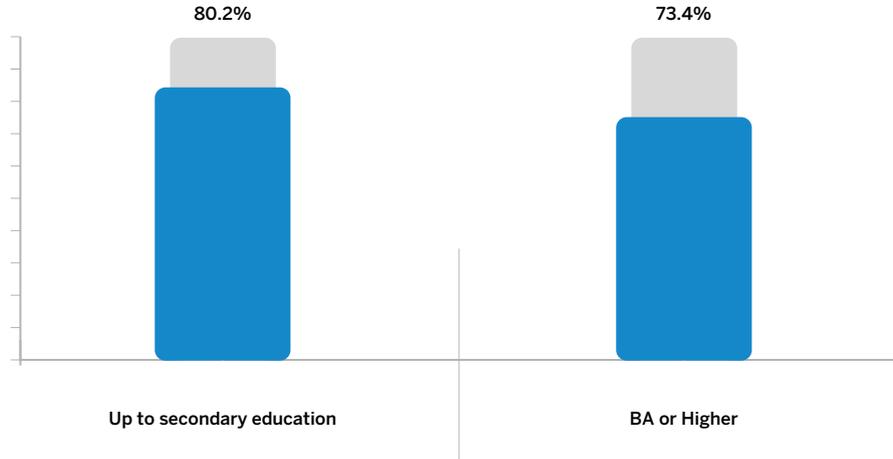
¹ Centers for Disease Control and Prevention (2016). Violence Against Children and Youth Surveys. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html>

Education of family caregivers

The quantitative survey of family caregivers in the national sample and in the Syrian refugee camps sample demonstrated an inverse correlation between the education of caregivers and children’s exposure to violence, which is also consistent with previous research.¹

Caregivers were more likely to practice physical and emotional violence against children if they had a lower level of education. While 80.2 per cent of caregivers with high school education or less practiced violence against children, only 73.4 per cent of those with a bachelor’s degree or more education practiced violence against children.

Figure 34: Prevalence of physical and emotional violence by education of caregiver



¹ Centers for Disease Control and Prevention (2016). Violence Against Children and Youth Surveys. Retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html>

Children’s knowledge about reporting and service seeking

Quantitative results

All children have the right to seek help to protect themselves from violence from anyone – whether their parents, teachers, siblings, peers, or strangers. However, this may be prevented by their lack of knowledge about how they can ask for help and access support services. The results of the quantitative survey found that about half (54 per cent) of children 8-17 years old were sufficiently aware of where to seek assistance in case they were exposed to violence.

Across both the national and Syrian refugee camps samples, children were most aware that they could ask for help with violence from the police. Notably, children in Syrian refugee camps were significantly more likely to report that they would seek help from UNICEF, UNHCR, and non-profit organizations (such as Save the Children and the Jordan River Foundation) than children in the national sample. This is likely due to greater exposure to those organizations and the services they provide in Syrian refugee camps.

Table 35 shows the distribution of children’s knowledge of the service providers that they may turn to for help in case of violence.

Sample	National sample	Syrian refugee camps sample
Police	61.5	56.2
Family Protection Department	27.2	20.4
Cybercrime Unit	10.1	0.0
Counsellors/Social workers	7.4	5.1
Parents	4.4	0.0
School principal	3.0	2.9
UNICEF Hotline	0.8	17.5
Jordan River Foundation	0.1	2.9
Save the Children	0.0	10.2
UNHCR	0.0	2.2

Qualitative results

During the focus group discussions and in-depth interviews, children with disabilities in particular reported that seeking help was not the first action they would consider when they are exposed to violence.

Facilitator:

I want to ask you a question. If Laila, who was mentioned in the story, came to you for advice after she was exposed to violence by a family member, what would you advise her?

Participant: I would tell her to depend on God and that’s it.

Facilitator: Is it ok that they keep hitting her	Participant: She should read Qur'an. She should lock herself in her room and read Qur'an.
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Facilitator: Only read Qur'an	Participant: Or she should speak up and defend herself.
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Facilitator: How could she defend herself? To whom could she turn	Participant: There should be someone close to her in the family.
---	--

[In-depth interview, Irbid]

On the other hand, some female adult participants said that cases of violence should not be reported, and a child should only seek help from family and tribe (extended family) to seek assistance and protection. They characterized domestic violence as a private and family matter that should not be taken outside. Relatedly, women reported that parents committing violence against children is ordinary (i.e., not something noteworthy enough to be reported to police) and is contained within the family.

Participant	: Yes, our children are exposed to violence at home by their parents through kicking, shaking, pinching, biting, cursing, and other things.
--------------------	---

Facilitator: Is that reported to the Family Protection Department	Participant: Since violence is a family matter and we are a tribal community in which grandparents are the only protectors, children resort to their grandparents to protect them from their parents. Participant: It is wrong to report to Family Protection Department because this would breach a family's privacy and would make children dare challenge their parents. It will also lead to trouble between children and their families.
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[FGD, mothers, Al-Karak]

Seeking police and Family Protection assistance and support

Although over half of children reported that they knew where to seek help from violence and that they could contact the Family Protection Department and the police for support, experts and insiders stated that cultural norms prevent parents and children from reporting violence in practice.

Children may call the police. They don't know Family Protection Department. They know the police or the Civil Defence, 199 or 911 and the emergency.

[FGD, female children, Aqaba]

Participants mentioned some personal experiences in contacting Family Protection Department and confirmed that the police can save children from direct danger at their homes. They also indicated that if the department does not follow up on cases of violence against children, children will be exposed to more violence when they go back home.

"From my experience, as a care service provider, when an abused child comes to us, the father is proved to be the abuser and he makes a pledge, and the child is referred to foster homes. After one or two weeks, the father would return to his habit, and he would abuse the child again."

[IDI, director of Protection and Care]

"The Family Protection Department is the source of help. We reported to it, but the result was ineffective. When I went back home, they hit me again. I am afraid to report now."

[FGD, female children, Al-Zarqa']

Seeking teachers' assistance and support

According to the qualitative discussions with children 8-17 years old, some children felt that they report violence to teachers and counsellors at their schools. However, male, and female children of all ages felt that these professionals are not able to help them in case they were exposed to violence. This sentiment arose in the context of domestic violence as well as in relation to students' complaints against other teachers or peers at school.

"We can report [violence] to the school counsellor, but his role is ineffective, and he won't be able to solve the issue."

[FGD, male children, Aqaba]

"Usually, violence is reported to a teacher or school counsellor."

[FGD, female children, Al-Zarqa']

Attitudes of service providers toward reporting cases of violence

Qualitative results

Responding to of violence against children

Experts and service providers, such as teachers and social workers, mostly indicated that their institutions have fixed protocols for responding to and reporting violence against children., and that there is a specialized team of experts and professionals tasked with responding to violence. They also mentioned the availability of policies and plans that they enact when dealing with cases of VAC and that concerned individuals receive specialized training on protection and care.

“There is a protocol that clarifies the mechanisms of the work of the council and its philosophy. We have systems that identify the nature of our work and the rights of employees. The protocol focuses on rehabilitation and trust. Employees are trained on everything related to the protocols and values of the organization.”

[IDI, Director of Family Affairs]

“Yes, institutions have legislations and criteria for dealing with violence against children, starting with the national framework, the internal procedures of the institutions, and the service criteria.”

[IDI, Secretary-General of the National Council for Family Affairs]

Reporting violence against children

In Jordan, there are multiple channels for reporting violence and seeking services, including hotlines, websites, social media pages, as well as survivors’ direct reporting to loved ones. There are many entities that provide protection services for women and children, including the Family Protection Department of the Public Security Directorate, The Society for Protecting Family Violence Victims, international organizations, the Jordanian National Commission for Women, and the Jordanian Women’s Union Association. All these channels are open for reporting and help, most notably the Family Protection Department and the Public Security (911).

When service providers were asked about reporting cases of violence of violence that take place in homes, schools, or institutions, they stated that they receive some reports, but neighbours, doctors, teachers and concerned institution workers are generally afraid to report such cases. More protection and incentives are needed to protect and encourage witnesses to report cases of violence against children.

“Yes, we receive cases but not everybody reports. There are cases that people don’t report, neither by neighbours nor workers in institutions.”

[IDI, Deputy Director/Head of Information Unit of Family Protection Department]

“The Family Protection Department deals with every case as a complaint. There are clear procedures here, but people are afraid to report. There are no obligations for reporting. Lately, we received 10 cases from the Family Protection Department, although the Ministry of Health is the most important entity that deals with violence against children.”

[IDI, Secretary-General of the National Council for Family Affairs]

According to participants and experts, this lack of reporting is not due to lack of awareness about reporting channels. Rather, it is linked to the prevailing societal and cultural norms. Jordanians consider violence a private family matter, and they associate reporting with shame. The National Council for Family Affairs developed regulations to protect witnesses and whistle-blowers of cases of violence and sent them to the government for approval, but they have not yet been passed.

“The lack of application of regulations that protect whoever reports cases of violence by the National Council for Family Affairs, in addition to the prevalence of the ‘shame’ culture and fear of parents... There is still a shame culture around making complaints.”

[IDI, Head of Health and Nutrition Department at an international NGO]

Lack of protections for reporting violence

As explained above, there are concerns about the social impact of reporting cases of violence against children, especially in regions with a strong “tribal” culture. According to experts, it is commonly believed that keeping an abused child with his/her family under abuse is better than leaving him/her in social service institutions.

Some participants shed the light on legal gaps, specifically in Article 62 of the Jordanian law. They argued that the law, which provides a legal defence for discipline according to “custom”, should be abolished.

Paragraph A, Article 62- Penalties: “The law permits the types of discipline that parents inflict on their children in a way that does not cause harm to them, according to what is permitted by custom.”

“[The laws] are not sufficient, especially with Article 62. There should be commitment to children’s rights according to Geneva [Conventions]. There should be a law for punishing those who punish children. The paragraph in article 62 should be omitted. There should be articles that punish beating, and many articles about abolition of personal right. The personal right of the child who was killed by his father is dropped. All laws related to the abolition of personal right should be omitted in all the cases related to violence against children.

The problem is in Article 62. Despite the several attempts to omit this article, it still gets a green light, and the attempts fail. This article allows violence against children. The conviction that beating children is a way of discipline is the reason behind 85% of severe cases of violence.”

[IDI, senior advisor in forensic medicine who participated in establishing the Family Protection Department in 1998]

"[The laws] are insufficient. Article 62, which allows beating that leads to death, should be omitted. The nationality law, [laws related to] illegitimate children, juvenile laws all need adjustments. Abolition of personal rights should also be omitted.

[IDI, Jordanian journalist who received training from international NGOs]

"The gap of Article 62 is a disgrace to the Jordanian law and should be omitted."

[IDI, Secretary-General of National Council for Family Affairs]

Factors affecting application of laws and regulations

Some experts and insiders mentioned that the lack of sufficient human resources, including in the legal system, has a direct impact on violence against children.

"Most of the judges are highly qualified and professional, but there is huge demand on them, especially because juvenile cases are referred to the same judge, [who deals with issues] including rape, robbery, murder, beating... etc. This overloads the judge who sometimes need to retrieve evidence and review laws and regulations in 40 cases for 40 different issues at the same time."

[IDI, director of a juvenile rehabilitation home]

Additionally, some key informants described the current procedures punishing perpetrators of violence, including penalties, insufficient.

"We have good legislations and good laws, but the problem lies in application. We must wait for five to ten years before planning legislation for cases of violence against children. There are three arms to protect children (legislations, policies, and procedures). Legislation and policies are good in Jordan, but we have a problem in the procedures."

[IDI, Secretary-General of National Council for Family Affairs]

Most of the key informants who participated in the qualitative activities stressed that the law obligates people to report cases of violence against Jordan and those employees know about reporting procedures. Although there is a punishment for not reporting, verification and follow-up procedures have weaknesses.

There is no supervision over the reporting process; who will discover that the doctor did not report? In 2018, only a handful of cases were received from the health sector. In the world, most of the cases come from the health sector. Reporting by the service providers is ok. People would think that they will expose themselves to trouble and that wouldn't be rational. Don't people have trust? If the Family Protection Department does not receive numbers from the health sector, where would the registered cases come from?

[IDI, Secretary-General of National Council for Family Affairs]

Programs and services for protecting children from violence

Experts and insiders who work in institutions concerned with combating VAC pointed out that the programs and services provided by these institutions include prevention, protection, care, shelters, training, professional development and awareness, and psychosocial rehabilitation. These programs and services are provided by governmental and non-governmental organizations such as the Ministry of Health, the Ministry of Social Development, the Ministry of Education, Public Security Directorate, civil society institutions, and others.

Below are some of the services and programs that participants mentioned:

- Cultural seminars
- Training courses
- Health (diagnostic and treatment) services
- Referring cases to the Family Protection Department through an office designated to manage and follow up on cases of violence (for example at legal and health centres)
- Emotional health services
- Hotline services to report cases of violence or to seek all types of help and support
- Legal assistance services
- Legal training services in the field of protection

- Awareness on children's rights and obligations, especially in issues related to early marriage and sexual harassment, through creative methods such as storytelling, puppet shows, or interactive theatre
- Awareness services directed to parents to address issues related to bullying, domestic violence, or cybercrimes
- Programs to develop and promote safe school environments
- Committees, advocacy, and lobbying programs
- Strategic planning programs, policies, recommendations and reviewing laws and strategic frameworks, and developing standards for the available services
- Programs to improve cooperation between all concerned entities and stakeholders
- Teachers' programs

Conclusions and recommendations

This field study revealed that children in Jordan still face the risk of being exposed to violence everywhere, including the spaces that should be safe such as home and school. The matter is exacerbated by the persistence of a culture that justifies violence, especially when used as a disciplinary method.

