Understanding Risk and Protective Factors in Humanitarian Crises:

Towards a Preventive Approach to Child Protection in Humanitarian Action

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

The Alliance for 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 protection of children in humanitarian settings.

For more information on the Alliance's work and joining the network, please visit _https://www.alliancecpha.org_ or contact us directly: _info@alliancecpha.org._

About this report: Recognizing the strategic importance of improving evidence-based approaches to preventing child protection issues, this report was developed to inform the establishment of a measurement framework for prevention programming in support of the Alliance-led Prevention Initiative. While child protection agencies operating in humanitarian contexts generally conduct systematic risk assessments, these assessments often focus on determining the scale and characteristics of harmful child protection outcomes and do not typically identify or seek to understand the risk and protective factors leading to desirable or undesirable outcomes for children within the cultural context.

The objective of the Prevention Initiative is to develop key prevention focused resources to support child protection humanitarian practitioners in their efforts to prevent harm to children before it occurs. The Initiative has two key components: a) a measurement component aimed at guiding practitioners in identifying risk and protective factors, which will inform the design of appropriate preventive programming approaches (funded by PRM); and b) a programmatic component (funded by the Bureau for Humanitarian Assistance) focused on developing a framework of action and a position paper to support practitioners in the implementation of those preventive programming approaches. This report, and the desk review that informed its contents, was developed to explore the risk and protective factors that determine outcomes for children in humanitarian action and to recommend ways forward to strengthen measurement approaches at the population-level as a first step in narrowing the prevention gap.

EXECUTIVE SUMMARY

Risks to children in humanitarian settings are multiple and may include family separation, recruitment into armed forces or groups, involvement in hazardous labor, physical or sexual abuse, psychosocial distress, injury and even death.[1] At the same time, the individuals (beyond their immediate caregivers), processes, laws, institutions, capacities and behaviors that protect children and provide support across the varying "ages and stages" of their development often become weak or ineffective.[2] The consequences of humanitarian crises represent the potential for the disruption of child developmental processes, and increase vulnerability to harmful outcomes that can impact well-being and last into adulthood.[3]

In child protection in humanitarian action (CPHA) it is recognized that children are engaged in a dynamic process of development, while also being impacted by the adverse realities of a humanitarian crisis. Thus, the ultimate goal of any child protection humanitarian intervention is to promote the healthy development and well-being of children by preventing and responding to abuse, neglect, exploitation and violence against children. While significant progress has been achieved in developing guidance and standards to support child protection actors in responding to children in humanitarian crises, there is a lack of resources available to guide practitioners in their prevention efforts. Since prevention work is characterized by intervening before the occurrence of an undesirable outcome, the first step in preventive intervention requires an in-depth understanding of the risk and protective factors that exist in the cultural context and at the population level.[4] Strengthening preventive approaches in child protection in humanitarian action therefore requires a deeper knowledge of the factors that lead to desirable or undesirable outcomes for children. This report explores the risk and protective factors that determine outcomes for children in humanitarian action and suggests ways forward to strengthen measurement approaches as a first step to generating the information that child protection humanitarian actors need to address the prevention gap.

The report found that children's success in addressing and coping with their situation depends on their strengths and abilities, and the patterns of risk and protective factors in their social and physical environments.[5] Evidence shows that the potential harmful effects of exposure to risk factors can be mitigated or buffered by protective factors.[6] While the causal pathways to harmful child protection outcomes differ from one individual child or family to another, common risk and protective factors were identified that have been observed across different cultures. Key determinants of outcomes for children and their implications on risk and protective factors are explored throughout the report, including the accumulation of risk factors, type of adversity, and the severity of exposure to adverse experiences. Since preventing risk factors and strengthening protective factors often go beyond sectoral boundaries, a deeper understanding of them will lead to improved integrated and multi-sectoral program approaches.

---

1   Mansourian, 2020; Alliance for Child Protection in Humanitarian Action, 2019; Boothby et al., 2012
2   Alliance for Child Protection in Humanitarian Action, 2019
3   Kessler et al. 2010; Leckman, Panter-Brick & Salah, 2014
4   Mansourian, 2020
5   Alliance for Child Protection in Humanitarian Action, 2019
6   Rutter, 1979

In conclusion, the report highlights that there is value in using simple yet effective measures that will improve structural, community-based, and individual-level preventive interventions that can be monitored and evaluated over time. It recommends that any measurement approach must seek to understand the cultural context and the risk and protective factors that exist there within. This will result in prevention interventions that are focused on building strengths at all levels of the socio-ecological framework in a multi-sectoral and multi-faceted manner. This work will support child protection humanitarian actors in their efforts to protect children by promoting their healthy development and well-being and by preventing harm before it occurs.

Vinay Panjwani UNICEF 2020

TABLE OF CONTENTS

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

1

GLOSSARY

Harm	Harm is any detrimental effect of a significant nature on a child's physical, psychological or emotional well-being that impacts healthy child development. Harm may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation.
Hazard	Hazard is potentially damaging physical events, natural phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage. Some definitions suggest hazards are dangers that can be foreseen but not avoided.[7]
Risk factors	Risk factors are environmental factors, experiences or individual traits that increase the probability of a negative outcome.[8]
Promotive factors	Promotive factors influence positive developmental outcomes in general, independent of risk. Where protective factors are influences that buffer or reduce the negative impact of risk factors, promotive factors capture the notion that some influences promote positive outcomes regardless of risk exposure or level of risk.
Protective factors	Protective factors balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome.[9]
Resilience	Resilience in child protection in humanitarian action is the ability to deal with adversity and crisis. It refers to the capacity of a dynamic system to adapt successfully to challenges that threaten its function, survival, or development and is influenced by a combination of protective factors that exist across a child's social ecologies, which must be promoted to outweigh risks. These include individual characteristics and external factors that have come together for it to materialize in culturally meaningful ways, such as: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness. While resilience has been viewed as a trait or an outcome, it most likely is a process that exists on a continuum that may be present to differing degrees across multiple domains of life[10], and may change as a result of the child's interaction with their environment[11].
Risk	Risk refers to the likelihood that violations of and threats to children's rights will manifest and cause harm to children in the short- or long-term. It takes into account the type of violations and threats, as well as children's vulnerability and resilience. Risk can be defined as a combination of hazard, threat, and vulnerability and must be considered within the socio-ecological framework.

---

7   Alliance for Child Protection in Humanitarian Action, 2019
8   Benard, 2004; Rutter, 1987; Werner & Smith, 1992
9   Ibid.
10   Pietrzak & Southwick, 2011
11   Kim-Cohen & Turkewitz, 2012

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

2

Threat	Threat is a person or thing that is likely to, or acts with the intent to, inflict injury, damage, danger or harm, either perceived or actual. They may be manifested in the form of behavior, organizational or group practices, or formal policies.
Vulnerability	Vulnerability refers to individual, family, community and societal characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights. It is often specific to each person and to each situation as well as to geographic location and timing.

James Oatway UNICEF 2017

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

3

1. INTRODUCTION

Humanitarian crises, including natural disasters, conflict, and infectious disease outbreaks threaten the health, safety and well-being of children, families, and communities. They disrupt children's contextual, cultural, and social fabric, including the day-to-day activities that fill their lives and allow them to comfortably and safely explore and express themselves.[12] Risks to children in humanitarian settings are multiple and may include family separation, recruitment into armed forces or groups, involvement in hazardous labor, physical or sexual abuse, psychosocial distress, injury and even death.[13] At the same time, the individuals (beyond their immediate caregivers), processes, laws, institutions, capacities and behaviors that protect children and provide support across the varying "ages and stages" of their development – the child protection systems – often become weak or ineffective.[14]

During humanitarian crises children experience adversity and are more likely to develop emotional and behavioral problems, mental health disorders, speech and language problems, learning difficulties, and chronic illness.[15] In addition, formal and non-formal systems of learning may be interrupted or destroyed, seriously disrupting the opportunity for children's cognitive stimulation and critical thinking.[16] Further, toxic stress particularly in the early years of life is a significant social determinant of child health[17] and has lasting, adverse effects on a child's neural and physical development.[18] These consequences represent the potential for the major disruption of key adaptive systems that support optimal developmental outcomes in children.

In child protection in humanitarian action (CPHA) it is recognized that children are engaged in a dynamic process of development, while also being impacted by the adverse realities of a humanitarian crisis. Thus, the ultimate goal of any child protection humanitarian intervention is to promote the healthy development and well-being of children by preventing and responding to abuse, neglect, exploitation and violence against children. This work includes engaging with communities to:

- enhance the capacity of families to provide consistent, responsive care;
- protect children from the accumulation of distressing and harmful experiences; and
- promote or restore opportunities for physical, intellectual, emotional, social and spiritual growth through connection, education, and participation that broadens and increases according to the age and stage of children's development.

While significant progress has been achieved in developing guidance and standards to support child protection actors in responding to children in humanitarian crises, there is a lack of resources available to guide practitioners in their prevention efforts, particularly in understanding the risk factors that lead to harmful outcomes and the protective factors that help to outweigh them.

---

12 Wessells, 2016
13 Mansourian, 2020; Alliance for Child Protection in Humanitarian Action, 2019; Boothby et al., 2012
14 Alliance for Child Protection in Humanitarian Action, 2019
15 McLaughlin & Sheridan, 2016; Masten & Barnes, 2018
16 Wessells, 2016
17 Kadir et al., 2018
18 Mansourian, 2020; Shonkoff et al., 2012

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

4

1.1. Understanding risk and protective factors: A first step in prevention

Prevention work is characterized by intervening before the occurrence of an undesirable outcome. The first step in preventive intervention requires an in-depth understanding of the risk and protective factors that exist in the cultural context and at the population level.[19] Strengthening preventive approaches in child protection in humanitarian action therefore requires a deeper knowledge of the factors that lead to desirable or undesirable outcomes for children. Developing measurement approaches to better identify and understand the existing risk and protective factors is a first step to generating the information that child protection humanitarian actors need to address the prevention gap.

