

# CHILD NEGLECT

IN HUMANITARIAN SETTINGS:

LITERATURE REVIEW AND RECOMMENDATIONS  
FOR STRENGTHENING PREVENTION AND  
RESPONSE



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

@The Alliance for Child Protection in Humanitarian Action, 2018

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**The Alliance of the Child Protection in Humanitarian Action** (the Alliance) supports the efforts of humanitarian actors to achieve high quality and effective child protection interventions in humanitarian settings. Through its technical Working groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support the work of child protection in humanitarian settings. For more information, contact [info@alliancecpha.org](mailto:info@alliancecpha.org).

**Suggested citation:** The Alliance for Child Protection in Humanitarian Action (2018). Child Neglect in Humanitarian Settings: Literature review and recommendations for strengthening prevention and response.



# FOREWORD

Neglect is the most common form of child maltreatment outside the humanitarian sector. Little research has been done on its prevalence or forms within humanitarian contexts, but anecdotal evidence suggests that neglect is one of the most prevalent forms of child maltreatment in contexts of crises and conflict. Current evidence from variety of disciplines shows that neglect can have grave and lasting negative influence on almost every aspect of child development and wellbeing. Its potential impact as well as scale make neglect an important area of work for those involved in Child Protection in Humanitarian Action (CPHA).

The risk factors that contribute to neglect are often heightened by natural or man-made crises and conflict, leading to higher incidence and intensity of neglectful acts and situations. Protective factors that support children within their socio-ecological environment are also weakened and/or eliminated in humanitarian settings. Distressed families, peer groups that may be torn apart, communities with stretched resources, and societies with disrupted social fabric are less able to protect their children from harm. As part of the second revision of the Minimum Standards for Child Protection in Humanitarian Action (CPMS), the Alliance initiated an inter-agency process to develop a definition for 'neglect' in humanitarian settings and to provide recommendations for reducing its influence on children and the society.

This document provides the definition of child neglect in humanitarian settings, synthesis of evidence on the prevalence and impact of child neglect in humanitarian contexts and recommendations for research and practice in this area. We recognize that there are multiple definitions for neglect, each of which are valuable and pertinent in their own context and thematic area. The definition presented here is based on consensus that emerged from an inter-agency consultation process and found as most useful for child protection programming in humanitarian contexts.

It is our hope that this literature review and set of recommendations frontline workers better identify situations of neglect as well as risk factors for neglect and provide appropriate preventative and responsive services to support child resilience and healthy development. We also hope that they raise the profile of the issue of child neglect in humanitarian settings among humanitarian agencies, policy makers and donors.

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**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

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## EXECUTIVE SUMMARY

Child protection actors have often given limited consideration to neglect in humanitarian settings even though neglect is the most prevalent form of child maltreatment globally. To the extent that child neglect is currently addressed in humanitarian settings, the prevention and response work is largely informed by data from outside the humanitarian sphere. The purpose of this literature review is to synthesise evidence on the prevalence, patterns and impacts of child neglect in humanitarian contexts. The review concludes with recommendations for further research and actions by child protection actors.

Child neglect is the failure of a caregiver—any person, community or institution (including the State) with clear responsibility to protect a child from actual or potential harm—to fulfil that child's right to survival, development and wellbeing. The available data routinely demonstrates that child neglect is the most common form of child maltreatment and is the leading cause of death in child maltreatment cases.

The impact of neglect varies according to the age and developmental stage of the child; the type of neglect; the intensity, frequency and duration of neglect; the child's own resilience and personal characteristics; and the wider social system within which the child functions. Neglect can have a cumulative negative influence on a child's physical, mental, emotional and psychosocial health, and the effects can extend into adulthood.

Two types of factors determine a child's vulnerability to neglect: risk factors and protective factors. The former are conditions that increase risk; the latter decrease or mitigate risk. The existence and interplay between risk and protective factors differ across contexts due to variations of:

- Children (e.g. age, gender, disability, etc.);
- Caregivers (e.g. marital status, emotional resilience, poverty, etc.);

- Families/households (e.g. stepfamilies, extended families, etc.);
- Communities (e.g. degree of cohesion); and
- Societies (e.g. pre-crisis laws and policies, infrastructure, etc.).

Within this dynamic framework, child protection efforts should focus on mitigating risk factors and strengthening protective factors to decrease both the impact and the likelihood of neglect.

Further research and rigorous analysis are required in order to understand the complex relationship between humanitarian crises and child neglect and to equip the child protection community to design effective, appropriate and well-targeted interventions. Particularly critical is the need to determine what constitutes neglect in humanitarian settings—as opposed to general deprivation or inadequate caregiving—to establish thresholds for a child protection response. Currently no such policy or practice guides exist.

Even without such guidelines, studies in non-humanitarian settings indicate that mitigation strategies must include a significant focus on the aspects of child development and resilience, neural development and functioning and protective factors that can mediate the effects of neglect. Case management and/or activities that build caregiver capacity may also be appropriate. The literature review exposed significant gaps in the evidence base around neglect in humanitarian settings. The child protection sector can play a key role in advocating for and conducting research, education and problem solving around child neglect. Specific activities include:

- Clarify the thresholds for child neglect in humanitarian settings;
- Conduct evidence-based research on the patterns, prevalence, effects and remedies of child neglect in different humanitarian settings;

- Include neglect in child protection assessment, monitoring and reporting systems;
- Integrate neglect into child protection programming;
- Coordinate assessments and responses with partners in other humanitarian and development sectors;
- Ensure all case management information systems (such as CPIMS ) include neglect by type;

- Advocate and fundraise for more neglect-focused research, prevention and response activities; and
- Adapt the Minimum Standards for Child Protection in Humanitarian Action (CPMS) to mainstream child neglect activities and develop a standard on child neglect.

As child protection actors coordinate with other sectors across humanitarian and development settings, child neglect can become more clearly defined, identified and addressed.

# 1. INTRODUCTION

Child protection actors have given limited consideration to neglect in humanitarian settings even though neglect is the most prevalent form of child maltreatment globally. To the extent that child neglect is currently addressed in humanitarian settings, the prevention and response work is largely informed by data from outside the humanitarian sphere. A body of evidence for child neglect in humanitarian settings has yet to emerge. This is a clear gap, and collaboration between researchers and practitioners is urgently needed to identify root causes and map effective prevention, mitigation and response strategies.

The purpose of this literature review is to synthesise evidence on the prevalence and impacts of child neglect in humanitarian contexts. It includes the incidents or patterns of behaviour that constitute neglect as well as risk and protective factors. Identification of key information gaps and effective prevention, mitigation and response strategies may be used to influence the next revision of the Minimum Standards for Child Protection in Humanitarian Action.

Due to the lack of studies on child neglect in humanitarian settings, this review includes data from studies conducted in other contexts. Significant efforts were made to identify literature that was globally representative. However, definitions, analysis and data on neglect primarily came from richer nations in North America, Australia and Europe. To address this data

imbalance and develop a more diverse perspective on the global character and prevalence of neglect, this paper includes recommendations for humanitarian actors and researchers.

## A note on terminology in this report

The following section defines how key terms are used in this report.

**Caregiver:** A ‘caregiver’ is any parent, legal guardian or caretaker with a responsibility for a child’s physical, developmental and emotional wellbeing. This can include foster families, institutions and even the State.<sup>iii</sup>

**De facto caregiver:** Where children do not have appropriate adult care, “the State is obliged to take responsibility as the de facto caregiver or the one who has the care of the child.”<sup>iv</sup>

**Child:** “Every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”<sup>v</sup>

**Harm:** Injury, pain, suffering or trauma of a physical, emotional or developmental nature. Harm caused to children may be visible or invisible.

