



Understanding Family Vulnerabilities and Interventions: A Case Study of CCT's Child Safe Hotline in Battambang Municipality

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ABSTRACT

The Cambodian Children's Trust (CCT) operates the Child Safe Hotline in Battambang Municipality under the Partnership Program for the Protection of Children (3PC), aimed at safeguarding children from abuse, neglect, and exploitation. However, the sustainability of this critical service is threatened by budgetary constraints. The Village Hive Project in Cambodia serves as a model for community-driven social protection, focusing on early intervention and universal public services to alleviate poverty and support vulnerable families. This quantitative study analyzes 504 valid calls received by CCT's Child Safe Hotline from January 2021 to December 2023, employing regression analysis to identify key factors contributing to family vulnerability, notably migration, neglect of child care, and disability. Findings reveal that calls primarily originate from families grappling with socio-economic challenges, with migration, neglect, and disability significantly associated with family marginalization. The study underscores the hotline's indispensable role in addressing community needs, as evidenced by 93% of calls necessitating intervention. The demographic profile of referred families underscores the diversity and complexity of challenges within Battambang Municipality, emphasizing the necessity for inclusive social support strategies. To bolster effectiveness, CCT should prioritize enhancing family support services, advocating early intervention strategies, empowering families with disabilities, and investing in capacity building and monitoring. These recommendations seek to fortify community resilience and enable proactive management of underlying vulnerabilities.

Introduction

The Partnership Program for the Protection of Children (3PC) is a Cambodian child protection initiative led by Friends-International (FI) in collaboration with UNICEF and the Cambodian Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). This program partners with various organizations to provide an array of services aimed at preventing violence against children, reducing child abandonment, and ensuring safer migration throughout the country. These services include drop-in centers, the Child Safe Movement, outreach activities, abuse reporting mechanisms, emergency safe spaces for children and families, and dedicated hotlines. (3PC, 2024)^[1].

Cambodian Children's Trust (CCT), a partner of the program is responsible to intervene child protection issues in Battambang province through Child Safe Hotline with some fund. It is the only child protection hotline in Battambang. The hotline operates 24/7 to provide an immediate response to calls about children at risk. It is a confidential service, allowing community members to raise any child protection concerns, immediate emergency support.

By 2024, the program no longer has the budget to operate the Child Safe Hotline, forcing CCT to discontinue this activity. This shutdown highlights the lack of sustainability in the program's services, as no activities can continue without funding. Moreover, it underscores the need for charities to shift their focus from budget sustainability to system sustainability.

Calls to the Child Safe Hotline operated by CCT in Battambang Municipality reflect a critical need for intervention services, evidenced by 504 valid calls received between January 2021 and December 2023. These calls highlight significant vulnerabilities among families, with issues such as migration, neglect of child care, and disability emerging as primary risk factors associated with marginalization. Statistical analysis indicates a strong relationship between these factors and the likelihood of families being referred to the hotline for support.

Despite the hotline's effectiveness in addressing immediate concerns, there remains a pressing need to understand and mitigate these underlying risk factors to prevent further escalation of family crises. Therefore, this study aims to explore the socio-economic and familial dynamics contributing to vulnerability among families in Battambang Municipality, with a focus on informing targeted interventions that promote resilience and well-being.

Literature Review

Village Hive

The Village Hive Project is rooted in collaborative community efforts, seeking to end reliance on charity and restore local sovereignty through a community-managed public social protection system in Cambodia. By focusing on enhancing universal public services and implementing early intervention programs, it employs an upstream strategy to tackle the root causes of poverty and elevate the living standards of entire communities (CCT, 2024)^[2].

Village Hive operates in 10 Sangkats of Battambang Municipality, aiming to create an evidence base to support the Cambodian Government in scaling the initiative to other districts across the country. By 2032, the social services in Krong (Municipal) Battambang will no longer need to be delivered by CCT.

The Village Hive is based on a three-tiered, upstream model of social protection designed to address the complex, interconnected aspects of poverty. It emphasizes Universal Prevention and Early Intervention to prevent individuals from reaching a crisis point, thereby reducing the need for expensive crisis services.

