



Ukraine's children: use evidence to support child protection in emergencies

Evidence based parenting support is needed for families in both sudden and protracted crises, to help protect children from adverse outcomes

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The images of Ukraine's children are hard to ignore. Wearing bobble hats and clutching teddy bears, they hide in shelters and queue at borders, with desperate adults trying to protect them from the snow, the bombs, and the panic. Many of the country's estimated 100 000 children who were living in orphanages are now sheltering in churches or being resettled in new countries, with families they have never met, speaking languages they don't understand.¹

Each child's life chances depend on an invisible set of scales. On one side are adverse childhood experiences like abuse and violence. There is compelling evidence to show that these experiences increase the risks of other detrimental outcomes across individuals' lifetimes—including heart disease, cancer, imprisonment, HIV infection, mental health problems, and early death.² On the other side of the scales are essential protective factors that nurture a child's success and build their resilience against adversity. Perhaps the most significant of these is a warm nurturing relationship with a parent or main care giver.³

Children's exposure to adverse experiences is much higher than we had once thought, with a global systematic review finding that a billion children a year are victims of violence.⁴ The past two years have tipped the balance of these scales against all children.⁵ Emergencies increase family violence and mental health distress.⁶ More than seven million children have lost a parent or main care giver to covid-19,⁷ and the global pandemic has exacerbated pre-existing inequalities and risks for childhood adversity.⁸ Parenting in war is violently undermined: in chaos and emergency, families face extreme, unanticipated challenges. We also know that adverse experiences are often unwittingly transmitted across generations.

On the positive side, we now have convincing evidence of how to increase protective factors for children. Parenting programmes have been found to be effective at supporting parents to be the good care givers that they overwhelmingly want to be.⁹ They prevent and disrupt the intergenerational transmission of violence and trauma and improve mental health for parents and children. When combined with economic assistance ("cash plus care") they are even more effective. The research is now so strong—with 77 systematic reviews and more than 100 randomised trials in lower resource countries—that the World Health Organisation (WHO) is developing guidelines for parenting programmes.¹⁰

In doing so, parenting programmes parallel other public health interventions for children that are backed up by robust evidence, such as polio vaccines and antenatal care. In emergencies, families need evidence based support that is accessible, relevant, and simple.

The United Nations Convention on the Rights of The Child says that states are obliged to support parents and guardians in child rearing. Parenting resources should therefore be recognised as a prerequisite for the human rights of every child. The right to evidence based services should cover all children and all primary care givers, including alternative and residential care. This is especially important in countries like Ukraine where 1.4% of all children lived in residential care centres even before the current crisis.¹¹

Conflicts in Ukraine, Afghanistan, Ethiopia, Syria, and South Sudan and the covid-19 pandemic will not be our last emergencies. It is essential that we use the best evidence to build families' resilience to both sudden and protracted crises. Parenting reassurance and strategies to help them guide and support their children are urgently needed. The WHO, UNICEF, United Nations High Commissioner for Refugees, United Nations Office on Drugs and Crime, Early Childhood Development Action Networks, and Parenting for Lifelong Health have launched open-source parenting resources for families in Ukraine and those fleeing the country, which are available on www.ukraineparenting.com.¹²

As emergencies repeatedly cut off children from schools and social services, it is essential to bolster the capacity of those closest to them. Every child in Ukraine, and every child in the world, has the right to have the scales tipped in their favour.

Competing interests: Lucie Cluver is a professor at the Centre for Evidence-Based Intervention at the University of Oxford, and in the Department of Psychiatry and Mental Health at the University of Cape Town. LC and JL declare research grants to their University from UKRI, European Union, LEGO Foundation, Oak Foundation, UNICEF to support development and testing of open-source parenting programmes for low resource settings.

Provenance and peer review: Not commissioned; not peer reviewed.