**Maltreatment:** This report uses the term ‘maltreatment’ as an umbrella term that includes all four forms of child protection concerns: ‘abuse,’ ‘neglect,’ ‘exploitation,’ and ‘violence.’ ‘Maltreatment’ is used by the World Health Organisation.<sup>vi</sup>

*A body of evidence for child neglect in humanitarian settings has yet to emerge. This is a clear gap, and collaboration between researchers and practitioners is urgently needed to identify root causes and map effective prevention, mitigation and response strategies.*

## What is ‘child neglect’?

Neglect is a form of child maltreatment that can occur across childhood, from infancy to adolescence, and in any culture or context. In humanitarian settings, neglect may often be unintentional due external conditions (e.g. resource scarcity and weaknesses in systems and services). When a **parent or primary caregiver is doing all they can** but still cannot access adequate systems outside the family level, other actors may be considered neglectful. Such forms of neglect include:

- State-run education that excludes girls;
- Shelter provision that leaves significant numbers of children homeless or inadequately housed; or
- Conflicting parties that block food distributions and cause child malnourishment.

In these scenarios, child protection actors can cooperate with other entities to ensure support to the child, family and other sectors. The understanding of child neglect in humanitarian settings shapes prevention, mitigation and response strategies. Such strategies should be developed using a human rights-based approach, focusing on the best interests of the child and ensuring the child’s rights to protection, survival, development, human dignity and wellbeing are fulfilled.

When a parent or primary caregiver is doing all they can but still cannot access adequate systems outside the family level, other actors may be considered neglectful.

**Child neglect** is the intentional or unintentional failure of a caregiver—any person, community, or institution (including the State) with clear responsibility for the wellbeing of the child—to protect a child from actual or potential harm or to fulfil that child’s rights to wellbeing when:

- a. Caregivers *have* the required abilities, financial capacities, and knowledge, and choose not to protect or provide for the child (*intentional*);
- b. Caregivers *lack* the required abilities, financial capacities and knowledge, *and* intentionally choose not to seek assistance in protecting or providing for the child (*intentional*); or
- c. Caregivers *lack* the required abilities, financial capacities, and knowledge *and other duty bearers* choose not to provide the necessary services and assistance (*unintentional*).

In this definition, ‘ability’ includes the existence, availability and accessibility of essential knowledge, goods and services. ‘Harm’ may be visible or invisible. An act may be categorised as neglectful whether or not the caregiver intends to harm the child.<sup>vii</sup>

Child neglect may be divided into six categories, namely<sup>viii</sup>:

- **Physical neglect**—failure to protect a child from harm or to fulfil a child’s rights to basic necessities including adequate food, shelter, clothing, and basic medical care;
- **Medical neglect**—failure to seek timely and appropriate medical care for a serious physical or mental health problem;



- **Emotional neglect**—failure to provide a child with regular emotional attention, nurture and opportunities for developmental enrichment; or exposing the child to intimate partner violence, drug or alcohol abuse;
- **Educational neglect**—failure to secure a child’s education through attendance at school or otherwise;
- **Supervisory neglect**—failure to provide a safe environment with appropriate adult supervision, thereby placing the child at risk of harm;
- **Abandonment**—failure of a caregiver to maintain contact with a child or to provide reasonable support for a specified period of time; and
- **Discriminatory neglect**—failure of a caregiver to care for a certain subset of their children due to individual characteristics. The characteristics that most often lead to discrimination relate to a child’s gender identity or disability. Discriminatory neglect may take any of the forms above.

While neglect has traditionally been conceptualised in binary terms (neglect or no neglect), recent trends consider children’s needs along a continuum “ranging from being met fully to not being met at all”.<sup>ix</sup> Thus, different interventions may be appropriate depending on the severity and type of neglect, the context, and precipitating/contributing factors.

## Global prevalence and patterns of neglect

Historically, child neglect has received less attention than other forms of child maltreatment.<sup>x</sup> Those studies that do exist tend to focus on experiences in high-income countries rather than humanitarian settings where external support is required.<sup>xi</sup> The available data routinely demonstrates that child neglect is the most common form of child maltreatment and is the leading cause of death in child maltreatment cases.<sup>xii</sup> It is difficult to identify and prove that neglect has occurred in some cases. It is equally difficult to establish a threshold for intervention. While physical violence “often leaves visible bruises and scars, [...] the signs of neglect tend to be less visible”.<sup>xiii</sup>

The defined variations in type of neglect can occur together, alone, and/or with other forms of child maltreatment.<sup>xiv</sup> Publicly available information shows a clear gap in research and data on the types, prevalence or impact of neglect experienced by children. This holds true even for the data collected on humanitarian contexts through the Child Protection Information Management System. Even so, the prevalence of neglect suggests that practitioners, researchers, and policymakers must treat it as a key form of maltreatment and seek to understand the contextual factors that contribute to its occurrence.

## 2. IMPACTS

The perception of childhood varies across social groups and cultures. It is universally true, however, that children's interactions with their environment and significant caregivers greatly influence their development. The *developmental* impacts of child neglect have therefore received more study.

### Neurological and developmental impacts of child neglect

A number of studies have shown that the impact of neglect can be as detrimental to child development as other forms of child maltreatment,<sup>xv</sup> if not more so. Neglect causes both immediate and gradual negative impacts on a range of outcomes across the child's lifespan:

1. Physical development and health;
2. Mental health and wellbeing;
3. Cognitive development (including education);
4. Emotional and behavioural development;
5. Family and social relationships; and
6. Social presentation and self-care skills.<sup>xvi</sup>

Research indicates that the more severe and frequent the exposure to neglectful treatment (dose-effect), the higher the risk of negative outcomes for the child.<sup>xvii</sup> The impacts of child neglect can also be cumulative. For example, failure to provide adequate supervision (supervisory neglect) may result in physical injury (physical harm). Failure to provide emotional connection in early childhood (emotional neglect) can negatively impact neural development (physical harm) and hinder future social and cognitive function (lack of psychosocial wellbeing).

*Neglect causes both immediate and gradual negative impacts on a range of outcomes across the child's lifespan.*

The impact of neglect varies according to:

- The age and developmental stage of the child;
- The type of neglect;
- The intensity, frequency and duration of neglect;
- The child's own resilience and personal characteristics; and
- The wider social system within which the child functions.

Babies and young children are particularly vulnerable to neglect. The first years of a child's life have a big impact on how their brains develop.<sup>xviii</sup> The stimulation and attachment that occur in predictable, nurturing environments (e.g. the serve-and-return dynamic of caregiving<sup>xix</sup>) is crucial to a child's **neural development**.

Children with poor relationships with their parent/primary caregiver can exhibit reduced executive function, attention, brain processing speed, language, memory and social skills. Studies further suggest that the younger the child is when neglect occurs, the greater the harm to mental and physical development.<sup>xx</sup> For example, neglected infants and toddlers may show a dramatic decline in overall developmental scores between the ages of nine and 24 months with an additional decline in cognitive functioning in the pre-school years.

