



Guidance for Families to Prevent Violence in Early Childhood in the Time of COVID-19

CONCEPTUAL AND METHODOLOGICAL FRAMEWORK

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Guidance for Families to Prevent Violence in Early Childhood in the Time of COVID-19. Toolkit

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Introduction






The consequences of government measures to control the spread of COVID-19 –social isolation, quarantine, physical distancing– have had a strong impact on parenting and the wellbeing and development of 0-5-year old children in Latin America and the Caribbean. Furthermore, parents and other caregivers have been affected by closures, interruptions, or restrictions of services provided by centers offering childcare, early intervention, and initial learning and education services.

Before the pandemic, the prevalence of violence against children in Latin America and the Caribbean was already high, as violent discipline –which includes the use of physical and/or psychological punishment– affected almost 75 percent of 3-4-year-old children, more than half of which endured physical punishment. The prevalence of harsh physical punishment –defined as inflicting violence by hitting with excessive force or with the intentional use of hard objects¹– against 3-4-year-old children in the region varied between 1.6 percent in Cuba to almost 10 percent in Suriname.

This situation, aggravated by the consequences of social confinement, demonstrates the need to provide support services to families, offering alternatives that comply with pandemic imposed restrictions with the aim of promoting young children’s nurturing upbringing while promoting self-care among their primary caregivers.

This toolkit seeks to contribute to this objective. It contains five main sections; the first section is the conceptual framework, which presents evidence-based information on the importance of nurturing parenting and upbringing for early childhood development, as well as the consequences of violence and abuse. The second section explores protection and risk factors from the perspective of the social-ecological model. The third section addresses the current conditions linked to the pandemic, which affect the erosion of capacities and resources of significant adults in the lives of young children. The fourth section raises the need to provide families with guidance services, including alternative strategies. Lastly, the fifth part introduces the 5Rs Model of Positive and Effective Parenting and describes the rationale and principles of providing guidance to families to prevent violence, including child maltreatment.

The resource kit consists of the following documents and materials:

-  Conceptual and methodological framework (this document).
-  General guide for telephone guidance.
-  Tool # 1. Guiding and in-depth questions.
-  Tool # 2. Guidance with the 5Rs Model of Positive and Effective Parenting.
-  Formal registration worksheet for telephone guidance.

¹ There are other forms of violence that are intolerable, such as slapping, screaming, degrading treatment, etc. However, this definition is used as part of the questions in Multiple Indicator Cluster Surveys that measure only severe violence.



1. Early childhood development and violence

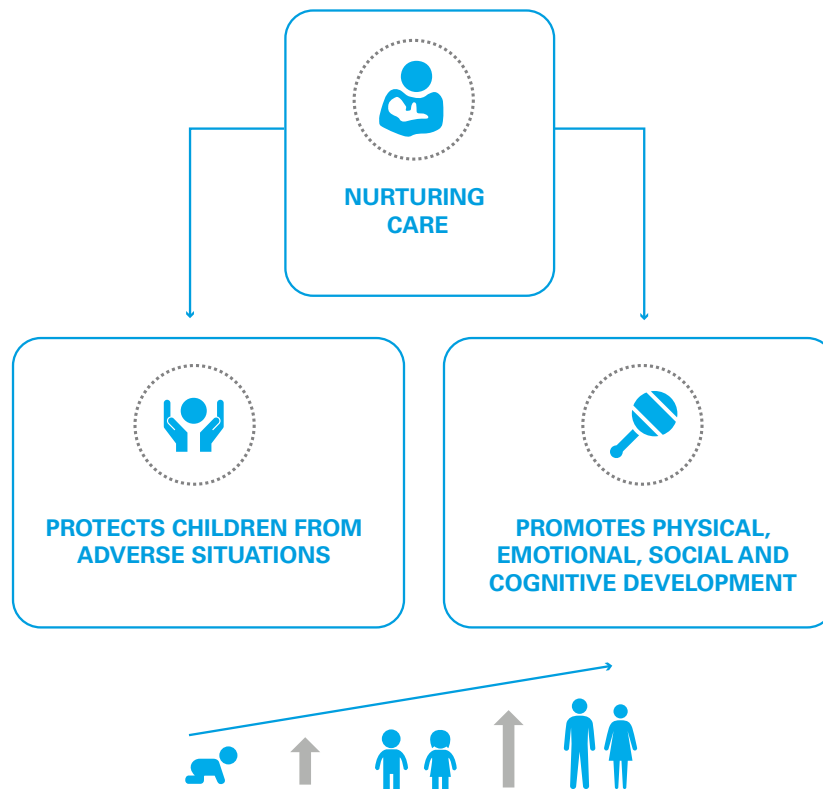
1.1. Importance of this stage of life

Early childhood is a unique period in human beings' lives, ranging between conception and eight years of age. This stage is characterized by rapid brain development - especially during the first three years- and the fantastic creation of neural connections at an intensity that will never occur again. These neural connections lay the foundation for health, learning, productivity, and individual and social wellbeing in childhood, adolescence, and adulthood.

Nonetheless, this whole process does not occur in isolation; it takes place in response to the quality of interaction experiences with parents and other primary caregivers - attachment figures - who are critical in facilitating meaningful exchanges with other people, places and objects in the environment.

As set forth in the [Nurturing Care Framework](#) (WHO and UNICEF, 2018), children can reach their cognitive, physical, social and emotional developmental potential

Figure 1. Nurturing Care



Lifelong benefits that are passed on to the next generation, both in terms of health, learning, productivity and social cohesion

if they are exposed to an adequate environment characterized by responsive caregiving practices, stimulation, and early learning opportunities.

