

Why Identifying Risk and Protective Factors is a Critical Step in Prevention Programming: Implications for Child Protection in Humanitarian Action

Box 1: Key Messages

- Evidence on risk and protective factors plays a crucial role in understanding the causes of harmful outcomes for children in humanitarian contexts, which is essential for guiding policy and programming that prevent harm to children before it occurs.
- Population-level measurement approaches can help identify factors that lead to increased vulnerability in large numbers of children and families in a given context, and are helpful in informing population-level interventions.
- Not all adverse child protection outcomes can be prevented directly. Instead, effective prevention programming requires targeting the underlying risk factors that influence or cause harm to occur, while concurrently strengthening protective factors at all levels of the socio-ecological framework.

Background and objectives

Humanitarian crises, including natural disasters, conflict, and infectious disease outbreaks threaten the health, safety and well-being of children, families, and communities. 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 The roots of harmful outcomes for children are complex, and the consequences of these outcomes are enduring for children, families, communities, and societies.

Overall, there is a scarcity of research facilitated in humanitarian contexts analyzing risk and protective factors and causal pathways of risk and resilience. Studies focusing on understanding patterns of risk and protective factors will lead to more meaningful and appropriate preventive approaches, which are in turn essential for the further development of evidence-based programs and practices grounded in sound theories of change. To this end, agreeing on operational definitions and data collection approaches can improve the quality of research, as well as the comparability and wider applicability of findings to support scaling up and adaptation across contexts.

This brief serves as a simple guide to inform decisions related to data collection and evidence generation efforts on risk and protective factors at the population-level. It describes why a better understanding risk and protective factors within the humanitarian context is an essential step in prevention programming. It starts by defining important concepts and definitions, and provides a summary of the key findings of the desk review led by the Alliance for Child Protection in Humanitarian Action (the Alliance). Subsequent sections include an overview of population-level data collection approaches, and examples of preventive programming approaches aimed at reaching sub-populations or groups of children, families, and community members in accordance to the socio-ecological model, linking all the learning together.

1 Mansourian, 2020; Alliance for Child Protection in Humanitarian Action, 2019; Boothby et al., 2012

Key Concepts and Definitions

Term	Definition
Harm	Any detrimental effect of a significant nature on a child's physical, psychological or emotional well-being that impacts healthy child development. It may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation.
Hazard	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. ²
Risk factors	Environmental factors, experiences or individual traits that increase the probability of a negative outcome. ³
Prevention	Primary Prevention addresses the root causes of child protection risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or violence against children. Secondary Prevention addresses a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence, due to characteristics of the child, family and/or environment. Tertiary Prevention reduces the longer-term impact of harm and reduces the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence.
Protective factors	Balance and buffer risk factors and reduce a child's vulnerability. They lower the probability of an undesirable outcome. ⁴
Resilience	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 ⁵ , and may change as a result of the child's interaction with their environment. ⁶
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.
Threat	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	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.

2 Alliance for Child Protection in Humanitarian Action, 2019

3 Benard, 2004; Rutter, 1987; Werner & Smith, 1992

4 Ibid.

5 Pietrzak and Southwick, 2011

6 Kim-Cohen and Turkewitz, 2012

What are the Evidence Gaps?

An extensive desk review⁷ conducted between April to June 2020 revealed a scarcity of evidence related to the causal pathways of harmful outcomes for children, including risk and protective factors. This is perhaps an indication of the child protection humanitarian sector's tendency to be largely response- as opposed to prevention-focused.

In general, it was found that:

- there is a scarcity of research facilitated in humanitarian contexts analyzing the causal pathways and risk and protective factors that lead to harmful outcomes;⁸
- there exists no standard, empirically verified set of risk or protective factors to assess specific harmful outcomes since these factors are often highly context-specific. However, there are common “universal” protective factors (presented in Table 2)⁹ and common “universal” risk factors (presented in Table 3)
- documentation of factors associated with harmful outcomes, such as family separation and child labor, was predominantly focused on risk factors. Few protective factors linked to specific child protection outcomes were identified in the literature.
- trends of risk and protective factors associated with specific types of humanitarian crises were, for the most part, non-existent.

