

Rethinking Child Protection in Emergencies

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Abstract: The humanitarian system is struggling to adapt to changes in the global political environment, trends in armed conflict and displacement, and advances in science and technology. In recent years, the international community has undertaken a number of efforts to overcome these challenges, such as the Agenda for Humanity, a plan that outlines the changes needed to alleviate suffering, reduce risk, and lessen vulnerability on a global scale. This article reviews recent evidence from a range of disciplines to inform these efforts, especially as they relate to the protection of children. Early childhood and adolescence constitute two critical periods of child development that lay the foundations for future health and wellbeing. Exposure to adversity in crisis contexts can compromise this development, with potentially life-long consequences. Evidence suggests that relationships with caregivers and peers play a central role in mediating childhood experiences of adversity. Unfortunately, interventions for children affected by crises are usually too fragmented to maximize the protective effects of healthy relationships. This article stresses the importance of developing multisectoral and relational interventions capable of promoting healthy development across the life course. Given the central role of caregivers, the household is an especially powerful level of intervention for combining approaches from different sectors. More concerted efforts are needed to develop household interventions that combine traditional sectoral approaches with innovative, cross-cutting measures, such as cash transfers and parental support. Household interventions should also be an integral part of broader community and society level actions, which together form more comprehensive systems of care.

Keywords: Emergency, Child, Protection, Humanitarian, Intervention.

INTRODUCTION

This is a critical juncture for the humanitarian system. An estimated 65.6 million people were forcibly displaced by persecution, conflict, violence, or human rights violations in 2016, and 24.2 million people were displaced by natural disasters [1,2]. At least 141.1 million people across 37 countries were in need of urgent humanitarian assistance mid-way through 2017, but access for humanitarian response is narrowing [3]. With the average length of refugee displacement being over 10 years minimum-standard measures designed for temporary relief have become fixtures in the lives of entire new generations [4]. An increasing proportion of refugees, moreover, is making its way to urban areas, where services are often more difficult for them to access [2]. The nature and number of these crises, and the current architecture of humanitarian funding, make long-term programming strategies next to impossible. Overextended and under-resourced, the system is struggling to keep up with the needs of today, even as it tries to prepare for those of tomorrow.

In recent years, the international community has undertaken a number of efforts to overcome these challenges. Chief among these is the Agenda for Humanity and its associated commitments and

initiatives, including the Grand Bargain [5]. These measures aim to improve financing for aid, to invest more heavily in local partners within countries affected by crisis, and to bridge the traditional divide between humanitarian assistance and development, among other things. In order to realize these objectives, leaders in the humanitarian community are supporting several reflection and learning efforts. The World Health Organization (WHO), for instance, has initiated the development of the Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants, which will serve as the foundation for a global action plan [6]. In addition, the World Health Assembly adopted Resolution 70.15 in May 2017, urging member states to consider promoting the Framework and also “to identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants [...]” [7].

This article reviews recent evidence from several fields in order to inform discussions related to one of the Framework’s 12 priorities, namely “Protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings” (#7) [7]. Reviewing this evidence is relevant to several additional global efforts as well, such as the development of the Global Compact for Young People in Humanitarian Action [8] and the implementation of the Global Strategy for Women’s, Children’s, and Adolescent’s Health (2016-2030) [9]. In this period of

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global reflection, it is imperative to review the ways in which young people—the next generation—are being affected by, and coming to terms with, the adversities of crisis and displacement in order to locate promising avenues for promoting their safe and healthy development. It is also crucial to appraise the successes, shortcomings, and emerging opportunities in existing prevention and response mechanisms.

The literature suggests that, in order to achieve significant and lasting improvements in the health and wellbeing of populations affected by crisis, interventions should focus more meaningfully on the central role of relationships in healthy human development, growth, and healing [10-16]. The humanitarian and development communities will also have to overcome multiple types of institutional fragmentation that have persistently undermined efforts to deliver coordinated and integrated interventions for children and youth. The household is a strategic locus for bringing together interventions to address the multiplicity of risk factors in young people's lives, and to strengthen the relationships that are foundational to their wellbeing. The article also briefly discusses the ways in which household-level interventions can be, and should be, complemented by interventions in the community and in public service systems across administrative levels.

EFFECTS OF ADVERSITY ON GROWTH AND DEVELOPMENT

The Convention on the Rights of the Child enshrined children's right to protection and to the "full and harmonious development of his or her personality" in 1989, yet due to continued extreme poverty and stunting, 250 million children under five years are at risk of not meeting their developmental potential in lower- and middle-income countries [17,18]. The situation becomes more urgent when the toll of children's exposure to violence, abuse, exploitation and neglect is taken into account. A recent review estimated that at least half of children in Asia, Africa, and Northern America aged 2-17 years have experienced past-year violence [19]. Conflict, disaster, and state fragility can expose children and youth to a host of additional adversities that threaten their healthy development and growth, such as political violence, increased criminal activity, reduced access to basic resources and services, and separation from caregivers and social ties. Given that approximately 28 million of the world's forcibly displaced people are children, these facts have dire implications for the state

of human rights globally, as well as for the economic growth and stability of these nations [20].

