



Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence

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Adolescent girls face elevated risks of gender-based violence in humanitarian settings because of the intersectionality of age and gender, and the additional and exacerbated risk factors relevant to emergencies. Because there is no clear division of labour between the gender-based violence and child protection sectors, adolescent girls are often neglected by both groups, and violence against this subpopulation goes unaddressed. This Review presents an adapted ecological framework for gender-based violence risks facing adolescent girls in emergencies, synthesises the scant evidence for gender-based violence prevention and response, and identifies barriers to effective and ethical measurement and evaluation of programme effectiveness. Although nascent evidence highlights promising interventions for transforming girls' attitudes about violence and gender inequity and improving psychosocial and mental wellbeing, little evidence supports the ability of existing approaches to reduce gender-based violence incidence. A more explicit focus on adolescent girls is needed when designing and evaluating interventions to ensure global efforts to end gender-based violence are inclusive of this population.

Introduction

It has been estimated that almost 168 million people—one in every 45 globally—will need humanitarian assistance and protection in 2020.¹ In fact, this number is likely to be much higher, owing to the COVID-19 pandemic. By the end of 2019, an unprecedented 79·5 million people had fled their homes, including 45·7 million internally displaced people and 26 million refugees, an amount of global risk for which there is no known precedent.² Several phenomena contribute to these unparalleled amounts of displacement, including protracted conflicts, natural disasters, and climate change.¹ The average humanitarian response, coordinated by the UN, now lasts longer than 9 years.³ Current need among displaced populations is greater than the capacity of international humanitarian systems to respond; in 2019, only 63·3% of required humanitarian aid funding was provided.⁴

The threat of gender-based violence for women and girls, already substantial at the global level, with an estimated one in three experiencing gender-based violence in her lifetime,⁵ is particularly elevated in humanitarian contexts.⁶ Gender-based violence encompasses any harmful act (physical, sexual, mental, or emotional) that is perpetrated against a person's will and on the basis of socially ascribed (ie, gender) differences between male and female individuals (see panel 1 for a full definition). Gender-based violence can affect the short-term and long-term physical and mental health and social wellbeing of a survivor.¹³ Studies show that survivors of gender-based violence have an increased likelihood of having reproductive health issues, sexually transmitted infections, unwanted pregnancies, depression, and anxiety, and of developing unhealthy coping strategies, such as drug use.^{14,15}

Adolescent girls are uniquely at risk of gender-based violence in humanitarian settings because of an intersection of factors related to their age and gender. In general, adolescence is a period of physical, psychological, cognitive, and behavioural growth that is marked by

several developmental milestones, including increased independence, new relationships, risk taking, and the development of a sense of identity.^{16,17} Experiences in adolescence might influence opportunities for the future,¹⁸ but adolescent girls in humanitarian settings rarely have decision-making authority and have little access to sexual and reproductive health information, resources, and services. Research suggests that child marriage, domestic violence, and sexual violence are the most prevalent forms of gender-based violence against adolescent girls.¹⁹ Up to a third of adolescent girls living in a humanitarian setting report their first sexual encounter as having been forced.²⁰ Adolescent girls also

Key messages

- The risk of gender-based violence increases for adolescent girls in humanitarian settings, in which protective systems are eroded for women and girls. The manifestations of gender-based violence might also differ in these contexts.
- Gender-based violence in adolescence can affect health and wellbeing across the life course, and risk factors need to be assessed at the individual, communal, relational, and institutional levels.
- Gender-based violence prevention and response programmes continue to be underfunded and insufficiently prioritised in humanitarian settings.
- Cross-sectoral, multi-level response is required to support life-saving prevention and response programming for gender-based violence against adolescents in humanitarian settings. Such responses should include the voices and participation of women and girls themselves.
- Although a growing number of studies have explored gender-based violence against adolescent girls in humanitarian settings, data gaps remain outside of sub-Saharan Africa and for particular marginalised groups of adolescent girls.

Panel 1: Definitions**Gender-based violence**

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (ie, gender) differences between male and female individuals. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. The term gender-based violence is most commonly used to underscore how systemic inequality between male and female individuals, which exists in every society in the world, acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. Gender-based violence also includes sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.⁷

Adolescent

An individual aged 10–19 years. The majority of adolescents are included in the definition of a child as described by the UN Convention on the Rights of the Child—ie, younger than 18 years.⁸

Humanitarian setting

Characterised by a range of situations, including natural disasters, conflict, slow-onset and rapid-onset events, rural and urban environments, and complex political emergencies in any country or context.⁹

Refugee

A person who has been forced to flee their country because of persecution, war, or violence. A refugee might face persecution for reasons of race, religion, nationality, political opinion, or membership of a particular social group.¹⁰

Internally displaced person

An individual who has been forced to flee their home but without crossing an international border. Unlike refugees, internally displaced people are not protected by international law or eligible to receive many types of aid because legally they are under the protection of their own government.¹¹

Intimate partner violence

Any form of physical, sexual, or psychological violence by a current or former intimate partner.