Additional impacts of neglect include malnutrition, development delays, stunted growth, chronic medical issues, disability, inadequate muscle development, impaired neurological development and reduced cognitive ability.<sup>xxi</sup> In later life, the cumulative effects can manifest as toxic stress, poor attachment, depression and post-traumatic stress disorder (PTSD). In the most severe cases, neglect can be life-threatening. Neglected children can die from injury, exposure to unsafe environments, failure of caregivers to protect from

or respond to illness or organ failure arising from malnutrition.<sup>xxii</sup>

**Toxic Stress:** When the body is stressed—even when the stress is due to neglect—it releases powerful stress hormones.<sup>xxiii</sup> Frequent, excessive, or prolonged activation of the body’s stress response system can cause toxic stress.<sup>xxiv</sup> Toxic stress can result in permanent changes to brain structure and function with lifelong implications for learning, behaviour, and physical and mental health. These may include disease, risk-taking, unhealthy lifestyles, poor impulse control, social withdrawal, problems with coping and regulating emotions, low self-esteem and poor intellectual functioning.<sup>xxv</sup> Toxic stress can also lower an individual’s resilience in the face of future adversity.

Furthermore, children exposed to neglect are more likely to engage in substance abuse<sup>xxvi</sup> or risky,<sup>xxvii</sup> aggressive and violent behaviour<sup>xxviii</sup> during adolescence and youth. These behaviours are likely to continue into adulthood. Adults who were neglected during childhood have worse economic outcomes,<sup>xxix</sup> a greater need for state support services and a lower likelihood of establishing

positive engagement with their own children. This can continue in an intergenerational cycle of neglect and under-achievement.

## Child protection impacts in humanitarian settings

The literature on the impacts of child neglect focuses almost exclusively on cognitive and developmental implications in non-humanitarian settings. The same potential cognitive and developmental impacts can be assumed to apply in humanitarian settings. Local variations can also be expected depending on the severity of the emergency and its effects on children, families and communities.

Although no research has been published on the causal link between neglect and other forms of harm, anecdotal evidence indicates that neglect increases children’s vulnerability to other risks, other forms of child maltreatment and various negative coping strategies. For example, a lack of family or emotional support, basic needs and appropriate supervision may drive a child to engage in transactional sex, hazardous/exploitative labour, early child marriage or risky migration. Such children may also be easier targets for trafficking, recruitment into armed forces / groups, sexual exploitation and abuse. Unsupervised children can also be at greater risk of physical dangers and injuries.

### 3. PREVENTION AND RESPONSE IN HUMANITARIAN SETTINGS



Risk and protective factors are elements that interact to influence children’s vulnerability to, capacity to withstand and ability to recover from neglect, violence, exploitation and abuse. During humanitarian crises, risk factors often increase while protective factors decrease or are strained. These changes in environment have severe implications for children’s vulnerability to neglect.<sup>xxx</sup>

The existence and interplay between risk and protective factors differ across contexts due to variables such as:

- **Pre-crisis conditions** (e.g. “underlying population characteristics [and] gender roles”,<sup>xxx</sup> state capacity and service provision, socio-economic indicators, and community cohesion);
- **“Features of the emergency itself** (e.g. scale, duration, involvement of civilians, levels of morbidity and mortality, levels of displacement)”;<sup>xxxii</sup> and

- **Phases of the humanitarian response cycle** (e.g. the risk/protective factors at the onset of a crisis will likely be different after a month or six months or a year).

Within this dynamic framework, efforts should focus on mitigating risk factors and strengthening protective factors to decrease both the impact and the likelihood of neglect. Findings from the field of developmental science indicate that the sooner neglected children receive appropriate intervention, the less likely they are to demonstrate long-term, adverse effects.<sup>xxxiii</sup> Therefore, timely,<sup>xxxiv</sup> comprehensive, long-term response interventions needed to address immediate protection needs, mitigate potential secondary impacts,<sup>xxxv</sup> and counteract the potential, enduring negative impacts of child neglect.<sup>xxxvi</sup> Such interventions should be comprehensive, holistic and targeted to all levels of the child's ecology.<sup>xxxvii</sup>

## 4. RISK FACTORS

Some risk factors may pre-date the crisis, while others may be triggered or worsened by the crisis. The presence of three or more risk factors has been found to significantly increase the likelihood of negative outcomes for children.<sup>xxxviii</sup> This is only an *indicator* of a child's *vulnerability* to neglect, however, not a foregone conclusion. Each individual, family/household, and community reacts differently in the face of adversity. Each child's risk of neglect differs accordingly.

### Child risk factors

Individual risk factors include characteristics such as age, gender, disability, education, socio-economic status, and adaptive capacity.<sup>xxxix</sup>

**Children's characteristics**—sex, age, developmental stage, disability, illness, etc.—affect their vulnerability to neglect.<sup>xl</sup> Their stage of development and near-complete dependency on adults for care and protection make **younger children** (i.e. infants, toddlers, and pre-schoolers) the most vulnerable. This is particularly the case for children under four years of age.<sup>xli</sup> There is limited data on prevalence by age, but a systematic review indicates that children under three years of age—and most particularly those under the age of 12 months—suffer significantly higher rates of neglect than any other age group.<sup>xlii</sup> Adolescents are also critically vulnerable to neglect, although they generally suffer less severe impacts than younger children.<sup>xliii</sup>

Worldwide, **girls** experience greater rates of neglect than boys.<sup>xliv</sup> This trend is heightened by crises that negatively impact incomes and livelihoods. Girls are more likely than boys to drop out of school due to reduced household income and inability to meet educational expenses, although boys may also be pulled out to contribute to income-generation.<sup>xlv</sup> Furthermore, times of negative economic growth negatively impact girls'

health more than boys'. The average increase in than for boys (7.4 deaths per 1,000 versus 1.5 deaths per 1,000).<sup>xlvi</sup>

**Children with disabilities** or complex physical or mental health problems are over three times more likely to be neglected and maltreated than their non-disabled peers, and with more severe results.<sup>xlvi-xlviii</sup> Children with disabilities are more dependent on parents/caregivers for their personal and health care, for basic services and for a safe environment. During humanitarian crises, a child with disabilities may be viewed as an added burden. Caregivers may then neglect or abandon their child in order to reduce stress on the household—a practice that may even be socially accepted and encouraged.<sup>xlix</sup>

**Separated and unaccompanied children**—whose parents/primary caregivers may be missing, dislocated or deceased—also face greater risk of neglect.<sup>l</sup> That risk is especially high for children in **institutional care**—boarding schools, residential care centres, shelters, infant homes, youth homes, institutions for children with psycho-neurological and severe disabilities, prisons and correctional facilities—as well as in kinship or community care arrangements.<sup>li</sup>

**Children living with stepparents/extended family.** In some families, one or both adults are caring for a child from their partner's previous relationship or from the extended family. A stepchild or other non-biological child is at increased risk of neglect, particularly if they are viewed as non-productive, burdensome or of lesser social value.<sup>lii</sup> Children in stepfamilies are reportedly six times likelier to die of maltreatment-related unintentional injury than children living with two biological parents.<sup>liiii</sup> Children living with related adults who are *not* their parents (e.g. aunts, uncles, and grandparents) face a risk of neglect twice that of children living with biological parents.<sup>liiv</sup>

## Parent/caregiver risk factors

**Parent/caregiver characteristics** such as sex, age, disability and chronic illness influence a child's vulnerability to neglect. Studies suggest that **mothers** are more likely than fathers to neglect their children.<sup>lv</sup> This is not to say that mothers are inherently more neglectful, but that mothers generally play the dominant role in child rearing. Mothers are also more likely to be single parents, to experience domestic violence and to suffer maternal depression.<sup>lvi</sup> The likelihood of committing neglect increases for mothers who are:

