Families who live cross culturally live in environments that naturally increase their level of chronic stress. Studies, and many years of experience, demonstrate that such families live with more than three times the stress load of those in their own passport culture. In their first term on a field (categorized here as a minimum of 24 continuous months in one location), the level of chronic stress is commonly more than four times the average. *(Dodds, 2018)*

The impact of these chronic levels of stress on families represents an increased risk of harm to all third-culture children. Other risk factors known to increase the risk of harm to children include:

- isolation (of family and/or children);
- lack of access to peers;
- frequent disruptions of routines and environment *(Bellis, 2017) (ho, 2019) (American Academy of Pediatrics, 2014)*;
- frequent loss of relationships;
- dislocations or fear of dislocations;
- fear or heightened vigilance over time;
- scarcity of resources, such as medical care and education;
- lack of freedom of movement or independence;
- conflict, war, or unrest; and
- excessive time on the Internet.

Obviously, critical incidents such as the death of a family member, violence, accidents, sudden dislocation, extended disruption to routine, a serious illness, or other significant life stressors cause trauma that impact a child no matter where they live. But an accumulation of less significant stressors, often unnoticed by parents, can cause more harm over the course of a child's life than any one trauma or event.

> Children are particularly sensitive to such an accumulation of stressors: in fact, there is considerable evidence for a dose-response relation between the amount[i] of stressors experienced by children and their impairments in different areas of adaptation, such as mental and physical health, academic achievement and social relationships. *(Catani, 2018)*

As we examine the impact on families of living and working in conflict zones and high-risk environments, we need to first acknowledge that third-culture kids already live at a higher-than-normal risk of harm when living in stable, established locations, without regular disruptions, unhealthy isolation, or fear of expected dislocations. Generally, we balance the risks of living cross culturally with the known and proven protective factors. Protective factors can mitigate those higher risks, and children can live healthy lives and develop in healthy ways[1].

When considering the risk factors for a child living in a high-risk environment, most people think first of all of a **critical incident** or direct trauma from exposure to a critical incident. Exposure to such an incident or trauma has direct and observable mental and physical health impacts. The most common of these are post-traumatic stress disorders (PTSDs) and depression. However, for children in particular, the detrimental effects of high-risk living environments are not restricted to specific mental health diagnoses.

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[1] See chart in Additional Information

They include a broad and multifaceted set of developmental outcomes that affect their ability to function, make attachments, and live well, often for the rest of their lives. (*Huges, 2017*) (*Catani, 2018*)

To understand a child's development in a high-risk environment, we must apply a socio-ecological perspective, which takes into account not only the direct consequences of the environment for the individual child, but also variables in the proximal and distal environments, including the family and the community. *(Kadir, 2019) (American Academy of Pediatrics, 2014)*

Parents who live in conflict zones, war-torn, or high-risk locations are living at even higher-than-the-normal levels of chronic stress for cross cultural workers. The known risks of increased domestic violence, psychopathology and abuse in high-risk living environments is well documented. Parents living with these kinds of stressors daily are less able to recognize stress and attend to a child's needs. Parental trauma, psychopathology and chronic stress are the number one contributor to child abuse and neglect. A parent's own need to minimize, distance, and self-protect cannot be wholly overridden by even the most conscientious and dedicated parent.

Furthermore, conflict zones, war-torn, and high-risk living environments tend to be impoverished, with broken down internal community structures. Lack of resources, chronic fear, violence, and the accompanying poverty create high risk environments for all families. An expat family living in this environment is even more isolated.

An additional impact for children living in high-risk environments is that of chronic anxiety or hyper-vigilance. Adults who have grown up in or who have spent even a short period of their childhood in high-risk living environments tell us that just their awareness of additional security or safety measures being taken by their parents or team could increase their own anxiety. Each child metabolizes anxiety differently, but the long-term impact of chronic anxiety has been found to be more significant than a single critical event or trauma. Children growing up in locations where they know that physical danger is a normal part of daily life develop a kind of hyper-vigilance that patterns their brains and impacts them for the rest of their lives. This impact starts even before birth and long before they can develop memories. *(Huges, 2017) (American Academy of Pediatrics, 2014)*

When you add to the above things like anxiety, exposure to or knowledge of critical incidents such as armed conflict, terrorist attacks, kidnappings, murder, political or community unrest in the vicinity, or even in the country where a child is living with their family, you have a lethal combination of accumulated stressors and critical incidents, which are known to create extreme vulnerability for psychopathology and devastating long-term impacts for children.

