

Physical Violence and Other Harmful Practices in Humanitarian Situations

Minimum Standard for Child Protection in Humanitarian Action: CPMS 8

In emergencies, boys and girls are especially vulnerable

Physical violence against children is widespread and deep-rooted,ⁱ as are other harmful practices, such as early and forced marriages and female genital mutilation/cutting. Their effects can be long-lasting and significant – both at the individual and societal levels.ⁱⁱ The social acceptance of some types of physical violence against children is a major factor in its continuation, and yet there are proven strategies to alleviate this suffering and break cycles of violence.ⁱⁱⁱ

Physical violence and other harmful practices are highly predictable, but also preventable

In disasters or conflicts, girls and boys are amongst the most vulnerable members of the population. Emergencies break down their habitual protective environments and generate new family and community dynamics. Children are severely affected by loss of or injury to family members, loss of household livelihoods, and destruction of homes and schools. The risk of physical violence and other harmful practices continues to be present in camps for refugees or the internally displaced, as well as host communities. Emergencies may also exacerbate pre-existing, contributory factors. In this context, physical violence and harmful practices against girls and boys is highly predictable, but also preventable.

A better understanding of children's exposure to violence and other harmful practices in humanitarian settings is needed

With an increasing number of children being affected by emergencies throughout the world^{iv} and considering the pervasiveness of violence, a better understanding of children's exposure to physical violence and other harmful practices in humanitarian contexts is necessary. As an initial step in developing that understanding, the global Child Protection Working Group's Task Force on *Child Protection Minimum Standards in Humanitarian Action* (CPMS) commissioned a review of Standard 8: Physical Violence and Other Harmful Practices. This study presents key findings from the literature dealing with child protection in general and in humanitarian settings in particular, as well as comments and insights from interviews with child protection professionals. The approach highlights the interconnectedness and compounding nature of child protection issues (i.e. physical violence's links to standards such as sexual violence, justice for children, child labour, and mental health).





STANDARD 8

Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age specific and culturally appropriate responses.

Objectives

Research objectives

The aim was to acquire an overview of physical violence and other harmful practices (PVOHP) in humanitarian contexts. Specific objectives were to:

- Summarize evidence of increased levels of physical violence and harmful practices in emergency settings
- Map current approaches and technical expertise (tools, training) to work with physical violence and other harmful practices in the emergency setting
- Identify common challenges and gaps at institutional, policy, operational and funding levels
- Provide recommendations on how to work further on CPMS Standard 8

Owing to the large scope of this standard, the review focused on the more intimate forms of violence and other harmful practices (i.e. by relatives and community members), as opposed to the extreme forms such as killing, maiming, torture and abduction.^v

Literature review and interviews with child protection practitioners

Methodology

Two main research methods were used for this review: a systematic literature review and interviews with child protection practitioners. The literature review included both peer-reviewed literature and documents published by NGOs and humanitarian organisations. A limitation was that the reviewer did not have access to any “grey literature”; unpublished and internal documents, and that there were very few documents published by national governments or local NGOs. Expert interviews were semi-structured, and held with 18 key informants involved in child protection at global level with extensive field experience.

2. Findings on PVOHP in Emergencies

Findings

Violence and harmful practices against children increase in humanitarian situations

Physical violence against children is commonplace in humanitarian settings.^{vi} *It may become more acute in the wake of a natural disaster and it occurs at every stage of an armed conflict.* The victims can be boys and girls of all ages. Evidence indicates that physical violence and other harmful practices may in fact increase in an emergency situation, whether it is sudden or slow-onset natural hazard, a complex emergency due to armed conflict and civil unrest or a protracted



Increased stress among caregivers may lead to negative coping strategies, and interventions to address harmful practices may be interrupted

humanitarian crisis.^{vii} In one Haitian survey, close to one-third of respondents linked the spate of violence to stress caused by the earthquake and the thousands of aftershocks. After an earthquake hit Christchurch, New Zealand in February 2011, reported child physical abuse rates jumped by 20%.^{viii}