Given that this process is extremely sensitive to external influences –due to the brain’s high malleability–, it is critical that primary caregivers have the appropriate and sufficient knowledge, skills, attitudes and resources to ensure the best start in life for every child.

However, the family environment is often adverse because caregivers lack the necessary skills, resources, and guidance to raise and protect their children adequately, and care for their own mental health and physical and emotional wellbeing. This is especially critical in contexts of poverty, exclusion, crisis, emergencies, and institutional fragility, which is why additional support and assistance measures are required.

1.2. Consequences of violence in early childhood

The Convention on the Rights of the Child recognizes “the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development”, stating that “the parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development” and urges states to “take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.” (CRC, 1989: article 27).

Furthermore, the Sustainable Development Goals (SDGs), particularly SDGs 4.2, 5.3 and 16.2 and

UNICEF’s Regional Framework on Violence in Early Childhood for Latin America and the Caribbean (UNICEF, 2017) highlight the importance of investing in early childhood development and protecting young children against all forms of violence. In this sense, given that violence against young children compromises early childhood development, it constitutes a clear threat to the exercise and effective enjoyment of their rights and is, therefore, a contravention of the CRC and the SDGs.

The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (WHO, 2002).

1.3. Theoretical approaches to the impact of violence

There are multiple theories of human development that help us understand the effects of suffering or witnessing violence during early childhood.

In the first place, **attachment theory** (Bowlby, 1980) argues that attachment is the affective bond that children establish with their parents or other caregivers who perform parental duties. This theory explains the correlation between early family experiences and the subsequent emotional and social development in early childhood (The Open University. Child and Youth Studies Group, 2007).

Babies who develop an adequate attachment bond feel secure and, therefore, mostly focus their attention on exploring the environment; faced with a threatening situation, they will look for their attachment figure (father, mother or caregiver) as a security provider. These experiences with their primary caregiver shape internal operating models that influence beliefs about themselves and others, which will ultimately regulate the person's future interactions with their surrounding environment, as well as the quality and duration of relations throughout life (Dávila, 2015).

Similarly, attachment theory suggests that violence experienced in early childhood can produce avoidance behaviours in children, as well as desires to escape, apprehension, resentment and anger towards the person or persons who inflicted the violence. In these situations, the attachment bond becomes weakened and this has far-reaching consequences in affective relationships, which will ultimately compromise the individual's physical, cognitive, social, and emotional development and increase his/her risk of engaging in risky behaviours and suffering from health problems throughout the lifespan.

On the other hand, according to **social learning theory** (Bandura, 1986), young children observe and imitate their caregivers' behaviours and internalize or learn from them. When caregivers explicitly or implicitly resort to violence among themselves or against children, they are conveying that these behaviours are acceptable. In this sense, the concept of intergenerational transmission of violence has been used to explain how violent behaviours are learned in the context of family socialization and are correlated with a greater risk of reproducing later on the aggressive behaviours suffered or witnessed during childhood.

Neurophysiological models argue that **neural and physiological mechanisms** can explain the negative consequences of violence for comprehensive development during early childhood. In general, exposure to any form of violence - physical or psychological abuse, sexual abuse, abandonment, neglect, family violence, etc. - triggers automatic physiological responses in the human body (McEwen, 2012). As part of these responses, the hypothalamic-pituitary-adrenal (HPA) system activates and releases stress hormones such as cortisol, which prepare the body to "fight or flight" what the body identifies as a threat.

Frequent and/or severe exposure to threats such as violence in the family environment can lead to toxic levels of stress and deregulate the HPA system, which leads to consequences in areas of the brain that are more responsive to stress hormones (Gunnar & Quevedo, 2007). Therefore, areas such as the hippocampus, the amygdala, and the prefrontal cortex, which are critical for cognitive, learning and emotional regulation processes, are especially affected by exposure to any form of violence in childhood (McLaughlin et al., 2019).

1.4. Scientific evidence on the consequences of violence

Scientific studies carried out during the last decades have unequivocally demonstrated that any form of violence has the potential to compromise children's healthy development.

Various studies have used magnetic resonance imaging, encephalograms, and other neuroimaging tools to understand **the consequences of exposure to violence for children's brain development**. In general, differences in brain structure and function were found between children that had been exposed to violence and their non-exposed peers. The most outstanding differences are evidenced in areas such as the prefrontal cortex, amygdala, and the anterior cingulate cortex (McLaughlin et al., 2019), which can compromise cognitive and regulatory processes, with long-term consequences on behaviour, learning and social relationships, among others.

Science has also shown that violence in early childhood **adversely impacts children's cognitive development, memory, attention and executive function** (Irigara et al., 2013; Su, D'Arcy, Yuan and Meng, 2019) and increases their likelihood of experiencing academic and social difficulties with their peers and teachers (Lansford et al., 2002). Similarly, violence in childhood can **produce harmful effects on social-emotional development**, such as emotional deregulation, greater reactivity to stressful events throughout life, and higher levels of aggressiveness (Herrenkohl and Herrenkohl, 2007; Lavi et al., 2019).

Exposure to violence in early childhood also **has the potential to produce strong and persistent negative consequences on people's mental health**

(Berens and Nelson, 2019). Systematic reviews of scientific literature have found that these consequences include depression, anxiety, and post-traumatic stress (Gardner, Thomas, & Erskine, 2019; Norman et al., 2012). Exposure to violence additionally increases the risk of problematic use of substances such as alcohol, tobacco, and drugs in adulthood (Norman et al., 2012).