The normal remedy for risk of harm in child safeguarding is to increase protective factors. However, when the local community, parents, and the child are all living with normalized unhealthy and damaging chronic stress from high-risk environments, protective factors are not effective for all children in a family. Nor is it possible to know how effective protective factors are for a child at any given time, or when the child's needs change. Significant and ongoing support for the family and children living in high-risk environments are an organisational obligation, morally, ethically, and, in many areas, legally. The level of support offered by the organization needs to be consistent, and hands on. Most organisations like ours do not have the trained leadership on the ground near enough to those in high-risk environments to maintain the level of support and accountability needed.

In most cases, there is simply no way for a family to live in a high-risk environment without a negative impact on their child's psycho-social, physical, and emotional development. The extent of that negative impact will vary from child to child even within the same family, based on the child's personality and

level of vulnerability. Based on the evidence and research, we must assume that children living in high-risk environments will be harmed and suffer some degree of ongoing harm throughout their lives.

It seems clear, therefore, that taking children into high-risk living environments creates unreasonable risk of harm to children, which is both unnecessary and indefensible. God can accomplish his will for the nations with other resources, including singles, couples without children, and other creative means. The developmental impact of accumulated stressors and/or critical incidents will likely create obstacles for a child in their relationship with God and others that may last a lifetime.

Child Safety Office Recommendations Regarding Families and High-Risk Living Environments

1. Since is it not possible to provide enough protective factors to ensure a reduction of the risk of unreasonable developmental harm from an accumulation of stressors and critical incidents for all children in a family, we recommend that families not be permitted to live in high-risk environments.

2. If a family is living in an environment that becomes high risk, they should immediately evacuate the area and assess the situation from a safe and settled location. Evaluation should be done with objective counsel from in-line leadership and other professionals before determining if the situation is short term or long term. A sudden shift in the safety of a living environment is traumatic, and support for the whole family, including debriefing, should be required as soon as it is possible.

3. Gateway and Field leadership need to actively and regularly assess the risk level of living environments, using outside objective resources, first-hand anecdotal information, and government sources. Decisions for allowing families to live in locations should be made with an awareness of the impact of accumulated stressors on a child's developmental wellbeing. The determination of the risk level of a location must be made based on the safeguarding of children, regardless of the passion, calling, or personality of the parents. Remember that even infants in the womb are affected by chronic stress, and infants, toddlers, and pre-schoolers are negatively impacted without even knowing or understanding the risks with which their parents are dealing. Knowingly placing a child in a high-risk living environment is commonly perceived as an act of abuse, and unknowingly placing a child in harms' way is perceived as an act of neglect by most societies. As followers of Jesus Christ, based on his own words, this is inexcusable.

4. All critical incidents should be reported to in-line leadership within 24 hours, and any critical incidents involving a member of a family should be reported to the child safety team within 24 hours for an assessment. Even when a child is not directly involved, if the critical incident involves a member of the family, every child in the family is impacted negatively. A critical incident debrief for both parents and every child in the family needs to be done as soon as possible.

Additional Information

What is a Critical Incident?
A critical incident is an incident out of the range of normal experience. It is sudden and unexpected and includes any one or a combination of the following:
- the perception of a threat to life;
- the death of a family member, friend, or someone known, even if at a distance;
- violence;
- anything that causes serious bodily injury;
- elements of physical and emotional loss;

- extreme fear; and
- loss of control or perception of loss of control.

Often, such incidents are sufficiently disturbing to overwhelm, or threaten to overwhelm, a person's coping capacity.[2]

Categories of High-Risk Environments for Children Resulting in Negative Developmental Impact

While there is no universal definition for what constitutes a high-risk living environment, the following guide incorporates both research and evidence-based studies related to the developmental impact of living environments on children. The presence of any one factor indicates that a child will be negatively impacted on a developmental level, if not directly. The presence of any two or more of these factors compounds the risk and increases the negative impact.