Catastrophic life events caused by disasters or conflict often lead to stress and ineffective or negative coping strategies among individuals.^{ix} Parents or caregivers may give or promise their daughters in marriage hoping that they would be “protected” in wedlock or that their husbands would provide for them.^x There are examples where communities that have not practised female genital mutilation / cutting (FGM/C) have relocated to regions where the practice is common due to an emergency, and there have adopted the practice. The reason given is the social pressure experienced, to ensure that their daughters are accepted as future brides in their new home community.^{xi} FGM/C and other harmful practices may also increase when interventions to address them are interrupted as a consequence of an emergency.

Boys may be encouraged to contribute to their families’ livelihood, exposing them to physical violence in the workplace and other forms of exploitation.^{xii} Children may also become targets of the aggressive behaviours resulting from parents’ frustration with events over which they have no control.

Physical violence and other harmful practices exist in all categories of emergency

Physical violence and other harmful practices exist in all categories of emergencies

Earthquakes and flooding cause an immediate upheaval and destruction of homes and facilities. In these situations children are at heightened risk of physical violence. In 2012, a Haitian study on the prevalence of physical violence against children aged 13-17 years, including those in displacement camps, showed that over the previous 12 months, 38% of girls and 36% of boys reported being victims of physical violence by a family member or a community member.^{xiii}

Emergencies such as **drought and food shortage** can cause devastating, long-term effects for children, including school drop-out, sexual violence and exploitation, child marriage and an increased labour burden for both adults and children. The 2007 drought in Swaziland resulted in increased rates of child abuse, trafficking, and sexual exploitation. Caregivers’ frustrations stemming from the lack of coping strategies was seen to contribute to rising incidents of violence towards children, both in the number of cases and in the intensity of the aggression.^{xiv}

Children affected by **armed conflict** are subject to a wide range of protection issues. These include separation from families; killing and maiming through combat or as a result of explosive remnants of war (ERW); being recruited or abducted by armed forces or armed groups; becoming survivors of sexual or physical violence or witnessing acts of violence; being detained; and being subject to ill-treatment and torture.^{xv}



In **protracted humanitarian crises**, a significant proportion of the population is acutely vulnerable to death, disease and disruption of their livelihoods over a prolonged period of time.^{xvi} Families may adopt harmful coping mechanisms to handle this situation; for example, available data indicates that girls are frequently married off at earlier ages in protracted humanitarian settings as compared to other contexts.^{xvii}

Physical violence is highly prevalent in contexts of displacement

The use of corporal punishment is socially accepted in many countries. When children and their families move into a refugee/IDP setting, this practice continues both at home and in schools. 9 out of 10 children in refugee settlements in Uganda (Nakivale and Kyaka II) said they have experienced physical violence varying from caning, slapping and being kicked, to burns and cuts and 75% of adults agreed with the use of physical punishment against children at home^{xviii} (Uganda 2009). High levels of violence in the home setting has emerged in assessments of emergency/refugee contexts as varied as Northern Yemen, Liberia, Georgia, Palestine and Pakistan.^{xix, xx, xxi, xxii, xxiii, xxiv} The violence was attributed to extreme stress faced by the parents.^{xxv, xxvi}

The CPRA tool commonly used to identify child protection concerns in emergencies only captures adults' perceptions of the prevalence of violence against children

Children and adults may have different perceptions of physical violence

Some evidence suggests that the perception on the prevalence of physical violence differs significantly between children and adults. In Dadaab, Kenya, refugee children identified physical violence and punishment at home, in schools and in the general host community as a major protection concern, while adults did not mention it at all during the same assessment^{xxvii} The CPRA tool commonly used to identify child protection concerns in an emergency setting captures only adults' perceptions on physical violence against children, not the perception of children, which may then lead to the misrepresentation of its prevalence.