Social norms

The implicit and explicit rules in society that govern which behaviours and attitudes are socially acceptable.¹¹

Gender norms

The set of social norms shaping how men and women should think, behave, and interact.¹²

have less access to sexual and reproductive health care than adult women have.²¹ In humanitarian settings, adolescent girls might face greater amounts of disruption to education, forced or early marriage, early pregnancy, exploitation, and physical or sexual violence.^{22–25} This heightened risk reflects a continuum of violence;

adolescent girls might experience violence before, during, or after a conflict or natural disaster, whereby gender-based violence exposure during and after an emergency might present in a different form or severity.²⁶ Although gender-based violence might be perpetrated as a deliberate tactic by parties to a conflict,⁶ research suggests that gender-based violence most often happens within the community and family and reflects exacerbated amounts of violence and inequalities that were often present before the crisis.²⁵ Additionally, crises weaken community networks and support structures, disrupt services and systems, and place additional strain on families.²⁷

In humanitarian contexts, violence against adolescent girls might be insufficiently addressed because there is no clear division of labour between actors from the gender-based violence and child protection sectors.^{19,28–30} Programmes within each humanitarian sector often operate through their own conceptual frameworks, budgets, lead actors, legal frameworks, and terminologies. Although it might be beneficial to separate advocacy, programming, and funding streams for women and children, thoughtful attention is needed to ensure that (particularly older) adolescent girls are not overlooked in both sectors.³¹ Furthermore, because of competing priorities and the media's focus on rape as a weapon of war, other substantially more common forms of gender-based violence in these settings (including intimate partner violence in particular) are some of the least funded areas of humanitarian response.^{25,32–34} A study found that only 0·01% of humanitarian funding was for gender-based violence prevention and response programmes, and that two-thirds of gender-based violence programmes in humanitarian appeals received no funding at all.³⁵

Scope of the problem

Despite a wide body of literature highlighting gender-based violence risks for girls, few peer-reviewed studies have assessed the prevalence of gender-based violence within humanitarian settings specifically.³⁶ Furthermore, the scarcity of literature on this topic at present precludes drawing meaningful comparisons of prevalence and types of violence across contexts of natural disasters, conflict, and post-conflict settings. Among the few studies that do exist, the majority come from sub-Saharan Africa and suggest that approximately 40% of female adolescents in emergency settings have experienced some form of intimate partner violence.^{37,38} In some humanitarian contexts, as many as 26·5% of adolescent girls have experienced non-partner sexual violence.^{39,40} A range of other studies also substantiate the high rates of gender-based violence against adolescent girls in transit to or within refugee settings.^{23,41–44}

Within the context of ongoing war, studies suggest that 29–44% of former female child soldiers were raped during conflict.^{45,46} For girls associated with armed forces, experiences of gender-based violence do not end with the

war; interviews with former girl soldiers in Uganda revealed that, upon return home, 26·9% reported experiencing verbal sexual insult, 20% being touched sexually, and 16·3% being raped.⁴⁶ Furthermore, adolescent girls living in conflict settings associated with extremist ideologies, such as those targeted by Islamic State in Iraq, risk being kidnapped and forced into sexual slavery.⁴⁷

Adolescent girls in emergency settings are susceptible to other forms of gender-based violence, including female genital mutilation and child marriage. A study of Somali refugees in Ethiopia found that 98% of girls aged 11–12 years had undergone female genital mutilation.⁴⁸ Research also highlights a profound risk of child marriage for girls in emergency settings, with recent studies revealing that nearly 50·2% of girls in Pakistan, and 46·6% of girls in Lebanon, are married before age 18 years.^{49,50} Furthermore, a recent study on child marriage in disaster and conflict zones notes that “Three of the ten countries on the Fund for Peace’s Failed States Index have child marriage rates well above 50 percent.”²² The purpose of this Review is to provide an overview of determinants, prevention, and responses for gender-based violence against adolescent girls in humanitarian settings. Relevant terminology used to describe these issues are shown in panel 1. This Review presents an innovative adapted ecological framework for gender-based violence risks that includes additional and exacerbated risks in humanitarian contexts. In summarising the evidence base for gender-based violence prevention and response programming for adolescent girls, we highlight generally accepted good practice that has not been scientifically evaluated. Key gaps in the evidence about what works to prevent and respond to gender-based violence in these contexts are also summarised. Finally, we examine the barriers to effective and ethical measurement and evaluation and ways forward for research, policy, and programming. It is important to highlight that the focus of this Review has been on adolescent girls, without an explicit focus on sexual orientations, gender identities, gender expressions, or adolescent boys. Further research on the experiences of, and what works best to prevent, gender-based violence against these populations is needed. In the case of diverse gender identities, research on gender-based violence in humanitarian settings is so nascent that there are not currently any robust data to include, and we call on research and practice communities to start to elucidate the experiences of these survivors.