1.2. Why it is important to identify and understand risk and protective factors?

Children's success in addressing and coping with their situation depends on their strengths and abilities, and the patterns of risk and protective factors in their social and physical environments.[20] Vulnerability arises when a child faces multiple risk factors and has few protective factors, such as living with a caring parent, having supportive friends, and having the skills for seeking help. [21] Resilience, on the other hand, arises when a child has enough protective factors,[22] including individual, social and environmental, to overcome the distress caused by the risk factors. Evidence shows that the potential harmful effects of exposure to risk factors can be mitigated or buffered by protective factors.[23] Thus, if one of the goals of humanitarian actors is to build children's strengths by eliminating or reducing risk factors and by strengthening the protective factors that promote or restore resilience in order to protect children and support their well-being,[24] it is essential that preventive efforts be grounded in an understanding of the risk and protective factors present within the cultural context.

This report will explore the risk and protective factors that determine outcomes for children in humanitarian action and will suggest ways forward to strengthen measurement approaches as a first step in narrowing the prevention gap.

---

19 Mansourian, 2020
20 Alliance for Child Protection in Humanitarian Action, 2019
21 Ibid.
22 Ibid.
23 Rutter, 1979
24 Alliance for Child Protection in Humanitarian Action, 2019

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

5

2. PROTECTING CHILDREN IN HUMANITARIAN CRISES

2.1. Defining Vulnerability and Resilience in Child Protection in Humanitarian Action

To identify risk and protective factors that lead to or promote outcomes for children in humanitarian action, it is firstly critical to understand what is meant by vulnerability and resilience. The social, relational, and physical environment in which children live and grow critically influences their development.[25] In nurturing, safe environments where children's basic needs are met, where they are provided with care by consistent, responsive caregivers, and where they are encouraged to learn, explore, and make choices and decisions on matters that affect them, children will thrive as they develop.[26] However, environments that are unsafe, unpredictable, and unsupportive, where their basic needs are not met, or where consistent, responsive caregivers are not present, pose threats to children's healthy development and well-being.[27] Strengthening the abilities of children, families, and communities to adapt to and cope with adversity during humanitarian situations will help to mitigate or prevent harm before it occurs.

Since the impact of adversity varies over time and in relation to the unfolding conditions and pathways experienced by individuals and families, it is essential that resilience be understood from a developmental perspective. Most distressing events, such as those experienced during and as a result of humanitarian crises, often are not short-term single events, but are rather comprised of a complex set of changing conditions. Resilience can therefore be understood as a process generated through the interaction of multiple dynamic systems, from the biological to the socio-cultural,[28] and not simply as an attribute, capacity or absence of a problem.[29] This understanding is essential to identifying risk and protective factors, and appropriate programmatic approaches for children as response pathways may differ in accordance to a child's age and developmental stage.

Resilience in child protection in humanitarian action is understood as the ability to deal with adversity and crisis. It refers to the capacity of a dynamic system to adapt successfully to challenges that threaten its function, survival, or development and is influenced by a combination of protective factors that exist across a child's social ecology, which must be promoted to outweigh risk factors. These include individual characteristics and external factors that have come together for it to materialize in culturally meaningful ways, such as: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness. While resilience has been viewed as a trait or an outcome, it more likely is a process that exists on a continuum that may be present to differing degrees across multiple domains of life[30], and may change as a result of a child's interaction with their environment.[31]

Vulnerability refers to individual, family, community and societal characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights. It is often specific to each person and to each situation as well as to geographic location and timing.

---

25   Fischer H, Boothby N & Wessells M., 2017a
26   Ibid.
27   Fischer H, Boothby N & Wessells M., 2017a; Garmezy & Rutter, 1983; Masten, Powell, & Luthar, 2003; Phillips & Shonkoff, 2000; Rutter, 2012
28   Masten & Barnes, 2018
29   Southwick S, Bonanno GA, Masten AS, Panter-Brick C & Yehuda R., 2014
30   Pietrzak & Southwick, 2011
31   Kim-Cohen & Turkewitz, 2012

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

6

2.2. Multi-level Dynamics: Bolstering Protective Factors Across Children's Social Ecologies

The lives of children are embedded in families and schools, as well as communities and cultures. The optimal development and well-being of children therefore involves the interaction of individual, family, community, and larger system variables, including risk and protective factors. It is these multi-level interactions that effect vulnerability and resilience in dealing with stressful life events.[32] In other words, the resilience of a system at one level will depend on the resilience of connected systems. Thus, individual resilience will depend on other systems interacting with the individual, particularly those that directly support the individual's resilience, such as the family.[33] For example, the capacity of a family to adapt to a humanitarian crisis may cascade through processes that alter parenting, such as how well a family is maintaining communication, emotional support, routines, and other roles, which will impact how an individual child is functioning in positive or negative ways.[34] From a socio-ecological perspective, the family, peer group, community resources, school or work settings, and other social systems can be seen as nested contexts for reinforcing the protective factors that bolster resilience.[35] Cultural and spiritual resources can also act as protective factors that support individual and family-level resilience.[36] The protective factors that promote resilience, understood in dynamic terms, are drawn upon through individual and family processes in which social and community networks are engaged and resources are mobilized to overcome stressors in adverse environments.[37]

Risk and protective factors that exist within the broader social, political and cultural environments in which children live and grow also play significant roles in preventing and responding to harmful outcomes. These include (a) religious and cultural belief systems and social norms that influence how children are cared for and nurtured and (b) laws, policies and institutional structures that are responsible for protecting children during humanitarian crises.[38] Importantly, during humanitarian crises many of these interdependent systems that protect children become critically damaged. Applying a socio-ecological model to child protection that promotes strengths building involves designing integrated approaches that work in partnership with children, families, communities and societies.[39] The socio-ecological model will help child protection humanitarian actors to identify the risk and protective factors that may be present across a child's social and physical ecologies, which will in turn, inform a deeper understanding of practices that support strengths building, fostering resilience and well-being. Rather than focusing solely on individual-level coping capacities, protective factors must be promoted at all levels of a child's social ecology.

Karin Bridger UNICEF 2019

32   Walsh, 2006
33   Masten, 2018
34   Ibid.
35   Bronfenbrenner, 1979
36   Walsh, 2006
37   Ungar, 2010
38   Alliance for Child Protection in Humanitarian Action, 2019
39   Ibid.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

7

2.3. Risk and Protective Factors: The Building Blocks of Children's Resilience in Child Protection in Humanitarian Action

An analysis of risk and protective factors attributed to specific child protection outcomes demonstrates that children's ability to deal and cope with crisis is not solely a result of their individual capacities but is also influenced by factors across multiple levels within their social and physical environments.[40] These risk and protective factors can be grouped into four essential domains of well-being or "building blocks" that promote resilience in children:

- Safety and security
- Basic needs
- Relationships with family and others
- Agency

Figure 1: Building blocks of child well-being[41]
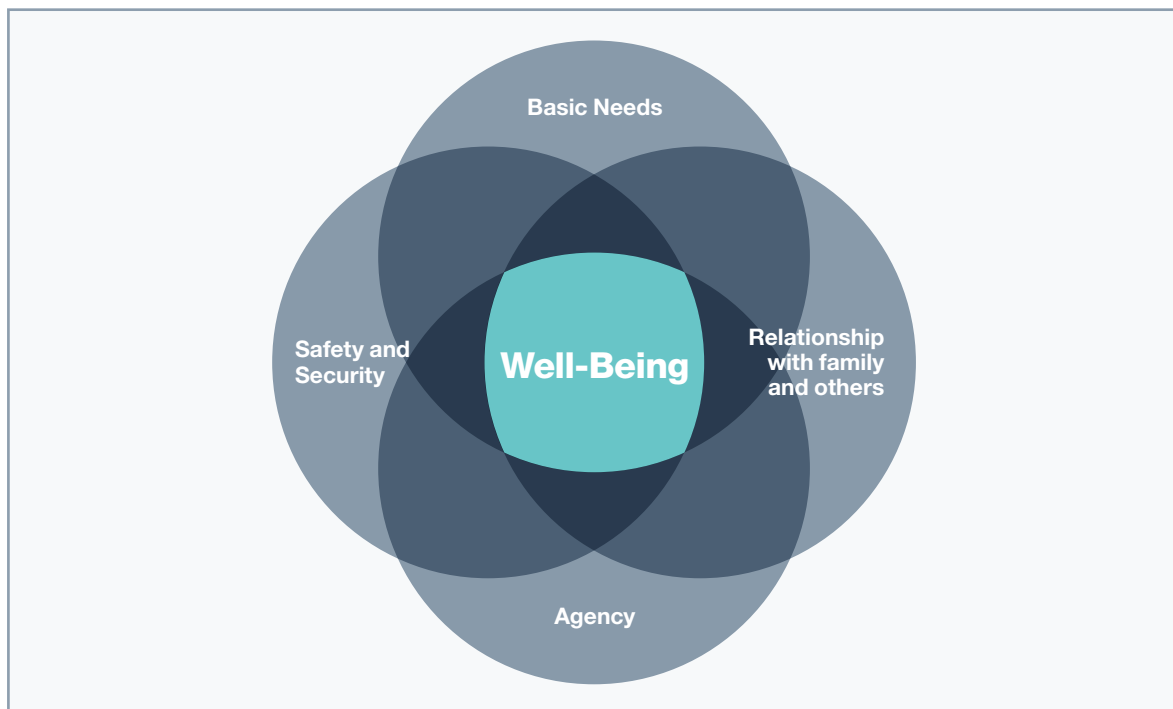
These four "building blocks" or domains reflect the areas in life that are important to children to enable them to flourish. Each of these domains may vary according to the age and developmental stage of the child, their gender, disability or other diversity factors. Since resilience is understood as a process, it may be present across these domains to differing degrees at any one time, and will likely change as a result of the child's interaction with their environment.[42] In addition, it is likely that each of the domains will have a different meaning or level of importance across the lifespan in accordance to the child's age and stage of development.[43]

---

40 Fischer H, Boothby N & Wessells M., 2017a
41 These are the building blocks that reflect the universal child well-being domains in child protection in humanitarian action.
42 Kim-Cohen & Turkewitz, 2012
43 For more information on these domains, refer to the *Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide*

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

8

Safety and security

Physical and emotional safety and security is a significant domain for children's healthy development and well-being. Compared to adults, children are at higher risk of injury, disability, physical and sexual violence, psychosocial distress and mental disorders, morbidity and death. They may become separated from their families; trafficked; recruited into armed forces; exposed to harmful traditional practices (such as child marriage); and economically, physically and/or sexually exploited.