Children exposed to violence also **tend to experience health problems more frequently**, such as eating disorders, risky sexual behaviours, cardiovascular diseases, diabetes, obesity, hypertension, migraines, and other diseases, compared to children who were not exposed to these adversities (Norman et al., 2012). It was recently discovered that early exposure to violence could lead to more accelerated cellular aging throughout life (Ridout et al., 2019).

Finally, besides the evident personal repercussions that take place throughout life in the family, community, social and work environments, violence against children also has consequences for countries, since it leads to a significant increase in costs related to public health, social services, administration of justice, human security and productivity. Besides implying greater investments in welfare services for the population, these higher costs also erode countries' productive capacity and the economic wellbeing of future generations. For example, a study for the Asia Pacific region estimated that the economic cost of addressing some of the health consequences of violence is between 1.4 and 2.5 percent of the region's Gross Domestic Product (WHO, 2016).



2. Protective and risk factors for violence

2.1. Social-ecological model

No single factor can explain a person's tendency toward violence or the higher prevalence of this phenomenon in certain communities. To expand the analysis and understanding of violence and its effects on public health, WHO introduced the social-ecological model that recognizes a wide and complex range of factors that can increase the risk of violence, perpetuate it or, alternatively, provide protection against it (WHO, 2002).

This conceptual model developed by Bronfenbrenner (Bronfenbrenner, 1979) allows understanding the multifaceted and multi-causal nature of violence, as a result of the reciprocal and complex interaction of factors at four levels: individual, relational, community and social.

The main idea of these levels is that children's development, a process where caregivers play a key role, depends on two-way and dynamic interactions between individual factors and conditions at the relational, community and social levels.

Table 1. Description of the levels of the ecological model

<p style="text-align: center;">Individual level</p> <p>Identifies biological and personal history factors that characterize the individual and influence the person's greater or lesser probability of suffering violence.</p>	<p style="text-align: center;">Relational level</p> <p>It addresses the conditions of the family environment, the roles played by its members and the type of relationships between them, to understand children's greater or lesser probability of suffering violence.</p>
<p style="text-align: center;">Community level</p> <p>It examines the community contexts where social relationships develop, such as schools, neighbourhoods and workplaces, in order to identify the aspects that increase the probability of suffering from violence.</p>	<p style="text-align: center;">Social level</p> <p>Analyzes the macro factors that increase the probability of engaging in violent acts. It encompasses cultural aspects that normalize violence and identifies factors that create and maintain rifts between different population segments and the resulting tensions.</p>

Source: Adapted from INSPIRE: Seven strategies for ending violence against children (WHO, 2016).

Figure 2. Social-ecological model

	SOCIAL	COMMUNITY	RELATIONAL	INDIVIDUAL
RISK FACTORS	<ul style="list-style-type: none"> Gender and economic inequality Social conceptions that normalize violence and men’s dominance over women and children Policies that increase inequality Poverty Deficient social services Social and institutional fragility 	<ul style="list-style-type: none"> Poverty concentration High population density Weak commitment of educational institutions Weak social cohesion Human mobility: displaced population Dangerous physical environments Social isolation Crime and drug trafficking 	<ul style="list-style-type: none"> Weak emotional ties Deficient rearing practices Family disfunction Personal history of child mistreatment Lack of knowledge of child development Alcohol and/or Psychoactive substance abuse Participating in crime Poverty and exclusion 	<ul style="list-style-type: none"> Sex and development stage Having a developmental delay and/or physical or cognitive disability Failing to meet certain expectations of parents or caregivers Having different physical features Being an unwanted child Having special needs: crying a lot
PROTECTIVE FACTORS	<ul style="list-style-type: none"> Shared vision of the future Sharing positive coexisting experiences Alliances and networks between institutions and organizations Equitable social, educational, cultural and economic policies 	<ul style="list-style-type: none"> Positive appreciation of children and adolescents Institutional credibility Children and adolescents’ participation in social dynamics Support networks School support and encouragement Appreciation of school achievements 	<ul style="list-style-type: none"> Attachment bonds with significant adults Positive family dynamics Coherence between actions and messages at home Support networks School support and encouragement Appreciation of school achievements 	<ul style="list-style-type: none"> Trust in the future Life project Adequate school performance Autonomy Feeling that she/he can control the environment Skills for creative problem solving and searching for resources

Source: Adapted from INSPIRE: Seven strategies for ending violence against children (WHO, 2016).

In summary, the social-ecological model shows that both children's development and their primary caregivers' care practices depend on multiple conditions. In turn, different forms of violence are related since they all share common and profound causes. Therefore, they often occur together, and one can lead to the other (PAHO and CDC, 2014).

When examining the different individual, relational (family), community and social environments or levels, it is evident that efforts aimed at enhancing protective factors and reducing risk factors in early childhood are not exclusively the responsibility of families and caregivers; they are also the responsibility of society and governments.

2.2. Protective and risk factors

The prevalence of protective factors related to caregivers' wellbeing, skills, and empowerment, can determine a protective environment for children, that shields them from various forms of violence. On the contrary, the lack or deficiency of parenting skills

can increase the vulnerability of children, overload the capacities of caregivers, erode family wellbeing, and thus increase children's risk of suffering from violence. Table 2 shows some of these protective and risk factors at different levels.