The period from conception to year five is critical, not only because it presents the highest risk for mortality, but also because the intense neural and physical development that takes place during these early years sets the foundation for all future growth [21]. Owing to their high levels of neuroplasticity during this period, children are remarkably adaptive and can overcome considerable amounts of adversity [22]. However, exposure to severe, frequent, and chronic adversities during these early years, can trigger a toxic stress response, a hyper-activation of the brain's stress response system that can cause significant, and at times irreversible, changes to the brain, especially in the absence of appropriate support [21]. This toxic stress response can result from a number of different types of adversity, from being born into multidimensional poverty, to experiencing interpersonal violence, natural disasters, political conflict, or loss of a caregiver and institutionalization. Early exposure to such adversity can reduce neural complexity in the prefrontal cortex and the hippocampus, and this can in turn affect top-down regulation of thought, attention, behavior, and response to stress [21,23]. As functionality in these brain areas weakens in response to stress, activity in the amygdala becomes hyperactive, which can lead to exaggerated anxiety, arousal, and fear response [24-26]. This is just one example of the many neural systems that can be adversely affected by toxic stress. Early exposure to adversity can have myriad behavioral and health consequences as well, and the accumulation of adverse life experiences increases the risk of negative outcomes [21,27]. A recent systematic review and meta-analysis recently found that exposure to multiple adversities was significantly associated with elevated rates of smoking, sexual risk taking, substance misuse, self-directed violence, and interpersonal violence, compared to people who were not exposed to any adverse childhood experiences (ACEs) [28]. According to the study, those exposed to multiple adversities also face elevated risk of mental health disorders, cancer, diabetes, heart disease, and respiratory disease [24,28].

There has been much less attention paid to the importance of later childhood and adolescence for long-term development. Those who have been exposed to early childhood adversity may begin experiencing its downstream consequences during this time, but adolescence also comprises another sensitive

period of heightened plasticity. During this period, several areas of the brain that are related to social and cognitive function continue to be shaped by synaptic pruning, including those associated with interpreting the mental states of others, behavioral inhibition, and future planning [29]. As a result of these various change processes, adolescents are thought to be particularly sensitive to social and environmental factors, including for example, peer evaluation and influence. Children often encounter and engage in a host of novel risks starting around adolescence, such as substance use and unprotected sexual acts [30]. Adolescents may also be exposed to certain types of violence for the first time, including bullying, as well as gang violence and gender-based violence, especially with intimate partners. Those living in contexts of instability may be exposed to political violence, recruited or abducted into armed groups, or coerced into trafficking operations [31]. Studies with older children exposed to political violence and armed conflict have found elevated levels of aggression [32], risk-taking behaviors [33], and other forms of potentially harmful adaptation [34].

Considering the formidable array of risks that individuals around the world face by the time they are 18, it is a testament to the fortitude and resourcefulness of youth that many do not develop lasting pathologies. What is more, many children and youths use their energy to play constructive roles in the lives of their families and communities during crisis, and there is increasing attention to their potential influence in the realm of peacebuilding. The past decade has seen tremendous advances in the study of children's adaptive capacities and the protective systems that enable them to overcome adversity [31,34]. While much work remains to be done in order to understand the complex, multi-leveled interplay of protective and risk factors over the course of a child's development—especially in complex emergencies—evaluations of child-centered programs in humanitarian and development contexts have also begun generating useful insights about how to promote children's harmonious growth and development more effectively [35-37].

HEALTHY DEVELOPMENT AND RELATIONSHIPS

Child development occurs within the social ecologies defined by the family (including the extended family), the community, and the wider society [11, 38, 39]. When children encounter positive, supportive relationships at these levels of their social environment,

they tend to thrive, whereas developmental delays and other negative developmental outcomes can occur when the social environment at one or multiple levels are toxic. Within a social ecological framework, the interactions across different levels (the so called meso-system) are critical. For example, a child who is sexually abused at school but who has a supportive family may exhibit resilience and continue a normal developmental trajectory. In contrast, a child who is abused both at home and in the community and who lacks good social supports may experience negative developmental outcomes. Although the focus of this paper is on the household level and family relationships, it is important to keep in mind that families alone do not make for healthy child development. Children develop best when they have positive relationships at all three levels, and there are positive synergies across levels that promote child wellbeing and limit risks and harm to the child.