Children's safety and security is strongly influenced by their gender and developmental stage. For instance, during adolescence girls can be more vulnerable to harm because they are maturing sexually and may be targeted for abuse, exploitation or violence. Relatedly, adolescents – and especially those who experience significant adversity – are more at risk for psychosocial problems and more likely to engage in risk-taking behaviors.

Attachment with a consistent, responsive caregiver and positive relationships with community members plays a significant role in keeping children safe and enhancing their sense of security. Robust child protection systems and practices play a critical role in preventing harm. Social or gender norms related to children's roles often shape children's safety or exposure to risk, for example, girls often have to venture far from home to gather water or wood, which puts them at risk of harm.

Basic needs

Basic needs encompass material resources, nutrition, shelter, and education and health facilities and services. They help ensure physical survival in the early years of life, and support the physical, mental and social growth that determines their capacities across the life course.

Protective factors that support children's optimal health and development include access to nutritious food, clean water, adequate clothing, shelter and hygiene. For infants, breast-feeding can enhance physical development and reduce the chance of disease. The provision of quality services, such as affordable healthcare and education enhances child and adolescent well-being. Social norms and values influence how basic needs are distributed within households, for example, on the basis of gender, birth order, and ability.

Relationships with family and others

Resilience rests, fundamentally, on relationships.[44] Children's relationships with family and others (such as peers, teachers, and community members) are critical and influence all aspects of a child's healthy development. From a child development perspective, family relationships, and especially the attachment bond with a consistent, responsive caregiver, are some of the most important and influential protective factors governing child well-being. Evidence from humanitarian contexts suggests that children are resilient in the face of destruction and deprivation as long as they are able to remain with at least one consistent, responsive caregiver.[45] It is the nature and quality of relationships that can mitigate the effects of adversity and build children's resilience.[46]

Agency

Agency captures whether children are equipped and empowered to make informed decisions and to act on their intentions while being safeguarded from taking on responsibilities that are inappropriate for their age and developmental stage. It enables children to be active agents in their own lives, entitled to be listened to, respected and granted autonomy in the exercise of their rights, while also being entitled to protection.[47]

---

44   Fischer H, Boothby N & Wessells M., 2017a
45   Ressler et al., 1988
46   Ibid.
47   Landsdown G, 2005.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

9

3. DETERMINANTS OF OUTCOMES FOR CHILDREN: WHAT REALLY MATTERS?

Humanitarian crises affect child developmental processes, health, and increase vulnerability to harmful outcomes that can impact well-being and last into adulthood.[48] Vulnerability to harmful outcomes arises when a child faces multiple risk factors and has few protective factors available within their social and physical environments.[49] In humanitarian crises it is important to consider the dynamic nature of the determinants of outcomes for children, particularly how an emergency situation can shift existing protective factors (such as the family structure and the presence of a consistent, responsive caregiver), which can lead to harmful outcomes, negatively altering a child's developmental trajectory. Importantly, for children already living in inequitable environments, facing additional adverse situations can have even greater effects on their developmental processes and outcomes.[50] Understanding the determinants of outcomes for children is therefore critical to identifying risk and protective factors, and ultimately, appropriate approaches to promoting strengths building across children's social ecologies. This section provides an overview of the key determinants of child protection outcomes.

Determinants of child protection outcomes include:

- Universal risk and protective factors
- Type of adversity
- Severity of exposure
- Accumulation of risk factors
- Socio-cultural context, and
- Developmental timing

3.1. Universal risk and protective factors

Enhancing protective factors at the individual and ecological levels is central to promoting healthy development. Protective factors may be better predictors of future health than static or singular outcomes such as morbidity and mortality.[51] For instance, evidence shows that safe, stable, and nurturing relationships with parents and other caregivers are central to a child's healthy development.[52] The lack or disruption of these important relationships can cause long-lasting effects, including inability to learn or establish functional social connections – even increasing the likelihood of violent behavior in adulthood.

There are noticeable consistencies in the protective factors that support children's development, which have been identified in a growing body of evidence of research conducted in different disciplines globally. These can be understood as "universal" or common protective factors. What these universal protective factors indicate is that there are essential fundamental adaptive systems that promote children's development and that account for much of the capacity available to children to adapt to challenges as they grow up in families and communities.[53] The adaptive processes are shaped by the protective factors that are reflected in the list below. These factors do not signify a list of traits of a resilient child or a child who is doing well, rather they are indicative of mutually interactive dynamic processes involving strengths and resources that children can mobilize within their family or community systems and in transaction with their social environment.[54]

---

48 Kessler et al. 2010; Leckman, Panter-Brick & Salah, 2014
49 Alliance for Child Protection in Humanitarian Action, 2019
50 Fischer H, Boothby N & Wessells M., 2017b
51 Hamby, Grych & Banyard, 2018
52 World Health Organization, 2010
53 Masten & Barnes, 2018
54 Walsh, 2006

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

10

Table 1: Universal Protective Factors

Universal Protective Factors[55]
1. Caregiving in early life by at least one consistent and responsive caregiver
2. Ability to form and sustain meaningful connections to at least one other person throughout life
3. Ability to regulate emotions
4. Opportunities to develop the capacity for problem solving, learning and adaptation
5. Opportunities to acquire sequentially growing skills and knowledge according to the requirements of culture[56]
6. Access to effective formal and non-formal education
7. Age appropriate opportunities to contribute to family and community well-being
8. A sense of self-esteem and self-efficacy
9. Ability to make/find meaning in life
10. Opportunities to exercise a growing capacity for agency and judgment in the cultural context
11. Participation in culture, ritual, and communal systems of belief, leading to a sense of belonging
12. Hope, faith and optimism

Sebastian Rich UNICEF 2017

---

55 These common factors have been observed across different cultures, and do not reflect unique culturally based protective practices. Culturally based protective influences that must also be considered. Note that to some degree these factors build on one another. Number 1 provides the conditions for numbers 2 and 3, which in turn provide the preconditions for number 4. Similarly, numbers 5, 6 and 7 create the conditions for number 8. The use of the words 'opportunities to develop capacity' instead of 'skills' is intentional and is used as a way to move from describing factors as inherent characteristics of the individual to attributes of the environment.

56 These opportunities must contribute to positive physical, emotional, and psychological health and well-being.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

11

Similarly, there are noticeable consistencies in the risk factors linked to harmful outcomes for children. These can be understood as "universal" or common risk factors.

Table 2: Universal Risk Factors

Universal Risk Factors
1. Premature birth, birth anomalies, low birth weight, or pre- or post-natal exposure to environmental toxins
2. Lack of caregiving by consistent and responsive caregivers during early life
3. Loss or lack of opportunities to develop the capacity for problem solving, learning and adaptation
4. Loss or lack of opportunities to acquire sequentially growing skills and knowledge according to the requirements of culture
5. Unmet basic needs (such as limited access to adequate nutrition, shelter, clean drinking water, clothing appropriate to climate, and medical care)[57]
6. Family separation, either temporary or permanent, due to death or inability to continue care on the part of one or more parents or main caregivers (for instance, as a result of forced removal, incarceration, deportation, armed conflict, extreme deprivation or persecution, injury, or physical or mental illness)
7. Exposure to structural, social, or interpersonal violence (including racism, caste or ethnic discrimination and marginalization, gender discrimination, state sponsored violence, community violence, family or intimate partner violence, or physical, sexual or emotional abuse)
8. Lack or loss of access to effective formal and non-formal education
9. Loss of community connections
10. Harmful social or gender norms
11. Absence or non-enforcement of legal and normative frameworks that are meant to protect children from abuse, neglect, exploitation and violence
12. Displacement resulting from forced migration or loss of home

3.2. Type of adversity

Evidence points to two main types of adversity that have differential effects on developmental processes: threat and deprivation.[58] Exposure to threat involves harm or the threat of harm to an individual's physical integrity, including serious injury, actual or threatened death, witnessing violence, and experiencing violence, abuse or exploitation[59], which vary in the severity of threat involved. Deprivation involves the absence of expected inputs from the environment, including poverty or institutional rearing, each of which involves an absence of expected cognitive inputs, social stimulation, or consistent, responsive caregiving.[60] Threat and deprivation can occur independently or simultaneously, and are thought to have partially different influences on cognitive and socio-emotional development.[61]

---

57 Unmet basic needs may be limited or unavailable due to the nature of the humanitarian situation itself (such as food insecurity or lack of access to clean water during a drought, or lack of shelter due to forced migration). Alternatively, basic needs may be available but are not met due to monetary poverty (resulting for instance from an exhaustion of savings, depletion of income, high rent costs, exhaustion of other coping mechanisms or lack of access to the formal labor market). Note that monetary poverty does not capture all forms of deprivation; rather it captures a household's ability to meet basic needs that are commonly obtained through market purchase or self-provision.
58 McLaughlin & Sheridan, 2016; Fischer H, Boothby N & Wessells M., 2017b
59 Ibid.
60 Ibid.
61 Ibid.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

12

Historically, research has examined threats rather than deprivation, with a focus on a singular adverse event.[62] Differentiating between threat and deprivation will lead to a deeper understanding of their specific effects on children's well-being. Since humanitarian crises often comprise of co-occurring adverse events that involve aspects of both threat and deprivation, and can result in complex exposure, a better understanding of the interaction between the two is necessary to identify risk and protective factors across children's social ecologies, and to inform programming approaches that promote strengths building.

3.3. Severity and duration of exposure

The severity of exposure to adversity is a key element that must be considered when identifying risk and protective factors. This is due to there being a positive relationship of the severity of exposure – either to one extremely traumatic event or to multiple adverse events – and the ability of an individual to cope or adapt.[63] "Severity" is defined as an individual's proximity to an adverse event and their level of exposure, while "proximity" is the distance of an individual to the event.[64] "Exposure" refers to direct or indirect contact.[65] In addition, the chronicity (duration of exposure) to an adverse event impacts the level of harmful outcomes an individual child may experience.

The severity of exposure may also be influenced by the geographic location. In humanitarian settings there are specific geographical locations where the likelihood of exposure, particularly to natural disasters or conflict, is greater, such as hurricane or earthquake-prone regions. In fact, in some locations, natural disasters occur with predictable frequency.[66] Exposures of many kinds and their severity can also be related to socio-economic status,[67] perhaps apparent in communities that experience cyclical natural disasters. In conflict settings, the proximity of a community to a non-state armed group is a key risk factor in both the voluntary and forced recruitment of children[68] In all of these instances, the geographic location acts as a risk factor and is a critical consideration to make in identifying appropriate preventive approaches.