Socioecological determinants of gender-based violence

Heise’s ecological model⁵¹ of gender-based violence against women and girls offers a useful starting point for organising the factors that have been shown to contribute to gender-based violence against adolescent girls in humanitarian settings. This conceptual framework can

help researchers, policy makers, and practitioners to understand the myriad factors that might engender gender-based violence at the individual, relational, community, and societal levels. Individual factors comprise personal characteristics of biology or personal history that influence an individual’s likelihood of perpetrating or experiencing violence. Relational factors include those that heighten risk of gender-based violence perpetration or victimisation because of an individual’s relationships with his or her immediate social circle, including family, an intimate partner, peers, or others. Community factors encompass the context in which these relationships take place (ie, neighborhoods, schools, places of worship, and others) and the characteristics of these backdrops that influence gender-based violence. Finally, macro-level factors including social or cultural norms, systemic gender inequality, and discriminatory policies constitute the societal level of the model.⁵¹ In emergencies, determinants of gender-based violence at each level of the ecology might be exacerbated, and various factors associated with conflict, natural disasters, and displacement usher in an additional collection of risks. We adapted Heise’s ecological framework to include these exacerbated and additional risks, which are shown on the right in the figure. Although this adapted model can be a useful tool for conceptualising risk factors for gender-based violence in a given humanitarian setting, it is important to recognise that different factors and dimensions of the ecosystem will be more influential in different contexts.

Individual factors

A wide body of literature supports the finding that adult perpetrators and survivors of gender-based violence are substantially more likely than non-perpetrators and non-survivors to have witnessed or experienced violence as a child.^{52–54} Alcohol use, self-esteem, socioeconomic status, and education have also been shown to be associated with violence against adolescent girls.⁵¹ The relationship between education and risk of violence might be especially pertinent in emergency settings, in which schooling is often disrupted for long periods of time. A substantive body of evidence highlights the increased risk of gender-based violence for female individuals belonging to actual or perceived sexual or gender minorities, and for those with a physical or intellectual disability.^{55,56} Several studies have shown that younger age is associated with greater likelihood of perpetrating and experiencing gender-based violence, indicating that adolescent girls, in particular, face considerable risk of gender-based violence.^{57,58}

Relationships

Adolescent girls living in households characterised by male dominance, male control of wealth, and men’s use of alcohol face elevated risks of violence; for adolescent girls in intimate partnerships, relationship conflict also

