

How Narratives of Fear Shape Girls' Participation in Community Life in Two Conflict-Affected Populations

Violence Against Women

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Abstract

Numerous social factors shape girls' lives in conflict-affected settings, affecting their vulnerability to gender-based violence (GBV). Qualitative research methods were used to examine spaces of perceived safety and risk for girls living in two conflict-affected populations: camps in Ethiopia hosting primarily South Sudanese and Sudanese refugees and communities in eastern Democratic Republic of Congo. Three major themes emerged: (a) challenges around caregiver–child communication regarding development, sex, and sexual violence; (b) a typology of safe/risky spaces; and (c) the influence of male-dominated spaces on experiences and fear of GBV. The findings have implications for programs focused on reducing adolescent girls' vulnerability to violence within conflict-affected contexts.

Keywords

gender-based violence, safe spaces, fear, adolescent girls, conflict-affected populations

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Introduction

Gender-based violence (GBV) against adolescent girls, encompassing physical, emotional, and sexual violence, has been well documented in recent years among conflict-affected populations around the world (Bjorkhaug, Jennings, & Boas, 2010; Browne, 2013; Bruce, 2011; Mechanic, 2004; Patrick, 2007; Peterman, Palermo, & Bredenkamp, 2011). This is particularly the case in the Democratic Republic of Congo (DRC), South Sudan, and Sudan, with literature documenting girls' and women's widespread experiences of GBV in all three contexts (Bartels et al., 2013; Mukwege & Nangini, 2009; Tankink, 2013). Identifying ways to prevent or mitigate adolescent girls' experiences of sexual violence and other forms of GBV remains a critical public health priority.

For instance, population displacement and sexual violence have been consistent challenges facing adolescent girls and women in the DRC, which has experienced vacillating levels of conflict over decades (Bartels & VanRooyen, 2010; Global Humanitarian Assistance [GHA], 2014; Minister of Gender, Family Affairs, and Children [MGFAC], Democratic Republic of the Congo, 2013; Slegh, Barker, Ruratotoye, & Shand, 2012). As such, the Ministry of Gender, Family Affairs and Children reported 10,685 cases of GBV in 2011, and 15,654 in 2012, which represents an increase of 52% in just 1 year. The vast majority of these cases were reported to include rape, and oftentimes gang rape (Baaz & Stern, 2009; MGFAC, Democratic Republic of the Congo, 2013). North Kivu accounted for almost half of these cases in 2011, while South Kivu accounted for almost a third in 2012 (MGFAC, Democratic Republic of the Congo, 2013). Although other parts of the DRC are faced with conflict and displacement, the Kivus, in particular, have presented challenges around the safety and well-being of adolescent girls and women.

In South Sudan, a new country with a population that has endured decades of conflict, sexual violence has been an explicit and consistent tool of war (Mechanic, 2004; Tankink, 2013). For example, in Bentiu, the capital of the Unity State in South Sudan, witnesses have reported hearing rebel forces being instructed to rape women on local radio (Copnall, 2014). Furthermore, evidence suggests that 33.4% of Sudanese refugees have witnessed the rape of a woman in their lifetime (Karunakara et al., 2004). Although there is a dearth of literature on the experiences of Sudanese and South Sudanese refugees living in Ethiopia, in a study conducted in South Sudan, 41% of respondents reported experiencing GBV in 2009; the most common forms experienced being physical and psychological violence (47% and 44%, respectively; United Nations Development Fund for Women [UNIFEM] and SATIMA Consultants Ltd, 2009).

Numerous social, gendered, economic, and political forces influence girls' lives in conflict-affected settings that affect their vulnerability to and experiences of sexual and other forms of violence (Peterman et al., 2011; Scott et al., 2013; United Nations Office of the High Commissioner for Human Rights [OHCHR], 2014). Girls' vulnerability to violence, therefore, cannot be seen as a set of individual-level factors, but rather as the result of a social ecology that allows the deployment and reproduction of violence against girls and women (Moss, 2007). Principles of feminist geography also

illuminate how socioeconomic and cultural influences shape girls' daily lives in the spaces of the community, such as the distance a girl needs to walk to fetch water and the routes available to her, how often she frequents the market and who she may encounter on the way, and the quality and privacy of the nearest latrine for household use (Moss, 2007; Ross, 1993). Taking an ecological perspective, it is essential to understand the gendered use of space within the built environment to identify and address girls' vulnerability to violence (Sharp & McDowell, 2014). This includes gaining a richer understanding of both the perpetrators of GBV in their lives as well as the spaces in which GBV experiences occur. It is also important to understand how men and boys' control and domination of public spaces imparts additional vulnerability to violence in refugee camps or conflict-affected communities as this has been documented in more stable settings (Barker, 2005; Mahler & Pessar, 2001; Sideris, 2003; Sommers, 2001).