Understanding Vulnerability: Why identifying risk and protective factors is essential for child protection prevention programming

Vulnerability is generally understood as a predictive concept that refers to susceptibility to, or the likelihood of experiencing a negative outcome as a result of an adverse experience(s). It is influenced by risk factors that exist across the socio-ecological framework, and the capacity of children, families, communities, and society at large to respond to or cope with them.

Vulnerability to specific harmful outcomes often arises when a child faces multiple risk factors and has few protective factors to buffer against them, such as the presence of a consistent, responsive caregiver, access to education, or other supportive individuals within or outside the family.¹⁰ If a child is exposed to a higher number of risk factors than protective factors their vulnerability may increase and they may be at greater risk of experiencing a negative outcome(s). Yet, if the protective factors equal or outweigh the risk factors, they may exhibit well-being due to existing coping capacities even in the face of adversity.

Thus, it is critical to understand two key points that directly influence vulnerability:

1. risk factors that cause some children to become more vulnerable to a specific negative outcome or outcomes; and
2. protective factors that protect children and act to counterbalance existing risk factors, increasing or bolstering coping capacity and resilience.

7 The review was conducted in English and included both academic and grey literature. 121 resources were reviewed from the child protection sector and other relevant disciplines, including resilience research, developmental science, mental health and psychosocial support (MHPSS), and disaster risk reduction (DRR).

8 Reports such as *Cradled by Conflict* were amongst the limited resources available that consider the root causes. Very few studies explicitly focus on understanding the protective factors that contribute to desirable outcomes in children in humanitarian situations. Those that do 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.

9 These are common factors identified across different disciplines, such as child developmental science and Mental Health and Psychosocial Support (MHPSS).

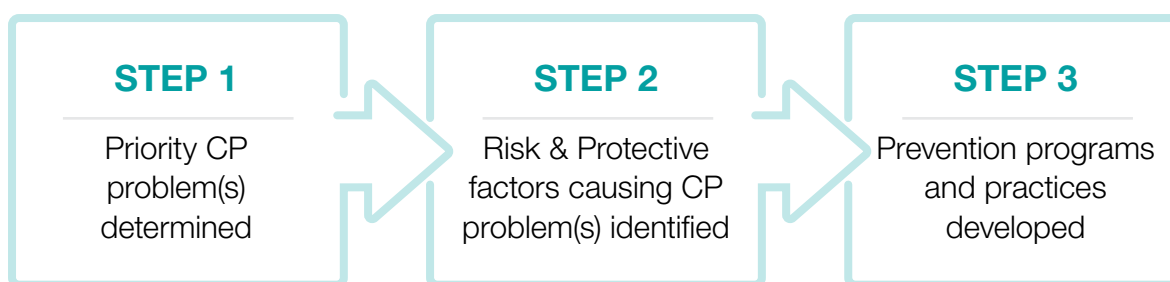
10 Werner and Smith, 1992

How can concepts of risk and vulnerability be measured in child protection in humanitarian action?

Vulnerability is a relative and dynamic concept that is challenging to measure.¹¹ Subsequently, easily measurable criteria must first be identified to determine what is causing increased vulnerability. These criteria can be determined through various methods that seek to identify and understand existing risk and protective factors at the population-level. These criteria can then be used to identify sub-populations or groups of children and families at risk of or vulnerable to a particular harmful outcome.

For example, if family separation is the main child protection issue in a given context, data collected at multiple levels will inform programming for the prevention of separation. A household survey assessment and various types of administrative data may highlight geographic areas and population segments where poverty is high (a risk factor) and child well-being and protection indicators are poor (risk factors), and where existing risk factors that push children to separate (such as poor living conditions and poor service access) or pull children to separate (such as residential care institutions or child labor markets) exist.¹² Participatory methods can be used to further identify the risk and protective factors leading to family separation. This information can be used to inform criteria for children at risk of separation, the geographic locations where there may be high numbers of children or families at risk, and the preventive programming approaches that are most appropriate. **Table 1** provides further details.