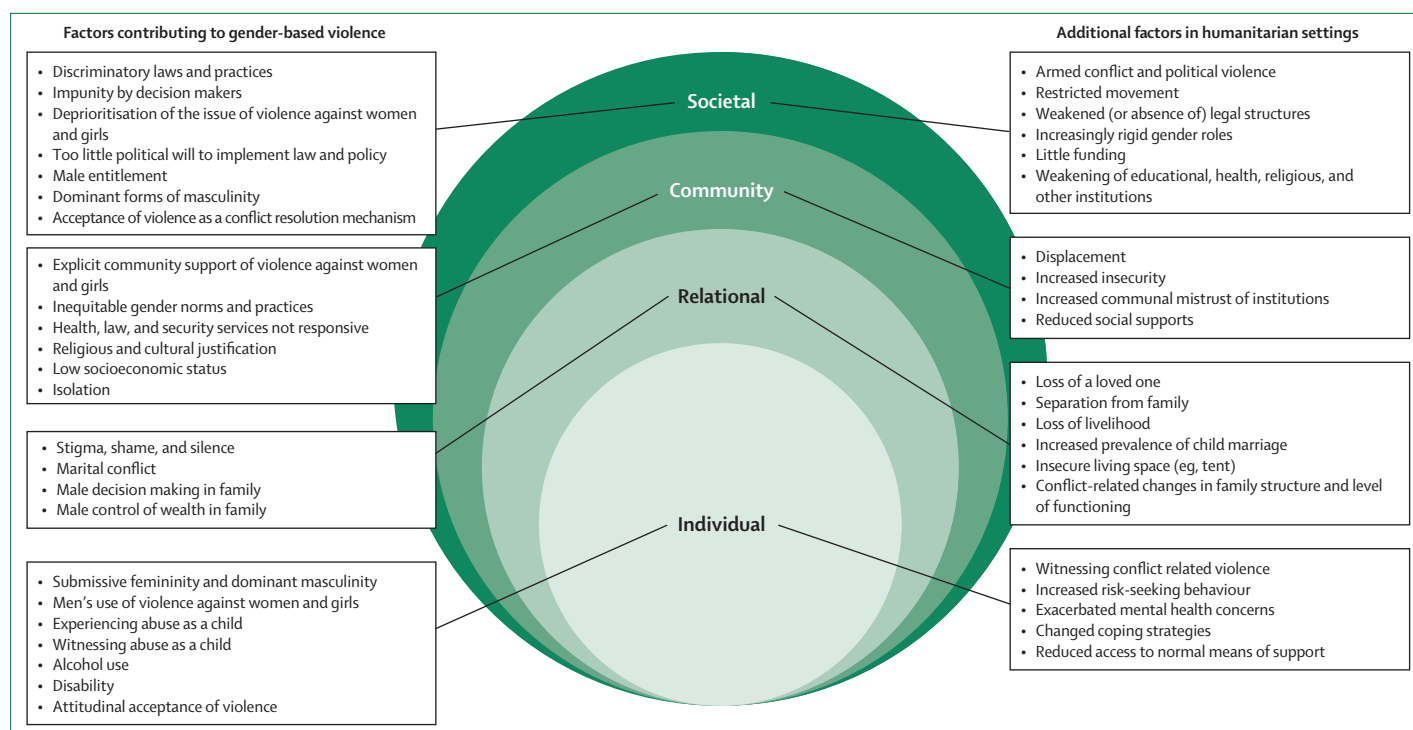


Figure: Socioecological determinants of gender-based violence in humanitarian settings

increases risk of gender-based violence.⁵¹ Girls in larger, lower functioning, and single-parent (as opposed to two-parent) families, all face higher risk of physical and sexual violence.^{41,59} Several relational factors associated with gender-based violence in general might be aggravated and particularly germane in emergencies. For example, severe financial pressures might trigger a man's use of violence as a stress management tool.⁶⁰ In emergency settings, in which economic stressors of all kinds abound, adolescent girls might be particularly at risk of violence.^{30,61} Emergencies might lead to legal restrictions on employment and the reduced availability of jobs traditionally filled by men. In crises, women and girls often assume responsibility for income generation and decision making, which can threaten their husbands' or fathers' perceived masculinity and normative role as breadwinner.^{30,62} Evidence shows that in places where norms of male dominance are particularly strong, women and girls' economic empowerment might lead men to perpetrate violence as a means of re-establishing traditional gender and parental hierarchies.^{12,63,64}

Community factors

Community-level factors that predict whether adolescent girls will become victims of gender-based violence include lower socioeconomic status, inequitable gender norms, and living in isolation within a community.^{51,65,66} Housing insecurity, compromised neighborhood safety, and armed conflict—all factors that tend to occur with emergencies—directly increase adolescent girls'

likelihood of experiencing gender-based violence.^{67,68} Natural disasters and conflict often disrupt existing social support systems within communities, and these disruptions put girls at greater risk of violence.^{30,61,69}

Societal factors

Social norms hold tremendous influence over the prevalence of gender-based violence in societies. Social norms of male dominance and patriarchal decision making, and those that foster rigid gender roles, have all been shown to increase men's perpetration and women's experience of gender-based violence, in both humanitarian and non-humanitarian settings.^{6,65,70} Gender-based violence tends to be more common in societies in which violence operates as a normative mechanism for conflict resolution.⁷¹ Conflict, post-conflict, internal displacement, and refugee camps have all been identified as societal-level risk factors for gender-based violence.^{58,72} If legal structures are not in place to protect victims of gender-based violence, perpetrators of gender-based violence might feel more able to act with impunity.⁷³

Evidence-based programme response

Humanitarian gender-based violence programming has evolved since efforts first began in the 1990s, and now includes risk mitigation, prevention, and response.⁷⁴ In reviewing current evidence-based approaches for prevention and response programmes for adolescent girls, our categorisation uses a framework based on the 2019 Inter-Agency Minimum Standards for Gender-Based

Panel 2: Good practice principles and programmes for gender-based violence in humanitarian settings

Many current strategies for preventing and responding to gender-based violence against adolescent girls have not been formally evaluated, although they are generally considered good practice by humanitarian practitioners. Although several of these systems-level approaches might not lend themselves easily to traditional evaluation designs, other more creative designs should be explored to assess the effectiveness of these principles and programmes.