Universal Prevention

Universal Prevention aims to Strengthening Universal Public Services. These services, available to all community members, enhance well-being, raise the standard of living, and create safe and healthy environments for the entire village. Village Hive's universal services focus on public education and health care, including strengthening village health centers, public schools, and teacher training colleges, as well as establishing quality child care. The foundation of Village Hive focuses on improving universal public services to raise living standards and safeguard the entire community from crises and vulnerabilities (CCT, 2024)^[3]. Public education and health are crucial investments with significant social benefits. The Village Hive enhances public primary and high schools, along with the local teacher training college, aiming to strengthen educational outcomes. Similarly, it bolsters public Village Health Clinics to prevent diseases and enhance community health, promoting physical and mental well-being, thereby contributing to a healthy and prosperous society.

Early Intervention

Early Intervention is a process of journey targeted for vulnerable families aimed at mitigating risks and preventing crises. This process empowers families to enhance their social and economic resilience, breaking the cycle of poverty and ensuring adequate provision for their children.

The Village Hive's early intervention services minimize risks by ensuring essential needs such as access to education, nutritious food, childcare, identification documents, healthcare support, and secure housing are met. By initially addressing these fundamental needs through supportive payments, families gain the ability to attain financial independence and resilience, thereby protecting against future risks. The programs and services provided include financial education, vocational training, and assistance in income generation (CCT, 2024)^[4].

Crisis Response

A robust social protection system should aim to prevent most individuals from reaching crisis situations. Although crisis response services are not the main focus of an upstream social protection system, they still play a crucial role in mitigating harm and reducing the long-term impacts of trauma (CCT, 2024)^[5].

The Village Hive strengthens Battambang District's capacity to respond to child protection issues, ensuring children are safeguarded from various forms of harm such as emotional and physical abuse, sexual abuse, neglect, family separation, child labor, and trafficking.

Senior social workers collaborate with Battambang District's OSVY social workers to handle complex cases across two districts, enhancing their ability to detect and address child protection concerns. This initiative aims to build sustainable systems that empower child protection efforts in Battambang over the long term.

Using a Signs of Safety approach, senior social workers employ a strengths-based, family-driven methodology. They foster self-determination by partnering with families to establish robust support networks involving trusted relatives, neighbors, and friends. Families receive assistance in devising safety plans to overcome challenges and ensure ongoing safety and well-being for their children. Through these strong relationships, social workers collaborate with families, their extended networks, and local leaders to secure children's safety, stability, and healthy development.

Methodology

Study Design: This study employs a quantitative research approach to analyze data gathered from the Child Safe Hotline operated by CCT in Battambang Municipality from January 2021 to December 2023. The study focuses on understanding the social issues faced by families and individuals based on calls made to the hotline, categorizing these issues into distinct risk types.

Population and Sampling: The population under study includes all calls received by the Child Safe Hotline during the specified period. A total of 541 calls were logged, out of which 504 were deemed valid for analysis, representing 93% of the total calls. Valid calls are defined as those requiring specific interventions related to child safety and welfare.

Data Collection: Data for this study were collected from records maintained by CCT, detailing each call received, its classification (valid or invalid), and the nature of the issue reported. Variables collected include demographic information of the families referred, including age and gender distribution, household composition, and geographical location within Battambang Municipality.

Data Analysis: (1) Descriptive Analysis: Initial analysis involves summarizing the demographic characteristics of referred families and the prevalence of each identified risk type. (2) Regression Analysis: To identify significant factors associated with family vulnerability, multiple regression analysis is conducted. The regression model examines the relationship between the likelihood of family marginalization (dependent variable) and key risk factors such as migration, neglect of child care, and disability (independent variables). The model's coefficients and statistical significance (p-values) are interpreted to assess the strength and direction of these relationships. (3) Formulation of Vulnerability Function: Based on regression findings, a vulnerability function is formulated to predict the probability of family marginalization given specific conditions (migration, neglect, disability). This function aids in understanding the cumulative impact of these factors on family vulnerability.

Ethical Considerations: Ethical guidelines are strictly adhered to throughout the study, ensuring confidentiality and anonymity of individuals and families involved. Informed consent protocols were followed where applicable, and data handling practices are designed to protect the privacy of participants.