The severity of exposure to harmful outcomes may also be influenced by individual – or compounding – factors, such as:

- Age
- Gender
- Disability, and
- Legal status (refugee, internally displaced, migrant or stateless)

It is important to note that age and gender can also act as protective factors depending on the cultural context. The examples provided below are related specifically to how these factors may increase the likelihood of a negative outcome.

---

62 Ibid.
63 Masten & Barnes, 2018; Masten and Narayan, 2012; Fischer H, Boothby N & Wessells M., 2017b
64 Fischer H, Boothby N & Wessells M., 2017b
65 Ibid.
66 Bonanno, GA, Brewin CR, Krzysztof K., & La Greca, AM., 2010
67 Masten & Narayan, 2012
68 O'Neil S., Van Broeckhoven K. et al., 2018

Age has been found to relate to exposure in studies of disaster and conflict, with older children experiencing greater adversity.[69] The higher degree of exposure among older children is attributed to greater awareness of the events that are happening (related to cognitive development), greater mobility, higher direct exposure to community effects, more expansive social networks, and the higher likelihood for older children and adolescents of being recruited into armed forces and armed groups or experiencing sexual and gender-based violence.[70]

Gender impacts how children experience events, as well as how they interpret them.[71] Importantly, different kinds of stigma and discrimination may be gender-based. For instance, findings from a study in Gaza suggest that parents in extreme threat situations tended to protect and restrict girls whereas they tolerated or encouraged boys to actively participate in the conflict, resulting in different exposure to risk factors and harmful outcomes as a function of gender, even within the same household.[72] Similarly, in studies related to children associated with armed forces and groups (CAAFAG), it was found that females experienced higher levels of sexual and gender-based violence (SGBV).[73] Generally, females experience greater risk of sexual and gender-based violence in political conflicts or war, whereas males have greater risk for exposure to nonsexual violence in armed conflict.[74] Transgender children may be exposed to a greater risk of prejudice, stigma, violence or difficulties accessing humanitarian services.[75]

Disability includes children who have long-term physical, psychosocial, intellectual or sensory (visual and hearing) impairments.[76] These impairments can lead to physical, communication or socio-cultural barriers that limit their equal participation in society, and can place them at greater exposure to harmful outcomes during humanitarian crises.[77] Children with disabilities may experience deprivation in terms of unequal access to goods, services, spaces, and information.

Legal status refers to children who are refugees, internally displaced, migrants or stateless. Due to their status children may be exposed to an increased risk of abuse, neglect, exploitation and violence. Additionally, in some humanitarian crises, legal, policy and practical barriers as well as discrimination result in children who are refugees, internally displaced, migrants or stateless (a) being denied access to essential services or (b) facing immigration, detention, lack of freedom of movement, xenophobia or exclusion, thereby increasing the severity of exposure to both threats facing their well-being and deprivation.

---

69 Masten & Osofsky, 2010
70 Masten & Narayan, 2012
71 Masten & Osofsky, 2010
72 Masten & Narayan, 2012
73 Betancourt et al., 2010
74 Betancourt et al.,2010; Masten & Narayan, 2012
75 Alliance for Child Protection in Humanitarian Action, 2019
76 Ibid.
77 Ibid.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

14

3.4. Accumulation of risk factors

The accumulation of risk factors – or cumulative risk – suggests that children who have been exposed to a number of adverse experiences are more at risk of harmful outcomes than children exposed to one single risk factor.[78] While the human organism is resilient, and capable of withstanding a wide range of personal and environmental limitations, adaptive capacities can be strained or damaged when confronted with a multitude of risk factors at the same time or in close succession.[79] If a child is exposed to a greater number of risk factors than protective factors, the likelihood of experiencing harmful outcomes is greater, yet if the protective factors are equal to or outweigh the risk factors, the child may exhibit well-being even when exposed to adversity.[80] A child who does relatively well and exhibits resilience in their ability to cope with adversity at one moment due to a multitude of protective factors over risk factors may become overwhelmed and dysfunctional if, at a subsequent moment, the balance is disrupted and risk factors dominate.[81] These findings suggest that the number of risk factors matters more than the nature of the specific risks encountered.[82] If it is correct that the accumulation of exposure to multiple risk factors is more harmful than exposure to a smaller number of risk factors, then interventions that isolate only one risk factor are less likely to be successful than those that are multifaceted.[83] Thus, understanding all of the risk factors that are present in accordance to the socio-ecological framework is essential to informing the implementation of appropriate interventions.

In addition, evidence suggests that risk factors related to specific harmful outcomes can co-occur and that the accumulation of these risk factors at either one point in time or over time is strongly related to an increase in poor outcomes on multiple indicators of development, including psychosocial competence, psychopathology, and health.[84] In other words, risk factors tend to be positively correlated to one another and negatively correlated to protective factors. Therefore, children with a few risk factors have a greater chance of experiencing even more risk factors and are less likely to have protective factors present.

During humanitarian crises, a child may face multiple harmful protection outcomes at any one time or one after another,[85] for instance, child labor and family separation. In addition, children who have experienced one specific outcome, such as family separation will face an increased likelihood of other harmful outcomes, including recruitment or abduction into armed forces and groups.[86] It is probable that children in humanitarian settings may face multiple harmful outcomes at the same time due to the accumulation of risk factors that co-occur. These correlations underscore the importance of early intervention, and programs and practices that target multiple rather than single risk factors. It equally highlights the importance of identifying and promoting protective factors to balance or buffer against existing risk factors to prevent or reduce the likelihood of the occurrence of a harmful outcome. The presence of multiple protective factors will strengthen the ability of children to cope with the adversity they experience in humanitarian crises. The accumulation of protective factors therefore likely counters cumulative risk factors.[87]

78   Bonanno, GA, Brewin CR, Krzysztof K, & La Greca, AM., 2010
79   Evans, Li & Whipple, 2013
80   Wessells, 2016
81   Ibid.
82   Bowen et al, 2007
83   Evans, Li & Whipple, 2013
84   Masten, 2001; Masten & Wright, 1998; Rutter, 1979
85   Alliance for Child Protection in Humanitarian Action, 2019
86   Mansourian, 2020
87   Mansourian, 2020

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

15

Table 3: Risk factors associated with specific harmful outcomes[88]

Level	Similar Risk factors			
	CAAFAG	**Family Separation**	**Child Labor**	**Maltreatment[i]**
Child/ Adolescent	• Lack of consistent, responsive caregiver (including being separated, unaccompanied or orphaned)[ii] • Engaged in child labour [iii] • Unmet basic needs [iv] (such as a need for health services upon joining an armed group) [v][vi] • Desire for material items promised by armed group[vii] or greater access to money [viii] • Exposure to structural, social or interpersonal violence leading to increase in aggressive behaviour [ix] • Children that are married [x] • Pursuit of a meaningful future/quest for significance [xi] • Desire for agency and control over one's environment [xii] • Desire for sense of identity [xiii]	• Orphanhood [xiv] • Unmet basic needs [xv] • Lack of sense of safety • Lack of sense of community belonging • Behavioral issues, including defiance, or alcohol or substance abuse [xvi] or in conflict with the law [xvii]	• Separation from family [xviii][xix] • Already working (i.e. at risk of engaging in worst forms of child labor as a result of emergency) • Sense of responsibility to take care of family/contribute to family income [xx] • Engaging in risky behavior, specifically survival sex [xxi] or substance use [xxii] • Early sexual initiation [xxiii][xxiv]	• Special needs that may increase caregiver burden (such as disabilities, mental health issues, and chronic physical illnesses) • Premature birth, birth anomalies, low birth weight, exposure to toxins in utero • Temperament: difficult or slow to warm up • Physical/cognitive/emotional disability, chronic or serious illness
Family and other relationships	• Need for survival and improving health and safety [xxv] of parents or other family members • Poverty/lack of livelihoods/unemployment of parent(s) [xxvii] • Existing affiliation of family member(s) with armed group [xxviii] • Destabilization of the family unit (as a result of divorce, remarriage or polygamy) [xxix] • Domestic violence [xxx] • Peer pressure/Influence by peers that have already joined armed group [xxxi]	• Poverty/economic vulnerability or loss/reduction of household income [xxxii] (e.g. exhaustion of savings, depletion of income, high rent costs, exhaustion of other coping mechanisms) [xxxiii] • Unemployment of parent(s) or inconsistent work [xxxiv] • Single parent households [xxxv] • Elderly caregiver [xxxvi] • Large household composition [xxxii] • Migrant parent(s)[xxxviii] • Disability/ill family member (including HIV/AIDS) [xxxix] • At least one sibling has separated • Destabilization of family unit (death of parent or breadwinner, divorce, remarriage or polygamy) [xl] • Maltreatment of children [xli] • Domestic violence [xlii] • Substance abuse of parent(s), including alcoholism [xliii] or mental illness in household [xliv]	• Poverty • Food insecurity [xlv] • Lack of employment of parent(s) [xlvi] • Parents involved in illicit work [xlvii] • Lack of access to formal labor market (refugee settings) • Educational level of parents [xlviii] • Disability/ill caregiver or other family members, including HIV/AIDS [xlix] • Siblings that work [l] • Early marriage as coping mechanism, leading to risk of slavery and trafficking [li] • Household composition [lii]	• Poverty • Single parent with lack of support, high number of children in household • Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income • Parental history of child abuse and or neglect • Social isolation • Substance abuse and/or mental health issues, including depression in the family • Family stress, separation or divorce • High parental conflict, domestic violence
Community	• Geographic proximity to armed group [lii] • Member of a brigade/tribe/ethnic group that is affiliated with an armed group/desire to stay with the group [liv] • Ideology and religion (also present at level of child) • Looting by armed group [lvi]	• Loss of or limited educational opportunities • Educational opportunities away from home [lvii] (including NGO-run schools) • Proximity to/existence of child care institutions catering to children with caregivers or child labor markets [lviii] • Breakdown of community support [lix] • Recruitment by residential care facilities [lx]	• School closures [lxi] • Presence of humanitarian aid (such as growing construction industry leading to demand for workers)[lxii] or insufficient humanitarian assistance in comparison to needs [lxiii]	• Community violence • Concentrated neighborhood disadvantage (such as high poverty, high unemployment rates, high density of alcohol outlets), and poor social connections
Society	• High unemployment level [lxiv] • Lack of quality education system [lxv] • Political instability [lxvi] • Use of propaganda and social media/internet to exacerbate conflict between children and families (e.g. encouragement of children to denounce parents) [lxvii]	• Lack of diversion alternatives to detention for children in conflict with the law [lxviii] • Lack of laws or enforcement of laws regulating residential care facilities	• Insufficient levels of adult workforce [lxix] • Lack of regulation of the labor market (for children's labor)[lxx] • Lack of recognition of State of certain ethnic groups/inability to exercise labor rights [lxxi] • Lack of enforcement of legal frameworks[lxxii]	• Exposure to racism/discrimination • Exposure to environmental toxins
Socio-cultural norms	• Culture and history of military/perception that being part of military is 'noble' [lxxiii]	• Negative or discriminatory gender norms [lxxiv] • Customary care practices [lxxv] • Perceived benefits of placement in alternative care, including belief that services will be better provided to children[lxxvi] • Harmful traditional practices[lxxvii]	• Gender norms[lxxviii] • Acceptance of forced and bonded labor in exchange for rent, debt, or recruitment [lxxix] • Social, cultural acceptance of child labor [lxxx] • Seclusion norms and education access [lxxxi]	