Case management and referral systems

Gender-based violence case management is a collaborative process of assessment, planning, facilitation, and care coordination to meet a survivor's needs. Such case management is widely acknowledged to be integral to the humanitarian response, and experts note that referral systems should be used to link survivors with services beyond any single programme's capacity.⁷ Health-care providers are often the first point of contact for gender-based violence survivors, and are therefore central to understanding protection risks, uncovering physical and psychosocial needs, aiding in the development of prevention strategies, and executing referrals to other services.⁷

Justice and legal aid

Legal justice and aid is often missing from existing programmes for displaced populations, because of mistrust in legal systems, too few courts, little knowledge about the justice process, corruption, and problems in gathering evidence.⁷ These barriers can be further complicated by the absence of legal status, enough interpreters, or adequately staffed legal systems.⁷ The dearth of evidence about best practices for justice and legal aid was reiterated in a 2016 review of interventions and programmes for gender-based violence prevention in refugee settings, which found that no relevant studies reported working with formal or informal legal systems.⁷⁵ Importantly, many communities value informal justice by means of negotiated settlements via religious, family, or community leaders, often creating their own local dispute resolution systems. It is therefore necessary for humanitarian actors against gender-based violence to navigate multiple systems of justice, noting that the rights and best interests of survivors are rarely upheld.⁷

Safety and risk mitigation

To help ensure that safety and risk mitigation are achieved, it is generally accepted that gender-based violence specialists should consult other sectors on ways to consider and address gender-based violence risks within their response efforts. For example, much has been learned about how water and sanitation actors can ensure lighting and security are provided at latrines and water sources.⁷⁶ Similarly, risk of gender-based violence at food distribution points can be mitigated by including women in the distribution activities, minimising waiting times, and scheduling pick-up times during daylight hours.⁷⁶ Joint community-based assessments across sectors can promote the integration of gender-based violence risk mitigation strategies in other sectors' response efforts. These community-driven insights can and should inform how risk-mitigation is integrated into cross-sector response.

Coordination, assessment, monitoring, and evaluation

Gender-based violence survivor data are likely to include identifiable information and other sensitive data of violent incidents, so case management records must be restricted and protected.⁷ The Gender-Based Violence Information Management System, managed by an interagency partnership, allows for the safe collection, storage, sharing, and analysis of gender-based violence incident data reported to service providers in humanitarian settings. Survivors must consent to data collection and sharing, and should have access to services during and after the collection process.⁷ Further, as children are the most vulnerable population subgroup, WHO demands that even stricter safeguards and ethical protocols are put into place when collecting gender-based violence data from adolescent girls.⁷⁷ To coordinate a unified prevention, mitigation, and response strategy, humanitarian actors against gender-based violence should work with other sectors to promote attention to gender-based violence and to garner sufficient financial support for gender-based violence-specific programming.⁷ Achieving this continuum of holistic care requires a coordinated, cross-sectoral response at multiple levels of the ecology.⁷⁸ Measuring the effectiveness of these standards across contexts is vital, as monitoring and evaluation provide an evidence base to guide future programming.

Violence in Emergencies Programming.⁷ For the purposes of this Review, we focus on those interventions that have been empirically evaluated. The small evidence base available limits the conclusions that can be drawn. In some cases, programmes have only been tested with adult populations in humanitarian settings. We still included such programmes, because they offer the best data currently available in support of programmes also used with younger populations. Some widely accepted approaches do not easily lend themselves to experimental evaluation designs, but are nonetheless accepted as good practice (panel 2).

Health care

One of the primary life-saving interventions that should be available to survivors of gender-based violence is the ability to access quality, survivor-centred health care. Although a growing body of evidence highlights promising practices for provision of sexual and reproductive health care for adolescent girls in humanitarian settings, the majority of evaluations assess sexual and reproductive health care for adolescent girls more broadly, irrespective of exposure to gender-based violence.²¹ Although most innovative approaches for service delivery have yet to be rigorously evaluated, initial

assessments offer promising strategies for adolescent girls' increased uptake of sexual and reproductive health care and post-rape services. Mobile sexual and reproductive health-care camps, which typically remain in a community for up to 4 days, can be used to make contact with harder-to-reach adolescents.⁷⁹ In addition to these camps, the humanitarian response to the 2015 earthquake in Nepal included other innovative strategies to increase service uptake for adolescent survivors of gender-based violence, including providing free transportation to clinics for severe cases, and implementing adolescent-friendly service corners in all sexual and reproductive health-care camps.⁸⁰ People providing health care for internally displaced gender-based violence survivors in Uganda noted the challenge of ensuring adolescent girls were aware of, and could access, relevant health services. This information barrier was particularly relevant to girls who were out of school, had children, or were engaged in sex work. As a result, health-care providers reported that outreach outside of standard working hours was needed to reach adolescent girls.⁸¹ In areas where access to standard, facility-based, post-rape care is compromised, preliminary studies highlight the feasibility of task shifting medical care to community health workers and traditional birth attendants.⁸²