FACTOR	DESCRIPTION
Common or extended **Community and/or social unrest**	• Disruptions of community services such an education, employment, medical care. • Inability to maintain consistent family and community rituals. • Restriction of daily movement and or inability to safely leave the area. • Lack of safety in homes or reasonable fear of lack of safety in home. • Absence of normal protective factors such as police, fire, emergency medical, and family services. • Interruption of or lack of reliable utilities. • Lack of reliable food sources. • Frequent terrorist attacks or actions (more than 2 critical incidents in a calendar year).
Common or Extended **Political unrest**	**Political unrest** is defined as the sum of **riots**, general strikes and anti-government demonstrations, i.e., lawful or unlawful collective action aimed against the national **political** authority and not entailing any military violence.
State-based armed conflict*	A contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year
Non-State armed conflict*	The use of armed force between two organized armed groups, neither of which is the government of the state, which results in 25 battle-related deaths in a calendar year
One-Sided Violence*	The use of armed force by the government of a state or by a formally organized group against civilians which resulted in a least 25 deaths in a year
Minor Armed Conflict*	At least 25, but less than 1000, deaths in one calendar year
War*	At least 100 battle-related deaths in one calendar year

There is no consensus in international law about the definition of an armed conflict. For this document, armed conflict was defined according to the Uppsala Conflict Data Programme (UCSP) and Peace Research Institute of Oslo

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[2] Adapted from the World Health Organization, International Society for the Prevention of Child Abuse and Neglect, and other definitions

Some of the Short- and Long-Term Consequences of Accumulated Stressors, Adverse Childhood Experiences, and/or Critical Incidents

- Increased risk of bodily harm and death;
- Failure to thrive;
- Developmental delays;
- Significant gaps in social development and education;
- Inability to attach, attachment disorder, difficulty forming intimate relationships;
- Irritability, mood swings, outbursts of anger or uncontrollable rage;
- Post-Traumatic Stress Disorders;
- Depression;
- Self-harm behaviours;
- Addictions;
- Somatic illness;
- Sensation seeking behaviours;
- Increased risk of auto-immune illnesses;
- Various other mental health disorders; and
- Increased risk of heart disease.

Protective Factors

Protective factors are not easy to assess, nor are they experienced in the same way by all the children in a family; even so, the following are generally recognized as vital protective factors in the safeguarding of children:

Parent	Local Community	Organisation	Child
Psychologically healthy	Stable government or lack of interference from government	Engaged and informed field leadership integrated with gateway leadership	Loving, intimate, and open relationship with parents, with regular wellbeing conversations
Emotionally healthy	Community services intact and functioning	Frequent and appropriate member care, child safety, and crisis management support designed for high-risk environments	Positive relationships with others including safe adults and peers
Physically healthy	Consistent, reliable food sources	Strong policy and protocols with benchmarks in place for decision making in crises, after critical incidents, and shifts in community, social, and political climate of high-risk environments	Autonomous, confident, and empowered to give consent and make appropriate choices, regardless of personality
Has capacity for spiritual health and growth	Adequate housing and utilities for family's needs	Strong sending church partnership and support	Regular and specific training to develop abilities and skills in recognizing, refusing, and reporting unsafe situations Awareness of self-defense skills appropriate for age Knowledge of and access to child safeguarding reporting system

Able to recognize child's needs and respond in a timely manner	Freedom of daily movement	Active thriving team (more than one unit in a geographic location)	Uses filtered and monitored internet most of the time, and is trained regarding internet dangers and safety
Willing to put the needs of their child before their own needs and desires	Family/cultural traditions and rituals possible	Regular reporting, assessment, and training schedule for accountability	
Has active and consistent support locally, and at a distance.	Access to medical care as needed (might involve a flight or online medical care)	Frequent face-to-face visits, as well as required retreats, or conferences	Feels a sense of 'home' and has an established routine
Transparent and inviting towards mentoring, coaching, and input from leadership, and others, including parenting	Ability to evacuate the area as needed	Strong policy and protocols for vacation, home leave, child safeguarding, code of conduct, and other areas of life that affect wellbeing.	Has extended family relationships

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