Physical violence and neglect were the most prevalent forms of violence against children in Jordan, followed by verbal abuse, sexual abuse, emotional (non-verbal) abuse and cyberviolence. Neglect was specifically mentioned in the answers of healthcare service-providers through their experience with the cases they receive, such as children who fall during unsafe play, who drink water during bathing, or who are not dressed in clothes that are suitable for the weather (i.e., protect them from cold).

Although most respondents affirmed that violence is widespread in Jordan in all areas, opinions differed about whether it should be considered a phenomenon. Some argued that it should not be considered a phenomenon because of the lack of accurate numbers and sufficient studies about it. They also argued that according to the available numbers, violence in Jordan is limited or it does not include torture or severe abuse to be called a phenomenon or to be given priority. On the other hand, others considered violence a phenomenon based on the increasing number of reported cases, and that the reported cases do not exceed 15 per cent of actual cases according to international studies. They also think that the societal acceptance and the difficulty of measuring violence against children does not mean that it is not a phenomenon.

In contrast to these concerns about the continuity of violence against children, a bright side appears in the numerous and distinguished efforts undertaken by national authorities in combating violence against children and providing all forms of protection and support. According to Robert Jenkins, former representative of UNICEF in Jordan:

“Jordan is one of the leading countries in the region which has shown the political will and commitment for the survival, development, and well-being of its children.

Jordan continues to be the leader in child rights issues in the region, underscoring the Queen’s efforts as UNICEF’s first Eminent Advocate for Children in launching ‘Ma’An’ in 2009 to address violence and abuse.

NCFAs leadership and the active role of ministries and the civil society, including media, has helped roll out a homebased strategy that takes into consideration social and cultural norms and focuses on positive parenting and the involvement of family members and children in ending the violence. ”

Perhaps the common opinion among parents that violent means of discipline are ineffective, and their acknowledgment that most problems with their children can be fixed through dialogue, is the result of an inclusive refusal of violent practices and a consensus on the importance of practicing positive methods of discipline.

Awareness on sexual violence and its lasting negative impact were also agreed upon by all respondents, as well as the risks of emotional, physical, or sexual abuse residual in the use of the internet. These are conclusions that enhance the effectiveness and efficiency of community and awareness interventions.

Experts and representatives of national and international entities in the field of child protection emphasized the importance of

integrated frameworks in eliminating VAC, and the importance of creating a continuous national dialogue for children’s issues, primarily, the issue of protecting children from all forms of violence. Such efforts would be the cornerstone for building better interventions and more effective monitoring and response systems, in participatory methods, that would contribute to the gradual change of the prevailing societal and cultural norms that accept, normalize, and justify certain practices of VAC.

All children have the right to be protected from violence inflicted on them by anyone in their lives – whether parents, teachers, siblings, peers, or strangers. All forms of violence experienced by children, regardless of the nature or severity of the act, are harmful. After the physical pain has passed, the effects of violence echo through the child’s life, in a lessened sense of self-worth and in increased potential for self-harm.

Violence against children was often rationalized as necessary or inevitable. It may be tacitly accepted due to the familiarity of perpetrators or minimized as inconsequential. Reporting of violence may be delayed or abandoned, due to shame or fear of reprisal. Impunity of perpetrators leaves victims believing violence is normal. These factors combine to create the greatest obstacles of all to preventing violence – silence and denial.

There was, however, room for some optimism in the findings. Most parents seemed to hold mixed views on physical violence, admitting that most issues with their children could be resolved through dialogue. This may indicate a beginning of willingness to accept that physical violence is not needed to modify the child's behaviour, and an openness to alternative, non-violent methods of discipline. The awareness of sexual abuse and knowledge of its lasting negative impact was well known in the research sample. The potential for online sexual victimization was also well known. These findings indicate that violence against children is a topic that is ripe for further discussion and development of next steps in responding to this blight on children in the twenty-first century.

Jordanian officials and stakeholders present a positive model with their continuous endeavours to identify and bridge existing gaps, even if this includes acknowledging weak performance in some areas and the need to correct the path sometimes, bearing in mind the best interest of the Jordanian child as a main priority, and realizing that child development is the greatest investment in building a prosperous and sustainable future for any country.

This survey showed that there are many opportunities to build on in this context, and to better protect children from violence in Jordan. It also stressed the need for continuous hard work to ensure that all relevant strategies are applied in practice and not limited to theoretical aspirations, and focus on local contexts and challenges, so that these existing mechanisms become more effective in achieving the ultimate goal of ending violence against children.

In 2016 the World Health Organization, in collaboration with other stakeholders, identified strategies for ending violence against children. Key among them were: legislation that prohibited all forms of violence against children and criminalized sexual abuse and exploitation; changing adherence to restrictive and harmful gender and social norms; improving response and support services, and; establishing a safe and enabling school environment, as well as improving children's knowledge about sexual abuse and how to protect themselves against it. These are known as the INSPIRE, seven strategies for ending violence against children. This study has shown that these goals have yet to be fully achieved in Jordan and reinforced the need for continued vigilance in ensuring those strategies move beyond theoretical aspirations and become practical, effective mechanisms in the work toward the ultimate goal of ending violence against children.

After reviewing and discussing the results of the study, the representatives of the concerned national institutions who participated in preparing this study proposed the following conclusions and recommendations based on the INSPIRE strategies:

Conclusion

This section starts with presenting an overview on the statements of experts and participants during in-depth interviews. They praised the national framework model, the National Team for Family Protection, the law on protection from domestic violence, and the performance of Family Protection Department that functions as an independent and unbiased entity that gives priority to children and their best interest when offering services.

Participants expressed their concerns and reservations about certain legal gaps that they almost agreed upon. Most of the participants believe that these frameworks, specifically the national framework for family protection and the law on domestic violence, cover a comprehensive and integrated definition of VAC to a certain extent, but they are not fully implemented due to the shortage in human resources, and the discrepancies between registered cases and the number of experts. This weakens immediate response and the process of referring cases to concerned entities, as well as the entities' ability to provide timely support as required.

Some of the main challenges that participants mentioned, besides the lack of resources: lack of reporting, passing alternative penalties and compromises, legal gaps used by some individuals that help violence recurrence (according to the testimonies of some participants and experts), mainly parents' guardianship; and juvenile law that limit the judge's ability to provide protection (options are: alternative family, foster home, or giving the child back to his/her parents after they sign a pledge). There should be a mechanism for follow-up and supervision by the court. There are many complications in alternative care too.

Participants believe that laws need a lot of revision and that there is a problem in the implementation and the enforcement of laws related to VAC. Some criticized the way interventions and programs focus on the child only rather than on the system of violence with all its relevant parties. They also criticized the possibility of using personal right abolition that parents take advantage of. An example is when some parents make their children beg and it is not considered a form of violence in law, despite the hardships, neglect, and deprivation of basic rights (education, safety, healthy environment for growth) that begging entails. Participants asked to close the legal gaps that leave the rights of an abused child to the judge's decision or a legal interpretation or point of view. Children's rights should be clear and direct, and a legal gap as the abolition of personal rights should be closed.

Some participants focused on the juvenile law that has some ambiguities (noting that the law is currently being revised and adjusted).

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Promulgating the Child Rights Law as a special law that covers all necessary legislations to protect children from all forms of violence and to guarantee their rights and well-being.
- Expanding the legal and procedural concept of violence, including the development of legislations that consider neglect as a form of VAC.
- Repealing the legal provision allowing the personal right of the perpetrator of violence to be waived Ensuring the presence of lawyers and judges specialized in dealing with issues of domestic violence and violence against children, and the existence of specialized courts for trying cases of violence against children and domestic violence Strengthening and developing monitoring frameworks and mechanisms to ensure enforcement of child protection laws and to promote accountability.
- Establishing a system for protecting witnesses and those that report cases of violence.

Conclusion

Norms and values were very important in understanding all forms and practices of violence that occurred during this study, such as justifying and accepting violence, violence cycle, using violence as a disciplinary method, gender-based violence, and violence against refugees and children with disabilities. Special focus should be given to the contexts of violence that involve underage marriage, child labour, and school dropout.

Experts stressed the importance of raising people's awareness to eliminate societal acceptance of violence. Protecting children begins with educating those who are about to marry and parents on child development and child needs at different ages, as well as raising awareness on the importance of dialogue and communication, the enlightenment of children, school curricula, counselling and guidance, and the enablement of professionals working in the field of child protection through building their skills and expertise in dealing with children.

Within this context, it is highly important to consider the role of the religious leaders and the religious institutions as well as the media in reviving the authentic religious values of respect, childcare, and non-violent practices; as well as rectifying some misconceptions that link violence (such as beating) with disciplinary/religious contexts.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Conducting additional in-depth studies on the prevalent societal customs and values related to VAC to better understand the socio-cultural context of violence. These studies would be the steppingstone in changing the societal acceptance and justification of VAC.
- Adopting a more participatory and less central approach in raising people's awareness while concentrating on influencers and promoting local community participation in combating violence. Such efforts include:
- Promoting the concepts of care, protection, and social responsibility.
- Involving men, youth, and children in managing the change of misconceptions regarding accepting and justifying VAC.
- Involving religious institutions in managing the change of misconceptions regarding accepting and justifying VAC.
- Activating the role of media in combating violence and the cultural contexts that justify or accept it and encouraging the adoption of nationally accepted media ethics in addressing cases of violence against children.
- Changing attitudes toward intolerance of VAC and encouraging people to report cases to authorities.
- Developing preventive and awareness programs and ensuring that they cover all governorates and target the different segments of the population.

Conclusion

Safe environment issues were eminent in many themes of this study. It was found that children were exposed to violence in all places (home, school, and neighbourhood). Care service-providers stated that children do need safe spaces to play in, and experts considered this a crucial point in eliminating VAC.

Children do not have appropriate spaces to play in and they use their small houses and unsafe places in residential buildings or in the streets between pedestrians and vehicles. This exposes them to the risk of violence.

Providing safe environments is not limited to providing play areas and facilities and environments that are child-friendly, but rather inevitably includes making children's natural environments safer, such as their homes, schools, and the health facilities they visit. Trust between children and adults should be built and strengthened to create a safe environment for children as well. Besides their parents, children should trust adult experts (doctors, teachers, police) around them so that they would feel safe to report any cases of violence they face. Additional support and protection frameworks should be provided to both adults and children.

Online environments should be safe too. Children are spending an increasing amount of time browsing sites to communicate, learn, and play and there is a need for more specialized studies about this aspect.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Addressing violence issues through an integrated and comprehensive family system that focuses and supports both the abused child and his/her family and training medical and education personnel on mechanisms for detecting cases of violence early on and reporting them.
- Providing specialized educational courses on VAC in vocational institutions and universities.
- Mobilizing additional support and attention to alternative foster family programs, family care frameworks, and the societal role in childcare.
- Institutionalizing the "Ma'An" program for a safe school environment in all schools in all governorates and areas of the Kingdom, to protect children against bullying and all other forms of violence and to provide them with safe spaces for playing.
- Ensuring a balanced coverage of all interventions, covering all governorates, and targeting different population groups, especially the poorest and the most marginalized ones.
- Conducting a specialized study to further analyse cyberbullying and sexual harassment via the Internet, propose innovative solutions and develop a national plan to respond to this threat with the spread of the COVID-19 pandemic.

Improving income and the economic situation of families

Conclusion

Recommendations in this part interconnect with many previous ones: focusing on interventions that enhance the economic situation of families, including cash transfers, group savings, loan programs, along with training on gender equality, gender criteria and microfinance initiatives.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Supporting the sustainability and expansion of the current national assistance and social protection policies through linking (where possible) social support and protection from violence programs with economic support and financial assistance programs.
- Providing economic empowerment and financial support to families at risk (families with children exposed to early marriage or child labour).
- Conducting in-depth studies and assessments on livelihoods and vulnerability, with a focus on children's vulnerability to violence.
- Targeting Jordan's densely populated areas and poverty pockets with comprehensive developmental programs and initiatives.

Supporting parents and caregivers

Conclusion

Deliberations in this aspect focused on the above-mentioned themes, in areas of awareness and training, providing support services for parents and caregivers, and addressing cases of violence on the grounds that they are part of the societal system as a whole and are not individual cases. This creates the need for special programs that target families of the most vulnerable children, areas that witness more cases of violence than others, and parents and family caregivers who need to learn more about dialogue and positive (non-violent) education and discipline.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Implementing programs that promote positive parenting and gender equality within families, paying particular attention to sibling violence.
- Preparing special programs to support and protect mothers, especially the ones more vulnerable to violence themselves, with the aim of enhancing their role in protecting children.
- Developing special programs about fathers' roles in protecting children and helping them educate other fathers in the community, instilling a negative image of any violence against any child, no matter how simple or small it may seem.
- Empowering families financially and morally, and improving the economic, social, and educational conditions of families in the poorest areas, acknowledging the role these factors play in reducing VAC.
- Adopting a decentralized approach and considering the local context of communities in all proposed programs and interventions, given that these local contexts have a greater ability to bring about the desired societal change.
- Enhancing and reinforcing positive concepts and alternatives to corporal punishment, whether in the media, Friday sermons, workshops, and training courses.
- Raising caregivers' awareness and improving the services they provide, while periodically monitoring and evaluating their services.
- Raising parents and caregivers' awareness on VAC concepts and alternatives to corporal punishment in a continuous and active manner.
- Training more resources on protection mechanisms and the detection of cases of violence.