Mental health and psychosocial support

Mental health and psychosocial support has become an invaluable component of humanitarian programming in the past decade. Beyond offering treatment and counselling for individuals with known mental disorders or traumas, mental health and psychosocial support programmes might strengthen social and community support systems, equip individuals with healthy coping mechanisms, and provide opportunities for communities to plan and engage in humanitarian response programmes.⁸³ Mental health and psychosocial support is most commonly delivered in humanitarian settings through individual counselling, the development and promotion of community-based support for at-risk individuals, child-friendly spaces, and basic group or family counselling.⁸⁴

Given the innumerable mental health and psychosocial effects of gender-based violence on adolescent girls (including anxiety, depression, and post-traumatic stress disorder), the development of effective mental health and psychosocial support services has important implications for the recovery of gender-based violence survivors.¹⁴ However, although there is a growing emphasis on providing mental health and psychosocial support for survivors of gender-based violence in humanitarian contexts, the evidence supporting these programmes' effectiveness remains sparse. In a recent systematic review of mental health and psychosocial support interventions for conflict-affected survivors of gender-based violence, only seven interventions were evaluated in some capacity and only two studies used a control

group in their evaluation design.⁸⁵ Evaluated programmes included some combination of group therapy or support groups, individual counselling, and cognitive behavioural therapy.^{86,87}

The review also found that none of the seven intervention groups included adolescent girls as participants, instead targeting support towards adult women exclusively.⁸⁵ Other research reiterates the dearth of psychosocial support available for adolescent survivors of gender-based violence, noting that service providers need to assess and adjust support services to be inclusive of adolescent girls to help to foster demand and increase use.⁸⁸ A recent randomised controlled trial found that when non-clinical staff targeted trauma-focused cognitive behavioural therapy towards sexually exploited adolescent girls in conflict-affected Democratic Republic of the Congo, participants had reductions in symptoms of trauma, depression, and anxiety.⁸⁷

Women's and girls' safe spaces

In addition to being an initial entry point for access to services, women's and girls' safe spaces have also become a vital aspect of gender-based violence programming in the past few decades. Women's and girls' safe spaces are thought to foster a sense of empowerment, provide a source of solidarity within the broader community, and allow survivors a priority space in which to openly share their experiences.⁷ Programmes implemented in women's and girls' safe spaces can also incorporate activities that aim to achieve other Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (such as economic empowerment, social norms, and prevention of gender-based violence).

In 2017, Noble and colleagues⁸⁹ systematically reviewed evidence-based programmes to reduce gender-based violence against adolescent girls in humanitarian settings, and only three evaluated interventions were identified. All three programmes were implemented in women's and girls' safe spaces and used similar theories of change, including teaching livelihood skills and financial literacy, building social assets, and doing self-esteem-building activities. Although these programmes showed no effect on violence victimisation for female participants, improved outcomes included financial and social livelihoods, risk mitigation plans, and self-esteem. None of the evaluations included a comparison group, so conclusions about the programmes' effects were drawn from pretest–post-test designs only.

Three subsequent studies evaluated Creating Opportunities Through Mentorship, Parental Involvement, and Safe Spaces (COMPASS), a programme based in women's and girls' safe spaces, in the Democratic Republic of the Congo, Ethiopia, and Pakistan.^{90–92} Although the Ethiopia evaluation measured the efficacy of trusted female mentorship and weekly discussion groups held in women's and girls' safe spaces, the

For more on women's and girls' safe spaces see <https://reliefweb.int/report/world/women-and-girls-safe-spaces-toolkit-advancing-women-s-and-girls-empowerment>

Democratic Republic of the Congo evaluation (which encompassed the same programme elements used in Ethiopia) focused on the effects of strengthening the relationships between girls and their parental caregivers as a means to protect against gender-based violence.^{90,91} Findings from the Ethiopia programme showed no change in the incidence of sexual violence but saw improvements in social support networks and attitudes surrounding gender.⁹¹ The incidence of violence declined with the Democratic Republic of the Congo intervention, but this decrease was seen in both groups (ie, girls whose caregivers did, and did not, participate in the caregiver component of the programme), and was thus not attributable to the caregiver–girl relationship element of the COMPASS intervention.⁹⁰ In Pakistan, the COMPASS evaluation concentrated on the feasibility and acceptability of a gender-based violence-focused intervention, and found that participating girls showed increases in self-esteem, psychosocial wellbeing, and the proportion of adolescent girls with trusted non-familial adult women in their community.⁹²

Livelihoods and economic empowerment

In emergencies, financial instability and legal restrictions on employment can increase stress levels, exacerbate food and housing insecurity, and push individuals towards sex work. Unsurprisingly then, a family's fragile economic status is a well-established risk factor for female members' exposure to gender-based violence.³⁶ Although livelihoods and economic empowerment programmes have long been a staple in humanitarian responses, humanitarian actors have begun to use these types of programme as part of efforts to reduce gender-based inequity, marginalisation, and violence.⁹³ Programmes aimed specifically towards adolescent girls hope to empower participants through a range of economic opportunities, including microfinance loans, group savings, skills building, cash transfers, and productive asset transfers.^{94–96} Proponents of these interventions argue that enabling female adolescents to earn their own income prevents them from becoming financially dependent on their male partners and consequently less tolerant of violence.⁹⁷ Additionally, equipping adolescent girls with their own source of income reduces their need to ask for money, which often serves as a trigger for intimate partner violence.⁹⁷