Table 2. Some protective and risk factors according to the levels of the social-ecological model

Environment	Protective factors	Risk factors
Individual		
Children	<ul style="list-style-type: none"> ○ Attachment bond with significant adults ○ Good emotional regulation ○ Physical and cognitive development consistent with developmental milestones ○ Autonomy ○ Feeling safe in the environment ○ Skills to manage frustration ○ Resourceful in overcoming challenges 	<ul style="list-style-type: none"> ○ Sex, age and stage of development ○ Failing to meet certain expectations of caregivers ○ Having different physical features ○ Developmental delay and/or physical or cognitive disability ○ Being an unwanted child ○ Having special needs: crying a lot ○ Experience of child maltreatment

Environment	Protective factors	Risk factors
Relational		
Family - home	<ul style="list-style-type: none"> ○ Healthy family dynamics ○ Security and financial stability ○ Caregivers have completed their education ○ Support networks (family, friends, neighbours) ○ Stimulation and support for development ○ Participation in social programs ○ Caregiver’s knowledge of development and parenting ○ Assessment of learning achievements ○ Coherence between actions and messages at home ○ Caregiver’s self-efficacy ○ Caregiver’s emotional self-regulation ○ Support and promotion of gender equality and equity and co-responsibility in care 	<ul style="list-style-type: none"> ○ Family dysfunction ○ Personal history of child maltreatment ○ Weak emotional ties ○ Poor parenting practices ○ Poverty and socioeconomic exclusion ○ Family stress and caregiver stress ○ Caregiver’s psychopathology/mental illness ○ Problematic alcohol and substance use ○ Domestic or intimate partner violence ○ Separation from other family members ○ Gender roles, stereotypes, and inequities ○ Participating in crime
Community		
Childcare and early childhood education centers	<ul style="list-style-type: none"> ○ Support networks (teachers, caregivers) ○ Child development monitoring ○ Engagement and ongoing communication with caregivers ○ Support and promotion of gender equality and equity 	<ul style="list-style-type: none"> ○ Harmful roles and stereotypes that promote gender inequalities ○ Limited supervision of the child’s development ○ Naturalization of violent behaviours

Environment	Protective factors	Risk factors
Care givers' workplace	<ul style="list-style-type: none"> ○ Support networks (co-workers and business policies favorable to parenting and parenting) ○ Good working conditions and stability ○ Promotion of gender equality and equity 	<ul style="list-style-type: none"> ○ Unfavorable working conditions ○ Job uncertainty and/or job loss ○ Labor exploitation ○ Limited commitment to parenting and child rearing ○ Harmful roles and stereotypes that promote gender inequalities
Neighbourhood or community	<ul style="list-style-type: none"> ○ Assessment of comprehensive early childhood development ○ Support networks (friends, neighbours and social organizations) ○ Spaces to play and do sports ○ Trust between neighbours ○ Support and promotion of gender equality and equity ○ Children's participation in social dynamics 	<ul style="list-style-type: none"> ○ Concentration of poverty ○ High population density ○ Dangerous physical environments ○ Violence, crime, and drug trafficking ○ Low social cohesion and isolation ○ Social exclusion and stigma against some members
Medical or paediatric centre and other social and protection institutions	<ul style="list-style-type: none"> ○ Assessment of comprehensive early childhood development ○ Adequate control of children's growth, development, and wellbeing ○ Involvement and communication with children and caregivers/parents ○ High valuation of ethnic and cultural diversity ○ Promotion of breastfeeding and vaccination ○ Support and promotion of gender equality and equity 	<ul style="list-style-type: none"> ○ Poor institutional commitment to early childhood development ○ Inadequate medical services ○ Barriers to access medical services ○ Gender biases in service providers ○ Limited recognition of cultural diversity

Environment	Protective factors	Risk factors
Social		
Informal institutions	<ul style="list-style-type: none"> ○ Trust in other people ○ Social norms that increase the visibility of violence against children and disapprove of abuse and violent discipline ○ Social norms that delegitimize gender inequality and violence ○ Valuation of ethnic and cultural diversity ○ Credibility of institutions 	<ul style="list-style-type: none"> ○ Social norms that legitimize violent discipline and child maltreatment ○ Social conceptions that normalize violence and men's dominance over women and children ○ Stigma against some social groups, including ethnic populations ○ Harmful roles and stereotypes that promote gender inequalities
Formal institutions	<ul style="list-style-type: none"> ○ Family-Friendly Policies (UNICEF, 2019) ○ Family-friendly social and protection services for those affected by poverty and social exclusion ○ Inclusion of early childhood in institutional services offered ○ Laws governing maternity/paternity leave ○ Laws that protect children from violence ○ Support and promotion of gender equality and equity 	<ul style="list-style-type: none"> ○ Obstacles to access social protection services ○ Absence or weakness of support programs for families with young children ○ Barriers to access early childhood services ○ Lack of legislation that punishes violence, violent discipline, and abusive practices against children

Source: Adapted from INSPIRE: Seven strategies for ending violence against children (WHO, 2016).



3. Current situation: the erosion of protective factors and exacerbation of risk factors as a result of COVID-19

Even though caregivers may face different challenges in providing a suitable environment and a nurturing upbringing for their children, the current COVID-19 situation has eroded various protective factors and has exacerbated the occurrence of contextual risks. Consequently, many caregivers, as well as children, may be experiencing a “lack of balance” where there is an increased risk of violence (Cuartas, 2020) (see Figure 2). In fact, past emergencies - caused by epidemics or natural disasters - have brought significant increases in violence against children (Peterman et al., 2020; The Alliance for Child Protection in Humanitarian Action, 2020).