Children get exposed to violence in “new” settings

In an emergency, children may also end up in detention, or begin to work as a way to support the family financially. In these settings they may be exposed to physical violence of different kinds. Limited data is available on this issue, but torture in detention was among the most commonly cited threats to children by respondents to an assessment of child protection concerns in Syria.^{xxviii}

3. Strategies and key approaches to address PVOHP in humanitarian settings

Child protection in emergencies is based on a three-pronged approach: ensuring immediate protection of children, prevention and mitigation of child protection concerns, and strengthening of child protection systems. Not all humanitarian actors focus on all the approaches at the same time and the capacity to implement each of the approaches also varies greatly among organisations. These



approaches do to some extent address physical violence and harmful practices, although there are few interventions that specifically target PVOHP issues.

Case management for immediate protection

Immediate protection of children: Case Management

The immediate protection of children aims at identifying the children who are being harmed or are at risk of being harmed and respond to their individual needs. This is usually done through **case management** referral. This approach has four components: case management, referrals, psychosocial support, and provision of alternative care when needed. The case management approach should be able to address any type of protection concern, including physical violence and other harmful practices. The adequacy of the response will be determined by the strength and capacity of local respondents.

Psychosocial support for prevention and mitigation

Prevention and mitigation: Psychosocial interventions and Positive Parenting Psychosocial support interventions during emergency situations helps children to overcome difficult experiences linked to the exposure to violence, disaster, loss or separation from family members and lack of access to services. These efforts include age-appropriate and safe activities such as sports and games to develop life skills and coping mechanisms and support children's resilience.

Positive parenting programs is an approach to build protective environments for children, even though it is fairly new in an emergency context. These interventions are based on the premise that parents in an emergency context are highly stressed and less patient with their children, leading to increased levels of household violence. **Positive discipline** programs focus on providing parents with alternative methods of raising their children without any kind of physical and psychological violence. Due to the evidence of their effectiveness in non-emergency settings the interest in them is growing also in humanitarian settings. Programs have been implemented in Dadaab refugee camp in Kenya^{xxix}, in the post-conflict setting in rural Liberia, and amongst displaced Burmese families living on the Thai-Myanmar border.^{xxx} Research carried out in the two latter settings shows that positive parenting and a nurturing relationship between a caregiver and child can buffer the negative effects of the numerous pressures on families which constitute risk factors and could lead to increases violence in the home. In both places the programs were proven to reduce the use of corporal punishment.^{xxxi}

Strengthen child protection systems for long term prevention

Long term prevention: Strengthening Child Protection Systems

Strengthening **child protection systems** involves enforcing the broader framework that supports prevention and response to child protection concerns of all kinds. Components includes legal and policy contexts, institutional capacity, community contexts, and planning, budgeting and monitoring and evaluation subsystems.^{xxxii} As a formal child protection system requires strong involvement from the government, it is not always a suitable approach in an emergency setting, when the government may be unable or unwilling to engage. However, if prepared well before an emergency, the system would be able to adjust also to this kind of context.



4. Gaps and Challenges for PVOHP in humanitarian situations

Need for further evidence

Several gaps and challenges were identified throughout the review process.

- **Lack of reliable evidence on child protection generally and physical violence and other harmful practices specifically**

There continues to be a lack of empirical data on child protection issues in emergency settings. Assessments rarely document physical violence and other harmful practices adequately. Alternative and innovative methods have been developed and should be adopted in emergency contexts.

Further evidence is needed to understand which factors are increasing the risk of violence in the context of emergencies to be able to prevent and respond adequately to physical violence. In addition, the effectiveness of prevention interventions needs to be proven with accurate data.

Need for increased monitoring and evaluation capacity

- **Monitoring and evaluation capacity needed**

Trained staff are required to measure violence against children in the context of humanitarian settings.