- Younger (particularly adolescents);
- Poorer;
- Less educated;
- Part of smaller social networks;
- Lacking in parenting skills;
- Enjoying fewer positive interactions with their children; and
- Survivors of child neglect.<sup>lvii</sup>

**Parent/caregiver personal circumstances** are also major predictors of child neglect. Children of parents with alcohol and substance abuse disorders are four times more likely to experience neglect.<sup>lviii</sup> Similarly, children are more likely to be neglected by parents with a history of aggression, maltreatment or domestic violence; who are survivors of interpersonal violence; who suffer psychological conditions; or who experienced negative parenting or other adverse experiences<sup>lix</sup> when they themselves were children.<sup>lx</sup>

**Parent/caregiver capacities** play a vital role in the levels of care, supervision, stability and protection that they are able to deliver. In the context of humanitarian settings, children are sensitive to, and affected by, their caregivers' response to the event, including their physical and emotional availability.<sup>lxi</sup> Specifically, the availability of their caregivers influences children's ability to adapt to challenges, especially for younger children.<sup>lxii</sup> During routine, non-crisis times, parents are usually aware of changes in their children's behaviour. They notice when their children are emotionally distressed and instinctively provide

extra nurturing.<sup>lxiii</sup> Humanitarian crises increase the pressure on families and communities. Threatened livelihoods, acute poverty and food insecurity deprive parents and caregivers of both the physical resources to fulfil their children's basic needs (e.g. adequate food, water, shelter, clothing, and medical care) and the emotional resources to engage in responsive parenting and cognitive stimulation.<sup>lxiv</sup> Parental stress has been clearly linked to less responsive, less stimulating parent-child interactions.<sup>lxv</sup> Parents who are injured, unwell or overwhelmed by their own emotional distress (e.g. bereavement, trauma, or uncertainty as to the future) may find themselves unable to meet their children's emotional and psychological needs.<sup>lxvi</sup>

## Family/household risk factors

**Poverty and lack of economic opportunity** are significant risk factors for child neglect—particularly physical and supervisory neglect—in any context.<sup>lxvii</sup> During droughts, for example, parents often travel further to find food and water, wait longer at water points and migrate more for basic needs or employment. This increases the risk that children will be either unsupervised for prolonged periods or entrusted to the care of unsuitable temporary caregivers (e.g. the eldest child, boarding institutions, extended family). Children are then exposed to heightened risk of maltreatment, neglect, or accidental injury.<sup>lxviii-lxix</sup>

Changing household economies may also result in financial insecurity and transformed gender roles. For example, men who are unable to maintain their socially-prescribed function as 'primary breadwinner' may 'cope' with their boredom or shame through alcohol or substance abuse.<sup>lxx</sup> This increases household discord and shifts greater livelihood burdens onto women who already manage the household and supervise child rearing. The added responsibilities further hinder women's

ability to meet children’s needs for supervision, nurturing, education and emotional support.<sup>lxxi</sup>

**Household composition** may change radically as able-bodied men and boys are killed, migrate for work, or join armed forces or groups.<sup>lxxii</sup> Households may expand to include relatives, neighbours, and unaccompanied or separated children.<sup>lxxiii</sup> The financial pressures associated with increased numbers of dependants may generate anxiety and tension amongst parents and caregivers and further weaken caregivers’ capacities to adequately protect or provide for their children.<sup>lxxiv</sup>

The non-biological children who are absorbed into the household are more prone to intra-household discrimination and emotional, material or educational neglect than biological children. Evidence indicates that these children also experience disproportionate rates of other forms of maltreatment (e.g. excessive child labour; exploitation by family members; and psychological, sexual and physical abuse).<sup>lxxv</sup> When resources are scarce, these children are likely to be the last to be fed or educated and the first to be forced into hazardous labour or sold into early marriage.

The situation may be particularly precarious for **single parents or caregivers and child-headed households**. Data from non-humanitarian contexts shows that children in single-parent homes face a 165 per cent greater risk of experiencing notable physical neglect, an 87 per cent greater risk of being harmed by physical neglect, and a 74 per cent greater risk of suffering emotional neglect than children living with both parents.<sup>lxxvi</sup> Qualitative data suggests that children in child-headed households struggle with a perceived loss of childhood, a sense of abandonment and concerns over day-to-day survival—especially if the eldest child sacrifices his or her schooling in order to care and provide for younger siblings.<sup>lxxvii</sup>

Also at greater risk of neglect are socially isolated children. Such children live in families/households that are disengaged from the wider community or lack supportive relationships or networks outside of the immediate family/household.<sup>lxxviii</sup>

## Community risk factors

Humanitarian crises produce “a massive collective stress exceeding the ability of the affected population to cope with the physical, emotional and financial burdens”.<sup>lxxix</sup> Families in neighbourhoods that are subjected to long-term stressful living conditions are more likely to be reported to child protective services for child neglect.<sup>lxxx</sup> Where affected populations experience primary and/or secondary displacement, humanitarian crises can contribute to the disintegration of informal community groups and social networks such as religious associations, school clubs, women’s groups and extended family. The weakened community coherence, impaired social support and increased social isolation both increases the likelihood of neglect and reduces the support available to caregivers. Cumulatively, this lessens the likelihood of child neglect being recognised, reported and prevented.

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## Societal risk factors

Society level risk factors are strongly influenced by pre-crisis conditions. National child protection legislation, the definition of 'neglect' and related systems may have been weak or inadequate prior to the crisis. Thus, many children may have experienced unaddressed neglect prior to the humanitarian crisis.

The most vulnerable contexts are those with poor governance, weak institutions, widespread poverty, State fragility and low levels of socio-economic development (marked by food insecurity, limited livelihood opportunities, restrictions on freedom of movement, and inadequate/absent essential services):

*“People living in extreme poverty are often most vulnerable to crises... In 2012, (the most recent year of country-comparable poverty data), an estimated 76 per cent of people living in extreme poverty were living in countries that were either politically fragile (32 per cent), environmentally vulnerable (32 per cent) or both (12 per cent).”<sup>lxxxii</sup>*

The capacity of governments and their partners (including national and international civil society, community organisations, the private sector, etc.) to protect boys and girls from neglect can be particularly limited during humanitarian crises

that overwhelm existing financial, technical and human resources.

Given that neglect is closely correlated with poverty, a **lack of social services** that fulfil human rights<sup>lxxxiii</sup> is a critical risk factor in humanitarian settings.<sup>lxxxiv</sup> Humanitarian crises are associated with a **breakdown of systems**, including legal, medical, educational and social services.<sup>lxxxv</sup> Additionally, institutions that would usually expose children to a wide range of non-family adult caregivers (i.e. early years care, education institutions, out-of-school clubs, etc.) may discontinue or become inaccessible due to infrastructure damage, population displacement or restrictions on movement.

The situation may be exacerbated by a variety of internal factors. The denial of humanitarian access prevents those affected from accessing interventions that would otherwise strengthen resilience and address risk factors.<sup>lxxxvi</sup> Prevailing political, religious, legal or cultural norms can result in certain forms of neglect being expected or sanctioned as a coping strategy. This is particularly true for certain services (e.g. education or medical treatment) and/or certain cohorts of children (e.g. girls, those with disabilities, extended family).