In addition to exploring the spaces themselves, it is important to understand the messaging girls receive around the use of such spaces, given the influence it may (or may not) have on their sense of safety or freedom to participate in daily life without fear. Collective narratives of safety and fear directly and indirectly regulate women's navigation of public spaces in conflict-affected, and oftentimes patriarchal, spaces. These narratives force the question among caregivers about how best to protect girls in their community. Caregivers' perceptions of risk for girls are likely to be influenced by numerous factors, such as sociocultural norms around gendered roles and behaviors for girls, the perceived safe (or unsafe) hours of the day for a girl to be walking or doing chores outside the home, and whether or not she attends school (Camfield, 2012). Thus, there is a need to explore how parents and caregivers seek to protect their daughters (and other girls) within the confines of the limited protective mechanisms caregivers may have in unstable contexts.

Therefore, this study explored (a) parents/caregivers and adolescent girls' cartography of safety and risk within their community spaces, including the resources available for adolescent girls' protection; and (b) the role of fear in caregiving strategies.

Method

Study Setting

The study was conducted in two conflict-affected settings: 14 conflict-affected villages in South Kivu in eastern DRC and three refugee camps with primarily South Sudanese/Sudanese populations in western Ethiopia. The village infrastructure includes schools, markets, and sports fields. The communities have forested areas, and a river nearby. The three camps in Ethiopia include populations of refugees fleeing multiple conflicts in South Sudan, as well as smaller numbers of refugees from Sudan, DRC, and other source countries. There are more than 20 ethnic groups living in the camps. Camp structures include markets and sports fields available nearby for the residents as well as education and health care services.

Research Design and Method

Qualitative research methods were utilized as part of a baseline assessment for a larger randomized control trial (RCT) conducted by Columbia University that is aimed at evaluating the effectiveness of an International Rescue Committee (IRC) violence prevention program for girls being conducted in multiple conflict-affected contexts (Strauss & Corbin, 1998). The qualitative component included two methodologies: focus group discussions (FGDs) conducted with caregivers in both the DRC and Ethiopia and participatory mapping activities conducted with adolescent girls aged 10-14 (in the DRC) and 13-19 (in the Ethiopian camps). The FGDs explored caregiver perceptions of gendered roles of daughters and sons, girls' experiences of violence in the community, caregivers' perceptions of violence against girls in the community and responses to how caregivers in the community manage girls' experiences of violence, and their recommendations for how to prevent or mitigate such violence. The use of participatory methods was important for eliciting girls' views on violence-related topics, which girls may be less comfortable discussing in an interview or FGD. After an introductory activity, girls were asked to draw their communities and to demarcate "safe" and "unsafe" spaces with red and green stickers. Girls were also given the option to place both red and green stickers on the same space and to think about how spaces might differ during times of the day and other differing circumstances. Subsequently, there was a facilitated discussion with the girls exploring their drawings, their rationales for the placement of the two colors of stickers, and their sources of support (or lack thereof) if they were to experience or face an incident of GBV. Guides for the FGDs and mapping activities were field tested in both sites.

The sample of caregiver and adolescent girl participants was recruited from the larger RCT, with an aim to capture a diversity of experiences (e.g., gender, age, married or unmarried, in school and out of school). In the DRC, 16 FGDs were conducted with a total of 97 caregivers, while in Ethiopia, nine FGDs were conducted with 68 caregivers. In the DRC, 16 mapping activities were conducted with a total of 87 girls aged 10-14, while in Ethiopia, 12 mapping activities were conducted with a total of 78 girls aged 13-19.

All activities were conducted in a confidential setting, with facilitators and translators who were trained to maximize the comfort of participants. This included ensuring that facilitators were female to help the girls and female caregivers feel more comfortable. Although facilitators were from the DRC and Ethiopia, they were drawn from outside the community to reduce the risk of stigma or breach of confidentiality. All FGDs and participatory activities were conducted in the primary local language spoken by caregivers or girls. FGDs were audio recorded with the consent of participants, with careful note taking of verbal and nonverbal language during the mapping activities. Transcripts (and maps) from the FGDs and mapping activities were reviewed and analyzed by the larger research team. (For additional details on the full evaluation study design, see Falb et al., 2016; Stark et al., forthcoming.) All participants were asked to provide informed consent before beginning.

All study procedures were approved by the Columbia University Institutional Review Board (IRB) and the IRC IRB, and by in-country local bodies: the Ministry of Gender in the DRC and the Administration for Refugee and Returnee Affairs in Ethiopia.

Data Analysis

The data were analyzed using inductive thematic analysis (Charmaz, 2006). Transcripts were translated into English, and entered into NVivo 10.1. The research team developed a basic coding scheme with responses from the two types of data coded into descriptive codes. The initial descriptive codes were discussed, evaluated, and reconfigured by the research team. Once there was agreement, a codebook was completed and two independent coders coded all the narrative data. After consensus was reached, the data were coded again using selective and axial coding to develop analytical themes and determine the recurrence of issues within each of the major themes identified (Charmaz, 2006). In the following section, we present the major analytical themes found in this analysis and excerpts that best illustrate the recurrent descriptive codes under each analytical theme.

Results

Three recurrent themes related to women's and girls' experiences of GBV, and of sexual violence in particular, emerged in our analysis of both study settings: (a) caregiver–child communication regarding development, sex, and sexual violence; (b) typology of safe/risky spaces; and (c) influences of male-dominated public spaces on GBV.

Caregiver–Child Communication Regarding Development, Sex, and Sexual Violence

In both sites, caregivers described challenges they faced in communicating with adolescent girls about their pubertal development and the new internal and external pressures that girls may experience to engage in sexual activity. There appeared to be a narrative of fear infused in caregivers' concerns about the increased vulnerability of girls in both communities (the DRC and the camps in Ethiopia) to both sexual pressures and sexual violence upon reaching young womanhood. As one caregiver in an Ethiopian camp described, "When a girl is considered as a woman, her family becomes afraid that she might get raped and get pregnant."

The findings from both sites suggested it is difficult for caregivers to talk to their daughters about pubertal development and sex, and to have practical discussions on preventing sexual violence. As one DRC female caregiver suggested, "When you see her growing, it becomes hard for you to advise her." In the absence of having adequate communication tools for such topics, caregivers described obtaining cues about their daughter's physical and social maturation-related experiences by observing changes in their daughter's bodies, their behavior, and their perceived enactments of sexuality:

The breasts, because you cannot know about the period because it's covered by her clothes, but there are changes to the face and, she can become pregnant when she goes to see men. (Female caregiver, DRC)

When she turns 14, you realize that she tends to be courted by boys of her age. You also realize that she starts collaborating with boys, no longer solely with girls. (Female caregiver, DRC)

Both quotes, each describing a daughter's maturation experiences, also highlight caregiver fears of girls' vulnerability to pregnancy or other sexuality-related harms. In particular, caregivers were concerned that talking to girls about their sexuality might encourage sexual risk taking.

Just as caregivers reported discomfort with initiating communication with daughters about experiences of sexual violence, many reported that girls were in turn hesitant to communicate with them about experiences of sexual violence. As one female DRC caregiver described, "It is difficult for her to tell you: mother, I have undergone this; it is too difficult." Other girls, in the DRC in particular, suggested that discussing sex is so taboo with caregivers that attempting to do so might increase the violence they experience. Caregivers acknowledged that their reactions influenced their daughters' hesitancy to communicate, with one DRC caregiver explaining, "Yes, there is a child who can denounce [an experience of violence], but because her parents are irritable, she can decide to keep quiet."

A few caregivers also described a perceived linkage between a girl's physical development and a shift in a girl's own sexual desires, such as one male caregiver in an Ethiopian camp who indicated that the onset of menstruation is the time when girls ". . . want to have sexual relationships with boys." However it was clear that many caregivers felt uncomfortable having a conversation with their daughters about not only the specifics of development but also the potential for newly experienced sexual pressures, desires, and situations of sexual coercion. Although the same male caregiver acknowledged, ". . . [advice giving] is what parents should do," the advice that appeared to be given to girls revolved predominantly around expected behaviors and nonspecific guidance on avoiding boys and men. For example,

When a girl grows up, her body develops. At that time you must step up with much more instructions: showing her that she is already a grown up girl able to give birth, ask her to keep away from men, and asking her to be having bath three times a day. (Female caregiver, DRC)

Caregivers in both sites frequently expressed frustration that their maturing daughters often do not adhere to parental advice, particularly in relation to where they walk and how they behave around boys and men. Caregivers articulated this as making girls "difficult to control." As one female caregiver in an Ethiopian camp expressed, "When a girl grows up, they don't obey their parents; they want to move freely all over the way." The implication was that girls themselves increased their own vulnerability to harm. This sense of inadequacy to protect their daughters extended to caregiver

descriptions of how their financial limitations increased girls' vulnerability, including girls engaging in transactional sex, or girls needing to more frequently occupy spaces within the community of known risk of sexual violence. As one female DRC caregiver articulated,

. . . when you don't have the means to send your daughter to school, you will be asking her to go and collect firewood . . . and there she meets those bad persons and they rape her.

In response to concerns about their daughter's sexual maturation and subsequent increased vulnerability, many caregivers appeared to opt for communicating fear-based advice to their daughters in relation to their sexual development and sexual vulnerability. The advice was frequently focused on the girl's behavior, including efforts to restrict her mobility. As caregivers in both sites articulated,

You must show her that . . . she shouldn't attend some places for fear that it can be noticed by adults that she has menses . . . show her how a woman can behave in that circumstance, that she must avoid playing with boys. (Female caregiver, DRC)

She should listen to the advice of her parents, otherwise if a girl goes out of home, she might be raped and fight with boys in school. (Male caregiver, Ethiopian camp)

Such messaging from caregivers in response to questions about how best they could protect girls tended to focus on the ways in which girls could protect themselves, rather than suggesting messaging or intervention be focused on boys and men. As two female caregivers in the Ethiopian camps explained,

When she grows up, she has to stay away from places boys are found because she might be raped. (Female caregiver, Ethiopian camp)

For example, when she was a child, she can go out and return anytime she wants. But now, she is overprotected . . . because she is young and can be raped. (Female caregiver, Ethiopian camp)

Such communication also appeared to convey to girls that bathing (at the river in the DRC, and in showers within the household compound in the Ethiopian camp), school going, attending social events, and other activities that might enable a girl to feel empowered or engaged in her community must in fact be restricted.

Despite a hesitancy to openly communicate with their daughters, many caregivers expressed a strong desire to understand what is taking place in their lives. This was exemplified by a frequent complaint heard from caregivers in both settings, as one caregiver in Ethiopia explained, "We mothers don't know what is happening to our girls." A number of caregivers described receiving unsolicited information about their daughters through neighbors, friends, and family. As another female caregiver in an Ethiopian camp shared, "Girls do not tell us what happened at school. We can only

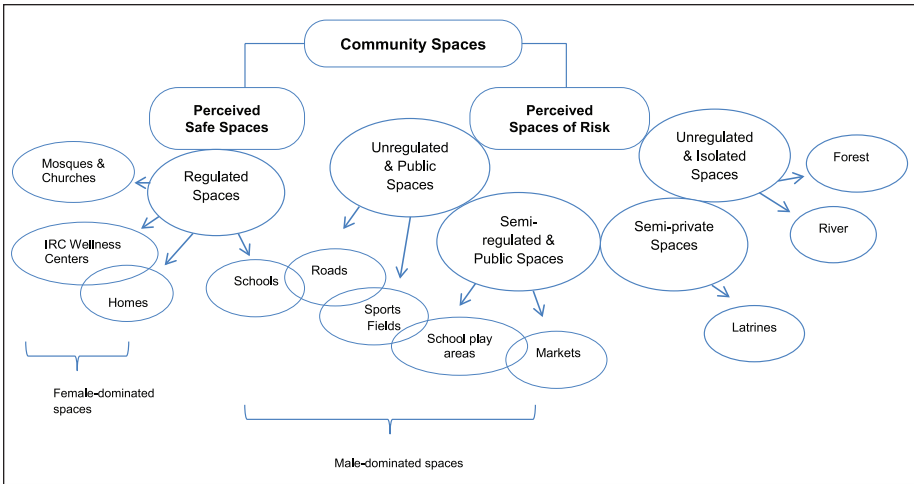


Figure 1. Perceived safe spaces and risk-prone areas in the community.

Note. Spaces delineated by dotted lines resemble areas in which perceived safety or risk shifted with the presence of men and boys. Overlapping spaces indicate their commonality by identified female or male dominance traversing these areas.

[know] if someone tells us what happened.” Many caregivers appeared to rely on a system of information surveillance within the community to monitor their daughters’ behavior or vulnerability to harm.

Finally, the silence between caregivers and girls on issues related to sexual violence appeared to be reinforced by the limited trust that caregivers in the DRC in particular described having in the local authorities to manage a case of sexual violence. Caregivers described long, drawn-out, and oftentimes ineffective reporting mechanisms in the DRC. Although mechanisms appeared to be better in the Ethiopia camps, some male caregivers still preferred to solve such challenges within the community rather than contacting the authorities. Community norms of silence and stigma regarding sexual violence may have further silenced families, as described by one female caregiver in an Ethiopian camp, “Some report, but most don’t because they see it as shameful.” This lack of trust, and the shame and stigma that appeared to exist around sexual violence, may additionally hinder the sharing of information between girls and their caregivers around experiences of sexual violence.

Cartography of Safety and Risk

Based on the analysis, a cartography (or map) denoting perceived safe and risk-prone spaces for girls—specific to their vulnerability to sexual violence—within the communities was developed (see Figure 1). The following geographical blueprint was developed from the perspectives of adolescent girls and caregivers about how they distinguish safe and unsafe areas within their respective environments, and the causes

Table 1. Definitions of Perceived Spaces of Risk and Safety.

Category	Examples	Utilized by	Definition
Perceived safe spaces			
Regulated spaces	Mosques and churches, homes, schools	All community members	Frequented, formal spaces that are regulated by an authoritative figure such as a parent, a teacher, or a religious leader
	IRC wellness centers	Women and girls	
Perceived spaces of risk			
Unregulated and public spaces	Roads, sports fields	Mixed ages, male dominated	Public venues regulated in theory, but perceived as unregulated by study participants
Semiregulated and public spaces	School play areas, markets	Mixed ages, male dominated	Informal, public spaces partially regulated by commercial establishments or other community authorities not bound by any formal rules
Semiprivate spaces	(Shared) latrines	Community members	Places of expected individual privacy where study participants express feeling vulnerable
Unregulated and isolated spaces	Forest, river	Isolated	Areas of isolation that are not regulated by an authoritative figure.

Note. IRC = International Rescue Committee.

of violence within specific spaces. These categories included *perceived safe spaces* and *perceived spaces of risk*. Within the latter, four different defined spaces of risk include unregulated and public spaces, semiregulated and public spaces, semiprivate spaces, and unregulated and isolated spaces (see Table 1). Although the two contexts included differing findings in relation to the various spaces, such as the specific sites that were unsafe or safe, there was sufficient overlap in findings to generate the cartography and categorization.

Perceived safe spaces for girls in both countries were revealed by the mapping to include schools, mosques and churches, homes, and IRC wellness centers. These spaces were considered safe by the girls because they were regulated and frequented by community members of all ages and sexes. As one girl explained, they are safe, “. . . because people [men, women and children] are always there.” Schools were deemed safe by girls in both sites because of the constant presence of people. As one girl in the DRC described, “It is safe at school all the time because there are pupils who are studying in the morning and others in the afternoon.”

Girls also described the role of different people in creating a sense of safety—for example, attributing the safety they felt at the IRC wellness centers to the fact that they are women- and girl-only spaces, where they can meet each other, talk together, and play freely. As a girl in the Ethiopian camps described,

Only women and girls go to IRC to play, chat, beautify ourselves . . . and get advice. Because we play in IRC and only girls are allowed in that place so there are no problems, it is safe.

In general, there was agreement among girls about the safety of populated public places, with one girl explaining, “where there are people, there is no fear.” The presence of other people in assuring safety was not entirely gendered. Some girls from an Ethiopian camp described how the presence of older, religious men at mosques created a feeling of safety near prayer sites. In general, known religious places or spaces regulated by an authoritative figure were deemed areas of reduced violence (and fear). As another girl explained, “If there is a teacher to supervise them, they [girls and boys] won’t fight.” Caregivers generally perceived the same places to be safe for girls, with one DRC caregiver explaining how the home was perceived as a safe space for girls:

If she is at her parents’ place, nothing can make her suffer; she can face no difficulties when she is still at her parents’ because she has not yet gone to others’ places.

The presence of an adult (or authority) figure who could watch over a girl in the home was deemed to assure her safety.

Perceived spaces of risk that were identified in both countries included four different categories of risk-prone spaces (see Table 1). The first category included *isolated, unregulated natural spaces*, such as riverbanks and forests. These types of spaces carried the highest perceived risk of physical and sexual assault on girls and women of all ages. In almost all the mapping activities, girls articulated the likelihood of sexual violence, rape, or abduction by boys or men occurring in the forest or bush, because, as a girl in the DRC explained, “no one passes by.” Included in this category were places where girls must go to wash themselves or their clothes. As one girl in the DRC explained, “The one who went to the river got raped.” Caregivers affirmed the dangers of these types of spaces, with one DRC mother clarifying, “When she is out to pick up wood, she could meet boys and they rape her.” In the DRC in particular, many participants referenced the presence of soldiers or military men in such places that greatly increase their vulnerability to experiencing violence.

The second category included *semiregulated, public spaces*, which refer to informal spaces that are not bound by any formal rules but that are partially regulated by the presence of commercial establishments or other types of community authorities. These spaces were frequented by people of mixed ages and sexes, and carried the highest risk of harassment and coercive interactions for younger girls. Markets were the most frequently named in this category, described as spaces in which discounts and

allegedly “free” goods such as lotion or soap were promised or provided to girls in exchange for sexual favors:

Boys will tell her, “I won’t miss CDF 100 if I give them to you, if you accept what I propose you and you don’t tell anyone what you and I have done” . . . (Female caregiver, DRC)

Unwanted groping and teasing were often mentioned as common incidents in such contexts, with another common space in this category including sports fields where dangers of interpersonal conflict were highlighted. Such incidents were primarily attributed to male ownership of such spaces. As one girl in an Ethiopian camp explained, “This playing field is for boys, not for girls. When girls go there to play, they fight with boys.”

The third category included *semiprivate spaces*, which refer to spaces where there is an expectation of privacy and safety by the user while utilizing the space, but those are spaces for use by the public, such as communal latrines. These were considered likely spaces for unwanted fondling and sexual assaults on girls and women of all ages in Ethiopia in particular. Latrines and showers were the most often mentioned place for such incidents. As one girl in an Ethiopian camp noted,

It [the shower] is outside of the home with no door. So somebody [boy] can come and see me while I am taking a bath . . . he can rape me.

Such spaces, which in the Ethiopian camps are family latrines built within a compound but outside the house and often lacking secured locks, create a particularly unique vulnerability for girls given the need and/or preference to bathe alone in most cultures.

Finally, the fourth category included *public, unregulated spaces*, referring to public venues within the built environment of the community. Such spaces are in theory regulated by the local authorities, but from the perspectives of participants, this group of spaces is unregulated. In such spaces, the time of the day and the given day of the week were both perceived to be determining factors of whether or not violence occurred. Soccer fields and roads were considered areas of harassment and conflict, and at isolated times of the day, all forms of sexual violence were perceived to occur here. Roads in particular, when unregulated, were identified as places of high risk with many girls reporting, for example, the problem of encountering drunk men. As a girl in an Ethiopian camp explained,

We put green [on the road] because, the police protects us on Fridays. We put red because on other days the boys rape girls.

The attribution of risk within the girls’ and caregivers’ cartography (or map) of risk described above was attributed to male domination across all these types of spaces.

Influences of Male-Dominated Public Spaces

Common throughout the discussions with girls and caregivers was the influence of males in public spaces, and how male dominance in such spaces presents challenges for girls. Even when girls identified a given space as safe, their perception of its safety often appeared to shift with the presence of males, particularly older boys or men. Across both countries, girls described schools as sites where the dominance of male teachers and boys was occasionally associated with conflict or nonconsensual intercourse. Girls in both sites also identified the river and road as risky spaces when males were present, while marketplaces were described as a common place for experiencing male harassment. As one girl in an Ethiopian camp explained,

During daytime, both girls and boys go there [the market]. And most of the time, boys greet the girls again and again, grab their hands, talk to them and waste their time. When the girls refuse, they fight with them.

Generally, spaces in which conflict between girls and boys arose were distinguished as being areas controlled by males, such as sports fields. Girls were often explicitly told to avoid such places by caregivers or other adults, or girls themselves described feeling unwelcome or uncomfortable when passing nearby. As one girl in an Ethiopian camp articulated,

Most of the boys don't want to see girls there [sports field]. When they see us there, they will say "go away, this is not your place."

However, demonstrating that the space itself is not the source of danger, girls in the Ethiopian camps described the football field as safe to visit when it is predominately female occupied, "because if there are many girls there and few boys, there is no problem [on the football field]." In contrast, girls described how when boys were present, they would quarrel and insult the girls, and not allow them to play. On occasion, the levels of aggression would lead to stone throwing, other physical abuse, or even reports of rape.

The challenge of male dominance affecting the safety of various spaces in both sites arose in relation to the household chores and other family expectations for a girl's responsibilities in the community. Many of the public spaces that girls are required to access (e.g., collecting firewood, washing clothes at the river, going to school) were perceived to be both safe and unsafe spaces. Often girls have no alternative but to frequent such spaces, despite the risks they may face by doing so. As one girl explained in an Ethiopian camp,

Because when we go to the river, we find boys and they try to talk to you. And if you refuse, they will fight with you or have sex by force.

Restricting girls' movements in such spaces appears impossible in some circumstances given the gendered responsibilities they hold. Such restrictions also do not address the ways in which male dominance renders such spaces dangerous.

The adolescent girls' narratives about the ways in which male dominance of spaces affects their vulnerability to violence, particularly from same-aged boys, suggests a certain sequence of actions may occur in peer dynamics: Boys provoke fights with girls while in public, unregulated spaces. This might include teasing, following them, disagreements during games, or throwing things at girls. If a girl shows resistance, she may be met with further aggression. This may lead to a verbal argument that can scale into physical violence, although the latter may depend on the location, time of the day, and number of people around. This, in turn, can lead to some form of sexual violence (i.e., unwanted groping, fondling, or rape). Although the caregiver perspectives did not provide the same level of detail of a possible trajectory of violence resulting from male dominance of spaces, their views still provided insights into the larger, community perspective on male dominance and power in relation to girls' vulnerability to violence.

Caregivers' expressed concerns about male dominance of spaces revealed girls' levels of vulnerability to sexual violence in particular. Numerous caregivers described worrying about girls' reactions to the discounted products and free goods (e.g., lotion or soap) that are promised by young and adult men who dominate the marketplaces and promise goods in exchange for sexual favors. As one male caregiver in the Ethiopian camps articulated,

In the market place, girls go to buy some items and if the seller is a boy, he sells it in discount for her or he just gives her chewing gum so that she can be seduced for him.

Similarly, caregivers expressed anxieties about the presence and dominance of male teachers and boys in the school environment, which may increase girls' vulnerability. Caregivers in both sites described the sexual-related pressures on girls in such spaces:

There at school, an insane teacher can propose a 13 or 14 old years. She can accept for fear to fail. Or, she can be playing with others who can be touching her breasts. (Female caregiver, DRC)

There may be a girl who can attract a teacher sexually there at school. The teacher will tell [her] that if you do not succeed, you should love me I will give you grades so that you go up. (Female caregiver, Ethiopia camp)

Even beyond the market and school, caregivers expressed concerns about other community spaces that pose challenges for even young girls due to male dominance, and particularly girls who are only on the cusp of puberty. As one female DRC caregiver explained,

The most challenging is rape. My daughter is 10 years old. She told me that boys were calling her to meet them in a shower and tried to seduce her with a candy. She came to tell me: mother, boys were calling me to join them in a shower.

Caregivers' concern about various spaces in both of the sites underscored the perceived threatening influence of the presence of a male figure in changing how caregivers and girls determine safety in a given place. Although for the most part, girls

identified populated and regulated places as safe, both girls and caregivers signaled the existence of varying levels of safety within the spaces frequented by girls.

Discussion

This study sought to describe caregivers' and adolescent girls' cartography of safety and risk within their own communities and caregiving strategies to protect girls and young women from sexual violence and other forms of GBV in two conflict-affected populations: (a) communities in eastern DRC and (b) three refugee camps (primarily South Sudanese and Sudanese) in Ethiopia. Overall the findings suggest that caregivers struggle to speak openly with their daughters about sexual development and sexual vulnerability and that there exists an overall culture of fear regarding sexual violence, specifically rape. The latter appears to be influencing the ways in which caregivers communicate with their daughters, and more specifically, contributes to the use of fear-based advising and efforts to control girls' mobility and freedom. Such fear-based advising is similar to other findings in the literature that suggest factors such as shame and family honor around sexual violence and unwanted pregnancy can expand the use of fear-based parental messaging among conflict-affected populations (Bartels & VanRooyen, 2010; Bastick, Grimm, & Kunz, 2007). Caregivers are also generally motivated by concerns for their daughters' safety and well-being. Although the use of fear-based messaging in development contexts has also been found (Bastien, Kajula, & Muhwezi, 2011), the current data suggest that these behaviors are heightened/exacerbated in conflict-affected populations, due to the increased risks and comparatively constrained environment.

Although a body of literature has documented adolescent girls' experiences of GBV and the spaces in which this violence occurs in conflict-affected populations, the protection strategies utilized by parents and caregivers in such settings have been less well explored. Culturally and historically, extended family and kinship networks play important roles in the caregiving of children in many countries in sub-Saharan Africa (Defo & Dimbuene, 2012; Kopytoff, 1987). Caregiving within conflict-affected populations, however, may be operating within a set of structural constraints that affect the ability of caregivers to protect girls. These illustratively include disrupted kinship networks, transient social environments, and an inability to obtain a livelihood (Stark, Roberts, Acham, Boothby, & Ager, 2010). In addition, camps can create new living environments in which parents must protect girls, such as in the Ethiopian camps, where many more people are living together in close proximity than previously. This may also shift the predisplacement gendered distribution of space within communities. Adolescent girls may need to walk along routes that now include males hanging out at small shops or bars, increasing their vulnerability to harassment. Such factors, as expressed in the accounts of caregivers in this study, limit their emotional and physical resources to support a girl child's safe transition into young adulthood, which includes protecting girls from sexual violence.

Although the findings documented how male domination of spaces is significant in influencing perceptions of safety for girls and the occurrence of violence, especially in

public spaces, the data suggest that the responsibility for preventing violence, including rape, does not address this gendered distribution of space or structural reality. Instead, the burden of protecting girls is placed on caregivers whose protective tools appear limited to providing guidance that girls may or may not follow. There were never suggestions made of preventing violence through providing advice and guidance (or even warnings) to boys or young and adult men. There was also no mention of teaching boys and young men about consent or about refraining from physical violence. From our data, we infer that girls perceive that they do not have the structural supports to challenge the domination of male spaces due to the consequences of transgressing the gendered norms of the public space. This is a similar finding to other humanitarian response contexts (and even many stable contexts), with male dominance creating an environment that makes it difficult for girls to challenge a male individual or to seek assistance (Bruce, 2011; IRC, 2012). This leaves girls with little recourse for protecting themselves (Bruce, 2011).

The findings also helped to elucidate the actual dynamics that influence the gendered distribution of space. For instance, the perception of a space's safety varies based on whether it is highly regulated and female-dominated (safe) or unregulated and male-dominated (high risk of physical and sexual assault). In addition, previous research has documented the high incidence of sexual violence occurring in spaces such as forests and fields (Bartels & VanRooyen, 2010; IRC, 2012). However, there has been insufficient assessment and analysis of the varying levels of safety or risk that may exist in a further categorization of the types of spaces adolescent girls must traverse within a given humanitarian setting. There is also an essential need to analyze whether the gender distribution of a given space alters its level of safety for girls. The existing literature on humanitarian response contexts (as defined by the SPHERE standards; Red Cross & Red Crescent, 2012) and GBV articulates the need to build safe spaces to promote the well-being of adolescent girls, an approach the programming community has appropriately followed (Ellsberg et al., 2015; Hashim, 2007; Spangaro et al., 2013). However, such efforts should always be carefully evaluated. For instance, although a different type of "safe space," firewood patrols in South Kivu to protect women from rape suggested such an approach was ineffective and of potential limited utility in decreasing rates of sexual violence (Bartels & VanRooyen, 2010). Therefore, as our findings also indicated, in addition to the creation of "encapsulated" safe spaces within conflict-affected settings, there needs to be a better understanding of community spaces as a whole, including their contribution to girls' vulnerabilities to experiences of GBV and of sexual violence. Specifically, the findings reinforce the idea that program interventions should not stop at the creation of safe spaces for women and girls. Such safe spaces are important, but programming should extend further into the community to change attitudes and behaviors that negatively affect women and girls and lead to violence in other types of spaces. In addition, greater attention, efforts, and resources are needed to make communal spaces safer for girls.

Finally, in comparison with the more extensive programming on girls and safety, there has been relatively limited research and intervention focused on influencing boys' and men's levels of respect for women's presence and rights within the public

domain (Erulkar, Apicella, & Ferde, 2011; Hossain et al., 2014). Although there have been efforts to develop women's collective empowerment within the public domain, there continue to be high levels of GBV experienced by girls and women in fragile conflict-affected populations, particularly against those who are perceived to transgress male-dominated spaces (Bandiera et al., 2012; Barker, Ricardo, & Nascimento, 2007; Blanc, Melnikas, Chau, & Stoner, 2013; Brady et al., 2007; Guimond & Robinette, 2014; Lewis, 2006; Trenholm, Olsson, & Ahlberg, 2011). Addressing male presence in and dominance of public spaces, along with boys' and men's contributions to the prevalence of sexual violence, is an essential component of future research and intervention. One approach might be to build the gender awareness and anti-GBV leadership of men and boys to work alongside girls and women to transform heavily gendered communal spaces and make them accessible for everyone.

Limitations

There were study limitations that are important to note. First, regardless of the research methodology used, asking participants about experiences of sexual violence and caregiving strategies are universally sensitive topics that may elicit responses that are inherently biased. Second, there may exist a social norm to present the community as safe. For example, although our intention was not to gather personal accounts of experiences of GBV, caregiver participants in the FGDs consistently refrained from expanding on the exact details of reported stories of sexual violence within the community. Third, a bias in the responses may have resulted from the researchers' affiliation with a well-known agency providing social services within the settings, and their differing backgrounds and religions from the participants. Finally, in spite of a careful effort to create comfortable environments, the sensitivity of the topic of GBV and stigma associated with discussions about sex may have led to underreporting by girls during the mapping activities. The narratives articulated in the qualitative group-based methods about perceived safe spaces do not reflect what was found in the Audio Computer-Assisted Self-Interviewing (ACASI)-derived findings from this study, which highlighted girls' concerns about violence from intimate partners and caregivers more so than violence by strangers or those less well known to them (Stark et al., forthcoming).

Moving Forward

These findings have potentially important implications for the design of programs focused on adolescent girls' empowerment and safety within conflict-affected populations. Prior to displacement, girls' freedom and mobility was likely already constrained due to circumscribed community gender roles and ongoing conflict. However, increasing adolescent girls' full access to their communities, whether in villages or refugee camps, will require programming that focuses not only on creating unique safe spaces but also on shifting the gendered dynamics of the public domain. This might include efforts to develop subtly subversive resistance strategies by girls and women in the community to male dominance, including empowering girls and women to internalize

their own sense of value and right to safety, a focus on shifting the perceptions and attitudes of boys and men in relation to respect for and protection of girls' rights in public spaces, including building male leadership to promote girls' safety and equality, or strengthening girls' and women's collective empowerment at various levels within the public domain. Such efforts might improve community perceptions of safety in public spaces, reduce the culture of fear among caregivers and girls, and potentially lead to a reduction in experiences of sexual violence.

Caregivers provide the initial tools for children to navigate the spaces outside the home environment. Yet, caregivers in conflict-affected settings have limited control over the physical and social environment. They also may not have the leverage of collective mobilization or the rule of law to create safe and protective social and physical environments for their children. There is a need to better understand caregivers' perspectives on protecting girls from GBV. Although caregivers may have a strong rationale for using fear-based messaging to protect girls in conflict-affected populations, the perpetuation of such narratives may hinder girls' freedom to engage in their communities. In addition, by not addressing the root causes of the violence, caregivers' messages may enable the perpetrators of violence to continue unabated. Future research can help to identify and address the limitations experienced by caregivers in attempting to protect their daughters in contexts of conflict and displacement and illuminate potential interventions to more effectively prevent violence against adolescent girls in the future.

Authors' Note

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