



Protecting and Empowering Adolescent Girls from Gender-Based Violence in Emergencies

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ABOVE: CYPD, Ethiopia

AWade/IRC

Violence is a daily reality for many adolescent girls around the world, largely due to deeply entrenched social norms and practises that perpetuate gender inequality. When conflict or disaster strike, a girls' risk of exploitation, violence, and abuse only increases - at significantly higher rates than adolescent boys. Just when they need support and security the most, girls' already fragile support networks, limited access to safe public spaces, and tenuous claim on schooling are further strained by crises and displacement. For too many girls worldwide, an emergency starts as a single "event" but transforms into decades of protracted displacement, affecting their education, health, safety, livelihoods, and futures. Thus adolescent girls are one of the most marginalised populations within an already vulnerable group of refugees and internally displaced people.

The international community must recognise that preventing and responding to gender-based violence (GBV) is essential and life-saving for women and girls in humanitarian emergencies, and prioritise it accordingly. Despite their unique vulnerabilities and the untapped potential they bring to their families, communities, and nations, the international community is falling short in protecting and empowering adolescent girls in emergencies. Investing in strategies and programmes specifically tailored to adolescent girls is essential to help build long-term solutions in countries affected by conflict and disaster that will lead to greater gender-equitable norms and ultimately reduce the violence women and girls face in and out of crises.

Uniquely affected: Adolescent girls in humanitarian crises

Adolescence is a time of growth and exploration; when opportunities and social networks expand and young people begin to develop their own sense of identity and future. In many contexts around the world, however, adolescence is also a time when girls' worlds often begin to shrink and their self-esteem and aspirations give way to harmful gender norms and violence.

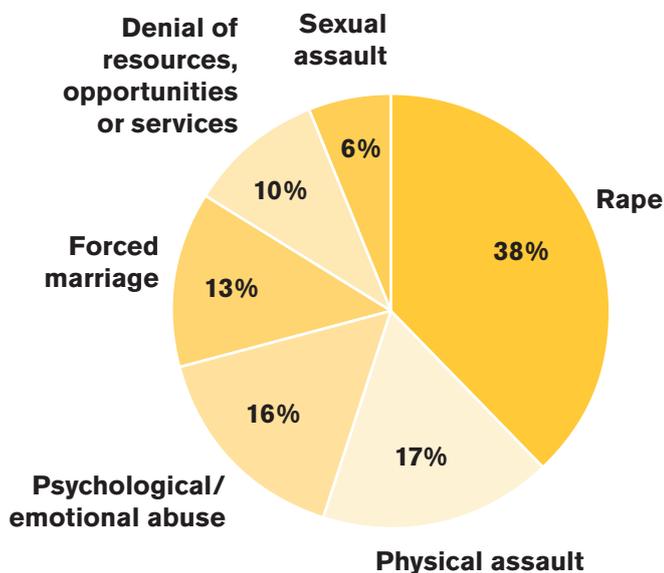


Every 10 minutes an adolescent girl dies as a result of violence.*

*UNICEF, A Statistical Snapshot of Violence against Adolescent Girls, 2014

They begin to internalise beliefs that girls have less value and are less capable than boys, which often translates into a denial of education, social isolation, and exploitation. Navigating these challenges is even more difficult for the more than 500 million adolescent girls living in countries affected by conflict and displacement.¹ Conflict, poverty, and existing gender inequitable norms put adolescent girls in the crosshairs of violence.

The types of violence reported to IRC in 2016:



More than 500 million adolescent girls live in countries affected by conflict and displacement.