The central role of primary caregivers in human development and health is well-documented. In addition to attending to children's basic needs, caregivers provide comfort and stimulation that are necessary for children's optimal development [40]. They also connect children to the broader systems of family, community, basic services, and society, and mediate children's experiences with adversity [41]. For example, there is substantial evidence suggesting that responsive maternal care can buffer the adverse effects of stressors on children's neural development [42]. Across a number of countries affected by political violence, studies have also found that caregiver support protected children and youth from adverse mental health outcomes [43]. While the primary role of biological mothers in child-rearing is often emphasized, it is also important to recognize the roles of fathers, siblings, and other members of the family and community in providing nurturing care [44]. Peer and sibling relationships can similarly shape children's experiences with, and responses to, adversity [43]. As children age, their interactions with friends and intimate partners inform their sense of security and trust, as well as their concepts of self, beliefs, ideas, knowledge, and aspirations.

Conflict and crisis can compromise these vital relationships. Many children's experiences of conflict, for example, are marked by parental loss, family separation, and institutionalization. Without the protection of caregivers, separated and unaccompanied children risk being exposed to further adversity, and many suffer disproportionately from

adverse physical and mental health outcomes [45,46]. Trauma and material deprivation can also diminish the ability of caregivers to provide for children. Political violence and displacement can disturb family dynamics and conflict resolution mechanisms, perhaps in part explaining the dose-response relationship between political violence and violence against children [47]. Outside of the household, conflict and disaster tend to disrupt community systems, such as educational, religious, and recreational activities, which promote peer relationships. The disruption of these systems can also obstruct important rites of passage into later stages of life, such as graduation and marriage, potentially creating stigma and ostracism that impedes personal and societal healing [47,48].

FRAGMENTED ACTION

This remarkable ability to both promote and undermine children's development makes it especially important for interventions to focus on protecting and promoting healthy relationships throughout childhood and adolescence. For this reason, some standard components of humanitarian response already have a relational focus. Livelihood programs that strengthen the family as a unit and family tracing and reunification programs that aim to reunite children who become separated from their families during emergencies provide the most evident examples, as they inherently recognize family systems as part of a protective environment for children [49,50]. For the most part, however, humanitarian response interventions are too fragmented to maximize the protective and healing effects of family and wider kinship relationships for children in emergencies. Such interventions are typically fragmented along at least three lines, including: developmental stage (e.g. child/youth), sector (e.g. protection/health), and situational category (e.g. humanitarian/development). These dividing lines can simplify several tasks, from organizing specialized human resources to managing logistical operations, but they are also reductive, overlooking key relationships as protective factors for children exposed to deprivation and danger. From an ecological systems perspective, these dividing lines also fail to appreciate the ways in which individuals interact with, and are influenced by, the wider social networks in which they are embedded, including families, communities, social structures, and political economies [31,34].

The humanitarian system's tendency to prioritize the youngest children has frequently meant that children become ineligible for services when they age, even if

their needs and vulnerabilities persist. Indeed, older children and adolescents have historically been underserved by humanitarian programs [30,51]. Programs for children and youth are also blunted by sectoral fragmentation. Health programs aimed at preventing HIV among adolescents, for instance, are less effective without protection components capable of reducing sexual violence [52]. Health services for survivors of sexual violence, in turn, cannot function fully without referral systems to corresponding protection and shelter services [53]. Child protection officers are often disconnected from gender-based violence specialists and from specialists working on mental health and psychosocial support, despite the considerable overlap in their activities and aims [11]. The interrelatedness of all these needs requires a response that is not only more coordinated between different actors (such as multilateral agencies, NGOs, and local governments) but also more integrated across different sectors, especially livelihoods, health, education, and protection. The overreliance on top-down organizational structures and short-term, emergency funding cycles, however, obstructs efforts to work across sectors in a sustained manner. These factors also inhibit partnerships with local actors, who are often best positioned to develop comprehensive, contextually-grounded interventions, but are not usually organized along the same dividing lines [54,55].

A WHOLE SYSTEM FOR A WHOLE CHILD: BEGINNING AT THE HOUSEHOLD AND BUILDING OUT

In recent years, practitioners and researchers have drawn on a growing body of evidence to recommend more coordinated and integrated practice across these divides [36,56,57]. For example, the family or household has been a critical unit of positive change for the globally successful child survival movement [58]. Moreover, the household is also critical in addressing childhood stunting as the most successful approach combines nutrition and responsive social care [59]. Promoting these types of cross-sectoral, family-household-focused interventions in humanitarian emergencies will require rethinking what is meant by "child protection." It will also require greater investments in developing flexible, context-specific, and relational responses. Considering much of the evidence described above, the child protection community would be wise to focus on the household as the heart of a child protection systems for children affected by humanitarian crises. Not only do family caregivers typically provide the foundational basis of