88 The references for this table can be found in the References for _Table 3 section._ This list is not exhaustive.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

16

Khudr Al-Issa UNICEF 2016

Lastly, there may be a correlation among risk or protective factors, such that having one factor increases the chances of developing another. The clustering of protective factors may occur either because protection in one area leverages protection in others (for example, when strong family support translates into efforts to connect children to protective influences in other areas), or due to common sources of protection in multiple areas (for example, family income translates into neighborhood safety, access to a school with supportive teachers, and family relationships that are not strained by economic stressors.[89]

The inverse of this example from a humanitarian context may look like this: a protracted conflict has resulted in economic hardship and chronic poverty, which may undermine the ability of caregivers to provide consistent, responsive care, which in turn may impact the development of competence in multiple domains of function, such as self-regulation, which is crucial for positive school adjustment. While there are many families that maintain protective factors despite extreme adverse experiences, it is important that the protective factors outweigh any risk factors that are present to make sure that the family maintains their ability to cope. Ultimately, promoting protective factors must include person-centered variables (such as self-regulation skills), contextual factors across multiple levels (such as supportive relationships), and broader socio-cultural factors.

---

89   Masten, 2001; Bowen et al., 2007

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

17

3.5. Socio-cultural context

It is necessary to understand the role of the socio-cultural context to identify the risk and protective factors that exist across the various levels of a child's social ecology and how these factors interact with one another. Consideration of the socio-cultural context raises fundamental questions regarding the appropriateness and relevance of resources, responses, and interventions, and importantly, in how "well-being" or "doing well" is defined at the community level. Not only do socio-cultural values determine when a child is "doing well" in accordance to age and developmental stage, but they also influence family and community functions and practices, expectations for child behavior, and the ways in which children are socialized to fit into their culture, community, or society.[90] Socio-cultural values and practices, including rituals, celebrations, faith, morals or honor, are therefore pivotal to comprehending the existing risk and protective factors. Since culture plays a significant role in shaping exposures, response, and expectations of children in humanitarian crises any understanding of the protective factors that restore or maintain resilience and well-being must be contextually and socio-culturally bound.[91]

3.6. Developmental timing and windows of opportunity

The effects of adversity and protective influences vary in relation to developmental timing.[92] Developmental timing has important implications for the nature of exposure, future adaptive capacity, and the design of interventions.[93] The role of age in exposure and response to adverse experiences is complex. For instance, younger children may be relatively protected in some ways and vulnerable in others in comparison to older children.[94] Lack of awareness due to cognitive immaturity may be protective in some ways (the child is oblivious to the impact of the humanitarian crisis and its implications for the future) and problematic in others (a young child who is displaced or separated from a parent will likely not understand whether the parent is returning or a physically mature child who may not have matured cognitively may be more prone to exploitation, sexual or otherwise). While cognitive ability is associated with greater skills in problem-solving, seeking help, and spiritual comfort, it is accompanied with greater awareness of the scope of devastation resulting from a crisis, stigma associated with specific experiences, such as rape or recruitment, and an understanding of lost future opportunities.[95]

Evidence shows the long-term effects of toxic stress on the development of children and suggests that early adversity in particular has influences on health later in life and in adulthood. At the same time, however, windows of brain plasticity during adolescence may compensate for the effects of early life stress if the appropriate support and opportunities are in place.[96] Developmental timing and sensitive periods during the stages of child development can influence adaptive processes, and therefore, are critical to understand as they have implications for intervention and prevention. Tailoring interventions to optimize developmental timing is likely to result in better outcomes for children.[97] There may be windows of opportunity and plasticity when the leverage to promote adaptive systems (or to protect them from harm) to favor resilience is greater, leading to effectiveness of interventions.[98] For instance, research on international adoption shows that children adopted at younger ages from institutions to homes with consistent, responsive caregivers fare better than children who are adopted later.[99]

---

90 Masten & Barnes, 2018
91 Ungar et al. 2013; Eggerman & Panter-Brick, 2010
92 Masten & Barnes, 2018
93 Masten and Narayan, 2012
94 Ibid.
95 Ibid.
96 Fischer H, Boothby N & Wessells M., 2017b
97 Toth & Cicchetti, 1999
98 Masten, 2011
99 Masten & Barnes, 2018

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

18

4. WAYS FORWARD: TOWARDS A FRAMEWORK FOR PREVENTION IN CHILD PROTECTION IN HUMANITARIAN ACTION

In recognizing the strategic importance of improving evidence-based approaches to preventing harmful child protection outcomes, the desk review facilitated for this report sought to define common risk and protective factors from a diverse range of humanitarian contexts.[100] However, in reviewing the existing literature, it was found that:

- the factors associated with specific child protection outcomes, such as family separation or CAAFAG, were predominantly focused on risk as opposed to protective factors;
- there is a scarcity of research facilitated in humanitarian contexts analyzing the causes and causal pathways for risk and resilience, as well as their determinants;[101] and
- trends of risk and protective factors related to specific types of humanitarian crises were, for the most part, non-existent.

These findings have important implications for child protection humanitarian actors in their efforts to address the prevention gap. While there are challenges to facilitating research in humanitarian crises, assessing the risk and protective factors present within the cultural context should be a priority for child protection humanitarian actors seeking to prevent harm and uphold the well-being of children. The lack of available evidence related to the causal pathways of harmful child protection outcomes perhaps highlights a wider issue, which is the tendency of child protection actors to focus on responding to problems as opposed to promoting and building strengths that will enable children, families, and communities to better cope with or adapt to adverse events. In this light, a measurement framework that seeks to understand the cultural context and the risk and protective factors present will be critical in guiding efforts to develop appropriate programming interventions that promote resilience and well-being and prevent harm before it occurs.

Fostering resilience does not mean that responding to harmful child protection outcomes is not considered, but rather that interventions promote strengths building in addition to responding to harm. It is important that the following basic elements are considered when designing prevention program interventions: [102]

Measurement approaches that seek to identify and understand risk and protective factors;

Multi-level and multi-sector alignment;

Maximizing leverage for change through strategic timing and targeting as per the stages of child development; and

Strategies to build strengths.

---

100 These contexts included conflict, natural disasters, refugee and non-refugee contexts, rapid onset, protracted, and chronic crises.

101 Reports such as Cradled by Conflict: Child Involvement with Armed Groups in Contemporary Conflict were amongst the limited resources available that consider the root causes of association with armed forces and groups. Very few studies explicitly focus on understanding the protective factors that contribute to resilience outcomes in children in humanitarian situations. Those that have focus predominantly on natural disasters that have occurred in high-income countries, refugee children who have resettled in North America or Europe, or children formerly associated with armed forces and groups and had already been reintegrated.

102 Masten and Barnes, 2018

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

19

4.1. Measurement approaches that seek to identify and understand risk and protective factors

A solid understanding of risk and protective factors at the population level and according to the cultural context is critical to design appropriate preventive approaches and mechanisms to support well-being. Multiple levels of assessment of risk and protective factors, involving both qualitative and quantitative methods, may be required to determine whether an intervention is needed and for whom. Data collection approaches should seek to identify the risk and protective factors present. Approaches may include: assessment, estimation, population monitoring, or profiling of children who have already experienced a negative outcome, such as recruitment or separation, to understand better who may be at risk.

Measurement efforts should firstly seek to understand what it means for a child to "be well" in the cultural context[103] using qualitative methods of inquiry.[104] This is based on the principle that the core factors that contribute to the well-being of children must first be understood in context to ensure cultural and contextual relevance to children, families, and communities. Understanding what it means for a child to be well in accordance to age group and developmental stage will also help to design appropriate program interventions. Understanding the concept of child well-being or resilience (or other similar terms that are used in the cultural context) can also potentially bring to light existing risk and protective factors.

Secondly, as part of the situation analysis, it is necessary to assess the risk and protective factors. Lastly, programs should be evaluated to determine effectiveness[105] which requires defining measurable indicators and establishing clear objectives.[106] Indicators of child development and well-being, for instance, can be monitored in ongoing and systematic data collection efforts, which would support the success of programs seeking to promote or restore children's healthy development and well-being.[107]

4.2. Multi-level and multi-sector alignment

Humanitarian crises highlight the interdependence of individual, family, community systems, as well as biological, physical, and ecological systems across levels.[108] This is because humanitarian crises have the potential to critically impact many adaptive systems simultaneously across large areas and groups of people.[109] Consequently, preventive programming requires an integrated perspective with consideration of multiple, interdependent systems.

A multi-level approach in accordance to the socio-ecological model will aid in organizing risk and protective factors in a manner that prevention programs can seek to target at each level. It will also provide a better understanding of how factors at all levels interact, such as how communities and societies support families. Such an approach will make sure that programmatic efforts are focused on the appropriate levels.[110]

In addition, prevention calls for an integrated, multi-sector approach. Identifying risk and protective factors at each of the various levels and their subsequent interaction will strengthen multi-sector approaches. For instance, where trauma-focused psychopathology, such as substance abuse, alcoholism, or mental health disorders, is found to be a factor in child maltreatment or family separation, it will be important for child protection humanitarian actors to coordinate with MHPSS actors who can work to support adult caregivers.