## 5. PROTECTIVE FACTORS

It is important to note that considerably less research has been undertaken to identify and examine protective factors for child neglect as compared to risk factors.<sup>lxxxvii</sup> *No data was found regarding protective factors for child neglect in humanitarian settings.*

### Child protective factors

**Resilience** is the capacity to adapt successfully to disturbances that threaten survival, development and wellbeing. Resilience can help shield a child from the negative impacts of maltreatment, including neglect, and may also prompt children to seek out alternative sources of support.<sup>lxxxviii</sup> Resilience is not an inherent character trait but rather the outcome of interactions occurring at different levels of the child's ecology.<sup>lxxxix</sup> At the child's individual level, resilience may be enhanced through activities that focus on social competence, problem solving, autonomy and a sense of purpose<sup>xc</sup> such as:

- **Participation in activities that foster interpersonal connection and relationship building, facilitate communication, and encourage empathy caring, compassion, altruism and forgiveness.**<sup>xc</sup> These might include sporting activities, creative activities (theatre/dance), and activities with a specific peace-building component (role-play or cleansing ceremonies).
- **Engagement in age-appropriate decision-making processes that build children's problem-solving skills.** Problem-solving skills (e.g. planning, flexibility, resourcefulness, critical thinking, and insight) are a source of immediate resilience, self-efficacy (belief in one's self), and critical survival skills that can mitigate current/future harm. These skills enable children to identify "external

resources and surrogate sources of support"<sup>xciii</sup> and to decrease demaging internalising behaviours (e.g. social withdrawal, depression and anxiety).<sup>xciii</sup> Problem-solving activities might range from purely recreational to the development of risk identification and mitigation strategies for child protection, DRR and etc.

- **Development of a daily sense of purpose, structure and hope that inspires goal-orientation and achievement,**<sup>xciv</sup> **creative meaning-making**<sup>xcv</sup> **and directed attention and task mastery.**<sup>xcvi</sup> Many of the activities that build purpose have the secondary, but equally important, benefit of ensuring children's **involvement in a supportive social system**, which buffers children from stress through regular emotional support, information, and safe companionship.<sup>xcvii</sup> Such activities might include: sustained school attendance; engagement in out-of-school activities, Child Friendly Spaces, Non-Formal Education, Life Skills, Vocational Training, (in partnership with other sectors) age-appropriate Income-Generating Activities; or maintenance of religious, spiritual and traditional beliefs and practices.
- **Development of positive attachment relationships between children and parents (or other significant primary caregivers).**<sup>xcviii</sup> In the event that parents and other primary caregivers are unavailable, children will benefit from a secure, on-going attachment relationship with one or more trusted adults or, in the case of older children, peers.<sup>xcix</sup> **Community-based support and mentorship** interventions such as parent-child recreational sessions or the inclusion of parents in some modules of adolescent life skills programming can help meet those needs.

## Parent/caregiver protective factors

**Parental or caregiver wellbeing** is a key protective factor for children, since a child's wellbeing depends to a large extent on the care and protection their caregivers are able to provide.<sup>c</sup> The wellbeing, knowledge and ability of parents and caregivers are therefore critical in preventing neglect.<sup>ci</sup> This may be enhanced through activities that strengthen emotional skills, lower stress levels, respond to mental health concerns, increase social support and extend access to services across a range of sectors such as:

- Providing MHPSS services for caregivers (and children).
- Building the capacities of parents and caregivers in Child Protection and Early Childhood Care and Development.
- Supporting caregivers to provide responsive caregiving (including practical strategies for minimising harm in the face of adversity/stressors) and a positive, responsive, and consistent child-rearing environment.
- Improving the stability of the caregiving context through family strengthening activities (e.g. income-generating activities, parenting support programmes, needs-based assistance and services, and/or cash assistance).

## Family/household protective factors

Family/household protective factors are concerned with intra-household dynamics and relationships and the ways in which families manage stress 'as a team'. They include positive connections and problem-solving mechanisms, a culture of respectful intergenerational communication, and an equitable division of responsibilities:

- **Family cohesion:** Family members are connected by emotional bonds that help family members cope with stress. The strongest families are connected emotionally while also allowing individual autonomy.<sup>cii</sup>

- **Family belief systems:** Values, assumptions, biases, and attitudes guide decisions and actions and shape how family units cope in adversity. Certain commonly-held beliefs or traits (e.g. perseverance, optimism, and (self) confidence) support family resilience.<sup>ciii</sup>
- **The role of religion:** Active involvement in a religious community is associated with family cohesion and marital harmony, which in turn support positive outcomes for children.<sup>civ</sup> Engagement in faith-based activities can also increase social support and connectedness and facilitate positive coping strategies.<sup>cv</sup>
- **Communication:** Communication includes the ways in which family members make sense of stressful situations, inform each other about the options available, decide which measures to take and extend love and support to one another.<sup>cvi</sup> Families that engage in effective communication processes with each other are also better able to establish successful relationships with external sources of support (e.g. service providers).<sup>ciii</sup>

Family/household protective factors can be enhanced by specific strategies that include:

- **Family strengthening support:** Assisting parents to foster positive emotional development in their children, providing family- or community-based sessions on parent-child bonding and positive parenting capacities, supporting parents to improve their coping and communication skills and delivering family-based mental health and psychosocial support all strengthen family units.
- **Caregiving environment support:** The caregiving environment can be strengthened by referring family units to services and sectors that help meet basic needs (i.e. housing/shelter, water, food security, health of parents and children, education, and Early Childhood Care and Development, and economic and livelihoods opportunities).

- **Case management:** Where appropriate, a case management approach can provide direct, ongoing support, referral, and monitoring to ensure a stable living environment for children, whether they reside in community-based/kinship care or with one or both natural parents/primary caregivers.<sup>cviii</sup>
- **Identification of at-risk children:** Children at risk of, or experiencing, neglect must be identified with the goal of assisting families to understand and address unmet needs and underlying causes of neglect.
- **Strengthening community-based mechanisms** that support community engagement and cohesiveness and proactively engage at-risk families in interventions aimed at reducing the prevalence and severity of child neglect.<sup>cxii</sup>
- **Working with the full range of actors** to prepare accessible, inclusive, child-friendly messaging on child neglect prevention, mitigation, and response in a range of contextually-relevant formats (e.g. radio, television, comic books, posters, theatre, etc.).
- **Communicating how parenting norms influence the risks and results of neglect:**
  - Example: A child who is inadequately cared for is more likely to run into the street and sustain physical injury than one who is carefully supervised.
  - Example: The child who cuts a leg when alone is in danger of infection, blood loss, permanent disability, or death. If that same injury occurs with a caring adult present, the child can receive immediate, appropriate medical treatment and suffer no long-term effects.

## Community protective factors

**Strong social networks** and **community connections** may serve as a protective buffer to children and families exposed to chronic adversity.

<sup>civ</sup> Engagement and involvement in the community can improve the family/household environment and allow children to develop supportive relationships with adults outside the family unit. Participation in positive support networks has shown to improve physical and mental health and to aid in recovery from illness and adversity. Informal social supports ultimately help prevent child neglect.<sup>cxix</sup>

**Community-based mechanisms** (e.g. protection groups, youth clubs, etc.) are designed to increase opportunities for community involvement and responsibility. They have the potential to identify children and families at risk, to strengthen family and community capacity, and to support children's learning and development by encouraging participation in school, recreational and social activities, and traditional/community events.<sup>cx</sup>

Examples of targeted interventions for enhancing community-level protective factors include:

- **Providing children and young people with safe spaces** to develop skills, capacities, and relationships through high-quality, inclusive, age-appropriate care; life skills and vocational training opportunities; and cultural and community activities.