Need for increased mainstreaming of child protection

- **Lack of child protection mainstreaming**

There is limited understanding and inclusion of child protection issues from other sectors of the humanitarian response. It is key that the issue of violence get higher visibility and consideration, e.g. in Multi-Agency Initial Rapid Assessments, in order to maximise synergies and better protect girls and boys. Lessons can be drawn from how gender has been mainstreamed in humanitarian response

Need for increased emphasis on physical violence and other harmful practices in child protection response

- **Child Protection approaches do not target physical violence and other harmful practices**

The overall child protection response rarely focuses on physical violence and other harmful practices. As these are highly prevalent child protection concerns, they should be prioritised, including increased focus on prevention.

Need for funding and long-term donor engagement

- **Lack of funding**

Limited funding and long-term donor engagement remain a challenge. The sector is chronically underfunded. To prevent physical violence and harmful practices long term interventions are needed to change social norms and attitudes.



Recommendations

5. Recommendations

There is general agreement across the literature reviewed that violence against children is a very complex issue. Although it threatens the lives, well-being, and long-term development of millions of children, our understanding of violence against children and the interaction between contributing risk factors still presents many gaps. This review has shown that violence against children in emergency settings has yet to be thoroughly studied and rigorously documented. While some progress has been made in the last two decades in documenting sexual violence against girls and boys in emergencies, physical violence has drawn much less attention. There is a clear need to develop or adapt tools allowing to collect more robust data on the types of violence affecting children in emergency settings.

Professionals involved in preventing violence against children have a triple challenge: they have to “make the invisible visible”, provide timely and effective responses, and try to prevent further instances. Additional challenges come into play as these interventions take place in fast-paced and changing contexts. Limited resources—both human and financial—further compromise the overall capacity for addressing these challenges and for obtaining positive outcomes for children. Some of the specific recommendations stemming from this review are:

Recommendations to the CPMS Task Force

- Review the CPMS standard 8 based on reflection from this study as well as other existing research. This should include assessing potential overlap with other standards, such as standard 7 (Dangers and Injuries) and standard 9 (Sexual Violence).
- Increase awareness of the minimum standard on physical violence and other harmful practices and design tools around it.

Recommendations for future revision of the CP Rapid Assessment tool

- Review the questionnaire of the CPRA to isolate information on physical violence and other harmful practices from dangers and injuries.

Recommendations for the CPWG/CPiE community

- Develop additional methods to measure physical violence against children in emergency contexts in order to gather data that is more representative of the nature and scale of violence. Ensure that these approaches include children’s participation.
- Supplement baseline research on physical violence and other harmful practices with ethnographic studies.
- Further research is needed on both the root causes and the impacts of various interventions addressing physical violence and other harmful practices in the context of emergencies. More rigorous approaches are needed to document the outcomes of interventions, including the use of CFS and Positive Parenting/ Discipline programmes.