Key Steps



11 Shilpa, Dheeraj, Chaturvedi, and Piyush G, 2015

12 Namey and Laumann, 2019; Moret, 2016; Child Protection Working Group, 2014, Alliance for Child Protection in Humanitarian Action, 2017

Table 1: Overview of population-level measurement approaches to determine existing risk and protective factors

Approaches for data collection	Description	Examples of data collection methods and tools	Unit of measurement	Expected results
Population-level approaches	Population-level measurement approaches can be used to collect important data for targeting programs to priority geographic locations, and can provide information about vulnerability dynamics in a particular context, including priority child protection issues and populations at risk. They can also bring to light information on the prevalence, trends and patterns, including risk and protective factors, of the child protection issues.	<ul style="list-style-type: none"> Survey assessment, e.g. Child Protection Rapid Assessment toolkit (qualitative or quantitative) Prevalence estimation Population monitoring Profiling of children who have already experienced a negative outcome Secondary Data Review matrix and guidance 	Households, caregivers, or children	<p>Priority child protection issues identified.</p> <p>List of risk and protective factors determined to inform vulnerability criteria for sub-populations or groups of children and families at risk.</p>
Participatory methods	<p>Participatory methods can be used to provide important information from different segments of the population on priority child protection issues, existing capacities, and risk and protective factors. This data can be triangulated alongside population-level data.</p> <p>Participatory methods include a range of activities that can be used to understand concepts child well-being (or related terms) as defined by the local community. They can also be used alongside assessment surveys such as the Child Protection Rapid Assessment (CPRA) to identify priority child protection issues, or where risks are present in the population, amongst other important information.</p>	<ul style="list-style-type: none"> Child well-being survey Qualitative (key informant interviews, focus group discussions) Community-level capacity assessment Risk and resource mapping Body mapping Transect walk Root cause analysis <p>See A Reflective Guide for Community-Level Approaches to Child Protection in Humanitarian Action for examples of the tools listed above.</p>	Children, adults (caregivers, community members, service providers, etc.)	<p>Priority child protection issues identified and agreed upon with participation from children, caregivers, and community members.</p> <p>List of risk and protective factors determined, prioritized, and ranked to inform vulnerability criteria for children/families most at risk and priority preventive approaches.</p>
Population-level Monitoring	Assessments provide a point in time snapshot that will change over time, therefore, ongoing monitoring and analysis of information is critical to identify trends and patterns, including ongoing analysis of context, prevalence of the main child protection issues, and any changes in the existing risk and protective factors. When there is a change in the humanitarian situation, such as an increase in armed conflict, or when a new humanitarian event has occurred in an already protracted crisis, such as a natural disaster or infectious disease outbreak, monitoring data will provide important information on whether there are new risk factors or if existing protective factors have become further strained. Monitoring will ensure continued relevance and appropriateness of interventions.	<ul style="list-style-type: none"> 5W tool Online activity tracking Monitoring tools (qualitative and quantitative methods), e.g. Child Protection in Emergencies Monitoring toolkit 	Children, households, services	<p>Population-level child protection monitoring system in place at the humanitarian response level (ideally multi-sectoral)</p> <p>Community-level monitoring in place by community child protection networks and/or early warning systems to prevent occurrence of harmful outcome.</p>

Universal Risk and Protective Factors

It is critical that risk factors are not considered in isolation, but that protective factors are also identified. Protective factors can influence vulnerability to a negative outcome by buffering against risk factors and promoting the well-being and resilience of children and families. For example, adolescent boys who live in a community in close proximity to an armed group (a risk factor) and where there are few options available for informal or formal education (a risk factor) may be at risk of recruitment. However, in families where there is a consistent, responsive caregiver (a protective factor) and close, supportive, family relations (a protective factor) will likely buffer against the child's risk of recruitment. Strengthening protective factors is essential to prevention programming. Equally important in assessing protective factors is the distinction between:

- (1) Factors that may provide immediate safety for the child, but do not decrease the overall or ongoing risk of harm (such as the child staying elsewhere temporarily); and
- (2) Factors that reduce the overall risk of harm to the child (such as the continued and responsive presence of a protective caregiver).

Table 2 highlights a list of common protective factors that have been observed across different disciplines and cultures. They do not, however, reflect unique culturally based protective practices, which must be considered in context. This list should be adapted to the cultural context as necessary.

