



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



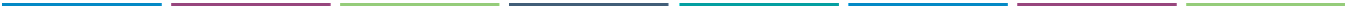
Study Guide: Child Neglect in Humanitarian Settings

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THE ALLIANCE

[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 the work of child protection in humanitarian settings.

INTRODUCTION

This study guide is a companion to [Child Neglect in Humanitarian Settings: Literature Review and Recommendations for Strengthening Prevention and Response](#), which synthesises evidence on the prevalence, patterns and impacts of child neglect in humanitarian contexts and offers recommendations for additional research and next steps.

The purpose of the *Study Guide* is to increase learning, facilitate contextualization and maximize one of practitioners' most precious commodities: time. The format uses a Q&A approach to highlight essential points and encourage deeper understanding and use.

Throughout the *Study Guide* are “Putting it into Practice” scenarios designed to help you move beyond mere academic understanding and into real-world application. The scenarios offer you the opportunity to integrate your existing expertise with the potentially unfamiliar material in *Child Neglect in Humanitarian Settings*.

To get the most value from the *Study Guide*, we recommend glancing over the study guide questions before approaching the actual *Child Neglect in Humanitarian Settings*. The questions will help focus your attention on key points. You can then either complete the *Study Guide* questions as you read *Child Neglect in Humanitarian Settings* or use the questions as a review after reading a section to ensure you understand the material.

As with all Alliance materials, your feedback is highly valued. Please take a moment and share your experience with this guide—including recommendations for improvement—via email (info@alliancecpha.org) or the Child Neglect in Humanitarian Settings forum (<https://alliancecpha.org/en/child-protection-forum-topic/child-neglect-humanitarian-settings>).

STRUCTURE OF *CHILD NEGLECT IN HUMANITARIAN SETTINGS*

Using the Table of Contents, complete the table below with the main points covered in each section.

Structure of <i>Child Neglect in Humanitarian Settings</i>	
Introduction	1.
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	3.
Impacts of Child Neglect	4.
	5.
Prevention and Response in Humanitarian Settings	
Risk Factors	6.
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Protective Factors	11.
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The Way Forward	17.
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1. INTRODUCTION

1. Which of the following is true? Globally, child neglect is the _____ form of child maltreatment?
 - a. Least prevalent
 - b. Most prevalent
 - c. Neither a nor b

2. True or False: Child neglect has been thoroughly studied in humanitarian settings.

3. List four entities that can be a child's 'caretaker'.
 - a. _____
 - b. _____
 - c. _____
 - d. _____

4. What are the four types of child maltreatment?
 - a. _____
 - b. _____
 - c. _____
 - d. _____

5. What are the six categories of child neglect?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____

6. How is discriminatory neglect similar to and different from the six categories of neglect above?

2. IMPACTS

Complete the developmental impacts of child neglect by choosing the correct term for the corresponding impact.

Neurological and Developmental Impacts of Child Neglect	
Impacts of Neglect	Terms
1. _____ health and wellbeing	A. Behavioural
2. _____ development and health	B. Self-care
3. _____ Cognitive development (including _____)	C. Social
4. _____ Family and _____ relationships	D. Mental
5. _____ Social presentation and _____ skills	E. Education
6. _____ Emotional and _____ development	F. Physical

7. Which of the following terms describes the finding that negative outcomes increase with the length, severity, and frequency of neglect?
- a. Cumulative-effect b. Neglect-effect c. Neural-effect d. Dose-effect
8. True or False: Neglect is a less severe form of maltreatment than physical abuse.

Putting it into Practice

Consider the effects of different variables of neglect on both the child's wellbeing and the child protection actor's responsibilities.

- a. How does the *intention* of a caregiver (i.e. intentional vs. unintentional neglect) influence the *impact* of neglect on a child?
- b. How does *intention* influence a child protection actor's choice of *interventions*?
- c. How does the *identity* of the caregiver (i.e. parent, foster parent, State, etc.) influence *actions/interventions*?
- d. How does the *severity* of the neglect impact the choice of *actions/interventions*?

3. PREVENTION AND RESPONSE IN HUMANITARIAN SETTINGS

1. What are the three over-arching variables that influence the presence of and interactions between risk and protective factors?
a. _____ b. _____ c. _____

Putting it into Practice

Your team is sent to respond to an area devastated by a typhoon. Basic services are severely disrupted. A significant number of children have lost family members. How would you describe the response required?

4. RISK FACTORS

1. The presence of _____ or more risk factors significantly increases the likelihood of negative outcomes for children.
a. 2 b. 3 c. 4
2. Which of the following is not considered a *child* risk factor?
a. Separation b. Infancy c. Disability d. None of the above
3. Why might child protection actors consider parental MHPSS services an essential component of neglect prevention, mitigation, and response?

Putting it into Practice

You are working in a drought-affected area with few local job opportunities. What sort of family/household risk factors can you expect to see? What kinds of interventions would you employ to mitigate those risks?