- **Conducting community outreach** that educates parents/families about available services and encourages them to seek help.

## Societal protective factors

Protective factors at this level include effective social services, social support systems (including universal or needs-based cash assistance to affected populations), functional health care, employment and training programmes, quality shelter, education (formal and non-formal), and early childhood services. Examples of promising interventions include:

- **A strong local social welfare workforce:** Professional and para-professional social workers and community volunteers support families and children by "alleviating poverty,

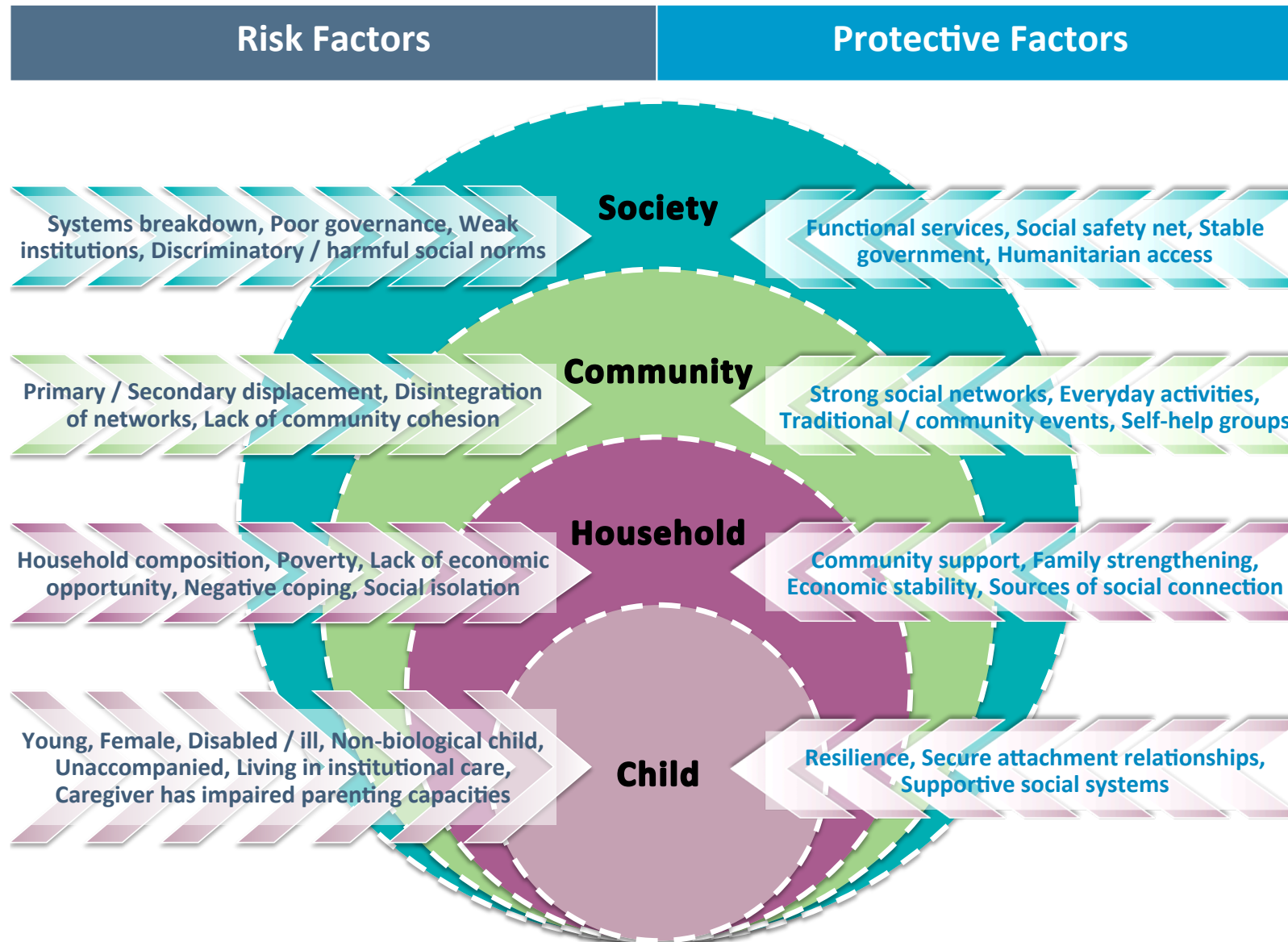
reducing discrimination, facilitating access to needed services, promoting social justice, and preventing and responding to violence, abuse, exploitation, neglect and family separation.<sup>cxii</sup>

- **The humanitarian response delivered by humanitarian agencies:** New or improved services and structures that are financed and delivered according to global best practice can reduce or mitigate child neglect.<sup>cxiii</sup> This is particularly true of Mental Health and Psychosocial Support, Family

Strengthening, Parenting Support, Community-Based Child Protection Programming, and similar interventions

- **Opportunities to strengthen systems:** Working with governments and wider partners on legal reform; policies that strengthen parents, children, families; child care and education statutes; community participation,<sup>cxiv</sup> capacity building<sup>cxv</sup> positively impacts children in the present and the future.

## Summary Diagram: Risk and protective factors – socio-ecological framework



## 6. THE WAY FORWARD

Neglect is the most prevalent form of child maltreatment, but it has received much less research than child violence, exploitation or abuse.<sup>i</sup> In fact, there appears to be no targeted, empirical studies examining child neglect in humanitarian settings. There is, however, a strong (but not absolute<sup>ii</sup>) correlation between humanitarian crises and increased harm to children.<sup>iii</sup> Anecdotal evidence from practitioners and inferences from existing literature suggest that child neglect in humanitarian settings has severe implications for children's wellbeing, development and survival. This is a clear gap, and collaboration between researchers and practitioners is urgently needed to identify root causes and map effective prevention, mitigation and response strategies. In the interim, 'tested' strategies drawn from other contexts may provide some guidance and be adapted for use in humanitarian settings. Approaches used in family strengthening, resilience building and parenting support are likely to be highly relevant to the prevention and mitigation of neglect.

### **The relationship between humanitarian settings and child neglect**

The current assumption is that the prevalence and severity of child neglect is heightened in humanitarian settings, but there is little concrete data to support this hypothesis. Also lacking is data on how humanitarian crises interact with pre-existing socio-ecological risk and protective factors.

Further research and analysis are required to understand the complex relationship between humanitarian crises and child neglect, and to equip the child protection community to design effective, appropriate and well-targeted interventions.<sup>iv</sup>

### **Does child neglect vary in different types of humanitarian settings?**

'Humanitarian settings' encompass crises that differ in their type, severity, scale and duration. However, this is not well-reflected in the literature on child maltreatment. There is an abundance of literature on violence against children in protracted conflict settings as compared with acute natural disasters;<sup>v</sup> there is very little comparative data on neglect that measures child protection and wellbeing *across* the different types of humanitarian settings.<sup>vi</sup>

In order to develop effective preparedness, prevention, mitigation and response measures, it is important to know the different effects (if any) on child neglect caused by infectious disease outbreaks, slow-onset disasters (drought, famine, pollution, climate change, rising sea levels, salination, desertification), protracted armed conflicts, acute natural disasters (earthquakes, cyclones, tsunamis, floods, volcanic explosions), technological disasters (explosions, nuclear accidents), complex emergencies and/or population movements (economic migration, forced/long-term displacement, statelessness).