In examining the evidence, the UN World Food Programme's cash and in-kind food assistance programme offered cash, vouchers, or electronic funds to female Colombian refugees in Ecuador, and found participants had significant reductions in experience of intimate partner violence.⁹⁸ The Empowerment and Livelihood for Adolescents programme, used in Sierra Leone and Uganda, offered adolescent girls vocational training and microfinance loans. A randomised controlled trial found that this programme had a positive impact on wellbeing and significantly reduced the incidence of unwanted sex

for participants.²⁴ A recent cluster-randomised controlled trial in Liberia compared a life-skills programme for adolescent girls (Girl Empower), or this programme plus an added cash incentive for caregivers (Girl Empower +), against a control group.⁹⁹ Although the study found no significant difference in reduction of violence at 24 months in either intervention group compared with the control group, it found significant improvements in gender attitudes, life skills, and sexual and reproductive health-care outcomes.

Although female economic empowerment programmes have shown positive effects on safety and wellbeing, evaluations in humanitarian settings typically focus on programmes geared towards women, as opposed to adolescent girls specifically.¹⁰⁰ Further research is needed to assess the appropriateness and effectiveness of these programmes for adolescent girls in emergency settings, particularly given any legal barriers to employment for refugees and norms about children's financial empowerment.

Although economic empowerment programmes have been shown to increase women's agency and reduce their risk of gender-based violence, evidence suggests that in some settings, these same interventions might inadvertently increase the likelihood of women and girls experiencing gender-based violence. For example, in settings in which gender norms emphasise men's roles as financial breadwinners, female economic empowerment programmes might be perceived by men as a threat to their dominance.⁶⁴ Within Colombian camps for internally displaced people, in which available work opportunities were mostly geared towards women, women reported that their experiences of intimate partner violence increased, because their husbands perceived women having a paid job to be a transgression of traditional gender roles.⁶³ These examples highlight the importance of assessing contextual norms and consulting women and girls before programme implementation.^{12,64} Programmes that combine economic empowerment of women with social norms programming have been shown to be more effective at reducing risks of violence for women and girls.⁹⁴

Social norms

In humanitarian and non-humanitarian settings alike, a growing number of gender-based violence interventions and policies have started to incorporate activities to transform social norms that promote gender inequity, condone violence as a mechanism for conflict resolution, and value family privacy above safety, among others.¹⁰¹ Interventions to change social norms that have improved wellbeing typically use at least one of the following approaches: group dialogues on gender and violence; peer-facilitated discussions; space for private and public reflection on social norms; community mobilisation; and public commitments from community members to adopt more gender equitable norms.^{94,102–104} Although the evidence base for the effectiveness of social norms programming in

emergencies is nascent, researchers and practitioners have begun to adapt best practices from low-income and middle-income country settings.⁷⁵

For example, although not targeted towards reducing gender-based violence for adolescent girls specifically, the Zero Tolerance Village Alliance project, implemented in emergency settings in Uganda, encouraged men to publicly denounce gender-based violence. An honour roll of the names of committed men was displayed publicly, and men who were found to have broken their pledge were removed from the list.¹⁰⁴ A pre–post evaluation of the intervention revealed significant decreases in both intimate partner violence and acceptance of intimate partner violence. Using another approach, the Communities Care programme in Somalia sought to strengthen gender-based violence services for survivors and used facilitated dialogues with community members to transform social norms about gender-based violence.¹⁰⁵ Although the evaluation did not measure changes in the incidence of violence victimisation, it found an improvement in participants' attitudes towards, and willingness to act upon, reporting violence even if doing so resulted in decreased family honour. Given the well documented stigma faced by female survivors of sexual violence in emergencies, programmes that can diminish stigma might improve rates of disclosure and service seeking for adolescent girl survivors.¹⁰⁶

Although several interventions about social norms have had positive effects on girls' mental health, psychosocial wellbeing, or attitudes about gender-based violence and service use, this Review found only one programme that affected the actual incidence of violence for adolescent girls. The intervention, used in Afghanistan, used conflict resolution and peace education programming to shift social norms about violence and to promote women's and girls' educational empowerment and attainment of leadership roles.¹⁰⁷ The interrupted time series evaluation found that female adolescents had statistically significant decreases in incidences of peer violence victimisation and corporal punishment.