The spread of COVID-19 and the measures taken by governments to curb infection - quarantines, social isolation, closure or interruption of programs - have also led to important changes in multiple services related to children’s development and caregivers’ support and guidance.

On the one hand, closures of spaces and centres offering early childhood learning, play and education have had a significant impact on the routines of children who have also been forced to remain at home, often enduring overcrowding, scarcity, and insecurity conditions. These transformations, along with feelings of fear and uncertainty experienced in the family environment, generate sadness, anxiety, irritability, and behaviours that can prove challenging and difficult for caregivers to manage. In turn, children’s play and learning activities at home can physically and emotionally overload caregivers, even more so if they lack the capacities to understand and manage these new behaviours.

This crisis has also had consequences on livelihoods as a result of the loss of millions of jobs and income sources, with the consequent increase in poverty and food insecurity (Buheji et al., 2020). There is also widespread fear of the disease and in some contexts, competition for scarce resources - hygiene and food supplies- and mistrust and stigma towards some social groups has continued to expand (The Alliance for Child Protection in Humanitarian Action, 2020). Lastly, the disease may have had a direct effect on children, caregivers, and families, by leading to the disability and, in many cases, the death of a household member.

Regarding the erosion of protective factors, **the physical separation between people and the loss of support** between family, friends, neighbors, and work colleagues has been the most immediate consequence of the pandemic. **The closure of different early childhood facilities**, coupled with the disruption or increased obstacles for caregivers to access pediatricians or other service providers, has also **limited essential support sources for families and some social protection services**, such as home visits, which have been very successful in promoting positive stimulation and parenting practices globally (Aboud and Yousafzai, 2015).

Together, these consequences have had a strong impact on families’ relational dynamics, which in turn affect caregivers’ capacities to provide an adequate environment and nurturing upbringing practices. Fear, uncertainty and mistrust caused by natural disasters or health emergencies, such as the pandemic, actually carry profound

Figure 3. Possible negative impacts of COVID-19 on early childhood development

	RISK FACTORS	PROTECTIVE FACTORS
INDIVIDUAL	<p>Abrupt changes in routines</p> <p>Changes in behaviour</p>	<p>Strong child-caregiver bond</p> <p>Physical and cognitive development consistent with developmental milestones</p> <p>Feeling safe in the environment</p> <p>Developing skills to manage frustration</p> <p>Resourceful in overcoming challenges</p>
RELATIONAL	<p>Poverty and economic insecurity</p> <p>Caregiver's stress</p> <p>COVID-19 fear and anxiety</p> <p>Increased alcohol or substance abuse</p> <p>Interruption of home visits and programmes</p> <p>Increase of domestic violence</p> <p>Poor parenting practices</p> <p>Inequality and traditional gender roles</p>	<p>Healthy family dynamics</p> <p>Knowledge of development and parenting</p> <p>Stimulation and support for development</p> <p>Security and financial stability</p> <p>Active support networks (family, friends, etc)</p> <p>Participation in social programs</p> <p>Coherence between actions and messages</p> <p>Caregiver's self-efficacy</p> <p>Caregiver's emotional self-regulation</p>
COMMUNITY	<p>Social isolation</p> <p>Disruption of social services</p> <p>Erosion of trust</p> <p>Closures of sports and recreation spaces</p>	<p>Promotion of gender equality and equity</p> <p>Promotion of children's participation</p> <p>Opportunities for play and sports</p>
SOCIAL	<p>Erosion of trust</p> <p>Erosion of medical services</p> <p>Lack of or weak programs to support families with young children</p> <p>Social norms that legitimize violent discipline and child maltreatment</p>	<p>Credibility of institutions</p> <p>Social norms that disapprove of violence and delegitimize gender inequality</p> <p>Family-friendly social and protection services for those affected by poverty and social exclusion</p>

Source: Prepared by the author

psychological consequences, including high levels of stress, depression, anxiety and even post-traumatic stress disorder (Brooks et al., 2020; Danese, Smith, Chitsabesan and Dubicka, 2020). These psychological effects can increase irritability, reactivity and impulsivity among caregivers and simultaneously “deplete” cognitive resources, such as executive functions (Davies, Sturge-Apple, Cicchetti & Cummings, 2007). All this can lead to lower levels of self-control and more impulsive and potentially violent reactions to day-to-day challenges. Considering the social-ecological model, these consequences may become exacerbated in the presence of risk factors at the relational level – history of violence against children, family with disabilities, poverty, family stress, history or current situations of domestic or intimate partner violence– and at the community and social levels, due to conditions of increased vulnerability – poverty, exclusion, insecurity, lack or fragility of support networks, interruption or difficulties in the provision of social services, among other combinations of risk factors, such as those outlined in Table 2.

Moreover, the pandemic has had a disproportionate impact on women (Alon, Doepke, Olmstead-Rumsey and Tertilt, 2020). In the first place, spikes in cases of violence and abuse against women are often observed during natural or health emergencies, which is consistent with reports on **increased cases of gender-based violence during this pandemic** (Taub, 2020). The increase in violence against women has detrimental effects not only on their physical and mental health, which increases violence and abusive practices against children at home, but also has a direct effect on children who witness domestic violence or are victims themselves, affecting their health,

nutrition, safety and socio-emotional and moral development (Diderich et al., 2013; Oudesluys-Murphy, Diderich, Dechesne and Buitendijk, 2015). This contributes to the perpetuation of harmful stereotypes and the intergenerational transmission of gender-based violence (see Social Learning Theory).

