Physical violence against children is widespread and deep-rooted, 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. 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.

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.

With an increasing number of children being affected by emergencies throughout the world 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).
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.

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

Violence and harmful practices against children increase in humanitarian situations
Physical violence against children is commonplace in humanitarian settings. 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
humanitarian crisis. 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%. Catastrophic life events caused by disasters or conflict often lead to stress and ineffective or negative coping strategies among individuals. 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. 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. 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. 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 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.

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.

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.
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.\textsuperscript{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.\textsuperscript{xvi}

**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.\textsuperscript{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.\textsuperscript{xix, xx, xxii, xxii, xxiv} The violence was attributed to extreme stress faced by the parents.\textsuperscript{xxv, xxvii}

**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.\textsuperscript{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.\textsuperscript{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.

**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.

**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, in the post-conflict setting in rural Liberia, and amongst displaced Burmese families living on the Thai-Myanmar border. 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.

**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. 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.
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 have showed 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.