Table 2: Universal Protective Factors

Universal Protective Factors ¹³
<ol style="list-style-type: none"> 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 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

¹³ 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.

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 3: 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) ¹⁴
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



¹⁴ 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.

Case Examples: Preventing Unnecessary Family Separation

The causal pathways of family separation, like all harmful child protection outcomes, are numerous as risk factors are multiple, families are diverse, contexts vary from one to the next, actual separation incidence is often low, and there are no validated tools for measuring risk of or vulnerability to separation.¹⁵ Projects implemented in various contexts and in both development and humanitarian settings have long sought to strengthen households economically to address the poverty that undermines child well-being at home, and that contributes to family separation. USAID's Displaced Children and Orphans Fund (DCOF) experience in this area, however, has shown that there are many challenges related to implementing and targeting such programming effectively. The ASPIRES Family Care project was initiated to develop guidance to help practitioners match specific economic strengthening interventions to households with particular characteristics in development contexts.

Launched in 2013 by FHI 360 and with an end date of September 2019, ASPIRES initially carried out an extensive literature review and implemented an online survey of projects using economic strengthening to help prevent unnecessary family separation and to support family reintegration. ASPIRES sought to understand how implementers of child protection programs focusing on the prevention of unnecessary separation and reintegration of separated children could measure vulnerability to family separation. This section provides two examples of USAID-funded projects that employed research methods to identify risk factors, which informed the assessment of vulnerability to separation, using participatory methods, rapid survey tools, statistical profiling, and government standards. While they were implemented in development contexts, and focus on de-institutionalization – which is not a humanitarian activity – they can nonetheless serve as important examples that humanitarian actors can learn from.

Deinstitutionalization of Vulnerable Children in Uganda (DOVCU)

ChildFund International implemented the DOVCU project from 2014 to 2017. In addition to supporting children to return to family care, DOVCU carried out an innovative process to identify households with children at risk of separation and worked with families and communities to strengthen family care to prevent separation. The project worked with the government to use existing secondary data, including government sources, as well as case management data, to determine the areas of origin of children living in institutional care. These locations were then selected as the priority locations for the prevention component of the project.

Next, DOVCU employed a structured approach, which included working with community leaders to conduct community meetings in 360 villages using a participatory rural appraisal approach to prioritize risk factors causing family separation that were specific to each community. Participants were asked to reflect on families in their communities who had experienced separation and to provide information either in the group or confidentially in order to establish a profile of children that may be at risk based on identified risk factors.

DOVCU then developed a scoring system for this information and used it to classify families by risk level. Families classified as medium or high risk were selected for further assessment by the program using a Family Status Vulnerability Index Tool adapted from the Ugandan Orphan and Vulnerable Children (OVC) Vulnerability Index Tool and the Child Status Vulnerability Index Tool, which sought to assess vulnerability to family separation by considering each family's likelihood and degree of exposure as well as susceptibility to stressors and shocks in order to determine the appropriate programming prevention activities. DOVCU's final report describes the process.

In terms of the project's results, this approach reduced the number of households classified as high risk of separation by half. It was found that a combination of economic and social interventions was associated with the largest reductions in vulnerability, including training on parenting skills, peer-to-peer support groups for substance and alcohol abuse, unconditional cash transfers, and effective case management.

15 Moret, 2016

Hope and Homes for Children (HHC)

In Bosnia and Herzegovina, the HHC project put together a multidisciplinary team who identified risk factors causing the institutionalization of children in the country and developed criteria based on those risk factors. The criteria included families experiencing poverty; unemployment; families with three or more children; an insecure housing situation; pre-existing health conditions or disability of a family member; history of neglect or abuse in the household; and families with children already placed in an institution. The team found that family separation is driven by multiple cumulative risk factors. HHC noted that the children it served experienced between one and twelve risk factors, with the largest number of children experiencing five to six risk factors. These criteria was provided to municipal centers for social work, schools, health centers, and other governmental, and nongovernmental organizations and used to make referrals to the HHC project. HHC staff then facilitated a comprehensive assessment with children and their families. Prevention activities focused on providing support to households at risk of separation, and developing community hubs to enhance access to social services to reduce household vulnerability.



