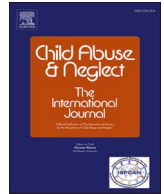




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Conceptualising and challenging child neglect in humanitarian action: Protecting displaced children in Jordan and Palestine

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ABSTRACT

Background: Humanitarian organisations commonly identify neglect as a specific form of harm from which children should be protected. However, lack of debate about the aetiology of child neglect has left intact a tendency to assume that it is due to a failure of caregivers. Obscured by this assumption are the role of the humanitarian system in supporting or, indeed, undermining the efforts of primary caregivers.

Objective: To bring together insights from the literature on child neglect in humanitarian settings with findings from empirical research in the Middle East.

Participants and setting: Fieldwork involved 38 'peer researchers' from five refugee communities: Sudanese, Somali, Iraqi, Syrian (in Jordan) and Palestinian (in Gaza). These researchers undertook enquiry with a total of around 300 people across their respective communities.

Methods:

- 100 interviews. 70 follow-up interviews.
- Theatre-based workshops and focus group discussions with 30 children.
- Research workshops with 35 children.
- Focus group discussions with 40 parents.
- Creative writing project with 60 children.

Results: Fieldwork revealed neglect in three distinct areas: educational participation, access to healthcare, and physical safety. This neglect can be related to the humanitarian system, (including humanitarian agencies, host government, donors, etc.), that is both directly neglectful and undermining of caregivers' efforts.

Conclusion: Caregivers in our study illustrated the impossibility of exercising constant vigilance over children within conditions of extreme social and economic marginalisation. Thoroughgoing debate about child neglect is needed to address this situation and ensure that caregivers receive adequate support to meet their children's needs. Such support should be offered in a manner that upholds the dignity of displaced people - adults and children alike.

1. Introduction

Notwithstanding the increasing nuclearisation of families, caregiving is often a shared responsibility that extends beyond

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immediate family to include aunts, uncles, grandparents, and cousins, as well as friends and neighbours. In contexts of displacement and armed conflict, primary caregivers typically lose kin and social networks, leaving behind or becoming separated from those on whom they relied for childcare (Ager et al., 2010). Escaping in order to protect their children, refugees typically arrive in a place where it is a daily struggle to meet their basic survival needs through the nuclear family alone (Sim et al., 2018). Notwithstanding the immense burden that displaced and conflict-affected caregivers typically shoulder, they are liable to be seen as responsible for child neglect. Such a view has been perpetuated, in part, by the hitherto lack of empirically-informed discussion of child neglect in humanitarian contexts. The response to child neglect often consists of efforts to educate parents and guardians on the care needs of the young: efforts that are experienced as irrelevant, if not injurious to their dignity.

This paper seeks to realise two goals. The first is to stimulate greater reflection and discussion amongst scholars, practitioners, and policymakers about child neglect as a protection issue in humanitarian settings. In the process of doing so, we aim to pursue our second goal: to enrich thinking about child neglect by exploring its systemic dimensions. In this way our quest is to challenge the tendency to assume that neglect indicates the failure of caregivers. Instead, we explore how the humanitarian system – typically involving donors, host governments, public sector workers, (I)NGOs, United Nations agencies and other actors– may produce neglect both as a direct result of the policy of actors within the system and as a by-product of the functioning of the system itself.

The primary research upon which we draw was undertaken in two locations: Gaza, Palestine and Amman, Jordan. The project engaged, as both researchers and participants, people of diverse ages from five different national backgrounds – Sudan, Syria, Iraq, and Somalia (in Jordan) and Palestine (in The Gaza Strip). We proceed as follows. The first section provides a brief overview of Child Protection as a domain of humanitarian action. This is intended to situate our understanding of child neglect as a key protection issue within the humanitarian field. We then describe the study contexts and the methodology employed in our research. Finally, we share key findings and discuss their implications for both the conceptualisation of child neglect and efforts to reduce its occurrence and severity.

2. Child protection

Child Protection (CP) is a long-established domain of humanitarian programming. Its emergence within western-originating humanitarianism may be traced to the efforts of a committed group of British activists in the aftermath of World War One (Baughan, 2022; Cabanes, 2014). This group advocated with the British government to lift the blockade of the defeated nations of Germany and Austria so that medicine and food could reach children at risk of disease and starvation. By the end of 1919, the group had established Save the Children: an organisation that pioneered efforts to protect the young from the harms created by armed conflict and disaster (Mulley, 2009). Save the Children has since been joined by numerous other humanitarian organisations with a similar focus on CP, including the United Nations Children's Fund (UNICEF), World Vision International, Terre des Hommes, and Plan International.

Today, CP often sits alongside other sectors in humanitarian action, such as Education and Health. In some organisations, however, it is treated as an issue that cuts across sectors. CP efforts are commonly framed in terms of rights, with reference to the 1989 UNCRC (United Nations Convention on the Rights of the Child), which (a) specifies asylum-seeking and refugee children's right to protection and humanitarian assistance (Article 22); and (b) charges signatories to the Convention with the duty to realise this right (Article 38) (Hamilton & Abu El-Haj, 1997; Levy et al., 2022). States Parties are expected to cooperate with competent United Nations agencies and non-governmental organisations (NGOs) towards the fulfilment of their responsibilities.

Like other areas of activity in the humanitarian field, CP has undergone processes of standardisation, professionalisation and coordination to strengthen technical competencies. Considerable resources have been invested in creating Child Protection Minimum Standards to be deployed globally (see ACPHA, 2019); disseminating 'promising practices'; developing staff training initiatives; and promoting effective communication and collaboration amongst UN agencies and national and international NGOs.

As Hart and Lo Forte have argued with reference to the Occupied Palestinian Territories (2013), the outcomes of CP efforts are not determined by technical competence alone. Context is also vitally important: not just cultural context, but also the context of political-economy. Elites, local and global, may play a significant role in determining the nature and scope of humanitarian work, including efforts to ensure the protection of children. We can discern their impact in terms of the populations that receive support (and those that do not) as well as in the nature of the support given.