At a time when they need support the most, community and state structures and services are disrupted and families are broken up or displaced, leaving adolescent girls more vulnerable to harm. This harm manifests in many ways. During conflict and disaster, adolescent girls face a variety of types of gender-based violence (GBV), including human trafficking, forced marriage and forced prostitution, and sexual exploitation and abuse. Of the survivors who reported to the International Rescue Committee (IRC) in 2016, 22% were adolescent girls between the ages of 10 to 19, and the most common form of violence reported was rape.² During crises, communities and families often attempt to protect adolescent girls from harassment or exploitation, and reduce economic hardship, by marrying their daughters at younger ages, inadvertently increasing their vulnerability to intimate partner violence (IPV) and early pregnancy. This, in turn, can have devastating effects: in some countries, adolescent girls are more likely to die in childbirth than to complete primary education.³



ABOVE: CYPD, Sierra Leone

AWade/IRC



37% of girls in IRC programmes in the Democratic Republic of Congo (DRC) and



45% of girls in IRC programmes in Ethiopia have experienced sexual violence in their lifetime

Alarmingly, recent research by the IRC demonstrates that girls are not only facing incredibly high rates of GBV, but are doing so at very early ages. In fact, 37% of girls in IRC programmes in the Democratic Republic of Congo (DRC) and 45% in Ethiopia have experienced sexual violence in their lifetime, whilst 61% and 52%, respectively, have experienced at least one form of sexual, physical, or emotional violence in the last 12 months.⁴ In the DRC, girls aged 10-12 were more likely to report coerced sex and unwanted sexual touching than older girls, and in Ethiopia, adolescent girls aged 13-14 were more than twice as likely to report having experienced sexual exploitation than girls aged 15-19.⁵ The majority of perpetrators of violence against girls were found to be intimate partners and caregivers.⁶

Another recent IRC study in South Sudan echoes these experiences and shockingly revealed some of the highest rates of violence against women and girls in the world, with up to 65% of those interviewed having experienced either sexual or physical violence in their lifetime.⁷ The most common form of violence reported was abuse within the home, committed by husbands or partners – not armed actors or strangers. The study highlights just how early and often violence occurs, with most women married during their adolescent years, and half of all women who experienced sexual violence (and 60% of women in the Juba Protection of Civilian sites) responding that their first experience of violence occurred before the age of 20.⁸

Forgotten or neglected? The humanitarian response to adolescent girls

Despite the pervasiveness and high risk of GBV, the international community's response to girls tends to miss the crucial and vulnerable stage of adolescence. Adolescent girls fall through the gaps as they are often too young for services targeted at women and too old for child-friendly programmes that typically prioritise younger children who are perceived to be in greater need of protection. Even within youth-friendly spaces targeting older children, very young adolescents are often overlooked as older adolescents – often male – take the lead as it becomes increasingly less acceptable for girls to frequent mixed gender spaces.

Given their unique needs, adolescent girls in emergencies urgently require dedicated policies and programmes specifically tailored to address them. However, the international community's current responses are inadequate and regularly fail to take a holistic response to addressing adolescent girls. Despite numerous global and donor government policy frameworks and initiatives relating to the protection of adolescent girls, none of these provide a comprehensive, gender- and age-sensitive plan of action for adolescent girls in humanitarian contexts.

It is vital that humanitarian programmes address GBV in a holistic way over the longer term, if they are to have a real and lasting impact on tackling the root causes of the violence against adolescent girls. The few programmes that do seek to support adolescent girls often focus narrowly on particular areas like health or education, failing to recognise that the causes and consequences of each infringement of adolescent girls' human rights are intertwined. They also often fail to acknowledge the role that GBV plays as a barrier to accessing other services and programs, such as education and livelihood opportunities, as well as the devastating impact violence can have on girls' psychosocial wellbeing, ambitions, and dreams.⁹ Programmes for girls also often fail to engage with key figures in a girl's life—including men and boys as peers, parents, partners, or power holders— who are essential in helping challenge harmful norms and practices that perpetuate gender inequality and condone violence against women and girls.

Adolescent girls fall through the gaps of humanitarian interventions – too young for women's services, too old for child-friendly programmes.