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Key Considerations for Identifying Risk and Protective Factors to Inform Prevention Program Planning and Design

The following are some of the key considerations that child protection humanitarian practitioners planning and designing prevention programs or practices must consider when identifying, assessing, and prioritizing risk and protective factors:

- Risk and protective factors exist within the cultural context and at all levels of the socio-ecological framework
- Risk and protective factors are cumulative and often correlated
- An individual risk factor or protective factor can be associated with multiple outcomes (whether negative or positive)

Risk and protective factors exist within the cultural context and at all levels of the socio-ecological framework

Culture and context play significant roles in shaping expectations of children in accordance to their age and developmental stage, their behavior, and in the ways they are socialized to fit into their culture, community, or society.¹⁶ Cultural values and practices, including rituals, celebrations, faith, morals or honor, are pivotal to understanding how children are protected within their communities.

The socio-ecological model will help child protection humanitarian actors to identify the risk and protective factors that may be present across all levels (individual, family, community, and society). Risk and protective factors at one level, such as the family level, may influence or be influenced by factors in another level. For example, effective parenting has been shown to mediate the effects of multiple risk factors, including poverty, divorce, parental bereavement, and parental mental illness.¹⁷ Targeting only one level when addressing an individual child's risk or protective factors, such as individual-level coping capacities, is unlikely to be successful. The more child protection practitioners understand how risk and protective factors interact, the better prepared they will be to develop appropriate population-level prevention programs and practices.

Risk and protective factors are cumulative and often correlated

Evidence suggests that it is the accumulation of risk factors that cause a specific harmful outcome, meaning 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.¹⁸ For example, evidence highlights that proximity to and interaction with armed groups, and unmet basic needs (such as food and shelter) combine together to influence child trajectories into armed groups.¹⁹

In addition, risk factors tend to be positively correlated to one another and negatively correlated to protective factors. In other words, 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. These correlations underscore the importance of early intervention, and programs and practices that target multiple rather than single factors.

An individual risk or protective factor can be associated with multiple outcomes for children (whether negative or positive)

Prevention programs and practices are often designed to target a single outcome, however, both risk and protective factors can be associated with multiple outcomes. For example, lack of opportunities for effective formal or informal education or a lack of responsive, consistent caregiver may be associated with several harmful outcomes, such as family separation, association with an armed force or armed group, or child labor. Prevention efforts that are multi-faceted, targeting a set of risk or protective factors at the population-level have the potential to produce positive effects in multiple areas.

¹⁶ Masten and Barnes, 2018

¹⁷ SAMHSA, 2019

¹⁸ Bonanno et al., 2010

¹⁹ O'Neil, Van Broeckhoven et al., 2018

Level	Risk Factors	Protective Factors	Examples of prevention activities
Child	<p>Lack of sense of safety</p> <p>Lack of sense of community belonging</p> <p>Behavioral issues, including alcohol or substance use</p>	<p>Ability to regulate emotions</p> <p>A sense of hope, faith, and optimism</p> <p>Ability to form and sustain meaningful connections</p> <p>Self-regulation and control skills</p>	<p>Emotional regulation skills training</p> <p>Social and decision-making skills training</p> <p>Positive behavioral supports</p>
Family	<p>Lack of caregiving by consistent, responsive caregiver</p> <p>Inability to continue care on the part of one or more parents or main caregivers (for instance due to forced removal, incarceration, deportation, injury, illness, mental health or substance use)</p> <p>Unemployment of parent(s) or inconsistent work</p>	<p>Presence of a consistent, responsive caregiver</p> <p>Availability of employment opportunities; meaningful employment</p>	<p>Effective parenting and stress management interventions or training</p> <p>Cash or food transfers</p> <p>Income generating activities</p> <p>Vocational skills training opportunities</p>
Community	<p>Loss of or limited formal or informal educational opportunities</p> <p>Proximity to/existence of child care institutions or child labor markets</p> <p>Breakdown of community support networks</p>	<p>Access to effective formal and non-formal education</p> <p>Availability of extracurricular activities or clubs</p>	<p>Formal and informal educational opportunities</p> <p>Awareness-raising of risks of institutional care</p> <p>Advocacy and communication campaigns for safety in the workplace or children of legal working age</p> <p>Peer-to-peer community support groups</p>
Society	<p>Recruitment by institutional care facilities</p> <p>Lack of diversion alternatives to detention for children in contact with the law</p>	<p>Existence of alternative care systems promoting community- and family-based care</p> <p>Access to birth registration Juvenile justice approaches that allow children to be accountable without being formally processed as a criminal</p>	<p>Referral systems in place</p> <p>Support to existing, appropriate alternative care options</p> <p>Support government and/or development actors in developing or implementing a de-institutionalization strategy</p> <p>Training service providers on the rights and best interests of children in contact with the law</p>
Sociocultural norms	<p>Customary care practices that favor child-family separation</p> <p>Perceived benefits of placement in alternative care, including belief that services will be better</p>	<p>Alignment of and links between customary and national legal systems and international laws</p> <p>Availability of quality services</p>	<p>Communications campaign to communicate importance of family-based care</p> <p>Advocacy and communication campaigns targeting authorities and other actors to address policies, procedures or practices that contribute to separation</p>