---

103 The Alliance has developed a Measurement Framework for Child Well-Being that includes a step-by-step guide to contextualizing to define well-being in the cultural context. For further information refer here: *Child Well-Being Resources*
104 Tools can be found in the Child Well-Being Measurement Framework Contextualization Guide and adapted accordingly.
105 The Alliance Position Paper on Evidence-Based Practice in Child Protection in Humanitarian Action provides an overview of the key steps required to effectively evaluate program interventions.
106 Ibid.
107 Refer to the Child Well-being Measurement Framework for key indicators related to specific age groups and development stages. These indicators should be contextualized accordingly.
108 Masten & Narayan, 2012
109 Masten, 2014
110 Franchino-Olsen, H., 2019

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

20

4.3. Maximizing leverage for change through strategic timing and targeting as per the stages of child development

It is important that any assessment of risk and protective factors considers the age and developmental stage of children in accordance to the cultural context. Since severity of exposure can be related to the age of the child, understanding the key developmental stages of children will support in bringing to light which groups of children may be exposed to specific risk factors and how they can benefit from key protective factors. Program interventions should maximize the leverage for change through a deeper contextual and cultural understanding of what it means for a child to be doing well at each age group. Ultimately, understanding developmental tasks and key indicators for development and well-being in accordance to each age group will help to identify appropriate target groups and interventions, increasing the effectiveness of interventions.

4.4. Strategies to build strengthens

Evidence shows that the majority of children exhibit remarkable functionality and well-being amid circumstances that might have otherwise been expected to produce negative outcomes.[111] This evidence has led to a transition in various disciplines away from a deficits-based approach that emphasized problems, such as psychopathology amongst conflict-affected children to a strengths-based approach that emphasized, for instance, conflict-affected children's ability to cope with, adapt to, and navigate complex environments.[112] Greater emphasis on building strengths to promote well-being and resilience by firstly identifying protective factors will support child protection humanitarian actors in their prevention efforts.

A strengths based perspective that does not ignore risks, deficits, disparities, or social inequities adds an essential and often overlooked dimension to the monitoring of children's development and well-being.[113] Programs can incorporate practices that focus on reducing risk factors that influence vulnerability, while also boosting protective factors and building strengths.

There are three strategies for positive change that can be employed to support child protection humanitarian work.[114] Approaches that promote strengths and prevent problems can be synergistic when combined.[115] Thus, these strategies can be adapted or combined according to need:

- **Risk-focused:** aims to prevent or mitigate harmful outcomes and exposure to adversity by reducing or eliminating exposure to conditions that have the potential to threaten function or development;
- **Asset-focused:** targets assets or increases resources at the household and community levels to strengthen potential or existing protective factors, such as increasing access to quality services, providing cash transfers, supplying necessities or basic materials, or supporting effective formal and non-formal education opportunities.
- **Protection-focused:** restores or promotes protective factors to strengthen the ability to cope with adversity or distressing events. Activities may include: strengthening attachment relationships, providing opportunities to develop the capacity for learning or self-efficacy, providing social support, or improving access to formal and non-formal education opportunities.

A strengths based approach also calls attention to participation and the need for children, families, and communities to be respected as agents in sustaining and restoring their own well-being.[116] Holistic, integrated programming approaches will further enhance strengths based approaches.

---

111 Masten & Narayan, 2012; Wessells, 2016
112 Wessells, 2016
113 Hamby, Grych & Banyard, 2018
114 Masten, 2011
115 Hamby, Grych & Banyard, 2018
116 Hamby, Grych & Banyard, 2018

5. CONCLUSION

A humanitarian crisis can lead to a fundamental alteration of a child's social ecology. A better understanding of the risk and protective factors present in the cultural context will support child protection actors in planning program interventions that focus on building strengths and in identifying appropriate target groups. It will also support in informing fundraising and advocacy efforts. This firstly requires measurement approaches that seek to understand the cultural context and the risk and protective factors that exist there within. There is value in using simple yet effective measures that will improve structural, community-based, and individual-level preventive interventions that can be monitored and evaluated over time. This work will support child protection humanitarian actors in their efforts to protect children by promoting their healthy development and well-being and by preventing harm before it occurs.

The risk factors that lead to harmful child protection outcomes often go beyond sectoral boundaries. Therefore, prevention programs must be multi-faceted and multi-sectoral if they are to succeed. Understanding the protective factors required to prevent harm to children will help to inform integrated, multi-sectoral program approaches. Equally important is the need to share efforts to protect children with development actors. It is through cohesive partnerships with development actors that existing capacities and systems can be strengthened to more effectively prevent harm to children in humanitarian settings.[117]

Siddhartha Hajra UNICEF 2018

117 Fischer, 2019

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

22

REFERENCES

ActionAid Afghanistan. 2008. *Child Protection Assessment of Street Working Children in Kandahar City and Spin Boldak.*

Ager A, Stark L, Akesson B, Boothby N. 2010. Defining best practice in care and protection of children in crisis-affected settings: A Delphi study. *Child Development 81(4): 1271-86.* https://doi.org/10.1111/j.1467-8624.2010.01467.

Ager A, Ager, W, Stavrou, V & Boothby, N. 2011. Inter-agency guide to the evaluation of psychosocial programming in emergencies. New York.

Ahmad, B. 2010. Gender, education and child labour: A sociological perspective. *Educational Research and Reviews;* (5)6: 323-328.

Alliance for Child Protection in Humanitarian Action. 2016. *Adapting to learn, learning to adapt: Overview of and Considerations for Child Protection Systems Strengthening in Emergencies.*

Alliance for Child Protection in Humanitarian Action. 2017. *Field Handbook on Unaccompanied and Separated Children.*

Alliance for Child Protection in Humanitarian Action. 2016. *Inter-agency Toolkit: Supporting the Protection Needs of Child Labourers in Emergencies.*

Alliance for Child Protection in Humanitarian Action. 2019. *Minimum Standards for Child Protection in Humanitarian Action.*

American Psychology Association (APA). 2010. Resilience and Recovery After War: Refugee Children and Families in the United States. Washington, DC: Am. Psychol. Assoc.

AVSI Foundation. 2019. Family Resilience Project: End of Project Report. Retrieved from: https://bettercarenetwork.org/sites/default/files/FARE%20Final%20Report%20Nov%202015-June%202018%20080419%20%28accepted%29%5B1%5D.pdf

Banyard, V, Grych JH & Hamby, S. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect, 65: 88-98.*

Barber BK. 2008. Contrasting portraits of war: youths' varied experiences with political violence in Bosnia and Palestine. *Int. J. Behav. Dev,* 32(4): 298–309.

Becker-Blease, KA, Turner, HA, Finkelhor, D. 2010. Disasters, victimization, and children's mental health. *Child Development,* 81 (4): 1040-1052.

Belsky J, Pluess M. 2009. Beyond diathesis stress: differential susceptibility to environmental influences. *Psychological Bulletin,* 135(6): 885–908.

Benard, B. 2004. Resiliency. What We Have Learned. San Francisco: West Ed.

Betancourt TS, Khan KT. 2008. The mental health of children affected by armed conflict: protective processes and pathways to resilience. *Int. Rev. Psychiatry,* 20(3): 317–28.

Betancourt TS, et al. 2010. Sierra Leone's former child soldiers: a longitudinal study of risk, protective factors, and mental health. *J Am Acad Child Adolesc Psychiatry;* 49(6): 606–615.

Bonanno GA, Diminich ED. 2013. Annual research review: Positive adjustment to adversity—Trajectories of minimal-impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry.* 54:378–401.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

23

Bonanno GA. 2004. Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely adverse events? *American Psychologist.* 59:20–28.

Bonanno GA, Brewin CR, Krzysztof K, & La Greca, AM. 2010. Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities. *Psychological Science in the Public Interest.* 11:1, 1–49.

Boothby N, Wessells M, Williamson J, Huebner G, Canter K, Rolland EG, et al. 2012. What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care? *Child Abuse Neglect;* 36(10): 711-21.

Bronfenbrenner U, Morris PA. 2006. The bioecological model of human development. In The Handbook of Child Psychology, Vol. 1: Theoretical Models of Human Development, ed. RM Lerner,W Damon; 793–828.

Cahill H, Beadle S, Farrelly R, et al. 2017. Building resilience in children and young people: A literature review for the department of education and early childhood development youth research centre, Melbourne graduate school of education. Melbourne: University of Melbourne.

Canavera M, Anwar Y, Cislaghi B, Clark C, Muldoon K, Sall M. 2017. *Measuring Child Protection Outcomes in Senegal: A population-based survey of Pikine and Kolda departments.*

Carrion VG, Weems CF, Bradley T. 2010. Natural disasters and the neurodevelopmental response to trauma in childhood: a brief overview and call to action. *Future Neurol.* 5(5): 667–74

ChildFund International. 2018. *Final Report: ChildFund Deinstitutionalization of Vulnerable Children in Uganda* (DOVCU). Retrieved from:
https://bettercarenetwork.org/sites/default/files/DOVCU%20Final%20Report.pdf#page=60

Cicchetti D. 2010. Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry*, 9(3):145–154. doi: 10.1002/j.2015-5545.2010.tb00297.

Connor KM, Davidson JRT. 2003. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depress Anxiety,* 18(2):76–82. 10.1002/da.10113

CPWG. 2012. *Child Protection Rapid Assessment Toolkit.* Available from:
https://resourcecentre.savethechildren.net/node/7993/pdf/cpra-english.pdf

Dimitry L. 2012. A systematic review on the mental health of children and adolescents in areas of armed conflict in the Middle East. *Child: Care, Health, and Development,* 38(2): 153–161.

Duncan J, & Arnston L. 2004. *Children in crisis: Good practices in evaluating psychosocial programming.* Save the Children Federation, Inc.

Evans G. W, Li D, Whipple S. S. Cumulative risk and child development. 2013. *Psychological Bulletin,* 139:1342–1396. doi: 10.1037/a0031808.

Family Care First, REACT. 2018. *Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children.*

Felitti MD, Vincent J, Anda MD, Robert F, Nordenberg M. D, Williamson M. S, et al. 1998.

Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine,* 14: 245–258.

Fischer H. 2019. "Humanitarian-Development Nexus" and Child Protection: Background Paper for the 2019 Annual Meeting of the Alliance for Child Protection in Humanitarian Action.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

24

Fischer H, Boothby N & Wessells M. 2017a. *Fostering Resilience in Adverse Environments: Educational Considerations: An Outcomes Framework.* Columbia University: Mailman School of Public Health.