care and protection across a child's life, but the household is also often the common ground in which sectors can readily and meaningfully intersect. What is more, several recent innovative approaches to household-strengthening including livelihoods, and educational and parenting supports, are by their nature relational and mutually reinforcing [11,50,60]. For example, there is increasing attention being paid to the potential of parenting support programs to promote "nurturing care," defined as "a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating" [40]. Indeed, programs that support constructive parental attitudes, behaviors, and skills have been shown to improve violence prevention, childhood development, and health outcomes [35,40,61]. Economic interventions at the household level, such as cash transfers, have also shown encouraging results for children's development and health [36,40]. Some programs have already begun combining economic strengthening and parenting approaches, with encouraging results. An evaluation of the "Cash Plus Care" program in South Africa, for example, found that pairing child-focused cash transfers with positive parenting, among other activities outside of the household, reduced risky adolescent behavior related to HIV more effectively than cash transfers alone [62]. Although more evaluations will be needed to understand the ways in which combining activities at the household level can best impact children and their families across the life course—and especially in crisis contexts—the combination of economic strengthening and parenting support with more traditional sectoral activities, including housing and health care, presents one promising model especially for refugees and displaced persons in urban areas.

As valuable as household-level interventions are for building more comprehensive responses for children and youth in adversity, it is also critical to invest in more multisectoral and relational approaches in the community and in public service systems across administrative levels. Consistent with the social ecological framework discussed above, multilevel interventions enable more robust and comprehensive responses, as actions at one level reinforce actions in the others [57,63]. A community-driven approach to strengthening child protection systems in Sierra Leone, for example, was able to bring together youth,

caregivers, service providers, and community authorities around the subject of safe sex and family planning [55]. The community-planning process engaged families, young people, and peers in constructive dialogues and action planning in regard to these sensitive issues. Families became more likely to include constructive discussions about puberty, sex, and reproductive health because the entire community supported the process. The community-led action, which reduced the level of teenage pregnancy, benefitted from having the participation and support of many families. At the same time, the action process improved linkages between community members and health services, and promoted school retention. In this way, community-level initiatives can bridge multisectoral efforts at the household and systems levels.

Investing in systems building can be especially challenging in contexts of forced migration, where the length of displacement is indefinite and local integration for those displaced is not always politically viable. Nevertheless, with the increasing protraction and urbanization of displacement, the standard approach of building parallel service delivery mechanisms is no longer tenable [2,64]. With large urban displaced populations in Amman, Nairobi, and Beirut, for example, providing integrated assistance through households is more difficult than doing so in internationally subsidized rural refugee camps. In such cases, investments in local systems, in addition to household focused efforts, are also critical for improving access to and use of quality basic services, including in health, education, and social welfare services.

For example, recent research on the impact of family separation on Syrian refugees in Jordan found that children's safety and wellbeing were closely connected to household-wide concerns, including in the areas of livelihoods-employment, housing, and health care.¹ The vast majority of Syrians included in this study struggled to access healthcare, employment, and housing. These burdens were all financial in nature, common across the research sample, and exacerbated by family separation. Financial difficulties and family separation also carried specific consequences for refugee children and adolescents that could not be addressed through traditional child protection

¹McNatt Z, Zebib L, Chandler H, *et al.* Exploring separation among Syrian refugee families in Jordan: a qualitative approach. *J Ref Stud* 2018; In press.

approaches alone. Many Syrian refugee children, for instance, dropped out of school and entered the workforce in order to support their families financially. Some of the employment options for children and youth, in turn, are dangerous and exploitive. While traditional child protection responses might seek to remove children from troubling work contexts, they have not routinely addressed the drivers of these protection challenges.

As António Guterres and Paul Spiegel have written: Innovations in access to care will have a meaningful effect only if they form part of a comprehensive protection-based approach addressing the needs of refugees and internally displaced persons across a range of sectors, including livelihoods, education, nutrition, water and sanitation, and the environment [65].

CONCLUSION

This article stressed the importance of context-specific and multisectoral interventions that strengthen children's healthy relationships across the life course. Because of the central role that caregivers play in protecting children from harm and promoting their healthy development, the household is an especially important site of intervention during times of crisis. The ability to protect and promote child development and wellbeing in contexts of humanitarian crises and mass population displacement will depend on the humanitarian system's commitment to delivering more holistic programs for households that address economic, health, child-care, and child protection concerns as a "package." Household interventions, in turn, will need to be deliberately interconnected with supportive actions taken at community and societal levels to improve children's protection and wellbeing. This type of systemic approach, which moves beyond a project approach and existing humanitarian siloes, will be needed to create wider systems of care and protection capable of supporting children's healthy development even under adverse conditions.

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