Response and support services

Conclusions

This theme witnessed rich deliberations that were also based on the results of the in-depth interviews related to the availability, effectiveness, and efficiency of the current services and programs. It is necessary to stress again the role of the Family Protection Department and the National Team for Family Protection from Violence. Experts and participants in general agreed upon the unique and positive role this team plays in developing response services and the support and coordination it extends to all concerned entities. It is important to expand current efforts to cover all areas in a better-balanced manner and to overcome challenges related to funding and human resources.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Assessing the current response and support capabilities and their effectiveness at all concerned entities.
- Continuously developing multisectoral response and support programs that assist violence survivors and extend rehabilitation services to violence perpetrators in all relevant sectors.
- Building a national database that includes all services and service-providers and updating it on a continuous basis.
- Developing monitoring and evaluation mechanisms to ensure service quality in handling cases, while taking into consideration offering therapy and emotional support services to families and children.
- Revising and updating evidence, instructions, and regulations.
- Following-up on compliance with national foster homes accreditation criteria and developing criteria where necessary.
- Establishing a national accreditation system for people and institutions concerned with VAC and developing programs to better qualify these people.
- Investing in the training and allocation of human resources working in the institutions that provide protection services.
- Allocating additional financial resources within the General Budget to implement and sustain child protection programs.
- Coordinating international funding for better sustainability and suitability to the local needs, contexts, and priorities.
- Developing, investing in, and following up on automated and online systems to ensure the quality and the effectiveness of all services.
- Establishing comprehensive and inclusive protection service-centres that offer all services abused children and their families need.

Conclusion

This theme interconnects with parents and service-providers theme, but it has a broader context for children. Participants agreed on the importance of education and life-skills in building a comprehensive societal context that focuses on sustainable human development in combating violence.

Recommendations

Below are key recommendations that the representatives of concerned national entities who participated in preparing this study agreed upon:

- Empowering parents and children with the necessary knowledge on their rights and responsibilities, including violence in all its forms, mechanisms for seeking help, and protection of those who report incidents of violence.
- Carrying-out online literacy courses and training of caregivers on digital skills and media.
- Supporting adolescents in designing and leading peer-programs at schools and local communities to prevent bullying and harassment.
- Training and raising the awareness of school administrators, teachers, and counsellors toward building a safe school environment.
- Enriching school curricula with additional information about the concepts of violence and gender.
- Enabling caregivers economically to prevent child labour and early marriages that mostly have financial motives according to studies.
- Developing and activating specialized preventive programs against some of the most prevalent forms of violence such as harassment and peer violence.
- Training children at an early age on violence, protection and support and reporting mechanisms within their local context.

Multisectoral procedures and coordination

Conclusion

This aspect is more generic but covers fundamental elements necessary for achieving effectiveness and efficiency of the exerted efforts. These elements include building national commitment, assessing needs in an accurate manner, selecting interventions carefully and based on data, streamlining, and aligning interventions with local contexts and targeted groups, preparing workplans for local and national governance frameworks, estimating costs, identifying sustainable financial resources, developing, and managing human resources, implementing plans, and monitoring and evaluating performance.

However, participants confirmed that there are existing frameworks and forms of cooperation and coordination among child-protection stakeholders, specifically through the National Team.

As for the management of cases, the model of “Case Conference” is adopted as a methodology for follow-up and decision making. The conference gathers representatives from all concerned governmental and non-governmental bodies.

On the level of the infrastructure and the standard work mechanism, there is vast coordination between stakeholders, but according to participants, the coordination is weaker on the level of activating procedures, following-up, funding, capacity-building programs and sometimes at the level of the given authorities.

It is worth noting that several participants praised the qualitative and significant improvement witnessed in recent years in terms of coordination and cooperation.

However, several participants mentioned the challenge of the shortage in human resources, which sometimes limits the ability to effectively coordinate between the concerned authorities.

One expert pointed out the lack of agreements that regulate this type of coordination, such as between the Ministry of Education, The Ministry of Health, and the Family Protection Department. Lack of such agreements weakens commitment. The current meeting and cooperation between concerned entities is only organizational and does not have any legal reference that would make it more solid and sustainable. Cooperation culture is not adequately spread among institutions even with the existence of partnerships. Coordination could be more effective, and it is up to the decision makers in these entities and the extent to which they consider VAC an institutional priority to improve it.

Recommendations

- Below are key recommendations agreed upon by the study’s steering committee:
- Promoting institutional commitment to combating VAC as an internal and national priority.
- Adopting the priority matrix of the Family Protection System on the national level as one of the strategic cornerstones for eliminating VAC.
- Enhancing cooperation and coordination frameworks, as well as the model of the National Team for Family Protection from Violence.
- Mobilizing support on the level of local decision-makers to encourage the government to allocate additional resources within the general budget; and avoiding full reliance on external funding and international organizations.
- Conducting regular studies on all relevant programs to evaluate the impact and the effectiveness of these programs and to identify work priorities.
- Continuous monitoring and evaluation through the improvement, analysis, dissemination, and use of periodic data to inform public policies and response and support services, particularly in determining the most vulnerable groups and the most effective methods for eradicating violence.

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Annexes

Rapid Assessment: Violence against Children under COVID-19 Report

UNICEF and The National Council for Family Affairs



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Key Terms, Definitions, and Acronyms

Terms and Definitions

In this report, the terms below are defined as follows (as according to UNICEF's Multiple Indicator Cluster Surveys on child discipline):

Psychological Aggression:¹

Shouting, yelling or screaming at a child, as well as calling them offensive names such as 'dumb' or 'lazy'.

Physical violence:

Any punishment that causes physical harm such as: shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Violent/negative discipline:

Any physical violence or psychological aggression.

Non-violent/positive discipline:

Explaining why a behaviour is wrong, taking away privileges or not allowing them to leave the house, and giving them something else to do as alternatives to physical punishment.

Acronyms

DHS: Demographic and Health Survey

FGD: Focus Group Discussion

ISPCAN: International Society for the Prevention of Child Abuse and Neglect

JPFHS: Jordan Population and Family Health Survey

KII: Key Informant Interview

MENA: Middle East and North Africa

MICS: Multiple Indicator Cluster Survey (a household survey program supported by UNICEF)

SDGs: Sustainable Development Goals

UN: United Nations

UNDP: United Nations Development Programme

UNICEF: United Nations Children's Fund

VAC: Violence against Children

WHO: World Health Organisation

¹ The term "emotional violence" is used in the 2019 VAC study, which implemented ISPCAN and not MICS, but this is definitionally the same as psychological aggression.

The Violence Against Children (VAC) Rapid Assessment builds on the 2019 VAC report and the 2017-18 Jordan Population and Family Health Survey (JPFHS), as the first and only report measuring the prevalence of physically and psychologically violent discipline against children in Jordan since the beginning of COVID-19 lockdowns in Jordan in March 2020. During this period, the challenges facing children and their families included moving from in-person to remote learning, reduced access to reporting mechanisms, social isolation, and economic stress.

This rapid assessment comprises a survey based on the violence module in UNICEF's Multiple Indicator Cluster Survey (MICS), focus groups with children, and key informant interviews. For the questionnaire, 900 caregivers (each from a different household) were surveyed (705 from the general population and 195 from refugee camps) about one randomly selected child in their household from the age of 1 to 14. As such, the unit of analysis is the randomly selected child (the focus child) rather than the caregivers. Caregivers were also asked about how their households have been affected by the pandemic and the methods of discipline that they have been using with their children over this period. All of the caregivers surveyed participated in the original 2019 Jordan VAC study, although the focus child they answered questions about may have been different. The participants in the focus groups and key informants were not part of the 2019 study.

About 8 in 10 caregivers surveyed were female in both the camp and general samples, as with the 2019 VAC study. In the general sample, 56.9 per cent of focus children were male, and 43.1 per cent were female. In the camp sample, 52.6 per cent were male, and 47.4 per cent were female. The samples consisted of children in the following age groups: 1 to 5 (G: 24.6 per cent, C: 37.9 per cent), 6 to 10 (G: 22.4 per cent, C: 27.2 per cent), 11 to 14 (G: 27.6 per cent, C: 21.3 per cent) and 15 to 17 (G: 25.3 per cent, C: 12.9 per cent). However, questions about violent discipline from MICS only applied to those aged 1 to 14. This summary presents the study's main findings of the prevalence of different types of violent discipline in the month prior to the survey, which was conducted in April 2021. Using a logistic regression model, the study also shows which factors are associated with the likelihood of the caregiver using violent discipline. It also includes results from self-reported changes in the usage of violent discipline between March 2020 and April 2021.

Around 7 in 10 (69.7 per cent) children age 1 to 14 in the general sample experienced violent discipline within the month preceding the survey,¹ compared to about half (50.5 per cent) of children in the camp sample. This finding was similar to the 2019 VAC study, as a majority in both samples experienced physical violence (G: 70.8 per cent, C: 60.9 per cent) as well as psychological aggression (G: 63.9 per cent, C: 52.3 per cent).² However, it was lower than the JPFHS 2017-18 study, in which 81 per cent of children were found to have experienced violent discipline.

Analysed by gender, the proportion of males who experienced violent discipline is higher in both the general (M: 70.4 per cent, F: 68.9 per cent) and the camp (M: 59.3 per cent, F: 41.9 per cent) samples. This is consistent with the findings of the 2019 VAC study and the JPFHS 2017-18.

Disaggregating by sample suggests that those in the camps are less likely to use violent discipline, which was also the case in the 2019 study.

The most common form of violent discipline in both samples was psychological, as was found in the JPFHS 2017-18. This differs from the findings of the 2019 VAC report however, where physical violence was found to be the most common. Use of psychological aggression was also the most likely to increase in usage from March 2020 onwards.

About 1 in 10 children in the general sample experienced severe physical discipline within the last month, compared to 1 in 50 for the camp sample. This suggests that a significant number of children are at risk of serious physical harm.

In the general sample, children age 11 to 14 were the least likely to be exposed to physical violence, and those age 6 to 10 were the most likely. In the JPFHS 2017-18, those age 5 to 9 were most exposed and in the 2019 VACS study, the experience of physical violence similarly peaked from ages 6 to 8 for the general sample and 9 to 11 in the camp sample. This was not the case in the 2021 camp sample, however, where those age 1 to 5 were most likely to be exposed to physical violence and those age 6 to 10 were least likely.

Children in the focus groups confirmed that they regularly experience violent discipline. However, there was no consensus among key informants in the child protection sector on whether or not VAC is a social phenomenon.

¹ As noted above, the unit of analysis is the focus child. Parents were not asked about all their children, only the randomly selected child, called the 'focus child' in this report as in other reports about violence against children.

² The utility of this comparison is limited by the fact that the VAC 2019 study asked about the last year as opposed to the last month, included children age 0 to 18 instead of 1 to 14, and used the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) definitions which covers a wider range of disciplinary behaviours than MICS. The 2017-18 JPFHS Survey used the same methodology, however

Predictors of Higher Rates of Violent Discipline

A logistic regression model was used to estimate the probability that a child (in the general sample only) would experience violent discipline, based on perceived changes in the following areas since the beginning of the COVID-19 pandemic: access to education, the caregiver's mental health, household income, the mental health of the caregiver's spouse, social life, spouse's work, access to early childhood education, children's behaviour, and access to healthcare.

The regression showed that the following factors predicted rates of increased violent discipline:

- Worse mental health of the caregiver
- Worse mental health of the spouse
- Worse children's behaviour
- Worse access to education

When caregivers were asked directly whether their mental health, the mental health of their spouse, their children's behaviour, and their children's access to education had gotten better or worse, the majority responded that each had gotten worse over the course of the pandemic.

Conclusion

Rates of violent discipline are high, with the majority of children experiencing it. A change from the 2019 study is that psychological aggression has become more common than physical violence as a form of violent discipline. The study also found that children in the general sample who are male and age 6 to 10 years old are most likely to experience violent discipline, which is consistent with the findings of the 2019 study (although as mentioned, the results between the two studies are not directly comparable).

While it cannot be concluded that usage of violent discipline increased over the pandemic, it was found that conditions made worse by the pandemic - such as mental health, education, and work - were related to violent discipline.

As per these findings, the following recommendations deserve particular attention:

- Sensitise those working in child protection to the definitions of violent discipline, which will help them understand the severity, and extent of VAC given that several of the key informants did not see VAC as a social phenomenon despite numerous studies having shown that it is prevalent in Jordan.
- When conveying the findings of the report, use the terms "negative" and "positive" rather than "violent" and "non-violent" so that all forms of discipline are treated seriously. For example, "shouting" should be framed in terms of its negative effects as it may not be viewed as a legitimate form of violence compared to hitting or shaking. "Explaining why a behaviour is wrong" should be explained in terms of how helping a child to understand why they should act differently is more effective in the long term, rather than emphasising its non-violent nature which may be less convincing to parents.
- Distribute parental guidance for how to respond to children's change in behaviour during the pandemic, especially given that many children in the focus groups cited excessive screen time as a significant source of tension between them and their caregivers.