3. Child neglect

Neglect is included with abuse, exploitation, and violence as one of the four forms of maltreatment that humanitarian actors should prevent and respond to (UNICEF, 2021). However, neglect differs from these other three in that it entails lack or absence: a failure to meet children's fundamental needs. Neglect may be a causal factor for various harms inflicted on the young, including developmental harm associated with inadequate nutrition and harms entailed in abuse, exploitation, and violence. For example, displaced children's ongoing exposure to racist violence may be traced to neglect on the part of an array of actors (such as individual schoolteachers), as well as institutions (such as the police).

Unlike abuse, exploitation and violence, neglect has only recently become a focus of concern for organisations working on CP in humanitarian settings. In an important move, the *Alliance for Child Protection in Humanitarian Action (ACPHA) (2018)* commissioned a desk-based study on child neglect in humanitarian contexts. The result of this review of the (limited) available literature was published in 2018. The authors of the study defined 'child neglect' as:

‘...the intentional or unintentional failure of a caregiver – any person, community, or institution (including the State) with clear responsibility for the wellbeing of the child – to protect a child from actual or potential harm or to fulfil that child’s rights to wellbeing...’
Ibid, p.8

We are not comfortable with the invocation of intentionality in this definition when it comes to discerning the motivation of individuals. At the institutional level, intentionality may be easier to comprehend due both to stated policy (for example, to not grant status to certain groups of displaced) or due to the greater visibility of institutions’ patterns of behaviour. For the sake of clarity, we mostly employ the terms ‘direct’ and ‘indirect’ neglect instead. Intentionality is invoked briefly below in the discussion of the actions/inactions of institutions.

This slight divergence from the terminology notwithstanding, we appreciate that the definition offered by the authors of the ACPHA study broadens consideration of responsibility for neglect beyond parents to the wider societal and institutional context. Our research builds upon this definition in exploring the causes of neglect, paying attention to the role of diverse actors within what we refer to as the ‘humanitarian system’. These actors include host governments and humanitarian organisations; public sector employees; bilateral and multilateral donors; local organisations; neighbours and social networks. In Jordan and Gaza, Palestine, as in other contexts, caregivers and children seeking to address risks within daily life are also part of this system. See Fig. 1 below.

The actors in Fig. 1 are presented in this study as elements of a system which, when adequately resourced, sufficiently aligned, and commonly focused on protection, might serve to identify and address the risk of children’s basic needs not being met. Each could be a significant actor within any given context, but not all will necessarily be so. For example, host government employees may have no immediate role in a country where refugees all reside in displacement camps run by UN agencies and NGOs responsible for the delivery of schooling, healthcare and other services. Furthermore, while each element may connect to the others, in different contexts certain connections will be more impactful for the protection of children than others. ‘Context-specific actors’ is included to indicate an institution that is found only in a certain setting. The Government of Israel in the occupied Palestinian territory (OPT) would be an obvious example of a context-specific actor. It is an occupying power that has chosen not to ratify international humanitarian law (Geneva Conventions, Optional Protocol 1, 1977) that specifically speaks of the responsibility of parties to conflict to protect children (ICRC, 1977).

ELEMENTS OF THE HUMANITARIAN SYSTEM

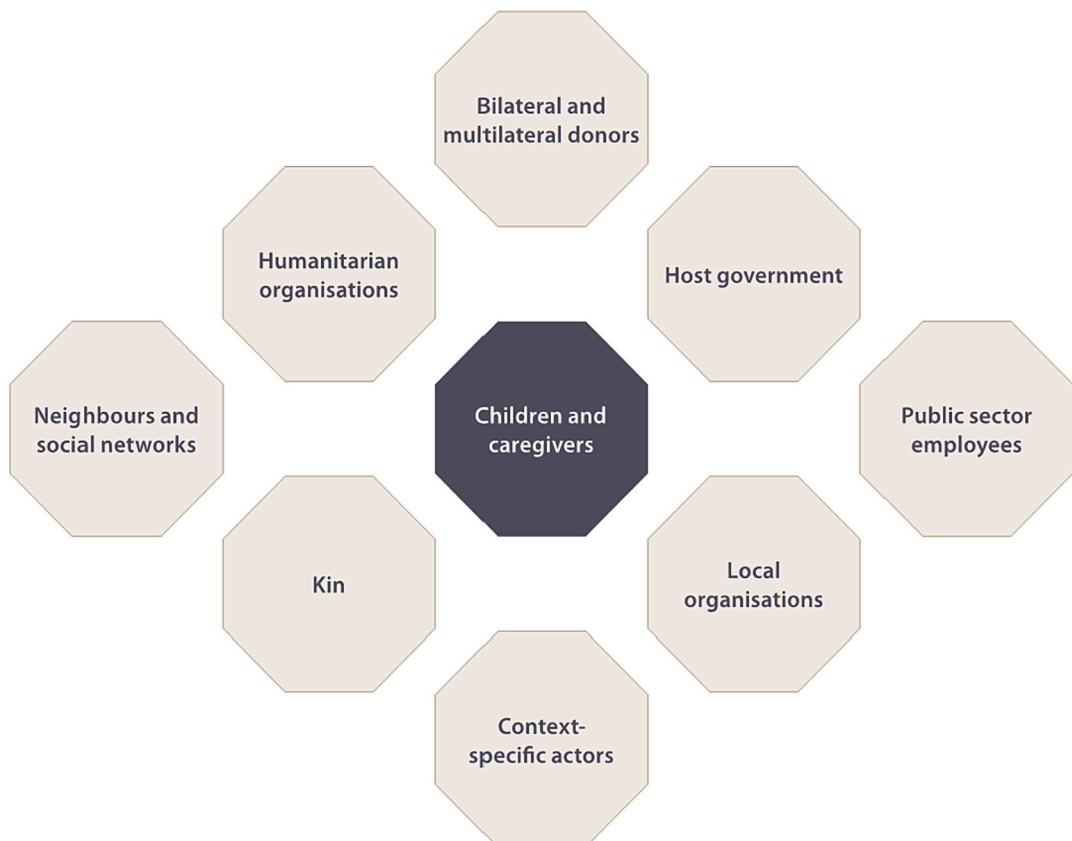


Fig. 1. Actors comprising the humanitarian system.