Global policy frameworks that must better incorporate gender- and age-sensitive plans of action for adolescent girls in humanitarian crises:

- The Call to Action on Protection from Gender-based Violence in Emergencies
- The Compact for Young People in Humanitarian Action
- The Global Partnership to End Violence Against Children
- The Sustainable Development Goals
- Alliance 8.7
- Several major donor governments have developed national policies and strategies on children, adolescents, youth, and early marriage.

IRC's learning and response to adolescent girls' needs in emergencies

To respond to the well-documented needs of adolescent girls in emergencies, and to address the gap in evidence of what works to promote the safety and empowerment of adolescent girls, the IRC has invested in a robust adolescent girl programming and research agenda. IRC delivers integrated programmes for girls across 17 countries including DRC, Iraq, Kenya, Lebanon, Pakistan, South Sudan, and Thailand—while also investing heavily in girl-specific research. These innovative programmes focus on increasing opportunities for girls, and on providing services and support to those who have experienced GBV.

GIRL SHINE

Developing best practice through learning

Girl Shine is IRC's recently updated signature adolescent girl programme model and resource package, which works to build resilience, protection, and empowerment for girls ages 10 to 19, specifically in humanitarian settings. Girl Shine brings together the evidence and program learning generated from all of the IRC's work and research with adolescent girls to date. It directly addresses the primary barriers to development and education in humanitarian settings, including GBV, isolation, early marriage, and other harmful traditional practices.

Girl Shine's resource package includes a practitioners' guide for setting up adolescent girl programming; a life skills curriculum for adolescent girls, which is led by mentors in dedicated girl-only safe spaces; a gender transformative curriculum for caregivers; and a training manual for mentors. The life skills program employs a creative approach by offering a variety of methods to engage girls including art, improvisation, games, visioning exercises, writing, and self-reflection. Most importantly, the content is flexible and girl-driven, so it best reflects the day-to-day realities girls face in varied humanitarian contexts.

In 2016, the IRC's dedicated programmes for adolescent girls reached nearly 400,000 girls.

The IRC recognises the need for multisectoral, age-appropriate, and girl-driven programmes and services in humanitarian settings, in order to protect girls from GBV and empower them as independent, healthy, and productive individuals who are respected and valued by their families and their communities. As such, the IRC's work with adolescent girls aims to consider both gender and age, and to include a holistic focus on addressing the root causes of violence, increasing opportunities for girls, and providing high quality, tailored services and support to those who have experienced GBV. IRC programmes aim to engage girls, their parents and caregivers, and community leaders to combat harmful norms and practices such as early and forced marriage, female genital mutilation (FGM) and denial of education.

The IRC's investments in research and innovative program models include:

COMPASS – Creating opportunities through mentoring, parental involvement, and safe spaces

This 3-year pilot programme was designed by the IRC to respond to the vulnerabilities of adolescent girls in humanitarian crises, by establishing a foundation for their healthy transition into adulthood. The COMPASS programme provided safe spaces for girls for life-skills training and asset building activities delivered by a young female mentor; discussed gender inequality, GBV, and positive parenting with parents and caregivers; and engaged service providers and caregivers to better prioritise and meet the needs of adolescent girls.

COMPASS was implemented from 2014 to 2017 in the DRC, Ethiopia, and Pakistan.¹⁰ COMPASS also involved research to understand violence against girls in these settings and evaluate the feasibility, acceptability, and effectiveness of the programme. The evaluation and routine monitoring found that COMPASS improved girls' social, emotional, and psychological wellbeing. For example, adolescent girls felt more positive about themselves and about the future for girls like them, and were significantly less isolated than before. Girls who took part in COMPASS were twice as likely to report trusting an adult outside the family than those who did not participate. Importantly, COMPASS gave adolescent girls a safe space to go to, outside of the home, which was highly valued by the girls who took part in the programme.¹¹ It also significantly increased girls' knowledge of professional GBV services, including legal and health support, which can play a vital role in preventing violence from occurring when a risk emerges and helping adolescent girls to recover when violence does occur.