4. True or False: Families in neighborhoods that experience long-term high-stress living conditions become accustomed to their conditions and are therefore less likely to exhibit neglect than those in short-term emergencies.

Putting it into Practice

You and a colleague are both sent to areas affected by severe flooding. Your colleague is sent to a middle-income country with a stable government and strong pre-crisis social service systems. You are sent to a low-income country in the midst of a civil war. How might your respective interventions/strategy be similar and different?

5. PROTECTIVE FACTORS

1. True or False: No data was found on protective factors for child neglect in humanitarian settings.
2. ____ Which of the following is *not* true of “resilience”?
 - a. It indicates a person’s ability to adapt to threats to survival, development, and well-being.
 - b. It is an inherent character trait.
 - c. It can be strengthened or damaged by factors within the child, within the family, or within the community.
3. ____ What types of individual level activities can help to develop a child’s resilience?
 - a. _____
 - b. _____
 - c. _____
 - d. _____

Match the Interventions with the Protective Factor they strengthen.

Interventions that Strengthen Protective Factors	
Interventions	Protective Factors
4. ____ Develop a community-led parent support group	A. Child
5. ____ Engage in case management	B. Parent/caregiver
6. ____ Provide social workers with training in case management training	C. Family/household
7. ____ Establish a sport for protection programme	D. Community
8. ____ Train teachers to identify and refer cases of neglect	E. Society

6. THE WAY FORWARD

1. Which of the following is *not* a challenge in identifying neglect in humanitarian contexts?
 - a. The influence of pre-crisis conditions
 - b. The abundance of data
 - c. The lack of specific thresholds
 - d. The differences in humanitarian contexts

Putting it into Practice

Just as risk factors can be cumulative (dose-effect), so are protective factors. Think about your particular organization and role. In what kinds of activities can you participate to support the maximum protective factors/redress the maximum risk factors at the same time?

7. RECOMMENDATIONS

What eight recommendations are presented in [*Child Neglect in Humanitarian Settings: Literature Review and Recommendations for Strengthening Prevention and Response?*](#)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Putting it into Practice

Review the recommendations above. How can you, individually, and your organization, as a whole, engage in each of these recommendations?

STUDY GUIDE: ANSWER GUIDE

The correct responses to the questions in the guide are accompanied by the page on which the answer is found in *Child Neglect in Humanitarian Settings*.

Structure of *Child Neglect in Humanitarian Settings* (CNHS, 4)

1. Terminology
2. Definition of 'child neglect'
3. Global prevalence and patterns of neglect
4. Neurological and developmental impacts
5. Child protection impacts
6. Child risk factors
7. Parent/caregiver risk factors
8. Family/household risk factors
9. Community risk factors
10. Societal risk factors
11. Child protective factors
12. Parent/caregiver protective factors
13. Family/household protective factors
14. Community protective factors
15. Societal protective factors
16. Summary diagram of risk and protective factors in a socio-ecological framework
17. The relationship between humanitarian settings and child neglect
18. Does child neglect vary in different types of humanitarian settings?
19. Challenges in measuring child neglect in humanitarian settings
20. The need for early intervention
21. Addressing child neglect requires a multi-sectoral, socio-ecological, systems-strengthening approach

1. Introduction

1. B (CNHS, 7)
2. False (CNHS, 7)
3. a. Parent (CNHS, 7)
 - b. Legal guardian
 - c. Foster family
 - d. The State
4. a. Abuse (CNHS, 7)
 - b. Neglect
 - c. Exploitation
 - d. Violence

5. Physical (*CNHS*, 8)
 - b. Medical
 - c. Emotional (*CNHS*, 9)
 - d. Educational
 - e. Supervisory
 - f. Abandonment
6. Discriminatory neglect targets a specific subset of children. It can take any of the forms above. For example, a parent who refuses educational opportunities for daughters but not for sons is showing discriminatory neglect.

2. Impacts

1. A (*CNHS*, 10)
2. F (*CNHS*, 10)
3. E (*CNHS*, 10)
4. C (*CNHS*, 10)
5. B (*CNHS*, 10)
6. A (*CNHS*, 10)
7. D (*CNHS*, 10)
8. False. Child neglect can result in significant physical, emotional, social, and mental harm, including toxic stress and death. (*CNHS*, 10)

Putting it into Practice

The interaction of the different variables that influence child neglect means that each case must be carefully evaluated. Each variable should be considered both on its own and in relation to the other variables.