We understand the potential of the humanitarian system to cause neglect in two different ways. The first is 'direct' and entails discriminatory policy or practice. Discrimination may take the form of providing different levels of support to different populations of displaced children based on factors such as nationality or ethnicity, rather than solely on the grounds of need. In such a case, neglect may stem from the actions of dominant players in the humanitarian system (typically major humanitarian organisations, host government and bilateral/multi-lateral donors) producing or reinforcing an inequitable distribution of humanitarian aid and assistance. In the process, the core humanitarian principle of impartiality is violated (Slim, 2015).

By contrast, 'indirect' neglect refers to failure by the humanitarian system to provide adequate support to caregivers, or to even create obstacles to their quest for different kinds of support. As a consequence, the capacity of caregivers to provide care and protection to children is undermined. We discuss neglect as the direct and indirect product of the humanitarian systems in our two research locations below.

4. The study

The research that informs this study was conducted by and with refugees in Amman, Jordan and Gaza, Palestine. These two settings were selected because they represent contrasting displacement contexts within the same region: Gaza continues to be war-affected while Jordan is a refugee receiving country. These differences allowed our team to develop a deeper understanding of the ways in which setting-specific humanitarian systems function to produce neglect. In Gaza, research was conducted with Palestinian refugees residing in camps; in Jordan, our research was with Somali, Sudanese, Iraqi and Syrian refugees who have self-settled in the capital, Amman, and the adjacent governorate of Sahab. We offer a brief description of the two settings of our field research.

4.1. The Gaza Strip, Palestine

The roughly 2.2 million population of the Gaza Strip may be divided into two groups. The first are refugees and their descendants who fled from towns and villages within the 1948 borders of the State of Israel, and who number approximately 1.4 million. The remaining 0.8 million people are originally from the Gaza Strip. The distinction between 'refugees' and 'Gazans' matters in terms of sources of support. Refugees have historically received aid and services through UNRWA (United Nations Relief and Works Agency). Major cuts in funding to UNRWA by the US government, particularly during the Trump presidency, as well as by other western governments, often put such support at risk. Meanwhile, Gazans have historically relied primarily on assistance from the Palestinian governing authorities which, for complex political and economic reasons, have proven incapable of meeting needs. The Hamas-led government that was installed through elections in 2006 has been proscribed as a terrorist organisation by many major donors, including the EU and USA, and consequently denied funding.

Both populations have been subject to periods of intense military violence by Israel, with displacement camps experiencing the heaviest attacks. There have been major outbreaks of hostility on at least six occasions from 2008/9 to 2023. One such outbreak occurred in May 2021 when we were preparing for primary research. It resulted in the loss of 256 lives (67 of whom were children), injury of over 2200 people, and the destruction of buildings and infrastructure (Office of the Coordinator of Humanitarian Affairs [OCHA]-OPT, 2021). Further bombardments occurred in August 2022 and May 2023, followed by the major war that began in October 2023, after completion of our research.

Israel continues to exercise control over the economy of the Gaza Strip, the movement of its residents, the entry and export of goods - including the import of basic commodities needed for survival - and the activities of humanitarian and human rights organisations. Inevitably, this 'context-specific actor' has a major role in respect of the neglect of children.

4.2. Jordan

For many years Jordan has been listed amongst the countries hosting the largest number of refugees globally. In 1948 and 1967, the country received hundreds of thousands of Palestinians who fled across the River Jordan. As of March 2023, the UNHCR (United Nations High Commissioner for Refugees) in Jordan had registered 660,646 Syrians, 61,081 Iraqis, 12,772 Yemenis, 5163 Sudanese, 593 Somalis, and approximately 1195 forced migrants of other nationalities (UNHCR, 2023a, 2023b). A growing number await registration. Refugees who have self-settled primarily live in urban areas, especially Amman. Approximately 115,000 of the Syrians live in two refugee camps. While some Syrians can work legally in certain sectors, the majority are caught in the same situation of economic insecurity as members of other displaced communities, who are denied entry to the formal labour market (Mencütek & Nashwan, 2021). Access to state services also varies according to nationality. Less than 1 % of applicants deemed eligible for resettlement by UNHCR are, in fact, resettled in third countries.¹

Efforts to support and protect displaced and conflict-affected children typically involve several humanitarian organisations, UN, international, and local. Their focus is broadly similar, with considerable efforts over several years to develop a systematised approach to dealing with child protection cases. UNHCR is the lead agency in terms of delivering services to non-Palestinian refugees in Jordan. However, their work is constrained by a lack of funding. For example, in 2021, barely 25 % of UNHCR's funding appeal was realised. In principle, UNHCR support should include enabling access to basic services and cash and in-kind assistance. However, funding

¹ <https://help.unhcr.org.uk/resettlement> Retrieved 21 November 2023.

shortages have increased the need for selectivity, with decisions on provision of support to individuals and families taken in line with criteria framed in terms of ‘vulnerability’ (Verme et al., 2016).

5. Methodology

The study sought to generate insights into the conceptualisation and pursuit of child protection in humanitarian contexts, with particular attention to neglect, by grounding the study in the perspectives of displaced and conflict-affected caregivers and children themselves. From this vantage-point, we explored the relationship between professionalised humanitarian action on one hand, and the strategies pursued by households and communities on the other.

Primary research was conducted between October 2021 and March 2022. The project was designed as a collaboration between academics, researchers, experts, and practitioners in the field of Child Protection in humanitarian action. Those who joined the project – Collateral Repair Project, Sawiyan, Seenaryo and the German-Jordanian University in Jordan, the Tamer Institute in Gaza, and Proteknôn Foundation for Innovation and Learning - collaborated on the distinct project phases, which included research planning, design, and training; data collection and analysis; and research dissemination and knowledge exchange. Central to the methodology was co-designing research tools with youth and adult ‘peer researchers’ from the different communities. This collaboration was critical to ensuring that the methods and questions would feel safe for participants, especially given that some may not have legal status and family members may feel uncomfortable discussing child neglect.