Introduction, Background, and Methods

1.1 Introduction

Violence against children (VAC) is a global problem. It is estimated that 1.3 billion children age 1-14 worldwide have experienced corporal punishment, and Jordan is no exception (Know Violence in Childhood, 2017). A 2018 UNICEF report on VAC in the Middle East and North Africa (MENA) showed that in Jordan, over 85.0 per cent of children experience violent discipline in the home, both physical and psychological. This was the fifth-highest figure in the region according to the report. VAC is a severe problem, being shown to cause problems with brain and nervous system development, limit future life opportunities, and in the worst cases, result in long-lasting physical harm (WHO, 2020). Furthermore, the COVID-19 pandemic has compounded the economic, health, and educational difficulties that already contribute to rates of VAC (Ritz, O'Hare, & Burgess, 2020). Therefore, it was important to gauge the prevalence of violent discipline during this period, which this rapid assessment aimed to do.

UNICEF studies conducted in the United Kingdom (UNICEF, n.d.) and Romania (UNICEF, 2020) pointed to violence against women and children becoming more widespread due to the pandemic. In Jordan, prolonged lockdowns and curfews have forced families to spend more time at home together and less time with peers, relatives, and neighbours, as well as reduced their access to resources like public services and food (Schaub, 2020). The effects of violence during the pandemic were especially pernicious, as the stress of disrupted routines and lack of interaction with friends makes children feel more vulnerable and in greater need of parents' affection (Imran, 2020). Henrietta Fore (2020), the executive director of UNICEF, wrote a letter emphasising the increased risks to children brought by the pandemic and the necessity of further research to develop effective interventions.

While this study focused primarily on the domestic sphere, VAC does not exclusively take place in the home. A recent study showed increases in children's exposure to abusive content on social media during the pandemic, demonstrating that the threats to child safety are multi-faceted and merit targeted attention (Babvey, 2021).

Obtaining updated information on how the pandemic may have affected rates of VAC will better enable Jordan to meet goals 5 and 16 of the United Nation's Sustainable Development Goals (SDGs) by highlighting factors such as "economic and social inequities, social and cultural norms that condone violence, inadequate policies and legislation, insufficient services for victims and limited investments in effective systems." (UNICEF, 2018, p. 10). Economic conditions and services have been particularly affected by the pandemic, with it becoming more difficult to reach isolated individuals (World Bank, 2021). Therefore, this study will allow the Government of Jordan, United Nations agencies, and other partners working in child protection to direct their attention where it is most needed.

The objectives of this rapid assessment were to:

1. Measure the prevalence of physical and psychological VAC from March 2020 to April 2021, identifying changes during the COVID-19 lockdowns.
2. Examine the contexts of and motivations for VAC perpetrated by caregivers throughout the pandemic.
3. Interview experts about services, programs, and interventions to determine their understanding of VAC and the effectiveness of current resources.
4. Arrive at recommendations for future policies and programmes that will be more effective at targeting VAC.

The study applied three methods to meet these objectives. First, a survey was carried out with 900 of the caregivers who participated in the 2019 VAC study, selecting a child at random and asking the caregiver about how that child is treated by any adult in the household. The second method was through focus groups with some of the children themselves, to better understand how they have perceived changes in the nature and frequency of disciplinary action since the pandemic. Lastly, the study used key informant interviews (KIIs) to gain child protection practitioners' views on the challenges facing children in Jordan throughout the pandemic.

The major limitation of the survey is that, due to social desirability bias, caregivers may not have been completely honest about how they punish their children, especially if the methods used were particularly severe and against the law. Nonetheless, the reported rates of violent discipline were within range of previous national studies such as the UNICEF 2018 report and the 2017-18 Jordan Population and Family Health Survey (JPFHS) by the Demographic and Health Survey (DHS) program.

1.2 Background

The Jordanian population stands at around 10.8 million people (Department of Statistics, 2020) and hosts 744,795 registered refugees, of whom 655,000 are Syrians (UNHCR, 2019). Jordan is ranked 80th in the world and 5th in the region on the SDG index (Ibáñez Prieto, 2015). Although levels of poverty have declined significantly over the last decade, 15.7 per cent of Jordan's population is estimated to live below the national poverty line, earning less than 68 JD, or roughly 96 USD, a month (Government of Jordan, UNICEF, 2020). Multidimensional child poverty is estimated to be at 20.0 per cent (UNICEF, 2018).

The Government of Jordan has long been aware of the necessity of understanding and addressing the problem of VAC. In 2007, Jordan was one of the first countries in the Middle East to commission a VAC study, with a nationally representative sample of 2,286 families and 3,130 school children age 8 to 17, 1580 of whom were female and 1550 of whom were male (Elayyan, 2007). The study surveyed children directly. Some of the key findings of the 2007 study included:

- Over half of Jordanian children experienced physical abuse, and two in three faced psychological abuse.
- Close to 50.0 per cent of children were physically abused by parents, schoolteachers and siblings, and one-third by neighbourhood adults and other children.
- Approximately one-third of children experienced sexual harassment (defined in the report as mild form of sexual abuse, such as obscene remarks) from neighbourhood adults and children, as well as schoolmates. In addition, 2 to 7 out of every 100 children were sexually abused by parents, relatives, siblings, and schoolteachers.
- One in every 1,000 children was subjected to severe violence requiring the intervention of authorities, such as the Family Protection Department of the Public Security Directorate.

More recent studies suggest that levels of VAC in Jordan remain high. The latest Demographic Health Survey (DHS), conducted between 2017 and 2018, estimated that 81.0 per cent of children between 1 and 14 have experienced violent discipline methods (Department of Statistics (DOS) and ICF, 2019). This rapid assessment builds on the VAC 2019 study,¹ which found that a majority of children age 0 to 17 experienced physical violence (G: 70.8 per cent, C: 60.9 per cent) and psychological aggression (G: 63.9 per cent, C: 52.3 per cent). Although the VAC 2019 results should be seen differently than this results of this study, as they represent a larger age range, ask about the last year rather than the last month, and use definitions from the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) instead of the Multiple Indicator Cluster Surveys (MICS) on child discipline, findings from multiple studies point to VAC being a significant problem in Jordan.

The Government of Jordan has taken multiple steps to address the problem of VAC since the findings of the 2007 report were released. The Ma'an campaign was established in partnership with UNICEF in 2009 to end violence in schools, with an evaluation in 2017 showing that it had achieved significant reductions in violence (UNICEF, 2020). In 2018, the government developed a three-year multi-sectoral national plan to end physical violence against children in all settings across Jordan. These commitments are also included in Jordan 2025: A National Vision and Strategy, a long-term national plan for achieving greater growth and stability in Jordan (of which the safety of families and communities is an integral part).

However, while protecting children from harm is well established in government policy, enforcement can be obstructed by cultural norms. For example, a victim's guardian or family may drop charges to avoid stigma in cases of sexual assault, rape, or murder (CEDAW Committee, 2012). Moreover, the Committee on the Rights of the Child (2014) is concerned that current measures outlined in Jordanian legal policy have proved to be insufficient. For example, the amended version of article 62 of the Criminal Code allows parents to discipline their children within "culturally acceptable norms" as long as it does not cause physical injury, which means that psychological aggression, one of the types of violent discipline outlined in this study, is often not considered as violent.

Given the evidence to suggest that lockdown and extended periods of isolation have had an effect on rates of violence, this study fills a gap in current knowledge about the scale of VAC in Jordan during the pandemic. Jordan has had particularly strict and lengthy lockdowns, from March to June 2020 at their most severe, potentially contributing to a significant increase in VAC (Schaub, 2020). The director of the Family Protection Department (FPD) reported that there was a 33.0 per cent increase in reports of domestic violence over 2020 (Higher Population Council, 2020).

To develop and implement effective prevention and response strategies, an up-to-date quantitative and qualitative data collection and analysis was undertaken on VAC in Jordan. This study addressed the following:

- Prevalence of violent discipline
- Forms of VAC
- Perceived changes in levels of violent discipline since the beginning of the COVID-19 pandemic
- Other lifestyle factors affected by the pandemic and their relationship to the use of violent discipline
- Non-violent parenting practices

¹ Currently under review

1.3 Methods

The methodology for the VAC Rapid Assessment used a mixed-methods approach. The study comprised a phone survey of caregivers, focus groups with children, and interviews of key informants from the government and local organisations working in child protection.

This section describes the sampling, instruments, and modes of data collection.

Caregiver Phone Surveys

The targeted caregivers for the phone survey were selected from the sample interviewed in the 2019 Jordan VAC. In total, 1,706 caregivers were interviewed in 2019, and approximately 1,650 of them had agreed to provide their phone numbers. A total of 900 ultimately agreed to participate in the rapid survey. Of the 900 respondents who were ultimately interviewed, 705 were in the general sample and 195 were in the camp sample.

The study used the MICS 6 Child Discipline Module as originally formulated (by the MICS programme), but added questions inquiring about the perceived change in the frequency of resorting to each form of discipline in the last year (since March 2020). The study also included selected questions about household characteristics, education, and the effects of COVID-19.

Multiple Indicator Cluster Surveys (MICS) Questionnaire – Child Discipline Module

MICS is one of the largest sources of internationally comparable data on women and children worldwide. One of the MICS tools is the “MICS6 Questionnaire for Children Age 5-17” which includes a child discipline module and can be used to measure physical and psychological aggression against children. It includes eight items on physically and verbally violent discipline and three items on non-violent discipline. MICS modules have been validated and widely used since 1995. The MICS child discipline module, which covers children age 1 to 14, was used in the last DHS, conducted in Jordan in 2017-2018, in a subsample of half of the households selected for the overall survey (Department of Statistics (DOS) and ICF, 2019, p. 287).

Sample Characteristics

Of the 900 respondents, 705 were from the general population and 195 from the camp population. The margin of error for the general sample was +/-3.7 per cent at the 95 per cent confidence level. The margin of error for the camp sample was +/-8.2 per cent at the 95 per cent confidence level.¹ The general sample covered the 12 governorates of Jordan: Irbid (18.0 per cent), Balqaa (5.1 per cent), Zarqa (14.2 per cent), Tafileh (1.0 per cent), Amman (43.8 per cent), Aqaba (1.9 per cent), Karak (3.2 per cent), Mafraq (5.4 per cent), Jerash (2.4 per cent), Ajloun (1.8 per cent), Madaba (1.9 per cent) and Ma'an (1.4 per cent).² The camp sample included respondents from the Syrian refugee camps of Zaatari and Azraq. The sample was weighted to reflect the actual distribution of the population across governorates, per the 2015 Population Census.

The respondents of the survey were mainly female, making up 81.9 per cent of the general sample and 84.6 per cent of the camp sample. This was because enumerators asked to speak to the primary caregiver in the household, and women in Jordan are estimated to spend 17.1 times more time on unpaid work than men – which includes childcare – meaning that they are far more likely to be the primary caregiver (UN Women Jordan, 2020).

¹ Assuming a design effect (Deft) of 1. Assuming a more conservative Deft of 2, the margins of error become +/-7.3 per cent and +/-16.3 per cent for the general and camp samples, respectively.

² Weighted proportions.

The general sample had higher educational attainment than the camp sample. Amongst the general sample, 7 in 10 (67.1 per cent), the highest percentage, had received at least a high school education, while 3 in 10 (32.8 per cent) received less than high school education. In the camp sample, almost three-quarters (72.2 per cent) had received less than a high school level education, while about 3 in 10 (27.7 per cent) had received a high school education or higher.

The mean household size for the general sample was 5.94, and the mean for the camp sample was 6.73.

Caregivers in the general sample were the primary caregivers for an average of 2.7 children (age 1-17), while caregivers in the camp sample care for an average of 3.8 children. This suggests that those in the camp were likely to have bigger families.

Caregivers were asked about one randomly-selected child in their care (the 'focus child'). In the general and camp sample, 56.9 per cent and 52.6 per cent of the focus children were male, respectively. The mean ages in years of the focus children were 10.3 and 8.2 in the general and camp samples.

The proportion of boys to girls in the general sample was 56.9 per cent to 43.1 per cent. For the camp sample, it was 52.6 per cent to 47.4 per cent.

The mean age of the focus children in the general sample was higher than that of the camp sample – 10.25 to 8.18. According to UN statistics, those age 1 to 14 make up 28.9 per cent of the overall population of Jordan.¹ Within this age group, those age 1 to 4 constitute 22.1 per cent, those age 5 to 11 make up 55.1 per cent, and those age 12 to 14 make up 22.8 per cent. In this study, these proportions were roughly 27 per cent, 52 per cent and 21 per cent respectively.

The data were weighted to make the data representative of the population distribution in Jordan. Simply put, governorates that were underrepresented in the data (relative to the actual population distribution) were weighted by a factor greater than 1. In contrast, governorates that were overrepresented were weighted by a factor less than 1. A frequency table of all the weights that were used in the analysis is included in the annex.