Limitations: Potential limitations include the reliance on data provided by the Hotline records, which may be subject to reporting biases or incomplete information. The study's generalizability is limited to the population and timeframe studied within Battambang Municipality.

Results

Calls to Child Safe Hotline:

From January 2021 to December 2023, the Child Safe Hotline operated by CCT in Battambang Municipal received a total of 541 calls. These calls came from across the ten Sangkats of the municipality. Out of these, 504 calls, accounting for 93% of the total, were deemed valid. Valid calls are those that requested specific interventions, reflecting genuine concerns and the need for assistance.

The remaining calls were classified as invalid. These invalid calls included those made to the wrong number or calls made simply to request updates on previously provided information, rather than to report new issues or seek new interventions. Despite the relatively small proportion of invalid calls, the high percentage of valid calls underscores the importance and effectiveness of the Child Safe Hotline in providing necessary interventions and support to the community. This data highlights the essential role the hotline plays in addressing child safety concerns in Battambang Municipal.

Social Issues Identified through Calls to CCT's Child Safe Hotline

In the municipality of Battambang, social work practitioners have embarked on a critical mission to provide intervention services to families in need. Each valid call to the Child Safe Hotline has resulted in a single family being referred for intervention, translating to 504 families being served. This initiative highlights the extent of the need for social support in the region, where 504 calls mean that 504 families are receiving much-needed assistance.

According to the findings, these 504 families, residing in the 10 Sangkats (communes) of Krong Battambang, comprise 2,145 household members. This represents about 2% of Battambang Municipality's population, which was recorded at 119,251 people in 2019 (Brinkhoff, 2021)^[6]. Among those referred to the program, 32.5% are boys and 30.3% are girls, defined as individuals under 18 years old. Meanwhile, 25.2% of the referred adults are women, and 12.0% are men.

The reasons for these referrals are diverse, with analysis identifying at least 17 distinct risk types necessitating intervention. These risk types are categorized into four groups for a more systematic understanding. The first group involves families marginalized by the lack of available support services in their community, which leaves them in poverty and vulnerability. A staggering 95% of families referred to the Child Safe Hotline fall into this category. School drop-out, the second highest figure, affects 72% of these families, who face the likelihood of their children dropping out of school due to poverty or vulnerability.

The second group includes four significant risk types: family separation, migration, child neglect, and child emotional abuse. About 59% of families are at risk of family separation, with children potentially placed in residential care institutions (RCIs) or separated to work and support their families. Migration affects 57% of families, either within or outside the country. Child neglect impacts 56% of families, often due to parents prioritizing work for livelihood or lacking understanding of proper child care. Child emotional abuse is reported in 48% of families, highlighting a significant area of concern despite being below the 50% mark.

The third group encompasses child labor, physical abuse, health problems, and human trafficking. At least 39% of families are identified to have children engaged in labor, such as begging or dropping out of school for paid jobs. Physical abuse, including domestic violence affecting both children and mothers, is present in 37% of families. Health problems, due to inadequate access to healthcare services, affect 35% of families. Human trafficking is a risk for 31% of families, driven by poverty, with children at risk of being sold or migrating with unknown individuals.

The final group focuses on various challenges including alcohol abuse, disability, drug abuse, transient living, sexual abuse, HIV+, and involvement in the entertainment industry. Approximately 16% of families struggle with alcohol abuse. Disabilities, which can be physical or mental and affect members of all ages, impact 11% of families. Drug abuse affects 9% of families, while 5% are transient, often residing on the streets or under bridges. Sexual abuse, affecting all ages and genders, impacts 4% of families. Families with members in prisons or rehabilitation centers make up 3%. Those with HIV+ members account for 2%, and 1% have members working in entertainment services such as KTV or prostitution.