Secondly, **in a context of pre-existing gender inequality and unequal distribution of unpaid work, women have received the heaviest work and care burden during the confinement, often bearing the primary responsibility for childcare and housework** (Martinez et al., 2020). Mothers from single-parent households have been particularly affected, as they have had to juggle housework, childcare and help with schoolwork simultaneously with their jobs. This has led to an emotional and functional overload that increases the risk of depression and anxiety (Taylor, 2020). Thirdly, the impact on labor markets has been strongly felt by women (Alon et al., 2020), not only because of the greater loss of women-held jobs, but also because the general overload limits their available time and may compromise their employability and personal wellbeing.

Finally, the contextual risks that have been exacerbated by the current situation have led to reduced interactions with family, friends, neighbours, pediatricians, teachers, community workers and other members of the community, which makes it difficult to detect different forms of violence against children and against their female caregivers. It is therefore necessary to design and implement novel strategies and tools to resume communication with families, to support them and ensure early violence prevention, thereby strengthening the capacities of parents and caregivers to promote stimulating, nurturing and healthy relationships.



4. Remote assistance for caregivers: opportunities and limitations

Considering the erosion of protective factors and the increased obstacles to contact caregivers and provide them with counseling, remote accompaniment options may be a promising strategy. Telephone assistance is a particularly relevant alternative in the Latin America and the Caribbean context, as it enables interacting with caregivers of children under 5, listening to their needs and providing personalized guidance. Telephone assistance can be useful to identify protective elements, ensure early detection of possible risk factors, provide rapid preventive guidance, offer psychosocial support, and refer to other resources or social protection services. However, this strategy has limitations, and it is difficult to accurately detect cases of violence against children, since these events can go unnoticed even when pediatricians, teachers and other caregivers have direct interaction with children and/or caregivers (Honor, 2013; Lutzker, 1998).

Telephone intervention or guidance has proven to be effective in cases of emotional dysregulation and the need for psychosocial support (Lester, 2002), but there are currently no studies on its effectiveness in reducing child maltreatment and gender-based violence. However, it is possible to transfer “ingredients” that have been proved effective in presential interventions (for example, Durrant et al., 2014; Gershoff, Lee and Durrant, 2017) and use them during telephone assistance, thus maximizing their positive impact in the time of COVID-19. Directly addressing risk factors associated with violence is one of the fundamental “ingredients” for children’s protection.

In particular, it is expected that telephone assistance services will:

- Offer a space to listen to and provide containment to children’s caregivers.
- Identify protective factors (support networks, caregiver’s skills, etc.), as well as the needs and risk factors that, when identified, can prevent situations of violence against children.
- Provide initial assistance and guidance to manage stress in case the caregiver is suffering from emotional distress.
- Provide initial assistance and guidance in response to queries and share information on child development and care and parenting practices.
- Together with the caregivers, prepare action and follow-up plans to prevent violence against children.
- Provide caregivers information on relevant resources available in their country, according to their needs and situation, including additional information on COVID-19, child development, care and parenting practices, social services, and others.
- Receive complaints on child maltreatment, gender-based and domestic violence, and psychopathology (including suicidal ideation and feelings of sadness or anxiety that hinder everyday functioning), to refer or report these cases to specialized services.

Figure 4. The scope of telephone assistance and guidance



However, the telephone service does not allow:

- Accurately detecting cases of violence against children if an explicit complaint is not made. When in doubt, each country may take steps to feed and/or activate an Early Warning System in order to prevent violence from taking place.
- Addressing more structural determinants of violence against children, such as economic insecurity, exposure to violence in the community, or psychopathology (for example, depression or clinical anxiety).

In the absence of protective factors and the coexistence of other severe risk factors (extreme poverty or domestic violence), telephone

guidance is not effective on its own and it must be accompanied by other social protection services and family-friendly policies such as economic transfers, unemployment insurance, maternity and paternity leave, work flexibility, educational campaigns on positive parenting, among others. On the other hand, if telephone guidance is considered pertinent, it is necessary to work with different sectors and institutions to strengthen articulation between the different mechanisms to ensure effective referral processes.

In summary, telephone assistance offers certain opportunities, but given its limitations, **it should always be part of a more robust menu of services that promote protective factors and reduce the incidence of risk factors at different levels of child development.**



5. Conceptual foundations of the operational tools

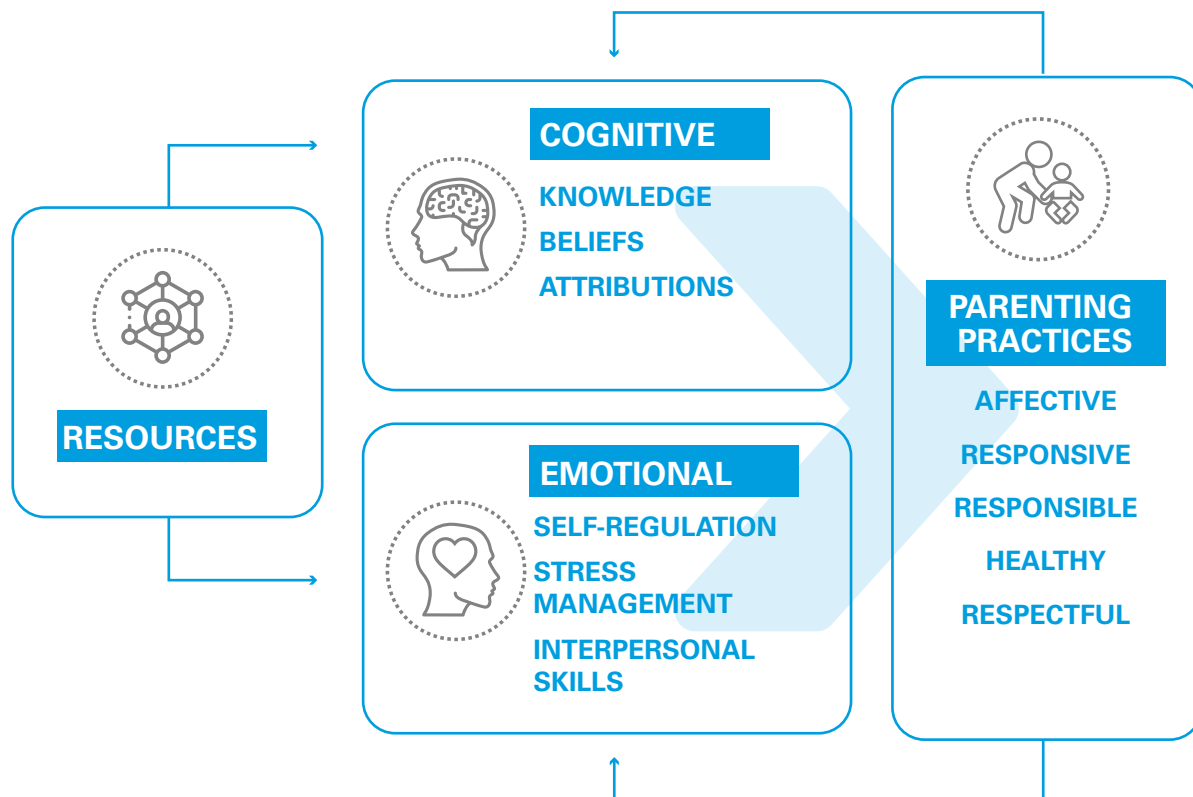
5.1. Caregivers' capacities and resources

Even though the social-ecological model shows that many factors may increase the risk of violence, there are “proximal” factors that, in general terms, are considered more immediate and can be used to guide caregivers' behaviours. These are: 1) **cognitive resources** –knowledge, perceptions, expectations, attributions– and 2) **emotional resources** –such as the caregiver's wellbeing- (Bornstein, 2015) which, are also “malleable” (Ateah and Durrant, 2005) and can

therefore be addressed remotely or over the phone. However, other structural factors, such as exclusion, economic insecurity, or problems in child development, require referral to specialized services or specific social protection programs.

In short, caregivers' cognitive and emotional capacities and resources are immediate factors that can be used to guide care and parenting practices (see Figure 5).

Figure 5. Resources in parenting practices



Source: Prepared by the author

Cognitive abilities or resources refer to five main factors:

- Caregivers' knowledge of child development and parenting practices.
- Knowledge of early childhood development milestones to modulate expectations regarding the acquisition of certain skills at different stages of children's development.
- Attitudes towards traditional social norms and parental practices that can justify or normalize different forms of child maltreatment and gender-based discrimination.
- Beliefs held by caregivers regarding socially accepted behaviours and parenting practices that can be predictors of violence against children.
- Caregivers' attributions or interpretations regarding children's behaviour.
- There are at least five fundamental emotional resources to prevent violence against children.
- **Emotional self-regulation or self-control** usually starts by paying attention and recognizing one's own emotions so that, in respect for socially and culturally defined norms, personal reactions to the challenges of raising and caring for children can be modulated. Since people prefer certain emotional states above others, self-regulation paves the way to achieve this result ((Higgins, Grant & Shah, 1999; Bonano, 2001) cited in: Rodríguez, Lucas M., Russián, Gabriela C. and

Moreno, José E., 2009). Higgins et al. highlight three essential principles of self-regulation:

- » **Regulatory anticipation:** taking into account previous experiences, people can anticipate the pleasure or discomfort that a certain situation may cause them. This creates the motivation to engage in or to avoid certain situations.
 - » **Regulatory reference:** faced with the same situation, a person can have a positive or a negative reference point. The motivation remains unchanged, but in one case it is driven by something positive and in another case, by something negative.
 - » **Regulatory focus:** the promotion focus is distinguished from the prevention focus; this differentiates aspiration and self-realization as promotion, and responsibility and safety as prevention.
- **Stress management** or resources to deal with demanding parenting, family, and work situations.
 - **Self-efficacy**, or caregivers' belief in their ability to achieve their parenting goals.
 - **Patience or impulsiveness** as the caregiver's reactions to children's apparently challenging behaviours.
 - **Social interaction skills** that can facilitate or hinder caregivers' access to relevant information regarding development and parenting or nurturing care.

5.2. The 5Rs Model of Positive and Effective Parenting

Acknowledging the importance of the caregiver's cognitive and emotional resources is critical for orienting the guidance services provided to families. In this sense, we suggest using the **5Rs Model of Positive and Effective Parenting** (see Figure 6), which contributes to promoting nurturing care and preventing violence in early childhood, through five specific capacity

strengthening actions. These actions refer to: 1) **Regulating** one's own emotions, 2) **Recognizing** how children learn and the emotions they experience at different stages of development, 3) **Remembering** positive and effective discipline practices, 4) **Responding** appropriately to children's behaviours and needs, and 5) **Reinforcing** positive behaviours and self-care.