The basic weight of household j in cluster i in the stratum h is equal to the inverse of the probability of drawing the household in the sample, and its code is w_{hij} and this is equal to:

Where:

- n_h = the number of primary sampling units to be selected from the h stratum
- M_h = number of households in the h stratum from the frame
- M_{hi} = number of households in cluster i in the stratum h from the frame

¹ Taken from 'World Population Prospects' data from UNDESA

Analysis

A logistic regression model was then used to estimate the probability that a child would experience violent discipline from the caregivers depending on changes in the following 10 facets: Access to education, the caregiver's mental health, household income, mental health of the partner or another household member, the caregiver's social life, their spouse's work, access to early childhood education, children's behaviour, access to healthcare, and their own work. In addition, the following household and respondent characteristics were controlled for: age of the respondent in years, the gender of the focus child, the number of children age 1 to 17 in the care of the respondent, possession of household items (indicating socioeconomic standing), and the size of the household. As such, the probability of violent discipline occurring is given by:

Where P (violent discipline) is the probability of violent discipline from known values of caregiver attributes (age and education), household attributes (size), child attributes (gender and age), and all 10 facets (the 10 items in Table 2.2).

Focus group discussions (FGDs)

Focus groups were conducted with children to gain additional insight into their experiences during the pandemic and any potential experiences of violence. A total of six single-sex focus group discussions were conducted in-person with children in the age bracket between 10 to 17 years. Discussions were divided by age, with children between 10 to 13 years old in one group, and children between 14 to 17 years old in another group. All focus group discussions detailed in table 1.1 were conducted face to face by qualitative experts with previous experience working with children. As access was not permitted to the refugee camps, four female children and four male children from the caregivers' lists in the camps were interviewed over the phone with their and their parents' consents.

Table 1.1 Detailed information on focus groups implemented within the study

Activity	Age Group	Location	Timeline
Karak Female FGD (8 children)	10-13	ActionAid	April 18
Irbid Female FGD (8 children)	14-17	Abstract ¹	April 19
Zarqa Female FGD (9 children)	10-13	Markaz Qudorat	April 20
Karak Male FGD (7 children)	14-17	ActionAid	April 18
Irbid Male FGD (8 children)	10-13	Abstract	April 19
Zarqa Male FGD (7 children)	14-17	Markaz Qudorat	April 20

¹ Name of the venue where the focus groups discussions were conducted.

The FGDs reinforced the Rapid Assessment phone survey by covering the following:

- Current disciplinary practices at home
- Changes in disciplinary practices before and after COVID-19
- Perceived changes in behaviours and dynamics within the household under COVID-19
- Direct impact of COVID-19 related changes on VAC

Key Informant Interviews (KIIs)

The study further included six key informant interviews with representatives from the following entities:

- United Nations International Children’s Emergency Fund (UNICEF)
- National Council for Family Affairs (NCFA)
- Family Protection Department (FPD)
- Civil Society Organization (CSOs) working with survivors of violence

Insights from organisations responding to incidents of violence were essential in providing the study with their perspective of VAC during the last six months. The KIIs reinforced the Rapid Assessment through the following:

- Assessing informants’ perceptions of the prevalence of VAC in Jordan and if they report differences before and after COVID-19.
- Determination of the existing preventive measures in place and their continuity during COVID-19.

Limitations of the Study

The benefit of using MICS is that it allowed caregivers to more accurately recall using certain methods of discipline, as the past month is a recent and short period. Moreover, surveying respondents who participated in the 2019 survey allowed for some (though limited) comparability between the studies. However, there were limitations to this approach:

1. As the same people who participated in the 2019 VAC study were called, they may have been concerned that they were being contacted again because they might have reported using violent discipline in the first survey. They may therefore have been reluctant to admit to using certain methods of punishment.
2. Asking about the usage of violent discipline within the last month does not capture how frequently a caregiver uses a form of punishment. Likewise, perceived increase or decrease does not capture the exact frequencies of punishment before and after the pandemic – only that there was a perceived change.
3. Interviewing over the phone makes it more difficult to gauge the respondent’s level of understanding and comfort, due to a lack of visual cues. It also makes it more difficult to form a connection that encourages honesty.
4. Not everyone who participated in the 2019 survey could be contacted, meaning that the sample composition is different.
5. The length of the questionnaire, which averaged 30 minutes, means that respondents could become tired and less likely to engage with later questions. (Of those who consented to participate in the survey, 2.5 per cent dropped out)

2. Findings

This section presents the study's findings from the survey concerning the prevalence of violent discipline, forms of violent discipline, the children most likely to experience violent discipline, and the factors which are statistically significant predictors of violent discipline. It provides additional information from the focus groups and key informant interviews.

2.1 Usage of Violent Discipline

HIGHLIGHTS

- About 7 in 10 children in the general sample have experienced at least one form of violent discipline in the last month, compared to 5 in 10 of those in the camp sample.
- Out of all forms of violent discipline, respondents were most likely to report using psychological aggression.
- Boys were more likely to experience violent discipline than girls.
- The most common form of physical violence was hitting or slapping a child on the hand, arm, or leg.
- The most common form of psychological aggression was calling a child dumb, lazy, or similarly scornful, dehumanizing, or threatening terms.

Overview

This section assesses what types of violent discipline are most commonly used for children age 1 to 14, as well as the overall prevalence of different forms of violent discipline.¹

The majority of the children in the general sample experienced violent discipline from their caregivers (69.7 per cent). About half of those in the camp sample experienced violent discipline (50.5 per cent). (However, surveillance by UN authorities within the refugee camps may make these respondents less likely to report use of violent discipline, potentially explaining the discrepancy between the samples).

¹ See the section 'Terms and Definitions' for definitions of each type of violence according to MICS.

The most common form of violent discipline used by caregivers was psychological aggression, including yelling at and insulting the child (general: 64.2 per cent, camps: 45.7 per cent). This is in contrast to the 2019 VAC study, where physical violence was the most commonly experienced type of violent discipline by children, but consistent with the JPFHS 2017-18.¹ The discrepancy between the 2019 VAC and the other studies could be explained by the age differences between the focus children (a range of 1 to 14 versus a range of 0 to 18) in the caregiver surveys. Psychological aggression was also reported to have increased more than other forms of violent discipline over the pandemic, which was also found in a study conducted in the United States (Lawson, 2020). One explanation Lawson offered is that the stress threshold for resorting to violent discipline is lower for psychological than physical violence, and hence is more likely to increase and by a greater amount in times of stress. Another explanation is that psychological aggression may tend to occur more frequently in households where it is practiced than physical violence, which means that asking about the last month rather than the last year would capture disproportionately fewer instances of physical violence. Nonetheless, the vast majority of children experienced both violent and non-violent means of discipline, indicating that most parents do not rely on violent discipline alone to punish their children and practice other methods.

Caregivers were more likely to report using violent discipline with boys than girls, and more so in the camp sample. This held true when disaggregated by psychological and physical forms of discipline. This could reflect wider societal values, where authority figures are likely to see violent methods as more acceptable for disciplining boys than girls (Ripley, 2017).

The age at which both boys and girls are most exposed to violent discipline is 6 to 10 years old. It could be that parents are less likely to use violent discipline against small children as they cannot understand the reason for discipline. In contrast, adolescents may be more independent and learn how to avoid violent discipline. A survey of caregivers in the 2019 VAC study similarly showed that use of violent discipline peaked at ages 6 to 11, and at ages 5 to 9 in the JPFHS 2017-18, suggesting that the pandemic has not affected the age at which children are most likely to experience violent discipline. However, the 2019 study covered a larger age range, used different definitions, and asked about the last year rather than the last month.

These findings suggest that violent discipline is prevalent in Jordan. However, KIIs indicated that there were a variety of views on whether VAC is a social phenomenon or not, with some claiming that it was not high, others saying that it was found but not a phenomenon, and others stating that it was very prevalent. This indicates there is not a consensus on how serious VAC is among Jordanian institutions and therefore there is not a unified opinion on how best to deal with the problem.

¹ It should be noted that whereas the MICS module used in this rapid assessment asked about incidents of violence in the last month prior to the survey, the 2019 VACS asked about the last 12 months. Since the 2019 VACS covered a longer duration, we would expect it to show higher prevalence of violence. Moreover, MICS asks about a focus child between 1 and 14 whereas the 2019 VACS asked for a focus child between 0 and 18 in the care of the caregiver (respondent).

Types of Violent Discipline

In this study, caregivers were asked whether they used specific forms of violent discipline.

Table 2.1

Distribution of the most frequently used forms of violent discipline according to the respondents in the national and camp samples

	Physical		Psychological ¹	
	General	Camp	General	Camp
1	Hitting or slapping child on the hand, arm or leg (31.1%)	Shaking child (31.3%)	Calling child dumb, lazy, or another name like that (38.6%)	Calling child dumb, lazy, or another name like that (35.3%)
2	Shaking child (29.2%)	Hitting or slapping child on the hand, arm or leg (26.2%)	Cursing or calling child names (29.3%)	Cursing or calling child names (17.4%)
3	Spanked, hit or slapped child on the bottom with a bare hand (19.2%)	Spanked, hit or slapped child on the bottom with a bare hand (19.2%)	Threatening to leave or abandon child (16.7%)	Threatening to leave or abandon child (10.5%)

Prevalence of Violent Discipline

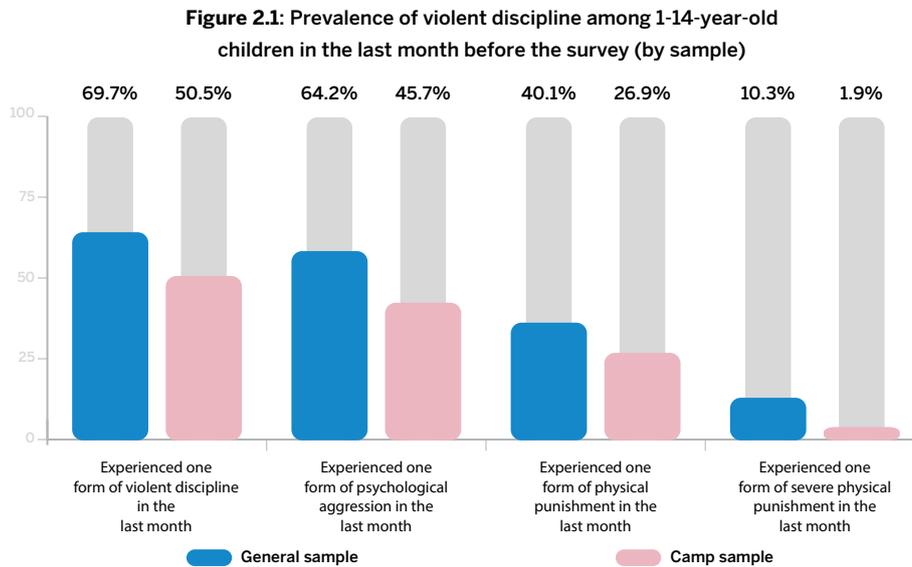
Violent discipline was prevalent, with at least 7 in 10 children (69.7 per cent) in the general sample having experienced at least one form of violent discipline in the last month. In the camp sample, this ratio was 5 in 10 (50.5 per cent).² This suggests that children in the general sample were more likely to experience violent discipline overall than those in the camp sample, which was also found in the 2019 study (although it covered a larger age range and period of time).

¹ "Cursing or calling the child names" and "threatening to leave or abandon child" are behaviours from the ISPCAN module, asked only to ascertain whether they were used. These were not included in the overall calculations of rates of violent discipline.

² In the camp sample, the null hypothesis could not be rejected, that is, we could not conclude that a higher percentage of children (in the camp) experience violence than not, and vice-versa ($\chi^2=2.263$, $p=.133$). However, the VACS 2019, which used a larger sample, showed that the vast majority (71.1 per cent) of children in the camp experience violence.

Figure 2.1

Use of violent discipline on children aged 1-14 years during the last month before data collection, broken down by sample



In the general sample, 4 in 10 were exposed to physical aggression compared to about a quarter in the camp sample (see Figure 2.1).

Children from both samples were most likely to experience psychological aggression. Some 64.2 per cent of the general sample had been exposed overall, compared to 45.7 per cent of the camp sample (again, with those in the camps appearing to be less exposed).

In the general sample, 1 in 10 children were exposed to severe physical violence. This was lower for the camp sample, at 2.0 per cent.

In order to assess whether these results reflected a broader awareness about the prevalence of VAC, in the key informant interviews participants were asked whether VAC is a social phenomenon in Jordan.¹ This question is important because it reflects how child protection practitioners perceive and define violent discipline. It has been shown in multiple studies that definitions are fundamental to how social issues are viewed, with unified definitions being crucial to effecting social change (Whitmarsh, 2008; Buckton et al, 2015; Duby, 2016). According to previous studies, per the definitions of MICS and other internationally-accredited approaches such as the ISPCAN, violent discipline is widespread, with more than 8 in 10 children in Jordan experiencing a form of violent discipline (UNICEF, 2018).