- i The use of violent discipline at home is widespread and affects, on average, about four in five children between the ages of 2 and 14 (girls and boys alike). Source: UNICEF, 2014. Hidden in plain sight : A statistical analysis of violence against children. Available from: <http://goo.gl/XihAKy>.
- ii One recent study estimates the global economic impact of violence against children (including its sexual and psychological forms) at \$7 trillion or 3-8% of global GDP; Perezniето, Paola; Andres Montes; Lara Langston and Solveig Routier, 2014. The cost of the effects of violence against children. Available from: <http://goo.gl/6FZszb>.
- iii Steven, D. If Not Now, When? 2014, Center on International Cooperation, New York University.
- iv In 2014, an estimated 230 million children lived in countries and areas affected by armed conflict with as many as 15 million caught up in violent conflicts. Source: UNICEF, 2014. "With 15 million children caught up in major conflicts, UNICEF declares 2014 a devastating year for children". Available from: <http://goo.gl/y9qTU2>. Children below 18 years of age constituted 51 per cent of the refugee population in 2014, up from 41 per cent in 2009 and 46 per cent in 2011; the highest figure in more than a decade. In 2014, some 34,300 asylum applications were lodged by unaccompanied or separated children in 82 countries. The highest number on record since UNHCR started collecting such data in 2006. Source: UNHCR, 2015. UNHCR Global Trends 2014: World at War. Available from: <http://goo.gl/PUfsGT>.
- v For more information on these topics, see IBCR's report on Standard 14 and research by organizations such as Conflict Dynamics International and WatchList on Children and Armed Conflict on the UN Security Council's Monitoring and Reporting Mechanism.
- vi Perezniето, Paola; Andres Montes; Lara Langston and Solveig Routier, 2013. The cost of the effects of violence against children in emergency contexts. Available from: <http://goo.gl/6FZszb>; DFID, 2013. Violence against Women and Girls in Humanitarian Emergencies. CHASE Briefing Paper. Available from: <https://goo.gl/nI2Fq9>; ACPf, 2014. The African Report on Violence Against Children. Addis Ababa: The African Child Policy forum (ACPf). Available from: <https://goo.gl/VLN9BK>; Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comité de Coordination (2014), Violence against Children in Haiti: Findings from a National Survey, 2012, Port-au-Prince, Haiti: Centers for Disease Control and Prevention. Available from: <http://goo.gl/MSDj2l>; CPIE WG, 2013. Child Protection in Emergencies. Rapid Needs Assessment, Lebanon, January-February 2013.
- vii Keenan, H.T., Marshall, S.W., Nocera, M.A. & Runyan, D.K. (2004). "Increased incidence of inflicted traumatic brain injury in children after a natural disaster". American Journal of Preventive Medicine, 26 (3), pp. 189-93; Rezaeian M. The association between natural disasters and violence: A systematic review of the literature and a call for more epidemiological studies. J Res Med Sci 2013;18:1103-7.; Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comité de Coordination (2014), Violence against Children in Haiti: Findings from a National Survey, 2012, Port-au-Prince, Haiti: Centers for Disease Control and Prevention. Available from: <http://goo.gl/MSDj2l>; Child Protection Sub-Cluster Thailand, 2012. Inter-Agency CPRA Report. Child Protection Risks due to Flooding in Thailand, October-December 2011. Available from: <http://goo.gl/k4nAjZ>; Plan International, 2013. Because I am a Girl. The State of the World's Girls 2013. In Double Jeopardy: Adolescent Girls and Disasters.
- viii Centres de Prévention et de Contrôle des Maladies, Institut Interuniversitaire de Recherche et de Développement, 2014. Enquête sur la violence contre les enfants en Haïti. Résultats d'une enquête nationale réalisée en 2012. Available from: <http://goo.gl/uUQx2V>.
- ix IRIN, 2007. "Swaziland: Hard times raise levels of abuse", 1 August 2007. Available from: <http://goo.gl/Auy7ml>; World Vision. Untying the Knot: Exploring Early Marriage in Fragile States. Available from: <http://goo.gl/8QTRpP>; Schlecht, Jennifer, Elizabeth Rowley, and Juliet Babirye. "Early relationships and marriage in conflict and post-conflict settings: vulnerability of youth in Uganda." Reproductive health matters 21.41 (2013): 234-242; WarChild, 2010. Study of community-based child protection mechanisms in Uganda and the Democratic Republic of Congo.; IRC, 2013. Iraq country program. Child Protection Rapid Assessment in Domiz Camp and Dohuk, January 2013. Plan International, 2013. Because I am a Girl. The State of the World's Girls 2013. In Double Jeopardy: Adolescent Girls and Disasters.