Box 2: Key Takeaways

1. Each population and culture has mechanisms in place to protect children. It is critical to work with the children, families, and communities affected by the humanitarian situation to understand what risk and protective factors exist.
2. While overlaps/similarities exist, underlying factors driving a child protection concern in one population may differ from the factors driving that same concern in another population. Effective prevention focuses on reducing the risk factors and strengthening the protective factors relevant to the context.
3. As predictors of harm, risk factors should not be considered in isolation. While acknowledging it is not possible to predict the future outcomes of a child with any certainty, risk factors can be viewed as markers that require further consideration and analysis using professional knowledge and judgment. They must be assessed alongside identified protective factors and other contextual elements.
4. Prevention programming is multi-sectoral in nature. Some of the most pressing child protection concerns are rooted in larger issues beyond the scope of child protection programming; for example, economic vulnerabilities, social or political unrest, or a limited availability of schools and educational opportunities. This further highlights the need for multi-sectoral collaboration and integration.

About this Evidence Brief

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References

- Alliance for Child Protection in Humanitarian Action. 2017. *Field Handbook on Unaccompanied and Separated Children*.
- 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.*
- 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.
- 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.
- 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.
- Canavera M, Anwar Y, Cislighi B, Clark C, Muldoon K, Sall M. 2017. *Measuring Child Protection Outcomes in Senegal: A population-based survey of Pikine and Kolda departments*.
- ChildFund International. 2018. *Final Report: ChildFund Deinstitutionalization of Vulnerable Children in Uganda (DOVCU)*.
- CPWG. 2012. *Child Protection Rapid Assessment Toolkit*. Available from: <https://resourcecentre.savethechildren.net/node/7993/pdf/cpra-english.pdf>
- Family Care First, REACT. 2018. *Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children*.
- FHI360. 2018. *ASPIRES Family Care Evidence and Guidance for Economic Strengthening to Help Families Stay Together*.
- 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 & Barnes J. 2018. Resilience in Children: Developmental Perspectives, 5(7): 98.
- Moret, W, 2016. *Review of Vulnerability Assessment Methods for Reintegration and Prevention of Child Separation*. Washington, D.C.: FHI 360.
- 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).
- Namey, Emily, Lisa Laumann, Eunice Okumu, and Seth Zisette. 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.
- O'Neil S., Van Broeckhoven K. et al. 2018. *Cradled by Conflict: Child Involvement with Armed Groups in Contemporary Conflict*.
- Rutter, M. 2012. Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335–344.
- Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. *A Guide to SAMHSA's Strategic Prevention Framework*.
- Shilpa, KA, Dheerah, S, Piyush, G. 2015. Defining and Measuring Vulnerability in Young People. *Indian J Community Med*, 40(3): 193-197.
- UNICEF. 2007. The Paris Principles – Principles and guidelines on children associated with armed forces or armed groups.
- 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.
- Williamson, John, & Greenberg, A. (2010). Families, Not Orphanages. *Better Care Network Working Paper Series*, (September).