Girl Empower – Empowerment of adolescent girls and young women

Girl Empower addressed key aspects of girls' lives, including their social capital, access to education, financial literacy, role models, and the attitudes of family members. Girl Empower was designed to support girls in developing and attaining financial goals, increasing self-confidence, becoming self-reliant, developing a system of support in their community, and feeling supported in a safe and healthy environment. The IRC implemented the Girl Empower model in Liberia and Ethiopia, reaching almost 2,000 girls who faced high risk of early marriage and FGM.¹² The program has undergone an evaluation to assess the impact of Girl Empower alone, and Girl Empower combined with a conditional cash relief program. The research findings will add to the existing knowledge base of interventions for girls in humanitarian settings.

My Safety, My Wellbeing – Equipping adolescent girls with skills and knowledge to mitigate, prevent, and respond to GBV

My Safety, My Wellbeing is an adolescent girl life skills curriculum that has been developed and used in Lebanon since 2014, and has since been tailored and used in Syria and Iraq. The curriculum aims to equip adolescent girls with the knowledge and skills they need to help prevent and respond to GBV. It provides separate tailored sessions for younger and older adolescent girls, consisting of 24 sessions which girls participate in over the course of 12 weeks. The curriculum enables adolescent girls to develop positive coping mechanisms and establish a secure network of friends and supporters which they can draw upon if they encounter GBV or other types of violence. By the end of the course, a number of girls go on to become peer mentors.

My Safety, My Wellbeing was also adapted for mobile settings to better access vulnerable adolescent girls who were unable to commit to a 12-week course and/or come to the women and girl community centres. The adaptation of the curriculum, known as Life Skills through Drama, allows adolescent girls to participate in selected modules based on a needs assessment, with skills and knowledge provided through creative drama techniques, offering girls the opportunity to gain critical information whilst also providing a safe space for them to freely express themselves. A number of girls from the course also go on to become peer mentors.

To reach married girls in Lebanon, the IRC has also created an engaged and married girls toolkit based on adolescent girls' feedback, with eight tailored life skills sessions ranging from trust-building and healthy relationships to reproductive health and safety. In addition to delivering My Safety, My Wellbeing, and its mobile and married girls' adaptations, the IRC has trained over 1000 national and international implementing partners throughout the Middle East region on adolescent girls' life skills and its parenting curriculum.

Recommendations

The IRC believes that in order to comprehensively protect and empower adolescent girls in emergencies, their unique needs must be met by tailored policy and programmatic responses. Based on our learning and experience, the IRC makes the following recommendations:

- 1** Donors and policy makers should develop strategies or policies dedicated to adolescent girls in humanitarian settings.

Truly addressing the needs of adolescent girls in humanitarian settings requires a much more intentional approach than ad-hoc, piecemeal research or programmes. It requires a dedicated strategy or policy that recognises adolescent girls as a distinct group with unique needs and perspectives, and that addresses GBV as a key aspect of adolescent girls' lives in emergencies. The adoption of such a strategy or policy would allow donors and policy makers to define and adopt a comprehensive approach to transform girls' lives. It should include relevant government departments, including policy, strategic and budgetary planning, operational emergency response, country and regional teams, staff training and capacity building, and monitoring and evaluation of results.

- 2** Donors and policy makers should invest in long-term, dedicated funding to programmes that specifically address GBV against adolescent girls in humanitarian settings.

Effective programming to tackle GBV against adolescent girls in humanitarian settings requires flexible funding to adapt to different contexts and needs as identified by girls. It also requires sufficient time, in order to change deep-rooted harmful gender norms. The success of these programmes is dependent upon dedicated and trained human and financial resources, instead of being treated as an add-on component of programmes targeting violence against women or violence against children.

- 3** Donors, policy makers and GBV service providers should ensure adolescent girls have access to quality GBV services that are tailored to meet their needs and delivered by trained staff.