- x Key informant interview, 6 January 2015; and 28 Too Many, 2014. The impact of emergency situations on FGM.
- xii Child Protection Working Group, 2014. Responding to the worst forms of child labour in emergencies. Available from: <http://goo.gl/ytCqJf>.
- xiii Centres de Prévention et de Contrôle des Maladies, Institut Interuniversitaire de Recherche et de Développement, 2014. Enquête sur la violence contre les enfants en Haïti. Résultats d'une enquête nationale réalisée en 2012. Available from: <http://goo.gl/uUQx2V>.
- xiv IRIN, 2007. "Swaziland: Hard times raise levels of abuse", 1 August 2007. Available from: <http://goo.gl/Auy7ml>.
- xv This issue is covered under Standard 11 and is supported by a wide range of research (see Child Soldiers International's archives and listserv).
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- xvii Child Protection and Gender-Based Violence Sub-Working Group Jordan, 2013. Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp, p. 26.
- xviii Cooper, Elisabeth, 2008. Same Spaces, Different Places. The Divergent Perspectives of Children and Adults regarding Violence against Children in Refugee Settlements of Western Uganda. Kampala, Uganda: Raising Voices and UNHCR.
- xix Child Protection Sub-Cluster (Yemen), 2010. Inter-Agency Comprehensive Child Protection Assessment in conflict-affected governorates in North Yemen.
- xx The information in the CPRA is not disaggregated by age, therefore it is not possible to determine the age-group of children at higher risk of physical violence at home.
- xxi UN Country Team in Liberia, Government of Liberia, 2013. Liberia, Critical Humanitarian Gaps 2013. Available from: <http://goo.gl/8cqD0e>.
- xxii Ager, Alastair, 2011. "Child protection assessment in humanitarian emergencies: Case studies from Georgia, Gaza, Haiti and Yemen". Child Abuse & Neglect (35): 1045-1052.
- xxiii Abu Sharar, S., 2009. Community Perspectives on Protection: A Knowledge, Attitudes and Practices Analysis of Palestinian Communities in Southern Lebanon. Danish Refugee Council and European Commission Humanitarian Aid Department. Accessed from: <http://goo.gl/aeQHdl>, [18 January 2015].
- xxiv Child Protection Sub Cluster Khyber Pakhtunkhwa/FATA, 2013. Khyber Pakhtunkhwa Child Protection Rapid Assessment. In Response to the 2012 IDP influx from Khyber Agency FATA.
- xxv Child Protection Sub Cluster Khyber Pakhtunkhwa/FATA, 2013. Khyber Pakhtunkhwa Child Protection Rapid Assessment. In Response to the 2012 IDP influx from Khyber Agency FATA.
- xxvi Abu Sharar, S., 2009. Community Perspectives on Protection: A Knowledge, Attitudes and Practices Analysis of Palestinian Communities in Southern Lebanon. Danish Refugee Council and European Commission Humanitarian Aid Department.
- xxvii Jones, Camilla, 2012. The interaction between cultural mechanisms for child protection and formal child protection systems: Case studies from Somali communities. Unpublished Master's thesis, University of Sussex, UK.
- xxviii CPWG Syria, 2013. Child protection assessment 2013.
- xxix Save the Children Sweden Eastern and Central Africa, 2012. Regional Office Regional Programmes Newsletter. 2012 Highlights. Available from: <http://goo.gl/39BAIW>.
- xxx IRC's research provided solid evidence for future programming. Randomized control trial (RCT) is an experimental method of research and is considered a gold standard for clinical trials or impact assessment of development programmes when it is necessary to establish causation between the treatment (programme) and the outcomes. They are often used to test efficacy or effectiveness of various types of interventions. For the use of RCT in impact evaluation of development programmes, see the Abdul Latif Jameel Poverty Action Lab (J-PAL), <http://www.povertyactionlab.org>.
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- xxxii UNICEF, 2012. Strengthening Child Protection Systems in Sub-Saharan Africa A working paper.
- xxxiii Save the Children, 2010. Strengthening National Child Protection Systems in Emergencies Through Community-Based Mechanisms. A Discussion Paper.
- xxxiv Taken from WatchList on Children and Armed Conflict, The 1612 Monitoring and Reporting Mechanism - Resource Pack for NGOs, Tool 38, Village Child Protection Committees in Eastern RDC. Available from: <http://goo.gl/xBZ1Qi>.
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