- a. In some respects, the impacts of neglect are not mitigated by a caregiver's intentions. For example, a broken arm hurts just as much whether it is caused unintentionally or intentionally. Some of the psychological impacts may be mitigated in time, however, if grown children of neglect can see that their caregivers were "doing the best they could."
- b. Intentionality may play a larger role in choice of interventions. A parent who neglects a child from lack of parental skills, for example, may receive parenting training while a parent who has the skills and still neglects may lose custody of the child.
- c. Identity of the caregiver has a strong influence on interventions. A trained social worker who perpetrates neglect may face punitive actions like loss of their job or legal charges while a parent may receive supportive interventions such as job training, parenting skills, etc.
- d. Severity of the neglect should play a role in choice of interventions. A child in danger of physical harm or death should be removed to a safe place; those who are out of school could remain at home while educational options are explored.

3. Prevention and Response in Humanitarian Settings (*CNHS*, 12)

1. a. Pre-crisis conditions
- b. Features of the emergency itself

c. Phases of the humanitarian response

Putting it into Practice

Efforts should focus on mitigating risk factors and strengthening protective factors to decrease both the impact and the likelihood of neglect.

4. Risk Factors

1. B (CNHS, 13)
2. D (CNHS, 13)
3. Caregivers' degree of availability is a strong determiner of child neglect. By providing parents with coping skills and MHPSS support, child protection actors strengthen parents' resilience (a protective factor), which consequently reduces children's risk factors. (CNHS, 14)

Putting it into Practice

In this situation, you may see parents spending less time with their children, parental and child migration in search for work, unsupervised or under-supervised children as parents try to access basic needs and increases in the number of people per household and in the number of extended family/non-relatives in the home. Priority interventions might include spaces for children where they can access supervision, cash-based interventions to minimize work-related travel, and family-based interventions (including MHPSS) designed to develop cohesiveness in blended households. (CNHS, 14-15)

4. False. Without support, exposure to any type of long-term stress is more likely to lead to **toxic stress**, which also increases the likelihood of neglect. (CNHS; 11, 15)

Putting it into Practice

Both you and your colleague can expect to see higher-than-normal levels of neglect and lower-than-normal levels of neglect identification, prevention, and response activities. Supportive actions may focus on short-term child- and family-centred interventions and the repair of broken child protection systems. Your setting will likely require the establishment of a host of short-term interventions as well as significant planning for long-term community-based mechanisms that can continue without government support. Collaborating with other organizations may provide more immediate protective outcomes. Some actors may also be able to engage in advocacy or peace-building activities on a national level with an eye towards creating a more protective society for children. (CNHS, 16)

5. Protective Factors

1. True. Protective factors for child neglect is a critical area for future research. (CNHS, 17)
2. B (CNHS, 17)
3. a. Activities that foster interpersonal connection and relational skills (CNHS, 17)
b. Opportunities for age-appropriate decision-making/problem-solving
c. Sense of purpose, structure, hope, and goals

- d. Positive attachment to primary caregiver(s)
- 4. B (CNHS, 1p)
- 5. C (CNHS, 18-19)
- 6. E (CNHS, 19-20)
- 7. A (CNHS, 17)
- 8. D (CNHS, 19)

6. The Way Forward

- 1. B (CNHS, 22-24)

Putting it into Practice

Answers will vary depending upon your particular organization and context, but some suggestions include:

- Income-generating activities can directly affect family (income stability), parent (reduced stress), and child factors (reduced risk of supervisory or educational neglect).
- Spaces for children can directly affect the child (supervision and socialization), parent (reduced stress), and community factors (community actors can participate to strengthen cohesion).
- Common religious beliefs can directly affect child (sense of purpose), parent (sense of purpose and support), and family (common beliefs increase cohesion) factors.
- Advocacy with government agencies can directly affect society (increased investment in social services targeting neglect), community (increased presence of services that reduce neglect), family (services help meet household needs), parents (reduced stress and increased resources), child (increased access to services, stronger overall protective environment, and overall decrease in risk factors).

7. Recommendations

- 1. Clarify the thresholds for child neglect in humanitarian settings.
- 2. Conduct evidence-based research.
- 3. Include neglect in child protection assessment, monitoring, and reporting systems.
- 4. Proactively integrate neglect into child protection programming.
- 5. Coordinate with partners in other sectors, both humanitarian and development.
- 6. Ensure all case management information systems (such as CPIMS) include neglect by type.
- 7. Advocate and fundraise.
- 8. Adapt the CPMS.

Putting it into Practice

Answers will vary depending upon your particular organization and context, but some suggestions include:

- Work within your organization to develop criteria for neglect as distinguished from general resource limitations.

- Include a research component in neglect interventions.
- Develop an organizational system for assessing, monitoring, and reporting neglect.
- Include neglect as a component in other related interventions such as education, health, protection, etc.
- Conduct workshops or surveys to gather information on the role neglect currently plays in cross-sectoral programming.
- Include neglect (disaggregated by type) in all case management reporting.
- Host a donor meeting to highlight the research and intervention gaps around neglect and to advocate for funding that includes neglect as a target.
- Participate in a team to craft an evidence-based standard on child neglect for the third revision of the CPMS.