Ethical concerns related to the politically fragile study settings, the precarious status and circumstances of research participants, and the topic itself guided the research design. Significant time was spent with peer researchers and project partners discussing these concerns and how to navigate them. For instance, to mitigate potential participant discomfort or distress during interviews, interviewers took time to build rapport with the interviewee, and sensitive topics were only discussed in depth after an initial meeting. Interviewers also invited participants to choose from a selection of interview topics and lead the discussion as much as possible. Working in close partnership with community-based organisations enabled the team to develop a referral process, should a participant wish to access support following an interview. To support the emotional health and wellbeing of the peer research team, who were interrogating issues that also affect them, the team dedicated time to discussing mental health during training and undertook group and individual de-briefing sessions, which also proved to be a useful starting point for collaborative analytical work.

In total, 38 peer researchers (20 females and 18 males, including five young people 16 to 18-years-old) were selected from and by three of the national partner organisations. All received training and mentoring to undertake qualitative research with members of their own communities. Trainings were co-designed to ensure relevance. Training topics included conducting social research with children and caregivers, designing research questions, research ethics, and safeguarding. Throughout the training, peer researchers discussed the meaning of child protection within their communities. Later in the training, peer researchers developed data collection tools and selection criteria in dialogue with the lead researchers. Reflecting on this process, one of the peer researchers from the Sudanese refugee community commented:

The most important point was thinking of the community while trying to structure the questions. We did it with passion. This is our community; we are in the same boat. We put the questions carefully, so everyone feels comfortable. This was the most important moment for me, the brainstorming sessions.

Semi-structured interviews and participatory workshops with caregivers and children (12 to 18-years-old) constituted the foundation of the research. Co-analysis of initial findings with peer researchers, who contextualised and elaborated on participants' responses, yielded further insights. Partner organisations facilitated the selection and recruitment of participants with help from peer researchers. In total, peer researchers interviewed 100 people (70 from Jordan, 30 from Gaza). Most participants had two interviews. Additionally, the project entailed:

- Theatre-based workshops and focus group discussions with 30 children (12 to 18-years-old) from Somali and Sudanese communities in Jordan;
- Four focus group discussions from Syrian and Iraqi communities in Jordan organised by Collateral Repair Project;
- 60 children (11 to 18-years-old) engaged through creative writing and arts by Tamer Institute in Gaza.

The research team conducted data analysis workshops in-person in Jordan and remotely with the team in Gaza. The team then used MAXQDA to code translated transcripts and identify themes and sub-themes shared across communities, as well as those unique to each. A more detailed analysis of each theme was then conducted. In addition, the team reviewed relevant literature, most of which is written from the perspective of CP actors and observers. Finally, the team conducted twelve key informant interviews with individuals responsible for Child Protection in the two locations and beyond.

The study has some limitations. First, while the findings likely hold relevance in humanitarian contexts more broadly, they are specific to the communities and populations described in Amman and the Gaza Strip. Second, there were limits to full collaboration. The ethics, safety, and risk requirements of UK universities and funders find expression in the ‘red lines’ they set, which leave little room for negotiation with national partners. For instance, COVID-19 protective measures (such as mask wearing and regular testing) were not commonplace in the research communities, but to comply with institutional requirements, this requirement had to be enforced. The research team worked hard to counter the top-down dynamic this introduced by taking time to build understanding and cooperation through dialogue, which was ultimately successful.

6. Research findings

If your children cannot get education and you left your home country for war and seek refuge in this country and still you can't get education and development for your children, this is a big problem for their future. I don't think there is a problem bigger than that.

Somali mother, Amman, August 2021

When developing the research questions, peer researchers and the research team came to recognise the need to distinguish between professional Child Protection efforts (led by institutions) and the everyday actions that households and communities take to protect displaced and conflict-affected children and ensure their wellbeing. We refer to the latter, which is embedded in personal and familial relationships, as 'protecting children'. Key differences between 'Child Protection' and 'protecting children' are briefly summarised in Table 1 below.

It is important to stress that professionals working in Child Protection are often attentive to the efforts at the family and community level to protection the young. However, they operate within institutional frameworks that commonly impair efforts to align Child Protection, as a professionalised field, with everyday practices.

Organisations involved in the field of Child Protection generally focus on eliminating specific forms of harm. These typically include the recruitment of children to engage in political violence; early marriage; child labour; and violence against children - particularly sexual and gender-based violence and violence within the home (Stark & Landis, 2016). All of these issues, except for recruitment, were at the centre of CP efforts by humanitarians in both Jordan and the Gaza Strip.

The threats to wellbeing that caregivers and children articulated in our study differed from those identified by CP actors. For caregivers and children, protecting the young entailed ensuring access to basic services (especially education), adequate food and housing, and safe play space. In addition, they commonly expressed immense concern about protecting children from violence. For them, violence was less about the domestic realm than it was for many humanitarian organisations. In Jordan, concern was focussed on interpersonal violence directed at refugee children by peers. In the Gaza Strip, caregivers spoke of massive military violence that routinely put their children's lives at risk.

We turn now to protection challenges that caregivers and children commonly discussed, and that occupied their efforts to protect the young, namely experiences of peer violence and military attack; school non-participation; and inadequate access to healthcare. Given the limitations of space, we offer an indicative and partial account of these issues. The aim is to further explain the protection issues of particular concern to parents, concerns that they strove to address every day. What they sought from actors within the humanitarian system was support for their efforts to protect children faced with these issues. Our later analysis of child neglect raises questions about the functioning of the humanitarian system in producing neglect, both directly and indirectly, through lack of support.

6.1. Peer violence and military attack

In Gaza, military attack by Israeli forces has caused massive destruction to civilian life and infrastructure. In such a setting, where reconstruction is a complex task both practically and politically, caregivers said they struggle to meet children's basic needs, even for adequate shelter. Moreover, children are at grave risk simply moving around or playing in their own neighbourhood due to the destruction that has occurred at regular intervals in recent years. As one mother explained:

In our area, there is a cliff that resulted from the erosion of the seashore. In order to solve the problem, the municipality brought the remains of destroyed houses that contain many iron rods. My house is only a short distance from the beach, which means that if I neglected my child even a little, for example while I was preparing food, he would have reached the beach near the iron bars. If ...any boy... pushed my son on the iron bars, his life would end completely.

Palestinian mother, Gaza, Palestine, October 2021

The challenges caregivers face protecting children from harm are considerable and numerous, even during periods of relative calm. During periods of bombardment, severe injury and loss of life become real possibilities that caregivers are powerless to prevent. Research participants spoke repeatedly about trying to give children a sense of safety and reassurance at such times, often by distracting or downplaying the extent of the threat. However, such a strategy did not change the objective reality of their situation.

As long as there is occupation, there is no safety. I mean, we are in a constant situation. You can try to tell the child that there is no occupation, there is no bombing, and make him or her feel safe. But the child will not trust you.

Palestinian mother, Gaza, Palestine, October 2021

Table 1
'Child protection' vs 'protecting children'.

	Child protection	Protecting children
Primary agents of protection	Professional humanitarians	Parents/caregivers, children themselves
Object of protection	Children as individuals	Children as family, household and community members
Source for identifying main protection issues	Institutional (primarily global with effort to 'contextualise')	Daily life (inherently local)
Framing and justifying discourse	Child rights	Children's needs

Children in the different refugee communities in Jordan were not routinely exposed to violence on the devastating scale experienced by their peers in the Gaza Strip. Nevertheless, the physical harm they were subjected to, principally by Jordanian peers, could be considerable and the consequences, both physically and socially, grave. This was particularly true for Sudanese and Somali children, whose dark skin colour was commonly a focus of abuse. Numerous research participants shared personal accounts of physical attack within the school, on the street, and in public play spaces.

My son's two teeth are half broken by some random kids who threw an object at him. He doesn't know them except one...His back was torn with the metal cover of a tuna can. He has many scars on his back, but he sees none of them. He only sees his half-broken teeth. And my other son can't forget about his eye.

Somali mother, Amman, Jordan, August 2021

6.2. School non-participation

In Amman, some caregivers' sense of the impossibility of preventing physical harm led them to keep their children at home. This happened most for boys. Caregivers limited the opportunity for social interaction with peers because they prioritised safety over schooling. Those children subjected to violence and regular bullying who continued to attend school sought to minimise the risk of physical and mental harm, not only in the school itself but also on the journey to and from. The experiences shared with us frequently included accounts of regular verbal abuse and taunting:

Sometimes girls harass me. They don't become friends with me. They don't talk with me. That's why at school I always stay by myself. For example, they harass me and they think that every black person is not good at school: she has problems with smartness or with her mind. Even when I was in 2nd grade, girls were afraid to touch me because they didn't want their colour to become the same as my colour.

15-year-old Sudanese girl; Sahab, August 2021

Caregivers from the Iraqi, Sudanese, and Somali communities in Jordan observed that the challenges to ensuring their children's participation in schooling were also administrative. Syrian children from families registered with UNHCR were generally given a place at school automatically and materials were provided for free. By contrast, non-Syrians, especially those prevented from registering with UNHCR due to Jordanian government directives, had to negotiate an arbitrary and unpredictable set of conditions. Some spoke of the challenges of providing head teachers with documentation that was often hard to obtain – a situation that led to long delays in registration.

There are many difficulties in getting them registered in schools. You have to have many connections in order to get them accepted.

Iraqi mother, Amman, Jordan, August 2021

There were also costs that for some were prohibitive. These included an upfront fee to 'reserve a seat' at the chosen school, typically 40 Dinar (roughly £45). For families with several children, this constituted a major obstacle. Then there were charges for the provision of schoolbooks, which were given automatically to Syrian children but subject to payment by others.

They give us books, but then when they know my nationality, they take them back from me.

13-year-old Iraqi boy, August 2021

Families lacking the funds to cover the on-going costs of schooling sought assistance from various organisations, including UNHCR and UNICEF. The process was complicated and might result in a one-off payment that was enough to ensure access for one academic year, with no guarantee after that.

A further reason for dropout, noted particularly by Palestinian research participants in Gaza and by Syrians in Amman, was the dire economic situation within households that caused children (invariably male) to drop out to work, often under exploitative conditions. Such a scenario seemed to occur mostly in families where the father was absent or had a serious illness and was unable to work. In Gaza, the Israeli blockade contributed to high adult unemployment rates and put added pressure on children to work. As one Palestinian mother explained:

[My son] left school and went to work as a result of the situation we found ourselves in after his father became unemployed. He sometimes works with his uncle as a construction worker or with our neighbours in [day] labour.

Gaza, Palestine, October 2021

6.3. Inadequate access to healthcare

When it comes to health, we are suffering a lot. Your son is sick and in pain, crying in front of you, and you can't do much and have no money to take him to a hospital.

Somali father, Amman, August 2021

Refugees' access to medical services in Jordan is often hindered by bureaucracy and by a lack of financial resources to pay for treatment. Furthermore, the system is complex, with shifting policies concerning access to healthcare for different refugee populations. At the time of our research, all those registered with UNHCR could obtain healthcare. This was charged at the same rate as for Jordanians who were not privately insured. For anything beyond routine healthcare, it was necessary to obtain approval from UNHCR.

This should happen before proceeding to a designated health facility for free or subsidised treatment. Non-Syrians who arrived in Jordan after the Government obliged UNHCR to suspend registration in 2019 had no entitlement to healthcare at a reduced cost through the public health system. If the necessary permissions could be obtained and the incidental costs covered, treatment is principally accessed at Al-Basheer Hospital in South Amman. This hospital has a poor reputation. Moreover, interviewees described long wait times to be seen by a doctor. In the experience of some, this situation was made worse by the fact that Jordanians often jumped the queue thanks to their connections with staff.

Given the obstacles, several refugees sought more immediate health alternatives. Participants from the Sudanese and Somali communities spoke of the assistance offered two days a week at a local church. However, support was limited to the provision of basic medicines. Some caregivers viewed the purchase of additional medicine from a pharmacy as cheaper and less trouble than seeking treatment through the public health system. But for some conditions experienced by their children, medications from the pharmacy were, at most, only a means to manage rather than overcome the medical problem.

Some families with accessible kin and social networks that extended beyond Jordan would seek to borrow the money required for serious medical treatment. One young Iraqi man, whose family had had to borrow to pay for his urgent surgery when he was a child, commented:

If you talk to the majority of refugees who have had surgery, most paid out of pocket. What (humanitarian) organisations do to help is just to provide you with the painkillers. But if it was something costly, dangerous, something that might alter the course of your life, they don't want any part of it because of the reputational risks to them. You know some people actually got help from their neighbours back in Iraq. From their cousins, friends of relatives, and even people who didn't know them, but are willing to help, even if it was a small amount. Some borrowed from strangers under contract...It's the most humiliating situation.

Due to a lack of specialised services, children with physical conditions that might be treated through therapy or surgery must instead live with a disabling condition. This can severely disadvantage them within and beyond the classroom. Moreover, they may be subject to additional bullying and verbal abuse due to the visibility of a particular condition that marks them out as different.

Access to primary healthcare as described by research participants in Gaza, Palestine was noticeably different from that in Jordan. The healthcare system has suffered immensely due to war and blockade.² Facilities have been damaged, and the import of equipment and medications has been tightly controlled by the Israeli authorities. Against this troubling background, and in contrast to findings from Jordan, the majority of our research participants spoke very positively about their experiences of accessing primary care, including maternity services. Most were treated for free within one of the clinics run by UNRWA. However, dental treatment and anything beyond primary care had to be accessed elsewhere, often at a cost beyond the means of participants.

At the UNRWA clinic there's this doctor who said my son needed surgery and another who said he didn't need it. I held onto the second one's opinion since we cannot afford surgery and the medicines. And such things that he requires after surgery I cannot fulfil.

Palestinian mother, Gaza, Palestine, October 2021

7. Analysis: systemic neglect

The protection concerns research participants identified were not limited to the three issues of violence (military and peer), school non-participation, and access to healthcare. We focussed on these to illustrate some of the ways neglect is manifest. The following discussion is organised around the dichotomy between 'direct' and 'indirect' neglect. This distinction is not always clear in practice, but its usage here lends a degree of specificity to our discussion of the functioning of the humanitarian system.

7.1. Direct neglect

It is our contention that the humanitarian system impacts caregivers and children both directly and indirectly. The system may be *directly* implicated in neglect in two main ways. The more obvious of these is the system's withholding or denying support to specific groups, such as certain nationalities, or for specific sections of the population (e.g., displaced versus non-displaced in the same locale). Lack of support may affect children in relation to the three protection issues we identified: educational participation, access to healthcare, and exposure to forms of violence. Measures taken by the Jordanian government, including their directive to UNHCR to suspend registration for new arrivals, and their reluctance to grant all refugee children automatic school enrolment, illustrate the direct role that national authorities may play in the neglect of certain categories of children. Discriminatory attitudes are strongly implicated here.

Although a key player, the government is only one part of the humanitarian system. A broad view is needed that accounts for the role of other actors in that system. Thus, for example, questions might be asked about bilateral and multilateral donors and their unwillingness to provide adequate funding, leaving Jordan – a middle-income, water-scarce country – with responsibility for hundreds of thousands of non-citizen children. The funds offered by donor governments and multilateral bodies cannot be taken at face value as expressions of benevolence. They should also be seen as part of a strategy to contain displaced people who might otherwise seek

² <https://casebook.icrc.org/case-study/gaza-health-situation-gaza-strip> Accessed 05.05.2022.

asylum in the high-income countries of the global North.³ Thus the inadequacy of the donor funding can be read as cheap skating on the effort to contain displaced populations. This neglect by donors feeds through the humanitarian system in-country, fuelling child neglect as only certain populations of displaced children are provided with free school places and free books, or access to healthcare services beyond the primary level, for example.

A second form of direct neglect might be witnessed in the failure of actors within the humanitarian system to engage displaced communities in the design of support for displaced children. The three issues that emerged from our research with children and caregivers - exposure to military and peer violence, school non-participation, and inadequate access to healthcare - are not the core protection issues the Child Protection sector typically focusses on. Concern with early marriage, child labour, and sexual and gender-based violence is standard fare for most big agencies - issues established at HQ level (Wessells, 2015:8). Such prioritisation from above pervades the humanitarian system, informing the thinking and actions of donors, host government, public sector employees, and humanitarian professionals working in-country. Ignoring a community's understanding of the acute harms children face is likely to result in those harms going unaddressed. For example, the Somali and Sudanese participants in our research spoke particularly about the need to protect children from peer violence. Yet, they felt that this was not an issue being picked up by humanitarian organisations in any systematic way.

7.2. Indirect neglect

We employ the notion of 'indirect neglect' to describe how the humanitarian system undermines the efforts of caregivers by default. Direct neglect is manifest in exclusion, in the explicit intention to deny support and in the failure to attend to the priority needs that displaced communities articulate. By contrast, indirect neglect entails inadequate support to caregivers in their efforts to ensure the wellbeing of children, despite the legal duty of care that humanitarian actors hold.

Inadequate support for the economic situation of families undermines, routinely and fundamentally, the efforts of caregivers to provide adequate care for children and thereby their dignity. In Jordan, most research participants reported the immense impact of their lack of access to formal, regulated employment. Only some Syrian refugees were able to obtain work permits. In Gaza, Palestine, caregivers struggle to provide because economic conditions have worsened inexorably due to the Israeli blockade imposed in 2006 and the destruction of essential infrastructure, including the port and airport that were both bombed in 2000. Very limited economic assistance is available from formal institutions. Most participants identified members of their extended families as the only sources of support they could rely on.

In recent years, advocacy for the introduction of social protection measures for displaced populations has grown, sometimes with the explicit mention of the positive impact this would have on children (see, for example, UNICEF/ODI, 2023). However, such enthusiasm has not yet translated into significant activity in either location of our study. In Jordan, efforts to promote self-reliance through the creation of a permit regime for refugees to work in specified industries has only benefitted a small proportion of displaced Syrian refugees and offered nothing to others.

The ways in which grinding poverty fuels neglect are multiple (Schumaker, 2012). At a basic level, it forces caregivers who are excluded from the formal economy into exploitative employment, working long hours for little and sometimes no pay. This severely impacts their capacity to attend to children. Waiting for treatment at one of the few health centres open to impoverished refugees (Jordan), taking children to and from school to protect them from violence, abuse, and hazardous traffic on the street (Jordan and Gaza), and overseeing children's play outside the home (Gaza and Jordan) are just three of the activities that parents struggle to undertake due to their need to engage in exploitative employment. The situation described by lone parents was particularly grim given they have sole responsibility for caregiving, domestic work, and the pursuit of an income. Shortly after the research ended, one single mother from the study was imprisoned for working illegally, which left her nine-year-old alone to fend for himself with support from neighbours.

In Amman and its environs, accessing basic services is not only constrained by the lack of supply. There is often a lengthy and expensive process involved in getting proof that costs will be met by one or another humanitarian organisation. Caregivers may have to travel across town simply to obtain a document that they can then use to get access to schooling or healthcare for their children.

The Caritas clinic that helps us is in Hashemi. Imagine... from Sahab. If we wanted to go, we would need 10 JD (Jordanian Dinar: roughly £11).

Sudanese mother; Sahab, August 2021

When processes are time-consuming, there is likely to be a negative impact on the caregiver's capacity to provide the care and support children need, particularly given the heightened threat of harm due to their location or racist or exclusionary attitudes. Intense effort is required of parents to keep their children safe which, if undertaken, limits opportunities to secure a livelihood and, in some cases, to ensure adequate care for other, typically older children in the household.

My children don't play outside at all. Their father takes them to school and I pick them up from school at noon. Because I fear for them, I can't leave them alone. So, my children don't go to the streets and they don't have any friends at all...my son was beaten twice, and I fear it happening again...

³ As an example of this line of argument by a leader from the global North see <https://www.dw.com/en/britains-america-urges-aid-close-to-home-for-syrian-refugees/a-18714513> Accessed 31.3.23.

Iraqi Mother, Amman, August 2021

According to our research participants, in cases of street violence between refugees and citizens, police would invariably take the side of the latter. They reported that humanitarians often advised them not to engage the police and not to seek legal redress because this would only make their situation worse in the longer-term. Here the dynamic between humanitarian organisations, host government, and the police undermines caregiver efforts to protect, leaving refugee children vulnerable to serious and repeated injury.

In Gaza, Palestine, the frequent episodes of military attack reveal the humanitarian system's incapacity to ensure that caregivers can protect children. In this setting, the Government of Israel has been able to operate with impunity, maintaining the blockade, inflicting massive violence upon civilian populations, and destroying basic infrastructure. This constitutes an exceptionally clear example of a humanitarian system in which one actor (the Israeli government) exerts dominance.⁴ That it has been able to ignore its responsibility for the welfare of the occupied population under International Humanitarian Law signals not just a failure at the local level but also within global and regional institutions such as the UN Security Council, the International Criminal Court and the EU, as well as amongst powerful national governments and major corporations who continue their 'business as usual' with the Israeli government. Meanwhile, humanitarian organisations provide psychosocial support to caregivers that aims to equip them to cope better with the ongoing trauma they and their children experience, rather than address the cause of such trauma (Hart & Lo Forte, 2013).⁵ Often lost in the rhetoric around psychosocial support programming is acknowledgement that the factors causing the trauma are also undermining caregivers' ability to meet their children's basic needs; caregivers are desperate for the safety and wellbeing of their children, which is only possible by ending the blockade and military attacks.

8. Conclusion: meeting the need for unceasing vigilance

This article has attended to the neglect of children living in situations of displacement. Our overriding goal has been to stimulate debate about what causes neglect, a major form of child maltreatment, and to suggest several considerations that might helpfully inform such debate. In particular, we have sought to challenge the normative account of neglect as the failure of caregivers. Instead, we have situated consideration of neglect in relation to the humanitarian system, which is understood as a constantly evolving network of diverse players, only some of which may explicitly carry the label of 'humanitarian'.

The article contains numerous quotes from participants in the research. These include a Palestinian mother in Gaza talking about the potentially fatal consequences for her son should she not maintain vigilance about where he goes to play. We also cited the words of an Iraqi mother whose fear for her children was so great that she strove to avoid them being on the street unaccompanied. These are just two examples of the need for caregivers to maintain what we might call 'unceasing vigilance' to protect their children in the face of serious harms.

Particularly for the refugees in Amman, the task to remain vigilant is unceasing due to the absence of support networks. Most lack extended family and longstanding friends who might provide stand-in care while a caregiver devotes time to some other vital task – such as taking a child to the hospital or working overtime. None of our participants expected that humanitarian organisations, public sector workers, or host governments would share the caregivers' responsibility for providing immediate protection. However, there was uniformity in the criticism of organisations that fail to address the harms that caregivers must be unceasingly vigilant to prevent. Serious disparagement was voiced against both the Jordanian police for its handling of interpersonal violence directed at refugee children, as well as against humanitarian organisations that offer inadequate support for efforts to achieve a just solution in response to incidents of harm. In Gaza, the failure of humanitarian organisations and powerful Western donors to call out Israel's blockade and regular military attack for their impact upon children's protection and wellbeing has become normalised.

Participants also criticised organisations that made the task of being an attentive caregiver harder by imposing unnecessarily bureaucratic processes. Every refugee caregiver in Amman who must give up half a day to travel across town for a bureaucratic purpose is a caregiver who cannot escort their children to or from school to avoid physical or verbal violence. Moreover, the opacity of such processes caused caregivers to waste time simply trying to figure out where they might receive support. Meanwhile, the need for unceasing vigilance over their children goes unmet.

It would be naïve to suppose that humanitarian organisations and other actors in the humanitarian system in Amman or the Gaza Strip are able to reduce the burden upon caregivers in the short-term by either minimising the harms to which children are exposed or by greatly increasing the support they can provide. However, serious consideration of child neglect amongst displaced communities at the margins of society and the global political-economy entails a shift from assuming caregiver failure to asking how those caregivers are supported or undermined in the immense task of ensuring the protection and wellbeing of their children.