## Challenges in measuring child neglect in humanitarian settings

It is an unfortunate truth that many children likely experienced neglect prior to the onset of a humanitarian crisis at a rate comparable to, or even higher than, the rate prevalent in less fragile countries. Pre-existing levels of poverty, weak institutions and inadequate social services in the countries' most likely to be hit by humanitarian crises are generally considered risk factors for neglect.<sup>vii</sup> It is therefore critical to be clear about what situations constitute neglect in humanitarian settings—as opposed to general deprivation or inadequate caregiving—to establish a threshold for a child protection response. Currently no such policy or practice guides exist for the identification of child neglect in humanitarian settings.

The guides that are in place for the identification of neglect are largely based on research derived from non-humanitarian settings in which even social workers and other professionals “too often struggle to identify when poor parenting slips into neglect and needs a robust child protection response.”<sup>viii</sup> For example, some of the observable signs that a child may be experiencing neglect include: “The child is frequently absent from school, begs or steals food or money, lacks needed medical and dental care, is consistently dirty, or lacks sufficient clothing for the weather”<sup>ix</sup>, is left alone or in the care of other young children, is stunted, underweight or malnourished, and is distrusting of adults or indifferent to caregivers. While these indicators are certainly concerning, they are not confirmation that a child is actually being neglected.

The situation is further exacerbated in humanitarian settings in which socio-economic development was low, service

provision poor, institutions weak and social norms discriminatory *prior to* the crisis. In those cases, the question becomes: Do we set the threshold for child neglect at the pre-crisis levels of child protection, care and wellbeing or at the levels established as goals/ outcome indicators in national development strategies? The latter is arguably too broad and ambitious a goal for a humanitarian response, but it could be supported within the humanitarian/development framework.

Another challenge in identifying neglect is that, unlike other forms of child maltreatment, there is generally no single specific incident that can be said to meet the threshold for neglect. Instead, *neglect is characterised by low or inconsistent levels of care over an extended period of time.*<sup>x</sup> A further difficulty in determining whether a situation rises to the level of neglect is the *extent* to which a child's rights to care, protection, and wellbeing have not been met (ranging from fully met to not met at all) and the *seriousness of the outcomes* for that particular child.

Related to this is the question of how these benchmarks can and should be measured. To date, the few studies that have sought to measure neglect have generally relied on children's self-reported measures. For example: “Physical neglect was demonstrated by using the example of a child described as often hungry because there is not sufficient food at home, whose parents very rarely buy him/her clothes and who is sometimes without sufficient school supplies.”<sup>xi</sup> These self-reported measures, presented *outside the* broader context, do not prove neglect from a child protection perspective. It may be that the family is poor and, despite *trying* to meet the child's needs and seeking support, is still unable to do so.

This may be a problem facing the entire population and beyond the capacity of any one family to completely resolve.

### **The need for early intervention**

Early childhood development provides the crucial foundation for later development and wellbeing, so neglect in infancy and early childhood can be especially damaging.<sup>xii</sup> For this reason, interventions in humanitarian settings must use a child-centered; age-, gender-, disability-, and developmentally-appropriate perspective to assess the diverse factors that contribute to individual cases of neglect. Only then can child protection actors develop appropriate identification, prevention, mitigation and response strategies for all affected children. Strategies must include a significant focus on aspects of child development and resilience, neural development and functioning and protective factors that can mediate the effects of earlier neglect. Case management and/or activities that build caregiver capacity may also be appropriate.

### **Addressing child neglect requires a multi-sectoral, socio-ecological, systems-strengthening approach**

Best practice indicates that a coordinated, inter-disciplinary, systems-strengthening approach would encourage a sustainable environment for preventing, mitigating and responding to child neglect, particularly in contexts with limited child protection capacities. Prevention and mitigation efforts should focus on reducing risk factors and strengthening protective factors. Enhancing protective factors decreases the likelihood of neglect and may act to mitigate the negative impacts where it does occur. The available research advocates comprehensive, long-term mitigation and response activities that target various levels of the child's ecology.<sup>xiii</sup> This suggests that prevention and response strategies should be embedded throughout all phases of humanitarian/development action.



## 7. RECOMMENDATIONS

- 1. Clarify the thresholds for child neglect in humanitarian settings.**
  - Coordinate with other sectors and development partners to **understand the general standard of living and parenting norms within the affected population**, the host community and the population at large.
  - **Use available data to set minimum thresholds/indicators** for system-wide, community-based, family-level and case management interventions that can maximise resources and address the most severe cases of child neglect.
  - **Conduct a legal and policy analysis** (including KII with relevant State authorities) to define neglect in each context, to facilitate working relationships with key stakeholders (doctors, teachers, social workers, police, prosecutors, etc.), and to work towards meeting the minimum international standards established in the CRC.
  - **Ensure indicators are context-specific** in order to distinguish neglect from general deprivation, widespread poverty, impaired parenting, etc.
  - **Coordinate with other sectors and development partners to develop SOPs** for determining:
    - When a situation constitutes neglect demanding a child protection response;
    - When a case should be referred to and managed by another sector; and
    - When a case should be jointly managed on an inter-disciplinary basis.
- 2. Conduct evidence-based research.**
  - **Develop a robust understanding of patterns and prevalence of child neglect in different humanitarian settings** (disaggregated by age, sex, and disability):
    - In what ways do humanitarian crises (in general) predict the degree and types of child neglect? Which features of the crisis are most significant?
    - To what extent does the *nature of the humanitarian setting* affect degree and types of child neglect? What are the correlations?
    - Does child neglect increase and/or decrease at different stages of the humanitarian response cycle? If so, how and why do these changes occur, and what are the optimal periods in which to intervene to prevent child neglect?
    - Which protective factors emerge or strengthen during humanitarian crises that could be harnessed in prevention, mitigation, or response strategies?
  - Work with research institutes, authorities, and development partners to **understand the child neglect needs that remain after the humanitarian crisis**.
    - What is the connection between the humanitarian response phase and the transition back to pre-crisis levels of service provision?
    - What root causes of neglect require long-term intervention so that we can ‘build back better’?
  - **Conduct scoping studies and compile learning on effective age-appropriate**

**and sex- and disability-inclusive strategies** for prevention, mitigation, and response in different humanitarian settings. Evaluate by type of neglect, and include work conducted within the child protection sector *and* other humanitarian sectors.

- **Conduct awareness-raising activities on neglect in humanitarian settings for CPWG coordinators and members.** Use a standard survey or in-country workshop to request and disseminate information on:

- Contextualized patterns and prevalence of child neglect;
- Existing strategies to prevent, mitigate, and respond to neglect; and
- Suggestions on how to better address neglect through inter-cluster/inter-sectoral coordination across the development/humanitarian context.

### 3. Include neglect in child protection assessment, monitoring, and reporting systems.

- **Use disaggregated, typological child neglect indicators** in CPRA, PRA, MIRA, and situational monitoring and reporting in order to understand the scope, patterns, prevalence, and impacts of child neglect.
- **Track and report setting-specific factors** that influence children's exposure to or experience of neglect<sup>i</sup> (i.e. child protection situational reports, agency annual reports, HRP end of year reports, and compilations of best practice and lessons learned).

### 4. Proactively integrate neglect into child protection programming.

- **Undertake triangulated community-**

based mapping exercises to identify context-specific root causes of child neglect and risk/protective factors.

- **Develop effective prevention, mitigation and response strategies across the socio-ecological spectrum** that are based on mapping exercises and situational assessments.
- **Map child-, parent-, community-, and society-level communication initiatives designed to protect children from neglect** (e.g. awareness-raising campaigns, media efforts, or activities conducted by local groups).
- Maximize human and financial resources **by building on existing interventions aimed at reducing risk factors and enhancing protective factors for other forms of maltreatment** (violence, exploitation, abuse, trafficking, child labour, child recruitment, etc.) where these overlap with factors for neglect.
- **Undertake identification, family tracing and reunification programmes** for separated and unaccompanied children that include plans to help maintain family unity following reunification.
- **Train child protection specialists to recognize and document the behavioural/mental health conditions and other disabilities** of children in their programmes.<sup>ii</sup>

### 5. Coordinate with partners in other sectors, both humanitarian and development.

- **Determine whether and how other sectors** (e.g. health, nutrition, shelter, or education) **engage with neglect in the humanitarian context.** Use a standard survey or in-country workshop to request and disseminate cluster-level information on:

- Contextualized patterns and prevalence of child neglect;
- Existing strategies to prevent, mitigate, respond to neglect; and
- Suggestions on how to better address neglect through inter-cluster/inter-sectoral coordination across the development/humanitarian context.
- **Coordinate with other sectors to develop child-centred, multi-sectoral referral pathways and response mechanisms/SOPs** with clearly-delineated roles and responsibilities for different types of neglect cases.
- **Coordinate with other sectors to include child neglect in vulnerability assessments and in the criteria for accessing services** such as income-generating projects, needs-based cash transfers, shelter support, and in-kind assistance.
- Collaborate with authorities and development partners to **design an integrated, long-term, systems-strengthening approach to address child neglect** across all humanitarian preparedness and response activities.

#### 6. Ensure all case management information systems (such as CPIMS ) include neglect by type

- **Disaggregate neglect by type in case management systems**, including locally-adapted versions of the CPIMS.
- Coordinate with the Global CPIMS Steering Committee to **revise the CPIMS** so that neglect is recorded by type.
- Coordinate with the Global CPIMS Steering Committee to **analyse data on child neglect from different types of humanitarian settings for common themes or trends**.

#### 7. Advocate and fundraise.

- Advocate with national governments and international agencies to **establish baselines and report on the patterns, prevalence and types of child neglect** (e.g. via the Multiple Indicator Cluster Surveys, the Violence Against Children Surveys, the State of the World's Children, the Human Development Report, the World Development Report).
- Advocate with national and State level governments to **provide universal, inclusive and accessible services for all children and their caregivers, including the most vulnerable**:
  - Basic services such as water, food and shelter;
  - Preventive and emergency healthcare, including sexual and reproductive health;
  - Education;
  - Social welfare support and social protection, including universal and needs-based cash transfers; and
  - Child-friendly information on where and how to access help.
- **Create an InterAgency Task Force on Neglect in Humanitarian Settings** to advocate and fundraise for inter-agency, inter-sectoral collaboration on the generation and analysis of solid, evidence-based data from a range of humanitarian settings.
- **Mobilize comprehensive, multi-sectoral, and multi-year funding** that allows for:
  - The development and piloting of evidence-based programmes aimed at understanding and addressing the root causes of neglect in humanitarian settings; and
  - Delivery of a broad range of services to mitigate the risks of neglect, to enhance protective

factors, and to build the capacities of child protection actors.

- Advocate with ACPHA member organisations to **conduct in-house or inter-agency analysis of prevalence and patterns of child neglect** by typology and context.

#### **8. Adapt the CPMS:**

- **Mainstream prevention and response measures on child neglect** into the second revision of the CPMS.
- **Work toward the establishment of a freestanding, evidence-based standard on child neglect** for the third revision of the CPMS.

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## Conclusions

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<sup>ii</sup> See for example Lindsay Stark and Debbie Landis (2016): “Violence against children in humanitarian settings: A literature review of population-based approaches” in *Social Science & Medicine*, Vol. 152, p. 125–137, who argue that the correlation remains unproven for all humanitarian contexts and across all forms of child maltreatment.

<sup>iii</sup> Sriskandarajah, Neuner, and Catani (2015): “Predictors of violence against children in Tamil families in northern Sri Lanka” in *Social Science & Medicine*, Vol. 146, p. 257–265; Saile, Ertl, Neune and Catani (2014): “Does war contribute to family violence against children? Findings from a two-generational multi-informant study in Northern Uganda” in *Child Abuse & Neglect*, Vol. 38, p. 135–146.

<sup>iv</sup> Beth L. Rubenstein and Lindsay Stark (2017): “The impact of humanitarian emergencies on the prevalence of violence against children: an evidence-based ecological framework” in *Psychology, Health & Medicine*, Vol.22: Sup.1, 58-66, DOI: 10.1080/13548506.2016.1271949, at p.63

<sup>v</sup> Catani, Jacob, Schauer, Kohila, and Neuner (2008): “Family violence, war, and natural disasters: A study of the effect of extreme stress on children’s mental health in Sri Lanka” in *BMC Psychiatry*, Vol.8(1), 213

<sup>vi</sup> See for example Claudia Catani *et al* (2008): “Family violence, war, and natural disasters: A study of the effect of extreme stress on children’s mental health in Sri Lanka” in *BMC Psychiatry*, Vol.8:33

<sup>vii</sup> Charlotte Lattimer and led by Sophia Swithern: (2016): “Global Humanitarian Assistance Report 2016”, Development Initiatives, p.14

<sup>viii</sup> Ofstead (2012): “Protecting disabled children, thematic inspection”, p.32. Available at <https://www.gov.uk/government/publications/protecting-disabled-children-thematic-inspection>

<sup>ix</sup> Maryam Ajilian Abbasi *et al* (2015): “Child Maltreatment in the Worldwide: A Review Article” in *International Journal of Pediatrics*, Vol.3, N.1-1, Serial No.13, January 2015, 353–365, p.356

<sup>x</sup> McSherry (2007): “Understanding and addressing the “neglect of neglect”: Why are we making a molehill out of a mountain?” in *Child Abuse and Neglect*, Vol.31(6), 607–614, p.x

<sup>xi</sup> Child Protection Monitoring and Evaluation Reference Group (2014): “Measuring Violence against Children: Inventory and assessment of quantitative studies”, Division of Data, Research and Policy, UNICEF, New York

<sup>xii</sup> Masten and Wright (2009): “Resilience over the lifespan: Developmental perspectives on resistance, recovery, and transformation” in Reich, Zautra, & Hall (Eds.), *Handbook of adult resilience* pp. 213-237. New York, NY: Guilford Press.

<sup>xiii</sup> Martha Farrell Erickson and Byron Egeland (2002): “Child Neglect” in Myers, Berliner, Briere, Hendrix, Jenny, and Reid (Eds) *The American Professional Society Abuse Children Handbook on Child Maltreatment* (2nd ed.), pp. 3-20), Thousand Oaks, CA: Sage, 2002.

## Recommendations

<sup>i</sup> For example, during infectious outbreaks that require quarantine and isolation measures, children will be unable to experience physical nurturing, and may receive insufficient social and/or cognitive stimulation. See Hannah-Tina Fisher, Leilani Elliott, Sara Bertrand (2018): “Guidance Note: Protection of Children During Infectious Outbreaks”, Alliance for Child Protection in Humanitarian Action, p.17

<sup>ii</sup> Lucy Jamieson, Winnie Sambu, and Shanaaz Mathews (2017): “Out of harm's way? Tracking child abuse cases through the child protection system in five selected sites in South Africa”. Cape Town: Children’s Institute, University of Cape Town, page 21.