Acknowledgments: With thanks to the inter-agency team who have worked on this child protection response in the current Ukraine crisis: Dr Amanda Melville, senior advisor, United Nations High Commissioner for Refugees (UNHCR); Dr Aala El Khani, humanitarian psychologist, United Nations Office on Drugs and Crime and School of Psychological Sciences, University of Manchester; Dr Alexander Butchart, head, Violence Prevention Unit, World Health Organisation, Geneva; Dr Susan Hillis, co-chair, Global Reference Group on Children Affected by COVID-19, World Health Organisation and University of Oxford; Dr Isang Awah, senior advocacy officer, Department of Social Policy and Intervention, University of Oxford; Phil Green, Faith-based Support, Global Reference Group on Children Affected by COVID-19; Dr Ivelina Borisova, regional adviser early childhood

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Cite this as: *BMJ* 2022;376:o781

<http://dx.doi.org/10.1136/bmj.o781>

Published: 23 March 2022

development, Europe and Central Asia, UNICEF; Dr Yulia Shenderovich, senior lecturer, Wolfson Centre for Young People's Mental Health and DECIPHer, Cardiff University; Stephen Blight, senior adviser, child protection, UNICEF, New York; Dr Kelley Bunkers, senior partner, Maestral International, Nairobi; Shekufeh Zonji, global technical lead, Early Childhood Development Action Network; Cassia Carvalho, country engagement lead, Global Partnership to End Violence Against Children, New York; Dr Jamie M Lachman, senior research and teaching fellow, Department of Social Policy and Intervention, University of Oxford; Prof Lorraine Sherr MBE, professor of health psychology, Institute of Global Health, University College London.

- 1 Unaccompanied and separated children fleeing escalating conflict in Ukraine must be protected. United Nations High Commissioner for Refugees. 7 March 2022. <https://www.unhcr.org/uk/news/press/2022/3/622619a24/unaccompanied-separated-children-fleeing-escalating-conflict-ukraine-must.html>.
- 2 Brown DW, Anda RF, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. *Am J Prev Med* 2009;37:389-96. doi: 10.1016/j.amepre.2009.06.021 pmid: 19840693
- 3 Patton GC, Olsson CA, Skirbekk V, et al. Adolescence and the next generation. *Nature* 2018;554:458-66. doi: 10.1038/nature25759 pmid: 29469095
- 4 Hillis S, Mercy J, Amobi A, Kress H. Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics* 2016;137:e20154079. doi: 10.1542/peds.2015-4079 pmid: 26810785
- 5 Dhaliwal M, Small R, Webb D, et al. Covid-19 as a long multiwave event: implications for responses to safeguard younger generations. *BMJ* 2022;376:e068123. doi: 10.1136/bmj-2021-068123 pmid: 35086910
- 6 UNHCR. UNICEF, UNDP, UNFPA. Ukraine Response Protection Snapshot. 25 Feb-1 March 2022. Protection Cluster Ukraine; 2022.
- 7 Unwin HJT, Hillis S, Cluver L, et al. Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study [[Latest data available at:]. *Lancet Child Adolesc Health* 2022;6:249-59. https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/Global. doi: 10.1016/S2352-4642(22)00005-0 pmid: 35219404
- 8 Cappa C, Jijon I. COVID-19 and violence against children: A review of early studies. *Child Abuse Negl* 2021;116:105053. doi: 10.1016/j.chiabu.2021.105053 pmid: 33965215
- 9 World Health Organisation. INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. Geneva: WHO; 2018. <https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children>
- 10 Gardner F, Lachman J, Backhaus S. *Global Review of Evidence for the WHO Parenting Program Guidelines process*. WHO, 2021.
- 11 Guidance for Alternative Care Provision During COVID-19. Better Care Network. 2020. <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/alternative-care-and-covid-19/guidance-for-alternative-care-provision-during-covid-19>
- 12 UNICEF. WHO, Parenting for Lifelong Health, ECDAN, The Global Partnership to End Violence against Children. Global Initiative to Support Parents Call to Action. 2021. <https://ecdanbeta.com/global-initiative-to-support-parents-call-to-action/>