As we have argued, the neglect of children is often – directly or otherwise – a product of the neglect of caregivers who lack support for or are undermined in their caregiving role. The neglect of caregivers ranges from denial of their existence and their basic human rights on the grounds of nationality, to denial of their needs as caregivers. Such neglect cannot be explained as simply an aberration of the humanitarian system as described here. It is also a form of exclusion and disregard enacted by elements of that system: a denial of

⁴ According to Article 50 of the Fourth Geneva Convention, an Occupying Power is obliged to "facilitate the proper working of all institutions devoted to the care and education of children".

⁵ See, for example, these websites of humanitarian organisations working to help children cope <https://www.anera.org/blog/helping-gaza-children-cope-trauma>/<https://www.unicef.org/sop/stories/mental-health-psychosocial-support-programme><https://reliefweb.int/report/occupied-palestinian-territory/unrwa-after-school-activities-help-children-gaza-cope-stress>.

the ‘right to life with dignity’⁶ that is, or should be, at the heart of the humanitarian endeavour (Slim, 2015). In the final analysis, ensuring the safety and wellbeing of the displaced children of our study requires that their caregivers and communities are treated in a manner that entails recognition of their place within the human family (Margalit, 1998).

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Data availability

Data will be made available on request.

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This article was finalized at a moment of unimaginable horror in Gaza. At least one of our research team has been killed. We pray for the safety of Palestine’s children and their families currently subject to siege and bombardment. May their suffering strengthen humanity’s commitment to the protection of all children caught up in war and brutal oppression.

References

- 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), 1271–1286.
- Alliance for Child Protection in Humanitarian Action. (2018). Child neglect in humanitarian settings: literature review and recommendations for strengthening prevention and response. Retrieved May 26, 2023, from <http://alliancecpa.org/en/child-protection-online-library/child-neglect-humanitarian-settings-literature-review-and>.
- Alliance for Child Protection in Humanitarian Action. (2019). Minimum standards for child protection in humanitarian action (CPMS). Retrieved May 19, 2023, from https://alliancecpa.org/en/CPMS_home.
- Baughan, E. (2022). *Saving the children: Humanitarianism, internationalism, and empire*. University of California Press.
- Cabanes, B. (2014). *The Great War and the origins of humanitarianism*. Cambridge University Press.
- Hamilton, C., & Abu El-Haj, T. (1997). Armed conflict: The protection of children under international law. *The International Journal of Children's Rights, 5*(1), 1–46. <https://doi.org/10.1163/15718189720493519>
- Hart, J., & Lo Forte, C. (2013). Mandated to fail? Humanitarian agencies and the protection of Palestinian children. *Disasters, 37*(4), 627–645. <https://doi.org/10.1111/disa.12024>
- International Committee of the Red Cross. (1977). *Protocol additional to the Geneva Conventions of 12 August 1949, and relating to the protection of victims of international armed conflicts (Protocol I), 8 June 1977*.
- Levy, S. R., Migacheva, K., Ramirez, L., Okorodudu, C., Cook, H., Araujo-Soares, V., ... Walker, P. (2022). A human rights-based approach to the global children’s rights crisis: A call to action. *Journal of Social Issues, 78*(4), 1085–1097.
- Margalit, A. (1998). *The decent society*. Cambridge: Harvard University Press.
- Mencütek, Z. S., & Nashwan, A. J. J. (2021). Employment of Syrian refugees in Jordan: Challenges and opportunities. *Journal of Ethnic & Cultural Diversity in Social Work, 30*(6), 500–522. <https://doi.org/10.1080/15313204.2020.1753614>
- Mulley, C. (2009). *The woman who saved the children: A biography of Eglantyne Jebb founder of save the children*. Oxford: Oneworld Publications.
- Office of the Coordinator of Humanitarian Affairs – OPT. (2021). Protection of civilians report, 24–31 May 2021. Retrieved May 25, 2023, from <https://www.ochaopt.org/poc/24-31-may-2021>.
- Schumaker, K. (2012). *An exploration of the relationship between poverty and child neglect in Canadian child welfare*. Ph.D Thesis. University of Toronto.
- Sim, A., Fazel, M., Bowes, L., & Gardner, F. (2018). Pathways linking war and displacement to parenting and child adjustment: A qualitative study with Syrian refugees in Lebanon. *Social Science & Medicine, 200*, 19–26. <https://doi.org/10.1016/j.socscimed.2018.01.009>
- Slim, H. (2015). *Humanitarian ethics: A guide to the morality of aid in war and disaster*. London: Hurst and Company.
- Stark, L., & Landis, D. (2016). Violence against children in humanitarian settings: A literature review of population-based approaches. *Social Science & Medicine, 152*, 125–137. <https://doi.org/10.1016/j.socscimed.2016.01.052>
- UNHCR. (2023a). Help, Jordan: Resettlement. Retrieved July 7, 2023, from <https://help.unhcr.org/jordan/en/helpful-services-unhcr/resettlement-unhcr/>.
- UNHCR. (2023b). Operational update May. Retrieved July 7, 2023, from <https://reliefweb.int/report/jordan/jordan-unhcr-operational-update-march-2023>.
- UNICEF. (2021). Child protection strategy 2021–2030. Retrieved May 25, 2023, from <https://www.unicef.org/documents/child-protection-strategy>.
- UNICEF/ODI. (2023). Strengthening Inclusive Social Protection Systems for Displaced Children and their Families: Accelerating momentum towards child-sensitive, shock-responsive social protection. Retrieved April 3, 2023, from <https://www.unicef.org/reports/strengthening-inclusive-social-protection-systems-displaced-children-and-their-families>.
- Verme, P., Gigliarano, C., Wieser, C., Hedlund, K., Petzoldt, M., & Santacroce, M. (2016). *The welfare of Syrian refugees: Evidence from Jordan and Lebanon*. Washington: World Bank & UNHCR.
- Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect, 43*, 8–21. <https://doi.org/10.1016/j.chiabu.2015.04.006>

⁶ This wording comes from the 1998 Humanitarian Charter. <https://spherestandards.org/humanitarian-standards/humanitarian-charter/> accessed 20.10.23.