Fischer H, Boothby N & Wessells M. 2017b. *The Effects of Extreme Adversity on Adolescent Development.* Columbia University: Mailman School of Public Health.

FHI360. 2018. *ASPIRES Family Care Evidence and Guidance for Economic Strengthening to Help Families Stay Together.*

Flynn, RJ, Dudding, PM, & Barber, JG. (Eds.). 2006. Promoting resilience in development: A general framework for systems of care. Ottawa: University of Ottawa Press.

Franchino-Olsen, H. 2019. Frameworks and theories relevant for organizing commercial sexual exploitation of children/domestic minor sex trafficking risk factors: A systematic review of purposed frameworks to conceptualize vulnerabilities. *Trauma, Violence & Abuse (TVA).* https://doi.org/10.1177%2F1524838019849575

Garmezy, N & Rutter, M. 1983. Stress, coping, and development in children. New York: McGraw-Hill.

Government of Canada. 2017. *Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers.*

Gupte, Prajakta. 2018. Child Soldiers in Myanmar: Role of Myanmar Government and Limitations of International Law, *Penn State Journal of Law and International Affairs (6).*

Halevi G, Djalovski A, Vengrober A, et al. 2016. Risk and resilience trajectories in war-exposed children across the first decade of life. *J Child Psychol Psychiatry,* 57:1183–93.doi:10.1111/jcpp.12622

International Labour Organisation, UNICEF, Save the Children Internatonal. 2015. *Children Living and Working on the Streets in Lebanon: Profile and Magnitude.* Republic of Lebanon Ministry of Labour and The Consultation and Research Institute.

International Labour Organisation. 2011 *National Study on Worst Forms of in Syria Child Labour.*

International Labour Organisation. 2013. *World report on child labour: Economic vulnerability, social protection and the fight against child labour.* Geneva: ILO.

International Rescue Committee. 2017. *Final Report: Family Care First Project* (Burundi). New York: International Rescue Committee.

Joyce S, Shand F, Tighe J, et al. 2018. Road to resilience: a systematic review and meta-analysis of resilience training programmes and interventions. *BMJ Open*, 8:e017858.doi:10.1136/bmjopen-2017-017858

Kantor P., and Hozyainova A. 2008. *Factors Influencing Decisions to Use Child Labour: A Case Study of Poor Households in Kabul.* Afghanistan Research and Evaluation Unit (AREU). Retrieved from: https://www.refworld.org/docid/48030f231.html

Karatoreos IN, McEwen BS. 2013. Annual research review: The neurobiology and physiology of resilience and adaptation across the life course. *The Journal of Child Psychology and Psychiatry,* 54:337–347. doi: 10.1111/jcpp.12054.

Kim-Cohen & Turkewitz. 2012. Resilience and measured gene-environment interactions. *Development and Psychopathology,* 24(4): 1297-306.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

25

Kragulj, J. and Pop, Delia. 2012. *Preventing the separation of children from their families in Bosnia and Herzegovina: Review of Hope and Homes for Children ACTIVE Family Support programme in Bosnia and Herzegovina 2003-2010.* Retrieved from: *https://www.hopeandhomes. org/wp-content/uploads/2016/12/BiH-Active-Family-Support-Report_final_LowR.pdf*

Leckman JF, Panter-Brick C, Salah R. Raising a peaceful world: The transformative power of families and child development. In: Leckman J. F, Panter-Brick C, Salah R, editors. Pathways to peace: The transformative power of children and families. Cambridge MA: MIT Press; in press.

Luthar, S. & Cicchetti, D. 2000. The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology,* 12(4), 857–85.

Mansourian H. (2020). "Prioritizing the Prevention of Child-Family Separation: The Value of a Public Health Approach to Measurement and Action." *International Journal of Child Health and Nutrition,* 9, 34-46. https://doi.org/10.6000/1929-4247.2020.09.01.5

Masten, A. 2001. Ordinary magic: Resilience processes in development. *American Psychologist,* 56(3), 227–38.

Masten AS. 2014. Global Perspectives on Resilience in Children and Youth. Child Development, (85)1: 6–20.

Masten, AS & Coatsworth, JD. 1998. The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist,* 53(2): 205.

Masten, AS, and Angela J Narayan. 2012. Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience. *Annual Review of Psychology* 63: 227–57.

Masten, AS, Powell, JL & Luthar, S. 2003. A resilience framework for research, policy, and practice. In Luthar, Suniya (Ed.), Resilience and vulnerability: Adaptation in the context of childhood adversities. *Cambridge University Press:* 1–25.

Masten, AS & Barnes JA. 2018. Resilience in Children: Developmental Perspectives, 5(7): 98.

McAdam-Crisp, Aptekar J, & Kironyo, W. 2005. The theory of resilience and its application to street children in the minority and majority worlds. In M. Ungar (Ed.), Handbook for working with children and youth: Pathways to resilience across cultures and contexts. Thousand Oaks, CA: Sage. 455–71

McEwen, Bruce S. 2007. Physiology and Neurobiology of Stress and Adaptation: Central Role of the Brain. *Physiological Reviews*, (87)3: 873–904.

McLaughlin, Katie A, and Margaret A Sheridan. 2016. Beyond Cumulative Risk: A Dimensional Approach to Childhood Adversity. *Current Directions in Psychological Science,* (25)4: 239–45.

Moret, Whitney. 2016. *Review of Vulnerability Assessment Methods for Reintegration and Prevention of Child Separation.* Washington, D.C.: FHI 360.

Moret, W. 2016. *Review of Vulnerability Assessment Methods for Reintegration and Prevention of Child Separation.* Retrieved from *http://www.fhi360.org/projects/accelerating-strategies-practical-innovation-and-research-economic-*

Mutenyo, F, Machingaidze, S, Okello, W, Otai, M, & Asekenye, M. 2019. Multistage Processes of Identifying Children at Risk or Out of Family Care: a Case of DOVCU Project Methods in Uganda. Global Social Welfare, 1(13). Retrieved from *https://doi.org/10.1007/s40609-019-00140-9%0AMultistage*

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

26

Namey, Emily, Lisa C. Laumann, and Annette N. Brown. 2019. Learning about Integrated Development using Longitudinal Mixed Mathods Programme Evaluation. *IDS Bulletin* 49 (4): 97-114. doi: DOI: 10.19088/1968-2018.164.

Namey, Emily, Lisa Laumann, Eunice Okumu, and Seth Zissette. 2019. ASPIRES *Family Care Family Resilience (FARE) Project Endline Summary Report.* Washington, D.C.: FHI 360.

Namey, Emily, Lisa Laumann. 2019. *Meeting the Costs of Family Care: Household Economic Strengthening to Prevent Children's Separation and Support Reintegration - A Resource Guide.* FHI 360. Retrieved from:
https://bettercarenetwork.org/sites/default/files/2019-10/ASPIRES-FamilyCare-v4.pdf

O'Donnell, Karen, Florence Nyangara, Robert Murphy, Molly Cannon, and Beverly Nyberg. 2013. Child Status Index Manual Second Edition. Chapel Hill: Measure Evaluation.

O'Neil S., Van Broeckhoven K. et al. 2018. *Cradled by Conflict: Child Involvement with Armed Groups in Contemporary Conflict.*
Save the Children DRC. (2012). *Baseline report: Appropriate Care for Families and Children.*

Pietrzak RH, Southwick SM. 2011. Psychological resilience in OEF-OIF Veterans: application of a novel classification approach and examination of demographic and psychosocial correlates. *J Affect Disord,* 133(3): 560-8.

Reed RV, Fazel M, Jones L, Panter-Brick C, Stein A. 2012. Mental health of displaced refugee children resettled in low-income and middle-income countries: Risk and protective factors. *Lancet*, 379: 250–265.

Rubenstein, BL, Spencer, C, Mansourian, H, Noble, E, Munganga, GB, & Stark, L. 2015. Community-based surveillance to monitor trends in unaccompanied and separated children in eastern DRC. *Child Abuse & Neglect. https://doi.org/10.1016/j.chiabu.2015.09.002*

Rutter, M. 1979. Protective factors in children's responses to stress and disadvantage. *Annals of the Academy of Medicine,* 8(3), 324–338.

Rutter, M. 1987. Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry,* 57(3), 316–331.

Rutter, M. 2012. Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335–344.

Save the Children DRC. 2012. Baseline report: *Appropriate Care for Families and Children.*

Save the Children. 2011. *Don't Call Me A Street Child: Estimation and Characteristics of Urban Street Children in Georgia.*

Save the Children, Plan International, UNCEF & World Vision. 2013. *After Yolanda: What Children Think, Need and Recommend.*

Scales PC, Roehlkepartain EC, Wallace, T, Inselman A, Stephenson, P, Rodriguez, M. 2015. Brief report: Assessing youth well-being in global emergency settings: Early results from the *Emergency Developmental Assets Profile. Journal of Adolescence,* (45): 98-102.

Sherrieb K, Norris FH, Galea S. 2010. Measuring Capacities for Community Resilience. Social Indicators Research, 99(2):227–247

Southwick S, Bonanno GA, Masten AS, Panter-Brick C & Yehuda R. 2014. Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol,* v5.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

27

Stark, L, MacFarlane, M, Rubenstein, BL, Yu, G, Jensen, C, & Williamson, K. 2018. Using a population-based survey approach to estimate child separation after a natural disaster: Findings from post-Hurricane Haiti. BMJ Global Health, 3(3), 1–8. https://doi.org/10.1136/bmjgh-2018-000784

Steinberg, L. 2000. We know some things: Parent-adolescent relations in retrospect and prospect, presidential address. In Eighth Biennial Meeting of the Society for Research on Adolescence. Chicago, IL.

Terre des Hommes International Federation. 2016. *Child Labour Report: 'Because We Struggle to Survivor': Child Labour Amongst Refugees of the Syrian Conflict.*

Tiet, QQ, Bird, HR, Davies, M, Hoven, C, Cohen, P, Jensen, P. S. & Goodman, S. 1998. Adverse life events and resilience. Journal of the American Academy of Child \& Adolescent Psychiatry, 37(11), 1191–1200.

Tol WA, Song S, Jordans MJD. 2013. Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict—A systematic review of findings in low-and middle-income countries. *Journal of Child Psychology and Psychiatry,* 54: 445–460.