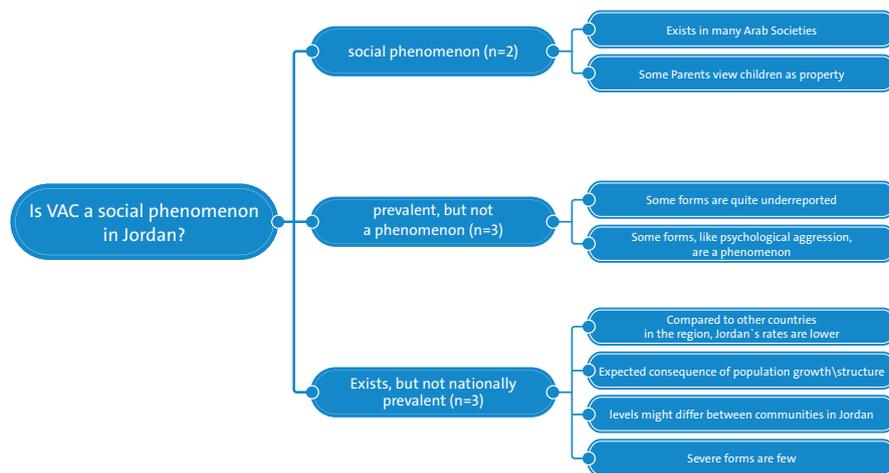
¹ The key informants included practitioners from public institutions (Ministry of Social Development and Family Protection Department), civil society (National Council for Family Affairs and Institute for Family Health), NGOs (Jordan River Foundation and International Medical Corps) and UNICEF.

While there was universal acknowledgment of the existence of VAC in Jordan, informants differed in their assessment of the magnitude of the problem. In response to a question about whether VAC was a social phenomenon in Jordan, an interviewee for a public institution said, "I would not say it is a phenomenon...if we take into consideration population growth and international rates [of VAC], it is not very high."¹ Another informant from a public institution stated, "Psychological or physical violence occurs, but VAC is not a phenomenon (in Jordan) in the real sense." VAC might be viewed as much less prevalent if estimated from the number of cases reported to the FPD or MOSD. This is partly because one, not all cases get reported. Two, those that do are usually the especially severe ones, which, as suggested by the survey results, are less common than other forms of violent discipline (Mcewan & Friedman, 2016).

Others viewed VAC as more prevalent. A worker from an NGO had a moderated response: "It can be considered a phenomenon in some types of abuse. However, some people consider it [VAC] a part of their daily communication with children, especially the psychological forms they commit, such as nicknames and [derogatory or abusive] words. In this case, this phenomenon exists for many people. Physical abuse also exists as a type of discipline that people use. To be clear, it does not mean that all pupils in Jordanian schools are physically abused. Therefore, while VAC is undoubtedly present, it is not a phenomenon." In contrast, a child protection officer held an unequivocal view that VAC is a serious issue: "Unfortunately, yes, it is a social phenomenon. Part of it is because we do not learn to control our reactions - we are an emotional society. Furthermore, there is also the view that children are the parent's property, not an independent human being except when they reach adulthood. There is also the sentiment that "I used to be hit when I was young, so it is normal to hit my children"

The views presented in the KIs regarding whether VAC is a social phenomenon are summarized in Figure 2.2.

Figure 2.2 Categories of views of key informants participating in the interviews on whether violence against children is a social phenomenon

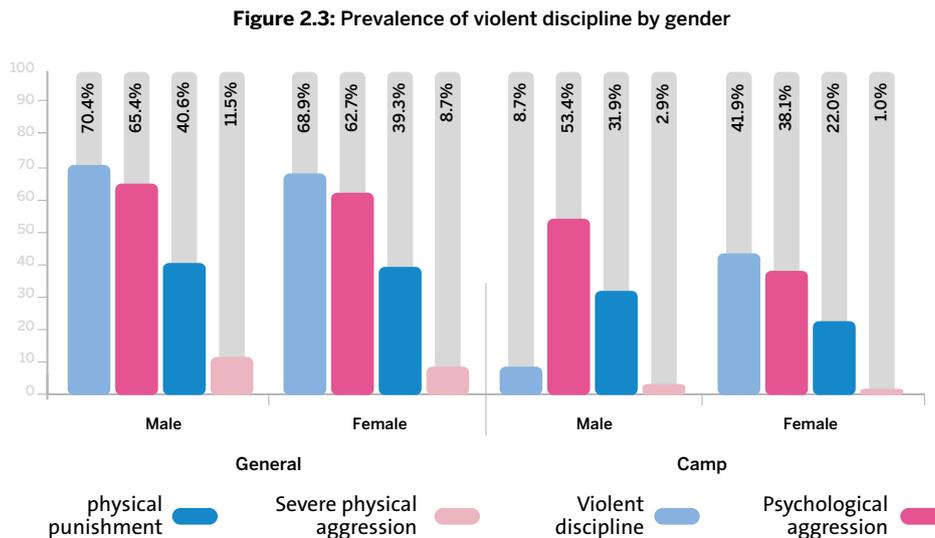


¹ All responses have been translated from the Arabic. The translations were edited for clarity and conciseness.

Prevalence of violent discipline by child's gender

Figure 2.3

Prevalence of the use of violent discipline on children, broken down by gender



Analysed by gender, the proportion of males who experienced violent discipline is higher in both the general and the camp samples: 70.4 against 68.9 per cent, and 59.3 against 41.9 per cent, respectively. The difference between the genders is statistically significant.¹ This finding is supported by numerous studies (including the JPFHS 2017-18 and the 2019 VAC study, which surveyed a larger sample, age range, and time period) that found that being a male child is positively associated with rates of violent discipline (Fabbri, 2020; UNICEF, 2018).

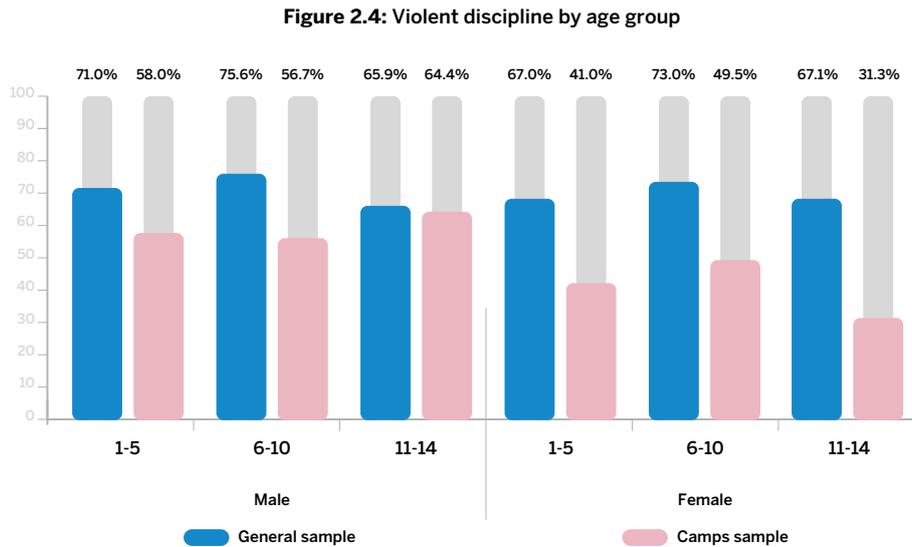
However, according to child protection practitioners interviewed for this study, females tend to have higher exposure to violence than males. One informant who works at a helpline for child victims of violence said that the number of reports of female victimization were three times the number for males. This may not be reflective of girls experiencing more violent discipline than boys, however, as it is important to note that cases which get reported to NGOs or the police are usually especially severe in nature, meaning that any patterns reported by these institutions are not necessarily representative of the wider population (see Figure 2.3). Moreover, it may be the case that females are more likely to report violence than males.

¹ $X^2(1)=5.03, p=0.015$. The odds of children experiencing violence were 1.4 times higher if they were males than if they were females (i.e., the odds ratio was 1.4).

Prevalence of violent discipline by child's age

Figure 2.4

The prevalence of the use of violent discipline on children, broken down by the age of the child



Several studies about VAC have suggested that older children suffer higher rates of violent discipline than younger children, particularly past the age of 10 and more so past 14 (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). However, the findings did not indicate this, and neither did those from the survey of caregivers in the 2019 VACS or the JPFHS 2017-18. The age at which both boys and girls were most exposed to violent discipline was 6 to 10 years old (in the general sample), with at least 7 in 10 children in this age group experiencing violent discipline. In the 2019 VACS study, the experience of violent discipline similarly peaked from ages 6 to 11.1 This was also the case for girls in the camp sample, but not for boys, who experienced the most violent discipline at age 11 to 14. According to an informant working with child victims, "Young children have a higher rate of abuse than older ones, but the abuse that gets reported to us usually involves adolescents, meaning that there is physical abuse from parents towards male and female adolescents, especially males." As with the gender discrepancy noted by another informant, however, reported abuse is not representative of the usage of violent discipline across the population.

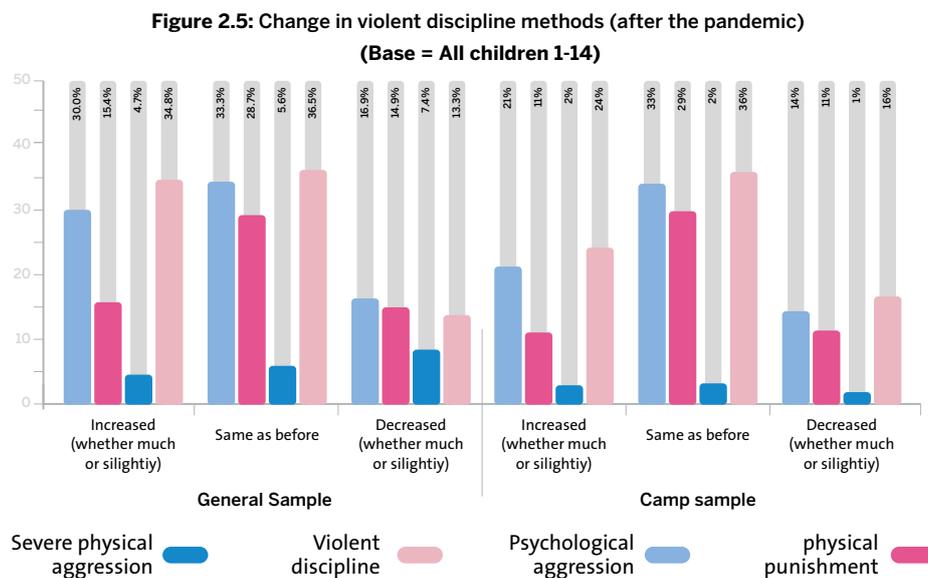
¹ However, the 2019 study covered a larger age range, used different definitions, and asked about the last year rather than the last month.

Change in usage of violent discipline throughout the pandemic

In order to ascertain whether the pandemic may have contributed to a change in the levels of violent discipline experienced by children, caregivers were asked whether their use of a given disciplinary method increased, decreased, or stayed the same.

Figure 2.5

The percentages of change in violent discipline methods during the pandemic period, distributed according to the study samples (after the Corona pandemic).



The percentages presented in Figure 2.5 are out of all children, but not all children experienced a certain form of discipline, meaning that the percentages for each type of discipline will not add up to 100 per cent. Approximately 3 in 10 children in the general sample (34.8 per cent) and 2 in 10 in the camp sample (24.0 per cent) have experienced an increase in violent discipline after the pandemic. (This is based on the perceptions of the caregivers, who were asked after each behaviour if its use had increased, decreased, or remained the same as before the pandemic.)

Overall, the highest percentages in each sample did not experience a change in the frequency of discipline methods – as reported by caregivers. However, disaggregated by type of violent discipline, psychological aggression increased the most (30.0 per cent and 21.0 per cent for the general and camp, respectively). Physical violence was equally likely to increase as decrease for both.

Comparing the results of this study to the VAC 2019 study shows a significant decrease in the use of physical violence for both samples, from 73.8 per cent to 40.1 per cent for the general sample and from 62.9 per cent to 26.9 per cent for the camp sample. There is also a decrease when comparing to the JPFHS 2017-18, which estimated the use of physical violence to be at 59.4 per cent. However, comparisons with the VAC 2019 study should be considered in the context of the different age ranges used and different time periods of usage of violent discipline.

There is more ambiguity regarding psychological aggression. The JPFHS estimated its prevalence to be 76.1 per cent, which is higher than the estimates of 64.2 per cent and 45.7 per cent for the general and camp samples respectively in this rapid assessment. There was also a decrease for the camp sample from the 2019 study, which provided an estimate of 52.3 per cent. However, for the general sample, rates of psychological aggression increased from 63.8 per cent in 2019.

Non-violent or positive discipline methods constitute a part of the MICS module.¹ Approximately 2 in 10 children in the general sample and 4 in 10 in the camp sample experienced only positive discipline methods in the month preceding the survey.

However, the vast majority in the general sample at 67.3 per cent (and less than half in the camp sample at 48.7 per cent) experienced both violent and non-violent means of discipline.

A small proportion in both populations experienced only violent discipline: 2.4 per cent and 1.8 per cent (seen in Table 2.2).

All key informants said that they believed that VAC had increased during the pandemic. An informant from a national NGO focused on family affairs said “Based on the cases we see, VAC has increased, most of which are cases of violence occurring in the home.” Another informant, working for an international NGO for children, made a similar comment. “Violence was one of the biggest things that had increased during the pandemic, because the pandemic affected people psychologically, economically, and socially. Families used to work, had a specific routine, and received community and psychological support from friends and relatives – suddenly all of these stopped.”

In the focus groups, children echoed these statements. “After my father stopped working (because of the pandemic), he became hot-tempered,” said a boy in a focus group conducted in Irbid. Discipline also increased as a result of changes in children’s routine due to the lockdowns. “We started to spend so much time on our phones and ignore our studies,” said a girl in a focus group in Karak.

But there were also positive experiences. One girl from the Karak focus group said that levels of violent discipline had decreased as staying at home brought her closer to her mother. “I was staying at home with nothing to do. I started helping my mom with housework. Before, when we could go out, we used to rush our chores; now we had time, so I would do my chores and finish my homework.” A boy in the Irbid focus group also said that discipline had reduced, especially with regard to non-violent methods, such as being grounded or being stopped from doing something he wanted to do.

Nevertheless, there was broad agreement in both the key informant interviews and the focus groups that rates of violent discipline increased as a result of the pandemic and even forms of child exploitation, such as child labour, according to a key informant working in a national NGO.

Table 2.2

Distribution of forms and types of discipline used on children in the past month, distributed according to study samples

Type of Discipline Used	General Sample (%)	Camp Sample (%)
Only non-violent discipline	22.6	43.8
Non-violent discipline AND violent discipline, too	67.3	48.7
No non-violent discipline AND no violent discipline either (i.e., neither method used)	7.7	5.7
Only violent discipline	2.4	1.8
Sample size	705	195

¹ The definitions of each type of disciplinary method are included above. However, for ease of reference, the prevalence of non-violent methods is estimated from responses to questions about whether a given use of non-violent discipline had changed, and by counting the number of children who have not experienced violent methods.

2.2 The Effects of the Pandemic

HIGHLIGHTS

- About three-quarters of caregivers said that their child's access to education became much worse.
- Around 8 in 10 caregivers reported challenges with distance learning. The most common problem was "difficulty in understanding the teacher".
- Slightly more than half of the general sample and 6 in 10 of the camp sample reported that their income became much lower.
- Approximately half of caregivers said that their mental health had gotten much worse over the pandemic.
- More than half of caregivers said that their children's behaviour deteriorated since March 2020.
- The mental health of the primary caregiver, the mental health of the spouse, access to education, and children's behaviour were statistically significant predictors of violent discipline.
- Those in the camps were more likely to have to leave their child home alone, not be able to show their child they loved them, or not be able to get their child the food they needed.
- Around 1 in 10 caregivers overall were unable to provide food for their children more than 20 times since March 2020.

Overview

This section presents findings about how respondents' lives were affected due to the pandemic and how these changes may or may not have affected the rates at which caregivers use violent discipline with their children.

The majority of caregivers in the general sample said that they were worse off in the following ways because of the pandemic: access to education, mental health, household income, the mental health of their partner or another household member, social life, spouse's work, access to early childhood education, children's behaviour, and access to healthcare. Logistic regression showed that of these, the mental health of the caregiver, mental health of the spouse, children's behaviour and access to education were statistically significant predictors of violent discipline (see annex for further details). Given that the majority reported a deterioration in these facets, it seems that usage of violent discipline against children was likely to increase for the majority over the pandemic. However, these findings only show association rather than causation.

About half reported that their personal mental health had gotten "much worse", with slightly less than half saying the same of their spouse's mental health. Even more reported their own mental health becoming "slightly worse". This is in line with many studies about the pandemic's negative impact on mental health (Ettman, 2020; Hamadani, 2020; Gadermann, 2021). Moreover, about 6 in 10 of the general sample and 5 in 10 of the camp sample said that their children's behaviour had deteriorated since March 2020, although only a third of those in the general sample said that they were using discipline more often as a result. When those who answered "more" were asked why, the most popular responses were too much time spent together, confined place and increased movement of children – conditions all exacerbated by lockdowns during the pandemic.

Roughly three-quarters of caregivers overall reported their child's access to education becoming much worse, meaning children may have spent less time learning and more time with their parents. Nonetheless, a majority

of children were able to access education during the pandemic in some form. Worse educational access may be linked to a lack of resources. Around a third of the general sample stated that they did not use any distance learning platform and instead studied alone – almost double for the camp sample. This suggests that those in the camps may have been less likely to have the resources necessary to continue online learning, such as discrepancies in internet access.

Work and income were also negatively affected, although this study did not find this to be related to the use of violent discipline unlike other studies conducted during the pandemic (Ettman, 2020). When asked about their work situation, more than a quarter in both samples said it had gotten worse. When asked about their spouse's work, these figures were significantly higher. Perhaps as a result, the majority of both samples stated that their income got worse. These findings suggest that the pandemic had a negative economic effect on both groups surveyed, which may be expected given that the Jordanian economy has been hit hard by COVID-19 (Schaub, 2020).

Another potential impact of the pandemic is that caregivers' ability to provide food when needed became worse. This was a common problem in both groups with about 1 in 10 having been unable to get the food necessary for their child more than 20 times. This was more common in the camp sample, meaning that those in the camps may be less likely to have the resources necessary to care for their children.

Predictors of Violent Discipline

Caregivers were asked if the COVID-19 pandemic and the ensuing lockdowns affected 10 selected facets of their lives.¹ They were asked to report the effect using a five-point scale, ranging from "much worse" to "much better". The overwhelming majority of caregivers in the general sample said that 9 out of the 10 facets were worse off due to the pandemic. The most affected were "access to education", with 90.3 per cent of caregivers saying it was worse off (whether much or slightly), followed by "mental health" (81.3 per cent), and "household income" (74.2 per cent). Only "access to early childhood education" had a slight majority (53.7 per cent) saying that it did not change.

The models found (see tables in annex):²

Mental health of the caregiver is a statistically significant predictor of violent discipline: A child whose caregiver reported that COVID-19 had an adverse effect on their mental health was more likely to experience violent discipline.

- Mental health of the spouse is a statistically significant predictor of violent discipline: A child whose caregiver reported that COVID-19 had an adverse effect on their spouse's mental health was more likely to experience violent discipline.
- Children's behaviour is a statistically significant predictor of violent discipline: A child whose caregiver reported that COVID-19 had an adverse effect on children's behaviour was more likely to experience violent discipline.
- Access to education is a statistically significant predictor of violent discipline: A child whose caregiver reported that COVID-19 had an adverse effect on their children's access to education was more likely to experience violent discipline.
- It is important to note that each facet was run independently of the other facets. For example, mental health of the caregiver was not adjusted for the mental health of the spouse.
- In the rest of Section 2.2, additional results about socioeconomic status, health, education and children's behaviour and activity provide more context to these findings.

¹ Only for the general sample.

² Only significant results are reported

Table 2.3

The effects of the pandemic (how have the following social, psychological, economic and behavioral aspects changed since March 2020?) distributed according to the study samples

	Much worse after COVID-19	Slightly worse	Same/ No change	Slightly better after COVID-19	Much better	(Do/ does not work)	Refused to answer
Access to education	77.3	13	8.5	0.8	0.5		0
Mental health (yours)	51.3	30	17.3	1.3	0.1		0
Household income	49.4	24.8	25.1	0.7	0		0
Mental health of partner or other HH member	46.5	27.6	22.9	1.8	1		0.1
Your social life	43	28.2	24.9	2.8	1		0.2
Spouse's work	38	16.3	24	0.7	0.3	20.7	0
Access to early childhood education	36.6	8.8	53.7	0.9	0		0
Children's behaviour	32.7	26.3	34.3	3.4	3.2		0
Access to healthcare	26.8	22.9	46.1	2.3	2		0
Work	20.1	7.5	9.8	0.6	0.5	61.6	0
705 respondents	General sample (%)						
Access to education	73.1	14.9	10.1	0.4	1.5		0
Household income	61.9	22.5	15.2	0.4	0		0
Mental health (yours)	50.1	27.7	18.5	2.3	1.4		0
Mental health of partner or other HH member	46.9	21.3	26.7	2.7	1.9		0.4
Spouse's work	43.5	13.6	14	2	1.2	25.3	0.4
Access to early childhood education	40.9	13.5	43.7	0	1.9		0
Children's behaviour/discipline	29.7	22.3	35.7	7.4	4.8		0
Your social life	27.4	24.3	41.9	4.5	1.8		0
Access to healthcare	24.7	19.9	46.2	5.7	3.5		0
Work	20.7	6.6	11.9	0.8	0.6	59.4	0
195 respondents	Camp sample (%)						

Socioeconomic Status

The pandemic had a significant economic impact on many families in Jordan, such as job losses and decreases in income (UNDP, 2020). A recent study conducted in the US showed that parents who had lost their job due to the pandemic were significantly more likely to engage in both physical and psychological abuse than those who had not (Lawson, 2020).

Respondents were asked to rate how much worse their economic situation had become after COVID-19 on a scale from one to five, with one being “much worse” and five being “much better”. When asked about their work situation, around 27.0 per cent in both samples said it had gotten worse, with 20.0 per cent saying “much worse”. When asked about their spouse’s work, some of these figures rose significantly. In the general sample, 54.3 per cent said it had gotten worse compared to 43.9 per cent in the camp sample. However, 6 in 10 (61.6 per cent) respondents said that they did not work, compared to 2 in 10 (20.7 per cent) spouses - a discrepancy which could be explained by the fact that less than a fifth of women in Jordan are in the workforce (USAID, 2020).

Respondents were also asked about household income. The majority of both samples (49.4 per cent of the general and 61.9 per cent of the camps) stated that their income got much worse. A further 24.8 per cent and 22.5 per cent respectively said their income became slightly worse.

Income was also partially affected by changes in levels of financial assistance, with 3.5 per cent and 11.2 per cent of the general and camp samples receiving money for their child respectively. However, this only a minority (25.4 per cent) of those receiving assistance in the general sample experienced a decrease.

These findings suggest that the pandemic had a negative economic effect on both groups surveyed.

Household Assets

Household assets here refer to the possessions of the family. This is important because it gives us an insight into how vulnerable families were to the effects of being cut off from resources in the outside world as well as other financial pressures (Ettman, 2020).

On average, households owned one TV set. Every household owned at least one mobile phone, but those in the general sample were more likely to have multiple. Owning a tablet was far less common, with only a third of the camp sample and 16.9 per cent of the general sample (though a small per cent of the latter owned more). Those in the general sample were also more likely to own a computer, with about a third having at least one, but this was very rare in the camps at only 2.4 per cent.

There were large discrepancies in internet access between the samples. Half of the general sample had an internet subscription for the home, compared to 6.6 per cent of the camp sample. However, those in the camps were far more likely to have access through internet bundles on their mobiles, with 87.3 per cent having at least one internet bundle. This was even higher for Jordanians at 94.1 per cent. This suggests that the children in the general sample would have had an easier time finding entertainment while at home, but may also have had greater screen exposure.

Almost no respondents in the camp sample had bank accounts, although only 19.8 per cent of the general sample had one.

Education

Education posed a challenge for caregivers and children alike throughout the pandemic, with a lack of in-person learning causing families to spend much more time with one another. A study in the US showed that being unable to attend school in-person reduced the rates at which children report abuse, meaning that children may feel unable to seek help while at home (Baron, 2020).

Roughly three-quarters of caregivers overall reported their child's access to education becoming much worse, demonstrating that for many the transition was difficult. However, when asked about early childhood care for those under 5, far fewer reported much or slightly worse access - 45.4 per cent and 54.4 per cent for the general and camp samples respectively. This suggests younger children may have had better access, reducing the likelihood of violent discipline against them.

About 7 in 10 (73.2 per cent) of the general sample and 6 in 10 (59.9 per cent) of the camp sample reported that their child attended school or the Early Childhood Education programme, either online or in-person, at some point during the pandemic. When asked about children age 5 and over specifically, these numbers rose to 88.1 per cent and 75.7 per cent, indicating that a majority of children were able to access education during the pandemic.

A majority of caregivers reported challenges arising from distance learning, at 85.3 per cent and 76.2 per cent for the general and camp samples, respectively. The most common challenges were:

Difficulty understanding the teacher (65.8 per cent of the general sample and 49.5 per cent of the camp sample).

- Lack of interest for the child and/or parents (19.5 per cent/6.2 per cent)
- Lack of internet access (14.4 per cent/27.7 per cent).
- These answers demonstrate that there were numerous obstacles to effective learning during the pandemic.

They were then asked which platform they used. Among the most common were:

- Darsak (78.9 per cent/77.6 per cent)
- Darsak TV (8.6 per cent/21.4 per cent)
- Social media programs like WhatsApp and Facebook/Messenger (7.46 per cent/0.67 per cent)

Around a third (34.5 per cent) of the general sample stated that they did not use any distance learning platform and instead studied alone – almost double (67.9 per cent) for the camp sample. This suggests that those in the camps may have been less likely to have the resources necessary to continue online learning.

In the general sample, around 2 in 10 (17.0 per cent) attended private school. However, the vast majority were in public school, constituting three-quarters (74.6 per cent) of the general sample and more than 9 in 10 (90.9 per cent) of the camp sample.

Of those that did not attend a school or programme throughout the pandemic, 85.9 per cent (general) and 77.4 per cent (camps) said that their child had never attended school and some stopped before the pandemic (9.0 per cent and 11.1 per cent).

Table 2.4

The children participating in the sample distributed according to the school stage during the data collection stage, distributed according to the study samples

Grade	General Sample (%)	Camp Sample (%)
Early Childhood Education	6.0	20.8
First	6.0	7.3
Second	6.0	2.7
Third	6.4	21.5
Fourth	7.5	9.0
Fifth	7.5	15.3
Sixth	7.1	4.5
Seventh	10.0	4.1
Eighth	10.5	3.8
Ninth	11.3	6.3
Tenth	9.0	3.6
First Secondary	7.4	1.0
Second Secondary	5.3	0
Sample size	705	195

Health

Changes in individual health and the capacity to access healthcare when needed were significant concerns throughout the pandemic. Respondents were then asked some general questions about their own physical and mental health.

Mental Health

The caregiver was asked to describe changes in their mental health over the pandemic. The responses were similar for both samples, with about half (51.3 per cent and 50.1 per cent for the general and camp samples respectively) stating that their mental health had gotten much worse, whereas only 1.4 per cent and 3.7 per cent in the general and camp samples said that it became slightly or much better, and 17.3 per cent and 18.5 per cent said it stayed the same. These figures were slightly lower for spouses, with less than half (46.5 per cent and 46.9 per cent) saying that their spouse's mental health got a lot worse. The results suggest that mental health suffered significantly during the pandemic, which is in line with research over how social isolation, economic pressure and increased rates of domestic violence caused by the pandemic have affected people's mental wellbeing (Hamadani, 2020). A logistic regression showed that the decline in mental health increased the likelihood of children experiencing violent discipline.

Access to Healthcare

Households' ability to access healthcare when they need it was noticeably affected in both samples. Around half (49.6 per cent) of general respondents said that their access became worse, which was only slightly less for the camp respondents (44.6 per cent).

This access could be related to health insurance. Over a third in both samples said that their child was not covered by health insurance. Of those whose child was covered, 48.9 per cent of the general sample and 58.7 per cent of the camp sample said that the insurance covered COVID-19 related expenses (though a significant minority in each did not know, meaning these figures could be higher).

The majority of children were up to date on their vaccinations, 89.3 per cent and 92.0 per cent of the general and camp samples respectively.

Child's Behaviour and Activity

Children's lives changed not only in terms of their education, but their other pursuits as well. These factors combined potentially affected their overall behaviour (Imran, 2020). About 6 in 10 (59.0 per cent) of the general sample and 5 in 10 (52.0 per cent) of the camp sample said that their children's behaviour had deteriorated since March 2020, although a third reported no change. It was further found that a child's behaviour getting worse meant there was a greater likelihood that the usage of violent discipline would increase. Reduced social interaction with peers, disrupted routines, and confusion about the pandemic have caused greater stress and anxiety amongst many children, leading to worse behaviour and a greater need for affection from caregivers (Imran, 2020).

Change in Disciplinary Behaviours

More than 5 in 10 (59.1 per cent, general and 52.0 per cent, camps) caregivers felt that their child's behaviour got much or slightly worse since March 2020, which according to the logistic regression model increased the likelihood that they would use violent discipline. However, only a third (33.6 per cent) of those in the general sample said that they were using discipline more often. This was marginally lower in the camp sample at 28.5 per cent. Very few caregivers said that increased discipline was physical in nature – 0.6 per cent and 1.2 per cent for the general and camp samples respectively.

When those who reported using more discipline, whether physical, psychological, or non-violent in nature, were asked why, the most common reasons given were:

- Too much time spent together (58.4 per cent of the general sample and 74.3 per cent of the camp sample)
- Confined place (53.6 per cent/61.7 per cent)
- Increased movement of children (20.2 per cent/27.8 per cent)

These responses suggest that the conditions brought about by the pandemic – extended periods of time spent together inside – led parents to discipline their children more frequently. This indicates that it is important for families to have time independent of one another and that being able to go to school may consequently mitigate the extent of VAC (Baron, 2020).

These findings also indicate that those in the camps felt more affected by the pandemic than the general sample.

Activities

Respondents were asked how their child's activities changed over the pandemic, considering who they are interacting with and whether their activities are technology based (see Table 2.4). Their activity could affect their wellbeing, due to reduced socialisation and a dependence on screens (Imran, 2020). However, many children in both samples did not participate in these activities prior to the beginning of the pandemic. For example, approximately half did not play with adults or read books. Over a third of children played outside a lot less than before, and about a quarter stated that their child watched TV or movies much more than before in both samples.

Under a half of the general sample and around a quarter of the camp sample said that they used tablets much more. Over 40.0 per cent played with their siblings the same amount as they did before, with over a fifth playing with the much more. Around a third played with their neighbours and relatives a lot less, suggesting that the pandemic did significantly reduce children's social interactions.

However, around 15.0 per cent played with adults much less. If this is measured only out of the half who did this pre-pandemic, this figure rises to roughly 30.0 per cent. This seems to be a large figure, as it might be expected that more time spent at home together would mean a significant increase in interactions. This could mean that it became harder rather than easier for adults to spend quality time with their children due to the psychological stress of being at home together all the time (Gadermann, 2021). However, it could also be because children's interactions with adults other than their parents were significantly reduced due to lockdowns.

Table 2.5

Distribution of activities practiced by children during the pandemic period, distributed according to study samples

	General Sample (%)					Camp Sample (%)				
	Much less	Slightly less	Same	Slightly more	Much more	Much less	Slightly less	Same	Slightly more	Much more
Play outside	37.2	11.7	14.4	3.4	8.0	36.1	19.1	18.7	3.4	7.0
Play with siblings	8.1	8.4	42.3	15.5	21.7	4.9	13.4	43.9	13.4	20.3
Play with other relatives or neighbours	30.3	15.6	18.1	4.9	7.2	33.1	23.6	14.4	4.0	4.2
Play with adults	15.7	8.3	15.1	3.7	3.6	15.0	13.2	11.6	2.1	2.5
Watch TV or movies	11.9	8.4	25.8	16.0	26.8	6.4	7.9	38.1	14.6	26.3
Play on tablet, mobile or computer	6.5	3.2	14.1	13.5	45.7	4.4	5.8	22.7	15.4	24.4
Play on a gaming console	2.9	1.5	5.1	2.8	7.9	0.4	0.6	2.7	1.6	1.9
Read books or stories	18.6	9.9	11.8	4.4	3.9	8.6	8.0	20.0	5.4	4.5
Ride a bicycle	10.7	4.7	9.9	2.8	4.8	4.7	1.9	11.8	2.1	4.9
Sample size	705					195				

Obstacles to Childcare

Caregivers were asked about obstacles to them caring for their child as they would like. It is difficult to tell from these results whether these problems have increased in frequency during the pandemic as opposed to before, but they demonstrate at least whether they were common problems facing families since March 2020.

Table 2.6

Distribution of child caregivers' responses to the challenges and difficulties they faced in providing child care during the pandemic period, according to the study samples

	Left child home alone, even when respondent believed an adult should be with them.		Unable to show/tell their child that they loved them.		Unable to make sure child got the food they needed.		Unable to make sure child got to a doctor or hospital when they needed it.	
	General (%)	Camp (%)	General (%)	Camp (%)	General (%)	Camp (%)	General (%)	Camp (%)
Never	84.9	73.0	66.8	72.1	62.4	44.6	64.4	67.0
Once/twice since March 2020	5.3	2.8	6.6	8.3	4.0	7.0	13.2	13.9
3-5 times	4.5	8.6	9.9	10.0	8.6	17.6	14.6	8.2
6-10 times	3.9	2.5	6.3	4.3	9.4	11.5	4.1	4.9
11-20 times	0.4	3.1	4.0	3.7	5.2	6.3	2.1	3.3
More than 20 times	0.9	5.1	5.9	1.6	9.7	11.9	1.0	2.0
Not since March 2020, but before.	0.2	4.3	0.4	0	0.5	0.3	0.7	0.7

The majority have never had to leave their child home alone in either sample. However, 11.9 per cent more in the camp sample overall have had to leave their child home alone at some point. A child being left by themselves for long periods of time could constitute severe neglect, with the possibility that they may accidentally hurt themselves or go hungry if they are left without food.

Not expressing love to a child is much more common than leaving them at home compared to the general sample, but about the same for the camp sample.

Unlike the other forms of neglect asked about in this section, not showing a child love is not as easily quantifiable. However, withholding praise and affection can have a significant impact on a child's mental wellbeing and development, especially when isolated from other social contact due to the pandemic (Imran, 2020).

Not being able to provide food since the pandemic is a problem in both groups, with about 1 in 10 having been unable to get the food necessary for their child more than 20 times. It was more common in the camp sample, with 17.8 per cent more having reported this at some point. This is potentially a result of children being unable to access meals at school and could affect their development (United Nations, 2020).

The majority in the general and camp samples (64.4 per cent and 67.0 per cent) did not have a problem getting their child medical help when needed, but a significant minority struggled since the beginning of the pandemic.

Socialisation

A majority in both samples saw their social life get much worse or slightly worse throughout the pandemic. However, this was more pronounced in the general sample where 43.0 per cent said it got "much worse" compared to 27.4 per cent of the camp sample. The camp sample was also more likely to say that their social life stayed the same, 41.9 per cent to the general sample's 24.9 per cent.

3. Conclusion

The COVID-19 pandemic has been unprecedented, in terms of its social, economic, and health impact. Children in Jordan have been particularly vulnerable to these changes, being isolated in their homes and unable to access their usual sources of support (whether that be school, friends, neighbours or relatives). This report has shown that VAC in Jordan has been prevalent throughout the COVID-19 lockdowns. The prolonged periods of time caregivers and their children have spent with one another since March 2020 have significantly increased the opportunities for VAC to occur, although it has also reduced the avenues for some forms of violence, such as bullying at school. However, this report did not find a marked increase in VAC compared to the 2019 report, and in some categories there appeared to be a decrease. (Although as mentioned throughout this report, comparisons with the 2019 VAC report must be considered in the context of the two studies' significant differences.) Furthermore, when compared to the JPFHS report there has been a notable decrease in the number of children who have experienced violent discipline, from 81 per cent to around 60 per cent overall, suggesting that there has not been an increase in violent discipline over the pandemic. However, it remains prevalent.

This rapid assessment has demonstrated the importance of looking at physical violence and psychological aggression as distinct categories, in addition to assessing the prevalence of non-violent methods of discipline. Each manifests differently and has different implications for child development, though both are harmful. In order to address the roots of VAC, it is necessary to understand the context and causes of its different forms.

4. Recommendations

It is vital to recognise and respond to the enhanced need of children at this time, as well as the additional stress on caregivers. While there are already significant measures in place to protect the rights and welfare of children in Jordan, the pandemic has made revision of existing approaches necessary. The following recommendations (based on INSPIRE, seven strategies for ending VAC) are designed to address the specific circumstances of the pandemic:

Implementation and enforcement of laws

- Advocate for national legislation to prohibit all forms of VAC, including the use of violence as a form of punishment.

Norms and values

- Create a national glossary of definitions of violence to distribute to stakeholders in order to formalise understanding of VAC in Jordan in accordance with international standards. This will allow those working in this field to operate on the same understanding and thereby make their efforts to address the problem more cohesive and informed.
- Sensitise those working in child protection to the definitions of violent discipline, which will help them understand the severity, and extent of VAC given that several of the key informants did not see VAC as a social phenomenon despite numerous studies having shown that it is prevalent in Jordan.
- When conveying the findings of the report, use the terms "negative" and "positive" rather than "violent" and "non-violent" so that all forms of discipline are treated seriously. For example, "shouting" should be framed in terms of its negative effects as it may not be viewed as a legitimate form of violence compared to hitting or shaking. "Explaining why a behaviour is wrong" should be explained in terms of how helping a child to understand why they should act differently is more effective in the long term, rather than emphasising its non-violent nature which may be less convincing to parents.

- Raise awareness that psychological abuse is a pernicious form of violent discipline, given that the report found it to be a prevalent form of VAC.
- Work with Jordan's traditional authorities and structures to facilitate a dialogue about harmful social norms and reflect on strategies that family and communities can adopt to respond to VAC during periods of social isolation.

Safe environments

- Create socially distanced outdoor spaces for children, in close proximity to their homes.

Parent and caregiver support

- Provide extra childcare support to parents during the pandemic, such as online or socially distanced in-person programming that gives children a productive outlet.
- Work with employers to protect jobs, allow for flexible working arrangements, and give extra support to parents struggling with pandemic-related stress and economic challenges (UNICEF, n.d.).
- Distribute parental guidance for how to respond to children's change in behaviour during the pandemic, especially given that many children in the focus groups cited excessive screen time as a significant source of tension between them and their caregivers.

Income and Economic Strengthening

- Initiate cash transfers to those families most severely affected by the onset of COVID-19 (UNICEF, 2020).

Response and support services

- Ensure that essential services, such as helplines, remain open throughout the pandemic to allow children to seek help while isolated at home (UNICEF, 2020).
- Put in place protocols to protect children who report violence by caregivers.

Education and life skills

- Provide access to educational resources to the most deprived, particularly in the refugee camps, such as internet and computers.
- Implement programming to support children and parents struggling with distance learning.
- Advocate for a boost in government spending on education to facilitate an effective transition back to in-person learning.

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