GBV services must be made adolescent girl-friendly to ensure that they are accessible and used by adolescent girls in the community. In order to achieve this, practitioners should ensure that staff implementing adolescent girl programming have GBV knowledge and skills and are trained on working with adolescent girls. Staff should have in-depth knowledge of the causes and consequences of GBV, including a strong understanding of and commitment to gender equality concepts, and experience implementing GBV programming.

- 4** Donors, policy makers and practitioners should ensure holistic programming exists that tackles wider harmful norms.

Alongside targeted adolescent girl programming, there is a need for more comprehensive programming that acknowledges the root causes of GBV and seeks to transform harmful gender norms that lead to gender inequality, devaluing of women and girls, and acceptance of GBV. This should also involve working with all levels of community and society, including fathers, religious and local leaders, and men and boys, in general.



ABOVE: Sherkole, Ethiopia

Meredith Hutchinson/IRC

- 5** Donors and practitioners should ensure adolescent girl programming is driven by adolescent girls' needs and voices and is responsive to ongoing monitoring.

Donors should require, and practitioners should ensure, that adolescent girls participate in programme design from the very beginning of an intervention, and create deliberate opportunities for consultation and feedback from girls throughout implementation. The funding and programme, including the curriculum and method of delivery, must be flexible enough to adapt to this feedback and to the context of the programme depending on the location.

- 6** Donors and researchers should continue to invest in research to improve programme models before moving to large scale impact evaluations.

Evaluations should recognise that programme design is an iterative process, and that good programmes are likely to be adapted in the early stages in response to learning and consultation with adolescent girls. To allow for this kind of responsiveness, donors should provide funds for smaller scale research to be carried out on pilot programming. This will allow for learning to be adopted, and design and delivery to become more established, before large scale impact evaluations take place.



ABOVE: WPE, Ethiopia

EHolland/IRC

References

- 1 Women's Refugee Commission, *I'm Here: Adolescent Girls in Emergencies*, 2014
- 2 The data and statistics represented here include only information from survivors who have consented to share their aggregate information, as collected through the Gender-Based Violence Information Management System (GBVIMS). Data includes only those countries where GBVIMS data is collected, and covers the time period of January-December 2016. This data is reported incidents and should not be considered to represent the prevalence of violence in all settings or countries.
- 3 South Sudan is one such country. UN OCHA, *South Sudan, 2016 Humanitarian Needs Overview*, November 2015.
- 4 Forthcoming study by Columbia University on the IRC's Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) program, funded by the UK Department for International Development. COMPASS was implemented with refugees living in camps on the Sudan/Ethiopia border, conflict-affected communities in Eastern Democratic Republic of Congo, and displaced populations in north-west Pakistan.
- 5 Ibid.
- 6 Ibid. In Ethiopia, other family members beyond caregivers were also among the perpetrators.
- 7 The Global Women's Institute and International Rescue Committee. (2017). *No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan*. Washington DC: George Washington University and London: IRC. The study examined five settings in South Sudan: Juba City and Juba County, Rumbek Centre, two Protection of Civilian (POC) sites in Juba, and one POC site in Bentiu.
- 8 Ibid.
- 9 Stark L, Asghar K, Meyer S, Yu G, Bakomore T, Poulton C, Falb KL. (2017). The effect of gender norms on the association between violence and hope among girls in the Democratic Republic of Congo. *Global Mental Health* 4(e1)1-10.
- 10 The COMPASS programme was funded by the UK Government's Department for International Development (DFID).
- 11 Girls who took part in COMPASS gave positive feedback about the safe spaces: 100% of girls in Ethiopia said they were happy at the life skills sessions, 90% of girls in DRC said they were satisfied with the safe space. Girls in Pakistan said they felt safe in the safe spaces.
- 12 The Girl Empower programme was supported by the Novo Foundation.



ABOVE: Bambasi camp, Ethiopia

Meredith Hutchison/IRC



The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers life-saving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 29 cities in the United States, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

From Harm to Home | [Rescue-uk.org](https://www.rescue-uk.org) | [Rescue.org](https://www.rescue.org)