Tonmyr, L, Wekerle, C, Zangeneh, M & Fallon, B. 2011. Childhood Maltreatment, Risk and Resilience. *Int J Ment Health Addition,* 9: 343-346.

Toth, SL & Cicchetti, D. 2013. A Developmental Psychopathology Perspective on Child Maltreatment, 18(3): 135-139.

Tweed, R.G., & DeLongis, A. 2006. Problems and strategies when using rating scales in cross-cultural coping research. In P.T.P. Wong & L.C.J. Wong (Eds.), Handbook of multicultural perspectives on stress and coping. New York: Springer, 203–21.

Ungar M. Resilience across cultures. 2008. *British Journal of Social Work,* 38: 218–235.

Ungar M, editor. 2012. The social ecology of resilience: A handbook of theory and practice. New York: Springer.

Ungar, M. 2017. Which Counts More: Differential Impact of the Environment or Differential Susceptibility of the Individual? *The British Journal of Social Work,* (47)5: 1279-1289.

Ungar M. 2015. Varied Patterns of Family Resilience in Challenging Contexts. Dalhousie University. *Journal of Marital and Family Therapy,* 42(1): 19–31; doi: 10.1111/jmft.12124

Ungar, M. 2015. Practitioner Review: Diagnosing Childhood Resilience-a Systemic Approach to the Diagnosis of Adaptation in Adverse Social and Physical Ecologies." *Journal of Child Psychology and Psychiatry,* (56)1: 4–17.

Ungar M, Ghazinour M, Richter J. 2013. What is resilience within the social ecology of human development? *The Journal of Child Psychology and Psychiatry,* 54: 348–366.

UNDP. 2017. *Journey to Extremism in Africa: Drivers, Incentives and the Tipping Point for Recruitment.*

UNHCR. 2019. Global Trends: Forced Displacement in 2019. Geneva: Switzerland: United Nations High Commissioner for Refugees (UNHCR).

UNHCR & UNICEF. 2018. Bridging the Humanitarian-Development Divide for Refugee Children in Eastern Africa and the Great Lakes Region: Mapping existing national child protection practice. United Nations Office of the Hugh Commissioner for Refugees (UNHCR).

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

28

UNICEF. 1997. Cape Town Principles and Best Practices adopted at the symposium on the prevention of recruitment of children into the armed forces and on demobilization and social reintegration of child soldiers in Africa. Retrieved from
https://www.unicef.org/emergencies/files/Cape_Town_Principles(1).pdf

UNICEF. 2007. The Paris Principles – Principles and guidelines on children associated with armed forces or armed groups. Retrieved from
https://www.unicef.org/infobycountry/files/ParisPrinciples310107English.pdf

United Nations Organization Stabilization Mission to the Democratic Republic of the Congo (MONUSCO). 2019.*"Our Strength Is In Our Youth": Child Recruitment and Use by Armed Groups in the Democratic Republic of the Congo 2014-2017.*

Wachs, TD. 2000. *Necessary but not sufficient: The respective roles of single and multiple influences on individual development.* Washington, DC: American Psychological Association.

Walsh, F. 2003. Family Resilience: A Framework for Clinical Practice. *Family Process* 42(1): 1-18.

Walsh F. 2006. Strengthening family resilience. 2nd ed. New York: Guilford Press.

War Child. 2018. *Tug-of-War: A study on the push and pull factors influencing children to join armed groups 'voluntarily' in North and South Kivu, Democratic Republic of the Congo.*

Webb, Nancy Boyd. 2004. Mass Trauma and Violence: Helping Families and Children Cope. *Guilford Press.*

Weining CC, & Fung, D. 2015. In Search of Family Resilience. *Psychology*, 6, 1594-1607.

Werner E, Smith R, editors. 1992. *Overcoming the odds: High risk children from birth to adulthood.* Cornell University Press; Ithaca, NY.

Wessells M. 2016. Children and Armed Conflict: Introduction and Overview. Peace and Conflict: Journal of Peace Psychology; *American Psychological Association,* (22)3: 198–207

Wessells, M. 2018. *A Toolkit for Reflective Practice in Supporting Community-led Child Protection Processes.* Child Resilience Alliance, New York.

WFP, UNHCR and UNICEF. 2015. Vulnerability Assessment of Syrian Refugees in Lebanon 2015 Report.

WHO. Violence Prevention: The Evidence (2010). World Health Organization.

Williamson, John, & Greenberg, A. (2010). Families, Not Orphanages. Better Care Network Working Paper Series, (September). Retrieved from *http://www.crin.org/docs/Families Not Orphanages.pdf%5Cnhttp://symposium.jointcouncil.org/wp-content/uploads/2012/04/ Williamson-Families-Not-Orphanages-for-JCICS.pdf*

Windle G, Bennett KM, Noyes J. 2011. A methodological review of resilience measurement scales. *Health Qual Life Outcomes,* 9:8–2554.

Wood CN Laura. 2018. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatr Open,* (2)1.

World Economic Forum. 2019. The Global Risks Report 2019: 14th edition. Geneva: World Economic Forum (WEF).

Zimmerman RS. 2017. Importance of resilience research and multi-level interventions. Soc Sci Med, 190:275–7.

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

29

Yoon S. 2018. Fostering resilient development: protective factors underlying externalizing trajectories of maltreated children. J Child Fam Stud; 27:443–52.

Tipping the Scales: The Resilience Game. Available online: *https://developingchild.harvard.edu/resources/resilience-game/* (accessed on 13 July 2020).

References for Table 3
The endnotes below are for Table 3.

i	U.S. Department of Health & Human Services, Centers for Disease Control and Prevention; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau; Yoon, 2018
ii	Ibid.
iii	Ibid.
iv	UNDP, 2017; MONUSCO, 2019
v	These traits are not mutually exclusive and often coexist in the same individual.
vi	War Child, 2018; O'Neil and Broeckhoven, 2018
vii	O'Neil and Broeckhoven, 2018
viii	War Child, 2018
ix	Boxer et al., 2013; Masten, 2014
x	Ibid.
xi	O'Neil and Broeckhoven, 2018
xii	Ibid.
xiii	Masten, 2014
xiv	ChildFund, 2018
xv	Save the Children, 2012; Namey et al., 2019
xvi	Family Care First, REACT
xvii	Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xviii	Alliance CPHA/Child Labour Task Force, 2016
xix	Terre des Hommes, 2016;
xx	Action Aid, 2008
xxi	ILO, UNICEF, SCI, Republic of Lebanon Ministry of Labour and The Consultation and Research Institute, 2015
xxii	Alliance CPHA/Child Labour Task Force, 2016
xxiii	Refers specifically to prostitution.
xxiv	Franchino-Olsen
xxv	A paradox of civil conflict is that it is often safer to align oneself with a violent group than to remain unaffiliated.
xxvi	O'Neil and Broeckhoven, 2018
xxvii	Norris et al., 2008; UNDP, 2017; O'Neil and Broeckhoven, 2018
xxiii	Ibid.
xxix	Ibid.
xxx	O'Neil and Broeckhoven, 2018
xxxi	MONUSCO, 2019; O'Neil and Broeckhoven, 2018
xxxii	Namey et al., 2019; Roelen et al., 2016
xxxiii	Terre des Hommes, 2016
xxxiv	Cambodia Children's Trust, 2019
xxxv	Family Care First, REACT

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

30

xxxvi	Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xxxvii	Save the Children, 2012, Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xxxviii	Save the Children; 2008, Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xxxix	Children, 2012; Namey et al., 2019
xl	Save the Children, 2012; Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xli	Ibid
xlii	ChildFund, 2018
xliii	Ibid.
xliv	Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018
xlv	CPMS, 2019
xlvi	ActionAid, 2008
xlvii	Alliance CPHA/Child Labour Task Force, 2016
xlviii	Ahmad, 2010; Kantor and Hozyainova, 2008
xlix	ActionAid, 2008; Save the Children, 2012
l	Save the Children, 2012
li	ILO, UNICEF, SCI, Republic of Lebanon Ministry of Labour and The Consultation and Research Institute, 2015
lii	Kantor and Hozyainova, 2008
liii	War Child, 2018; UNDP, 2017
liv	War Child, 2018; O'Neil and Broeckhoven, 2018
lv	MONUSCO, 2019; O'Neil and Broeckhoven, 2018.

> Although the conventional understanding of "radicalization" generally assumes a linear and unidirectional process in which exposure to extreme ideology causes an individual to join a violent group, research on the conflicts in Syria and Iraq suggests that the role of ideology in child recruitment is significantly more complex, i.e. children often join armed groups for non-ideological reasons – for example, to earn a living or to protect their families – but over time, they may reframe their motivations in terms of ideology as a result of constant exposure to propaganda and the peer effects of living among "true believers". In many cases, ideology is a post hoc rationalization for joining rather than the proximate cause.

lvi	War Child, 2018
lvii	Ibid.
lviii	Ibid.
lix	Ibid.
lx	Ibid.
lxi	CPMS, 2019
lxii	Save the Children, Plan International, UNCEF & World Vision, 2013; ILO, 2011
lxiii	Terre des Hommes, 2016
lxiv	Ibid.
lxv	Ibid.
lxvi	Prajakta, 2018
lxvii	Prajakta, 2018; O'Neil and Broeckhoven, 2018
lxviii	Ibid.
lxix	Ibid.
lxx	WFP, UNHCR and UNICEF, 2015
lxxi	Danish Refugee Council, 2019

UNDERSTANDING RISK AND PROTECTIVE FACTORS IN HUMANITARIAN CRISES:
TOWARDS A PREVENTIVE APPROACH TO CHILD PROTECTION IN HUMANITARIAN ACTION

31

lxxii   Ibid.

lxxiii   Ibid.

lxxiv   Delap 2013; Sofovik, Kragulj, and Pop 2012; Laumann 2016-2018

lxxv   Rubenstein et al., 2018

lxxvi   Family Care First, REACT

lxxvii   Ibid.

lxxviii   Ahmad, 2010; Kantor and Hozyainova, 2008

lxxix   ILO, UNICEF, SCI, Republic of Lebanon Ministry of Labour and The Consultation
            and Research Institute, 2015

lxxx   Alliance CPHA/Child Labour Task Force, 2016

lxxxi   Kantor and Hozyainova, 2008

Patricia Willocq UNICEF 2019

Understanding Risk and Protective Factors in Humanitarian Crises:

Towards a Preventive Approach to Child Protection in Humanitarian Action

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION