



Building Resilience and Mitigating the Impact of Toxic Stress in Young Children: A Model for Transforming Parenting and Male Caregiving in El Salvador

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BUILDING RESILIENCE AND MITIGATING THE IMPACT OF TOXIC STRESS IN YOUNG CHILDREN: A MODEL FOR TRANSFORMING PARENTING AND MALE CAREGIVING IN EL SALVADOR

FABIOLA A. LARA

ABSTRACT

El Salvador is one of the most violent countries in the world, with one of the highest homicide rates among children and adolescents (UNODC 2019). Children's experiences have a profound impact on their development, and exposure to violence in their early years can lead to social, behavioral, learning, and emotional impairments. Caregivers play a critical role in shielding children from damaging experiences and in promoting their positive development (Shonkoff and Phillips 2000). This field note discusses program initiatives led by Save the Children that helped to mitigate the impact of violence on young children in three departments (states) in El Salvador. We developed what we call the Toxic Stress Mitigation Model that consists of three approaches: building resilience, promoting positive parenting, and providing transformative male caregiving in children's early years. Employing an integrated process comprising multiple sectors, including education, child protection, and health and nutrition, from September 2017 to September 2019 we implemented the three approaches in existing and newly formed preschool- and community-based delivery platforms for children ages 1-6 and their families. In this field note, I explore how the platforms engaged the children's primary and secondary caregivers, such as community health workers, volunteer group facilitators, and teachers, and examine the implications of these platforms for the field, and for early childhood and development policy more broadly. I specifically examine how these platforms ensure that programming and research go beyond child development and wellbeing in order to adequately address the wellbeing and other needs of both primary and secondary caregivers.

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VIOLENCE IN EL SALVADOR

El Salvador has one of the world's highest homicide rates. It is also one of the five countries with the highest homicide rates among children, four of which are in the Latin America and Caribbean region (Geoghegan 2019). Violence in El Salvador is driven by gangs and other criminal armed groups that are fighting for territorial control. They use violent methods to coerce individuals, including children, into gang activity and to extort money from residents of highly vulnerable municipalities across the country (Human Rights Watch 2019). Children in these areas experience poverty, forced displacement, natural disasters, sexual violence, and homicide in their homes, at school, and in their communities. Appallingly, at least one child is murdered every day in El Salvador (OHCHR 2018). Men in El Salvador, who are recognized as the main perpetrators of this violence, are driven by patriarchal attitudes and stereotypes (Menjivar 2014) that normalize violence against women. Half of the women ages 15 to 25 in El Salvador believe that men are inherently violent in nature, and because of this they endure their violent relationships (Ruiz and Sobrino 2018).

SAVE THE CHILDREN'S PROGRAMMING IN EL SALVADOR

Save the Children has been implementing early childhood care and development (ECCD) programming in El Salvador for more than ten years. During this time, we developed and tested the Essential Package, an integrated ECCD program for children ages 0-6. The program provides health and nutrition, education, and protection support and services in four of the country's 14 departments (states). It specifically targets children and their families who are living in highly vulnerable areas. Our ECCD programming in El Salvador works in conjunction with services offered by the ministries of health, protection, and education. Taking a community-based approach, the Essential Package program works directly with children and their families—the primary caregivers—and with their secondary caregivers—community health workers, volunteer group facilitators, teachers, etc. We work across the program's three key platforms: Family Circles (*círculos de familia*), Rotating Book Clubs (*rotación de libros*), and preschool classrooms (*parvularia*). Family Circles, which is focused on children ages 0-3 and their families, engages primary caregivers in a series of activities related to health, nutrition, and early childhood stimulation. The Rotating Book Clubs target preschool-age children (ages 4-6) who, due to their remote location, lack access to preprimary education. The clubs engage children and their primary caregivers

in literacy-based activities that cover topics such as health and nutrition, math, and art. The Essential Package is also implemented in preschool classrooms, primarily to support teachers by providing training and content support around topics similar to those covered by the Rotating Book Clubs.

In this field note, I describe how Save the Children developed and implemented its Toxic Stress Mitigation Model (hereafter the Model) in El Salvador from September 2017 to September 2019. The evidence-based Model was integrated into the Essential Package through its three platforms, described above. An additional platform, Active Fatherhood (*paternidad activa*), was established exclusively for male caregivers. Its primary aim is to mitigate the effects of violence—in particular toxic stress—on children ages 1-6. The Model aims to enhance children’s early development by helping them develop the skills they need to process their experiences, which also prepares them to deal with future adversity. The Model also aims to give primary and secondary caregivers ways to manage their own stress and wellbeing while engaging in activities to enhance their relationships with their children. The Model is based on the premise that, if children have at least one stable, nurturing, supportive bond with an adult caregiver, the negative effects of their harmful experiences can be altered (National Scientific Council on the Developing Child 2015). Through this project, we reached more than 12,500 children in El Salvador and approximately 17,000 of their primary and secondary caregivers.

In this article, I first provide a contextual overview of the violence and other adversity children in El Salvador are exposed to. I then describe the three approaches of the Toxic Stress Mitigation Model—building resilience in young children, promoting positive discipline methods to primary and secondary caregivers, and transforming male caregivers’ engagement in ECCD. Next, I offer an overview of our experience piloting the Model, including various stakeholders’ perspectives. I close with lessons learned during implementation of the Model and reflections on future considerations for its application in ECCD policy and practice.

MITIGATING TOXIC STRESS IN YOUNG CHILDREN IN EL SALVADOR

There is strong consensus that experiencing toxic stress and being exposed to violence in the early years of life have a negative impact on children’s physical, emotional, cognitive, and social development. The response to toxic stress,

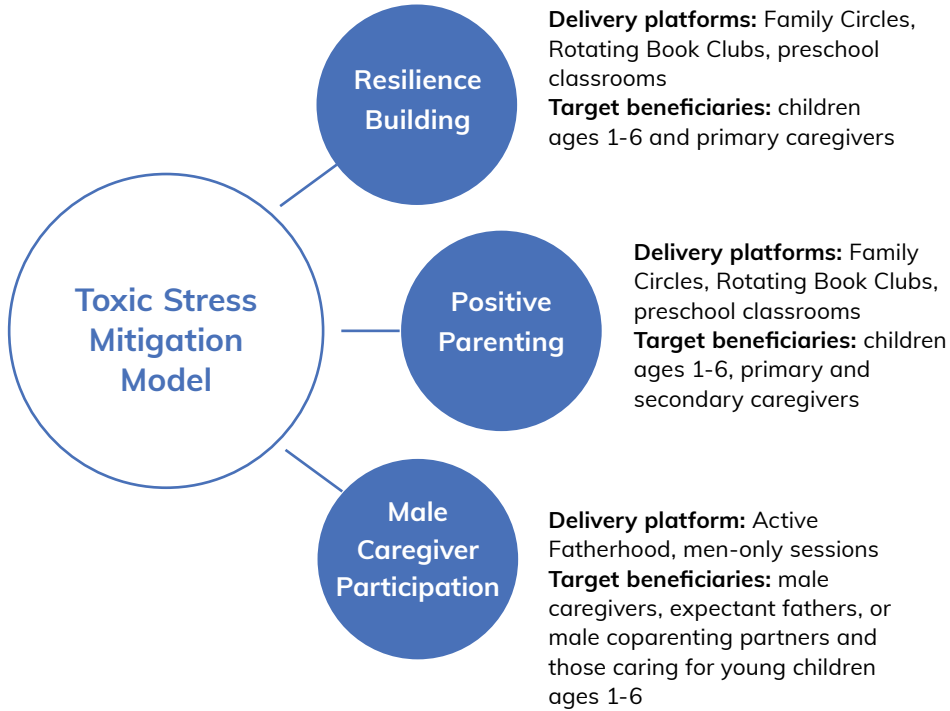
which differs from the response to normal stress, is a result of the continuous or prolonged activation of an individual's stress response system due to adverse experiences and the absence of protective relationships (Franke 2014). Having such adverse experiences in the postnatal period—particularly in the early childhood years, the peak time of brain development—negatively alters a person's neural circuitry and poses a threat to their health and wellbeing over the life course (Shonkoff and Garner 2012; Murphy and Bartlett 2019). Young children exposed to violence, natural disasters, and other adverse experiences need opportunities to build resilience, which can help to mitigate the negative developmental effects of such experiences (Guerra et al. 2012).

In the context of El Salvador, helping primary caregivers establish emotional attachments and bonding relationships with their children and enhancing their ability to provide nurturing and supportive care enables them to help their children build the resilience they need to break intergenerational cycles of adverse experiences (Woods-Jaeger et al. 2018). Positive relationships between children and their fathers or other male caregivers are especially critical for children's development, particularly in contexts where men are the main perpetrators of violence. Children with supportive male figures in their lives tend to be happier, more confident, eager to try new things, and to demonstrate empathy toward others (Pruett 2000; Allport et al. 2018). Men who are involved in their children's lives in meaningful ways and have nonviolent relationships with their children and coparenting partners are also less likely to engage in risky behavior, such as violent and criminal activities (Barker and Verani 2003; Charles et al. 2018).

TOXIC STRESS MITIGATION MODEL

To support children and families in El Salvador who face adversity, Save the Children developed the Toxic Stress Mitigation Model to enhance its programming by focusing specifically on mitigating the effects toxic stress has on young children. The Model features three approaches that aim to build resilience skills in young children, promote positive parenting and discipline strategies among primary and secondary caregivers, and transform men's practices and norms during their participation in ECCD.

Figure 1: Toxic Stress Mitigation Model



Source: Fabiola A. Lara, Save the Children Senior Specialist, ECCD, 2020

BUILDING RESILIENCE IN YOUNG CHILDREN

The resilience-building approach uses two main components to help caregivers build their own and their child's resilience: a session guide for group meetings with primary caregivers, and an activity bank, which is a compendium of games and play-based activities that help young children build skills in the seven core competencies of resilience, as outlined by the American Academy of Pediatrics. A key aim of the session guide is to enhance primary caregivers' ability to serve as an anchor and provide positive emotional support for their children ages 1-6. This is particularly important for both children and caregivers who are experiencing various types of adversity. The sessions address the primary caregivers' self-care, managing actions and emotions when among children, bonding and playing with children, and providing a safe and secure environment for children.

The activity bank specifically targets children ages 4-6.¹ The play activities offered in the activity bank aim to build children's resilience in the seven core competencies—confidence, competence, connection, character, contribution, coping, and control (Ginsburg and Jablow 2015)—which we adapted for this age group. The activities, in which both caregivers and children participate, focus specifically on enhancing children's emotional awareness, and on their ability to mitigate the effects of crises by managing their emotions and stress response.

POSITIVE PARENTING AND DISCIPLINE STRATEGIES

The second approach, to encourage positive parenting, led to the development of a positive discipline manual that focuses on positive parenting training for primary caregivers and positive discipline strategies for secondary caregivers. The manual includes session content for the three platforms—Family Circles, Rotating Book Clubs, and preschool classrooms—that guides primary caregivers' nonviolent strategies for everyday interactions with children. It also provides information for secondary caregivers—community health promoters, volunteer group facilitators, and teachers—on how to respond to children's behavior without resorting to harsh discipline or violence, particularly in the classroom, and for volunteer staff working in sessions with caregivers where children are present.

TRANSFORMATIONAL MALE-CAREGIVER PARTICIPATION

The third approach, male-caregiver participation, focuses on transformational strategies that enable men to make meaningful changes in how they engage with their families and contribute to building a positive family environment, particularly in their children's early years. This approach led to the development of a manual on male caregivers that was used by facilitators working with men. The manual promotes male caregivers' high level of engagement with children, which in the Salvadorian context may include fathers, grandfathers, neighbors, uncles, and any other men who are caring for young children. It provides simple, actionable, and easy-to-understand information and key messages to help male caregivers become drivers of positive change in parenting practices and family structures. The manual also focuses on men's role in the positive development of the young children in their care, particularly as they take on expectant and coparenting roles in the pre- and postnatal periods and during their children's early years of development.

¹ Typically developing children ages 4-6 can engage in both semi-independent and independent play-based activities, thus it is important to target both the children and their caregivers. However, children ages 1-3 cannot fully participate in play at this level, thus the focus is on their caregivers.

PILOTING THE TOXIC STRESS MITIGATION MODEL IN EL SALVADOR

We piloted the three approaches described above in three departments of El Salvador—Ahuachapán, Sonsonate, and San Miguel. We selected Ahuachapán and Sonsonate because Save the Children had existing programs in both. San Miguel was a new area of intervention for us, but we selected it for this project because it had characteristics similar to the other departments. All three departments are characterized by large rural populations—57 percent of the population in Ahuachapán lives in a rural area, 40 percent in Sonsonate, and 49 percent in San Miguel (Gobierno de El Salvador 2007). Both also have high levels of poverty and high rates of domestic and community violence, including sexual and physical assault, humiliating punishment (hitting, shaking, neglect, verbal abuse, etc.), and homicide. Communities in the three departments are also vulnerable to adverse natural events, such as volcanic eruptions, landslides, and floods.

Before offering technical training in these communities, Save the Children field officers held discussions and conducted interviews with volunteer staff and primary caregivers to encourage and support their participation in the development and adaptation of the Model. The trainings gave teachers, volunteers, and male facilitators of men-only group sessions an opportunity to discuss how to improve and revise the technical training materials immediately before they used them in the field. Once the technical materials were in use, the trainers had regular opportunities to give feedback on the materials with the field officers through SMS and group WhatsApp messages, and during observation visits.

Based on our landscape analysis conducted in the project design stage to identify target communities, we selected our participating children and families from low socioeconomic backgrounds (Save the Children 2017). The primary caregivers included mothers, fathers, grandparents, aunts, uncles, and other adults, many of whom were homemakers, subsistence farmers, or employed in the informal sector—all jobs that generated little or no income. Before implementing the project, the participating primary caregivers admitted to having little engagement in play-based, relationship-enhancing interactions with their children, and to a lack of understanding about how children develop. Thirty percent reported having resorted to negative discipline practices when their children misbehaved. Secondary caregivers, such as teachers, volunteers, and the male facilitators of men-only sessions, were engaged at different stages of the project. Secondary caregivers provided feedback on the final version of the technical materials for each of the three Model approaches, which they based on their own experiences and those

they had with children and families. The following feedback was collected from parents, teachers, school administrators, and volunteer staff during six community discussions, three one-on-one interviews, and several informal exchanges during site visits three months before the end of the two-year project cycle.

BUILDING RESILIENCE: STRENGTHENING CHILDREN'S SKILLS AND SUPPORTING CAREGIVERS

School administrators, teachers, and volunteers from our different field sites expressed satisfaction with the resilience-building materials and described how the activities met the contextual challenges and needs of the children in their communities. For example, in an informal interview during a site visit in July 2019, one teacher described the behavioral changes in her students since she began using the materials:

Since using the materials in my classroom, I have observed changes in the way that children respond to different, difficult situations. They are generally less timid, are more expressive when sharing what they feel, know how to point out what is wrong and how to reach out to me or other adults here at the school for help. Whether they themselves are in trouble or others, they know how to communicate to us that help is needed.
(Teacher, Nahuizalco, July 25, 2019)

These comments demonstrate that, since this teacher began using the materials in her classroom, the children's behavior was changing. The children were gaining confidence in themselves and were better equipped to manage their own behavior and actions. Although the primary aim of the activities in the resilience-building approach is to promote primary caregivers' engagement with the children, at the time of this conversation the teacher was a new recruit and had not yet included primary caregivers in the activities. She expressed that, as she was just getting oriented with the curriculum and her classroom schedule in her new position, she was finding it challenging to request primary caregivers' attendance at resilience-building activities in advance. However, she noted that she planned to use the children's birthday celebrations as an opportunity to invite primary caregivers—in advance—to engage in resilience-building activities with their children.

Another important finding came from a school principal at a different school. Although he and his staff were using the resilience-building approach with the

children and parents, he said he felt the approach's target audience should be expanded to include the day-to-day realities that affected teachers' wellbeing:

I really believe that the resilience-building approach is what the children and families in our communities have needed for a very long time. Children need to develop the skills that will allow them to overcome the bad experiences and events they witness regularly. After watching the children engage in the activities and seeing how their behavior has changed, my teachers have complained to me. They ask me why there is nothing like that offered for themselves. They say that children are responding to them so well and we can see the results and [the teachers] feel that they are missing out. And so you should know that my teachers are in great need of this as well. (School principal, San Miguel, July 23, 2019)

This principal's comments triggered greater reflection among our program staff and technical team on how much the teachers themselves and other adults who support children outside their immediate home environment need targeted support. Additional evidence showed a significant reduction in the number of primary caregivers in the treatment group who felt depressed or sad, which suggests that caregivers might be learning coping mechanisms through the caregiver session content and key messages from the resilience-building approach (Save the Children 2019). It is critical that future programming include approaches that offer support to more than the children and primary caregivers and that, given that their experience in this context mirrors that of the children and their families, teachers' resilience mechanisms and wellbeing also are addressed.

POSITIVE PARENTING AND DISCIPLINE: USING NONVIOLENT PRACTICES WITH CHILDREN

During each Family Circle and Rotating Book Club session, primary caregivers received key messaging on nonviolent strategies to use in their parenting practice, which is often linked with other topics, such as toxic stress and resilience. According to endline project data, the number of primary caregivers who reported using harsh parenting practices was significantly lower than at the start of the implementation, which might be attributed to the positive discipline messages or to the adult-child sessions and activities focused on bonding (Save the Children 2019).

During a site visit to observe a Family Circle in session, the volunteer group facilitator told us that the primary caregivers attending her sessions were responding well to the materials and, as a result, they were making positive changes in the way they responded to their children:

This will tell you how the materials have changed the way that parents respond to their child “misbehaving.” Do you see that mother right there [points to mother]? That mother would hit her one-year-old the minute that she would start “acting out.” She would then look visibly stressed and anxious if the child cried more as soon as she hit her. Now you see her trying to console the child if she starts crying, for whatever reason. Notice how she is responding to the child in a calm manner and is attempting to find a toy that would please her. Now she is giving her a hug to see if that will soothe the child. (Volunteer, San Miguel, July 23, 2019)

This volunteer’s remarks provided insight into the more positive, nurturing ways primary caregivers, in this case a mother, were engaging with their children, which they attributed to the session materials and content. The mothers’ actions suggested that the content on nonviolent ways to discipline their children was relevant. The same volunteer noted that the primary caregivers initially found it difficult to change their responses to their children’s behavior. She said a major challenge was that primary caregivers’ actions and responses to their children were shaped by cultural assumptions that children misbehave in order to “test” adults and thus need to be “corrected.” This often resulted in harsh punishment. Thus, we argue that it is essential to have a thorough understanding of the cultural and social norms and practices of the local community before designing approaches geared toward shaping and sustaining nonviolent parenting practices and discipline. A specific communication strategy may be needed to improve parents’ adoption of these behavioral changes, and additional examination of the external influences on these practices and behaviors may be needed, particularly in conflict- or violence-affected contexts.

TRANSFORMATIONAL MALE-CAREGIVER PARTICIPATION: ENHANCING THE ROLE OF MEN

Male-caregiver participation was the last of the three approaches to be implemented. During a site visit to observe a group session of Active Fatherhood, a newly developed platform to enhance the implementation of this approach, male caregivers expressed their interest in understanding ways they can be more

involved in their children's lives. This session was facilitated by a grandfather who is raising his grandson and is a highly regarded figure in the community. One father attending the session commented:

I really appreciate attending a session such as this one because no one has ever asked me how I feel about my child. I feel that my wife is asked more but I too have many feelings about my son. I do want to help him and that is why I chose to be here . . . so that I can understand what I can do beyond just providing basic necessities like clothes and food. I was not around when my older son was small so I want it to be different this time for my youngest. (Father, San Miguel, July 24, 2019)

Other men attending the session also noted that they feel it is generally more acceptable for women to be given guidance on how to support children. Some men had previous successful experiences attending group sessions through a substance abuse prevention intervention similar to Alcoholics Anonymous. The men said that, given their positive experience in a support group setting, they were eager to participate in groups that centered on enhancing their role as a father in their children's early years. One father who formerly had a substance abuse problem commented:

I spend six months away from my family every year [during harvest season], from November to May, because of my job. With my oldest, who is now 18 years old, I was not there for him because of my addiction. But now I want to be there for my five-year-old daughter and I really regret the time that I have to be away from her and my family. These sessions help me understand what I can do when I am with her, while I am at home, to help make up for lost time. I want to be a better father. (Father, San Miguel, July 24, 2019)

This father and other male caregivers who had attended substance abuse prevention sessions noted that the new group setting resonated well with them. This feedback provided important information on ways to target fathers—for this project and for any future work in similar contexts, especially those where men have had prior experience in groups with a common aim.

ADAPTING STRATEGIES TO INCREASE MALE-CAREGIVER PARTICIPATION

When the male-caregiver participation approach was first piloted toward the end of the project cycle, it was integrated into the community-based platforms such as the Rotating Book Clubs and Family Circles, which were largely attended by women and their children. Key messaging geared toward men was integrated into the sessions in the hope that men's attendance would increase. While some men did participate in these platforms, the sessions were still attended largely by women. The men's participation eventually became sporadic, and their low attendance led to a shift in implementation strategy. This is when the men-only groups known as Active Fatherhood were established, and men who had attended the community-based Family Circles and Rotating Book Clubs sessions were assigned to be male mentor-leaders and facilitators. These men were trained to lead sessions with male caregivers in their community, during which they learned about toxic stress and their role at home as mitigators of toxic stress and violence. Through role-play with their peers, they practiced how to have healthy, positive interactions with their female partners, including during the pregnancy and postpartum periods. They also participated in hands-on activities that simulated games and learning activities geared toward children. Following the guidance in the manual, each man also had the opportunity to lead part of a session.

This new implementation strategy proved successful, which resulted in the establishment of the men-only sessions. These sessions were well attended, and each was designed to center on one key topic, primarily the importance of playing with children and providing emotional and physical support to the men's pregnant partners. New topics were developed for each group meeting, based on feedback from the male facilitators and local needs. The topics included addressing the toxic, gendered colloquialisms used toward women and young girls, the importance of fathers or other male figures in young children's lives, family planning and health, and breaking down traditional masculinity image issues in order to promote fathers as protectors and champions against violence. However, given that this shift in strategy took place toward the end of the project cycle, we were not able to capture detailed feedback, as we did with the two other approaches in the Model, resilience-building and positive parenting.

REFLECTIONS ON IMPLEMENTATION AND LESSONS LEARNED

While integrating the three approaches into existing or new platforms was mostly a positive experience, there were limitations. At the beginning of the project cycle,

we faced the challenge of sensitizing communities in the municipalities where Save the Children did not already have a presence. Since it took longer to formalize agreements in these new areas of intervention, there were delays in launching activities and collecting data.

Additionally, given the prevalence of violence in El Salvador, particularly in the areas where this project was implemented, families frequently migrated to other communities or to the United States, and there was high staff turnover. Some activities were paused while new staff members were being brought on board, which caused further delays, including the delayed implementation of the male-caregiver participation approach.

The data we collected, as well as feedback from community discussions, one-on-one interviews, and informal exchanges, suggest that the three approaches of the Model Save the Children developed and implemented to mitigate toxic stress—resilience-building, positive parenting, and transformative male caregiving—is filling a critical need for children and families in El Salvador who are experiencing economic adversity and violence. Although this specific project had the limitations described above, as well as data-collection challenges, caregivers in the communities continued to express their need to understand how their children are affected by adversity and how they can best support them in this challenging context.

It is also important to note that, while changing the sociopolitical context in which children live is difficult and the adversity they face is rooted in complex sources, the Model was focused on providing opportunities to buffer children and families from the hardships in their lives. Caregivers play a critical role in shielding children from adverse experiences, and in promoting the positive development that enables them to mitigate the damaging effects their circumstances have on their learning, physical and mental health, and behavior later in life (Shonkoff and Phillips 2000). Although the project that launched this work has ended, families in the communities that previously received program support continue to receive support on these issues from other sources. Communities that received support for these new initiatives only from Save the Children later received additional support before the project ended, such as technical training and guidance in planning workshops. They have since continued their caregiving activities with support from local government authorities and community leaders.

In our future programming, we would like to explore interventions that reduce caregiver stress, including offering support to secondary caregivers. We learned through this project that secondary caregivers, such as teachers, volunteers, and

other frontline workers, need as much support as primary caregivers for their own psychological wellbeing and health, and in order to support children to the best of their ability. There also is a need to examine the transformational change of male caregivers and how this affects their family environment and structure. Based on additional lessons learned from this project, it is clear that male caregivers can play a critical role in shaping family harmony and wellbeing, both of which depend on how men support their children and partner or coparent. The men who participated showed a keen interest in understanding how to play a more nurturing and emotionally supportive role; they expressed that women tend to be perceived as the sole caregivers of children and they want to contribute meaningfully in their caregiving roles. Having the opportunity to explore how male caregivers' behavior is transformed within a given time period would provide a deeper understanding of the impact the Model has on their families—and on the men.

The launch of the Model in the particular context of El Salvador provides an opportunity to address the specific needs of children in other areas of the country and globally, particularly in contexts affected by crisis, such as humanitarian settings. Since the early years of life are the most critical in establishing neural connections, building children's resilience in the face of adversity that could lead to forced displacement is key in helping them mitigate possible physical, mental, and emotional impairments. The Model calls for greater collaboration and coordination with other sectors and agents, such as social protection, health, and nutrition. Providing a version of the Model in humanitarian and emergency settings would enhance a cross-sectoral response. This also would enhance support for children's development and wellbeing in emergencies and strengthen interventions geared toward their primary and secondary caregivers on issues such as mental health and wellbeing, which may not be provided by ECCD programming and systems. The international community continues to focus its humanitarian response efforts primarily on designing interventions and rehabilitation initiatives to address children's experiences, rather than on the adults who care for and interact regularly with children. Future efforts need to address both primary and secondary caregiver wellbeing, not only to meet their needs but to effectively meet those of the children under their care.

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