Table 1: Descriptions of the Risk Types

No	Family Risk of	at	Mean	Standard Error	Standard Deviation	Sample Variance	Sum	Count
1	Being marginalized		0.95	0.0100	0.2254	0.0508	477	504
2	Numbers of Members		4.26	0.0754	1.6920	2.8628	2145	504
3	Separation		0.59	0.0219	0.4925	0.2425	297	504
4	Eyewitnessing Violence		0.55	0.0222	0.4980	0.2480	277	504
5	Emotional abuse		0.48	0.0223	0.5000	0.2500	241	504
6	Child Labour		0.39	0.0218	0.4889	0.2390	198	504
7	Health/Medical Care		0.35	0.0212	0.4766	0.2271	175	504
8	Trafficking		0.31	0.0207	0.4644	0.2156	158	504
9	Alcohol Misuse		0.16	0.0165	0.3713	0.1378	83	504
10	Drug Abuse		0.09	0.0130	0.2911	0.0847	47	504
11	On-the-move		0.05	0.0099	0.2214	0.0490	26	504
12	Sexual violence		0.04	0.0083	0.1858	0.0345	18	504
13	Conflict with Law		0.03	0.0073	0.1645	0.0271	14	504
14	HIV/AIDS		0.02	0.0065	0.1463	0.0214	11	504
15	School Dropout		0.72	0.0201	0.4513	0.2036	361	504
16	Migration		0.57	0.0221	0.4951	0.2451	289	504
17	Neglecting Children		0.56	0.0222	0.4974	0.2474	280	504
18	Physical Abuse		0.37	0.0215	0.4825	0.2328	185	504
19	Disability		0.11	0.0140	0.3146	0.0990	56	504
20	Entertainment Work		0.01	0.0040	0.0888	0.0079	4	504

Factors Causing Vulnerability

Considering the empirical probability, and the measurements of central tendency and of variation, it seems that the types with high probability (mean) are the causing factors which hold families in their vulnerability. However, based on the application of the analysis through multi regression, only, migration of family members, neglecting the care for of children, and disability have significant relationship (i.e. $\alpha < 0.05$) with the vulnerability of the families that they are sent to receive service support from CCT through Hotline. While the other said-risk types do not have any significant relationship with referrals, that is, their p-value are higher than 0.05.

Based on the results of the multiple regression analysis, the p-values indicate significant relationships: migration ($p = 0.042$), neglect ($p = 0.002$), and disability ($p = 0.001$) are strongly associated with the likelihood of families being marginalized or referred to CCT's Hotline service. This statistical evidence supports the formulation of a vulnerability function: $f(\text{marginalized}): y_m = 0.881 + 0.042(\text{migration of family members}) + 0.065(\text{neglecting for care of children}) - 0.105(\text{disability})$.

Interpreting this function, if a family experiences migration, neglect of child care, and has members with disabilities, the predicted probability of the family being marginalized is 88.1%. In practical terms, this signifies a critical need for early intervention to prevent further deterioration of their situation.

These findings underscore the importance of targeted support and proactive measures to address these specific risk factors. Initiating interventions early can effectively mitigate risks and improve outcomes for vulnerable families in Battambang Municipality.

Table 2: Factors Causing Vulnerability of Families

Regression Statistics

Multiple R	0.2441
R Square	0.0596
Adjusted R Square	0.0482
Standard Error	0.2199
Observations	504

ANOVA

	df	SS	MS	F	Significance F
Regression	6	1.522056741	0.254	5.2463	2.965E-05
Residual	497	24.03151469	0.048		
Total	503	25.55357143			

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%
Intercept	0.881	0.023	38.53	0.000	0.836	0.925
Migration	0.042	0.021	2.041	0.042	0.002	0.082
Neglect	0.065	0.021	3.080	0.002	0.024	0.107
Disability	-0.105	0.031	-3.354	0.001	-0.167	-0.044

Discussion

The findings of this study underscore the critical role of the Child Safe Hotline operated by CCT in Battambang Municipal as a vital resource for addressing community needs. Over the period from January 2021 to December 2023, the hotline received a substantial number of calls, with 93% deemed valid and necessitating specific interventions. This high validation rate reflects genuine community concerns and underscores the effectiveness of the hotline in providing timely support to families in need. Despite some calls being categorized as invalid due to non-reporting issues, the overwhelming majority of valid calls highlight the significant demand for intervention services in the municipality.

The demographic profile of the families referred to the Child Safe Hotline provides insight into the breadth of impact and vulnerabilities faced within Battambang Municipality. These families, totaling 504 and comprising 2,145 household members across the municipality's ten Sangkats, represent approximately 2% of the local population. Among those referred, a notable proportion includes children (32.5% boys, 30.3% girls under 18 years) and adults (25.2% women, 12.0% men), indicating a broad cross-section of the community benefiting from the intervention efforts. Such demographic diversity underscores the comprehensive nature of the challenges addressed and emphasizes the inclusive approach needed in social support initiatives.