Figure 6. The 5Rs Model of Positive and Effective Parenting.



5.3 Guidance counselor's skills for telephone assistance

Guidance counselors must be trained in the conceptual framework, which covers the following content topics:

- The importance of parenting and upbringing on early childhood development and the far-reaching repercussions that children suffer when caregivers lack the necessary capacities and resources.
 - The consequences of different forms of violence, including abuse in early childhood.
 - The social-ecological model, which illustrates the interaction of individual factors, interpersonal relationships, community and society, recognizing that different forms of violence are linked and therefore often occur together, and one can lead to other.
 - Become familiar with the different protective factors and risk factors that become relevant at the different levels/environments of children's lives.
 - The 5Rs Model of Positive and Effective Parenting as a basic instrument for guiding caregivers, according to parenting challenges at specific stages of the life course.
 - Fundamentals, principles of remote guidance over the telephone. Also, the advantages and limitations of this assistance alternative.
 - The use of operational tools: phases of assistance, guidance profile and use of guides and resources.
- Guidance counselors are, therefore, expected to have the following skills:
 - » Knowledge of early childhood development, consequences of violence against children, categories of analysis and identification of protective factors and risk factors, and use of operational tools.
 - » Understanding of the current situation caused by COVID-19 and the possible adverse conditions that affect the family environment.
 - » Knowledge of the protective factors that protect children, and the risk factors that can trigger violence against children.
 - » Synthesis capacity to identify protection and risk factors in order to support/accompany the caregiver in the design of work plans.
 - » Basic understanding of gender roles and norms that can affect parenting and childcare.
 - » Ability to prepare, carry out and evaluate the caregiver guidance process.
 - » Ability to create positive reinforcement for caregivers' achievements and progress.
 - » Active listening and empathetic understanding.
 - » Interpersonal and conflict resolution skills.
 - » Respect for the diversity of values, aspirations and unique characteristics of each caregiver and child.

Glossary

- » **Emotional self-regulation:** The ability to effectively direct and manage emotions, which leads to emotional homeostasis and the avoidance of inappropriate responses in situations of anger, provocation, or fear. It also implies perceiving one's own affective state without feeling overwhelmed, preventing it from obstructing reasoning and allowing decisions to be made in accordance with social and cultural values and norms ((Fox and Calkins, 2003), cited in Rodríguez, Lucas Marcelo, Russián, Gabriela Carolina and Moreno, José Eduardo, 2009).
- » **Nurturing care** refers to a stable environment created by parents and other caregivers to guarantee children's health, nutrition, protection against risks and early learning opportunities with warm, emotionally responsive, and adequate interactions (UNICEF, 2018).
- » **Violent discipline:** Child maltreatment that includes both psychological aggression and physical punishment, in order to correct behaviour and serve as a deterrent; it is exercised by parents and other caregivers at home or in other settings (UNICEF, 2017).
- » **Protection and risk factors:** These are the "social, economic and cultural [factors] that can either help protect children or increase their risk of violence. (...) These factors operate at multiple levels: individual, close relationships like family, within communities and institutions or through society as a whole. Their impact is not limited to violence and have a whole range of potentially positive or negative effects." (WHO, 2016)
- » **Child maltreatment:** It refers to all forms of physical or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 2016).
- » **Social-ecological model:** Conceptual instrument² that facilitates understanding of the multifaceted nature of violence. It allows analyzing the factors that influence behaviour (or that increase the risk of committing or being a victim of violence) classifying them into four levels: individual, relational, community and social. ((Bronfenbrenner, 1979) cited in WHO, 2002).
- » **Modification of gender norms and social and cultural values:** Its purpose is to alter the social expectations that define "appropriate" behaviour for women and men, such as norms that dictate men have the right to control women, and which make women and girls vulnerable to physical, emotional and sexual violence by men (WHO, 2016).
- » **Gender norms:** They "are social expectations that define what is considered "appropriate" behaviour for women and men. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society" (WHO, 2016).

² Created to try to understand the multifaceted nature of violence. It was first introduced in the late 1970s for the study of child abuse and subsequently used in other areas of violence research. It is still being developed and refined.

- » **Child protection services:** “They investigate cases of child maltreatment and identify, assess and provide services to children and families in an effort to protect children and prevent further maltreatment, while wherever possible preserving the family. Such services are also sometimes known by other names, often attempting to reflect more family-centred (as opposed to child-centred) practices, such as “children and family services”; “child welfare services” or “social services” (WHO, 2016).
- » **Violence:** “Is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, 2016).
- » **Emotional or psychological violence and witnessing violence:** “Includes restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons” (WHO, 2018).
- » **Intimate partner violence:** “Behaviour within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (WHO, 2016). Intimate partner violence risk factors for adolescent girls and women include: violence during their childhood, early union/child marriage, and unequal gender norms that naturalize violence in intimate relationships (UNICEF, 2019).
- » **Self-directed violence:** is “violence a person inflicts upon himself or herself, and categorized as suicidal behaviour or self-abuse” (WHO, 2016).
- » **Interpersonal violence:** is “the intentional use of physical force or power, threatened or actual, by a person or a small group of people against another person or small group that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, 2016).
- » **Sexual violence:** is “any sexual act or attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic that are directed against a person’s sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work. In general, “three forms of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e. rape); contact sexual violence (for example, unwanted touching, but excluding intercourse); and non-contact sexual violence (for example, threatened sexual violence, exhibitionism and verbal sexual harassment)” (WHO, 2016).

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