Analysis of the referral reasons categorizes the risks into 17 distinct types grouped into four primary categories. These include socio-economic challenges such as poverty and lack of support services, affecting a significant majority (95%) of referred families. Specific risks like migration (57%), neglect of child care (56%), and disability (11%) emerged as pivotal factors significantly associated with family vulnerability, as validated by multivariate regression analysis (migration: $p = 0.042$, neglect: $p = 0.002$, disability: $p = 0.001$). The formulation of a vulnerability function based on these findings provides a predictive model ($f(\text{marginalized}) = 0.881 + 0.042 * \text{migration} + 0.065 * \text{neglect} - 0.105 * \text{disability}$) emphasizing an 88.1% probability of family marginalization under conditions of migration, neglect, and disability. These insights underscore the imperative for targeted interventions tailored to mitigate these specific risks and foster resilience within vulnerable families in Battambang Municipality.

Conclusion and Recommendation

Based on the finding, especially in regard to the function of marginalized or vulnerability, CCT should prioritize the following recommendations:

- **Strengthening Family Support Services:** CCT should enhance efforts to bolster family support services aimed at addressing the root causes of migration and child neglect. Community-based programs that provide educational, vocational, and economic opportunities can empower families with sustainable livelihoods and access to essential social services. By alleviating economic pressures and fostering self-sufficiency, CCT can reduce the incidence of migration and mitigate the circumstances leading to child neglect.
- **Promoting Early Intervention Strategies:** Implementing early intervention strategies is pivotal in preventing family crises from escalating. CCT can collaborate closely with local authorities and community organizations to identify at-risk families early on and provide targeted support. This includes initiatives such as parental education, early childhood development programs, and mental health services aimed at mitigating neglect and ensuring children receive appropriate care and support during critical developmental stages.

- **Empowering Families with Disabilities:** Recognizing the unique challenges faced by families with disabilities, CCT should implement inclusive policies and programs that promote accessibility and equal opportunities. This involves advocating for disability rights, enhancing access to healthcare and educational resources, and providing specialized support services. By fostering independence, resilience, and social inclusion, CCT can empower families with disabilities to fully participate in community life.
- **Capacity Building and Training:** To effectively implement these strategies, CCT should invest in comprehensive capacity building and training for its staff and community partners. This includes equipping them with skills in family counseling, case management, and culturally sensitive outreach. By enhancing the capabilities of its workforce, CCT can ensure that interventions are tailored to meet the diverse needs of families in Battambang Municipality.
- **Monitoring and Evaluation:** Continuous monitoring and evaluation are crucial to assessing the impact of interventions and making informed adjustments. CCT should establish robust monitoring systems to track outcomes, gather feedback from beneficiaries, and adapt interventions to evolving community needs. This proactive approach ensures that CCT's efforts remain responsive, effective, and aligned with local priorities.
- **Empowering the Local Community and Building Trust:** Empowering the local community and fostering trust with local authorities are fundamental to CCT's mission in enhancing family well-being. By investing in community empowerment initiatives, CCT can leverage local knowledge and resources to better understand and address the underlying factors contributing to family vulnerabilities. Collaborating closely with local authorities not only strengthens intervention effectiveness but also promotes sustainable outcomes beyond immediate crisis management. Building strong partnerships allows CCT to advocate for policy reforms that prioritize family welfare and integrate local perspectives into program design, fostering a sense of ownership and accountability within the community.
- **Supporting Families with Disabilities:** Tailoring interventions to support families with disabilities involves promoting accessibility, equal opportunities, and supportive environments. Working alongside local authorities and disability advocacy groups, CCT can champion initiatives that enhance quality of life and promote social inclusion for families facing disabilities. This comprehensive approach strengthens community resilience and cohesion, ensuring all families can thrive.

These strategies collectively enhance CCT's ability to address complex family dynamics and socio-economic challenges effectively, ultimately fostering stronger, more resilient communities in Battambang Municipality.

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