Measurement and data collection

Collecting information on gender-based violence against adolescent girls in humanitarian settings is rife with methodological challenges (panel 3). One methodological challenge germane to all empirical studies in humanitarian contexts relates to difficulties with sampling.¹¹⁴ Because of the transience and vulnerability of target populations and the inherent instability of the regions being studied, it is difficult to generate large, representative cohorts of study participants. As a result, few studies have focused specifically on adolescent girls, opting instead to measure rates of violence against all children or against women in general.¹¹⁵ Gaps in knowledge also exist about experiences of violence for particular groups of adolescent girls. Although access to some of these groups, such as adolescent girls

experiencing forced migration, could be overcome methodologically (eg, by using respondent-driven sampling), data collection for others, such as girls with intellectual or physical disabilities, might benefit from a systems perspective (including caretaker and community surveys).

Estimating the prevalence of adolescent violence victimisation and perpetration at the global level has been made possible thanks to the Violence Against Children surveys. Up to now, these nationally representative household surveys measuring experiences of violence for male and female individuals aged 13–24 years, have collected and analysed data from 16 countries.¹¹⁶ The ability to analyse prevalence rates across contexts has supported research highlighting how the risk and type of violence among adolescent girls changes with age. With a growing number of Violence Against Children surveys in humanitarian settings (including 2019 data collection in Colombia), future analysis might also examine how the risk and type of violence changes between conflict and non-conflict settings.

Disclosure bias presents another difficulty in measuring violence against adolescent girls, in humanitarian and non-humanitarian contexts, alike. Because of the stigma associated with victimisation, norms about family privacy, and there being little benefit from disclosing violence in settings with weak response capacity, incidents of violence are underreported and measures of prevalence are underestimated.¹⁰⁶ One innovation to help mitigate this bias includes the adoption of audio-computer administered self-interviews in humanitarian systems. Audio-computer administered self-interviews foster a private environment for respondents, by enabling them to independently record their responses after listening to prerecorded survey questions, often through headphones. Although previous research showed that use of audio-computer administered self-interviews increases reporting of sensitive topics,¹¹⁷ the COMPASS programme confirmed the usefulness of this technique with adolescents in humanitarian settings, and promoted its added value of addressing both language and literacy challenges.¹¹⁸ Use of list randomisation (another relatively anonymous reporting process whereby women and girls can indirectly report experiences of violence) has been shown to produce more accurate estimates of violence exposure.¹¹⁹ Although there are methodological issues with determining incidence or prevalence from crowd-sourced data, social media could serve as a useful additional source of data in the field. For example, the Women Under Siege Project used social media to generate the first crowd-sourced map to live-track sexual violence during the war in Syria. Although there has been a dearth of political will to invest in such programming and evaluation in the past, the evidence base around innovative measurement and technological approaches has started to grow and continues to do so.^{120,121}

Panel 3: Key ethical principles for collecting gender-based violence data from adolescent girls in humanitarian settings

Although guidelines exist that are relevant to the ethical collection of sensitive data in humanitarian settings, we propose some important considerations for service providers and others gathering data on gender-based violence specific to adolescent populations:

- Before collecting data (and establishing referral pathways), understand the legal frameworks that are in place, including frameworks guiding consent and assent processes and mandatory reporting obligations.
- Ensure high-quality referral pathways are established before beginning data collection in a humanitarian setting. Referral pathways might include health, psychosocial, and legal referrals, and referrals for local community-based support systems.^{77,105}
- Data should be collected in a secure and safe space for adolescent girls. To avoid unwanted attention and to ensure data are collected discretely, interviews could be done in spaces in which adolescent girls typically congregate, such as a women's centre, and should not be done in the presence of parents.^{77,108}
- Without exception, always protect the confidentiality of survivors and anyone who provides information. When conducting group research activities, all participants should be briefed on the importance of maintaining confidentiality and verbally agree not to disclose the identity of other participants or the content of the discussions.⁷⁷
- Researchers should secure initial and ongoing informed consent from adolescent research participants. For unmarried girls younger than 18 years, as well as collecting informed consent from parents, or communities, or both, it is also considered good practice to collect informed assent from adolescents directly. In some cases, to maximise the safety of adolescent participants, adults and communities providing the informed consent might be given fewer details about the ultimate objectives of the study and the nature of the questions. Decisions on how much detail to include can be made in consultation with local experts.^{90,91}
- Consider and mitigate the inherent power dynamics involved when doing research with children.^{109,110} Specifically, give attention to ensuring that no children are intentionally or unintentionally silenced by their peers, families, community, or researchers.
- Researchers should explore the feasibility of revisiting a subset of study participants, to examine whether there were any unintended consequences (positive or negative) for participants because of their participation in the research. Researchers should also have a solid understanding of the community dynamics before sharing research findings with the community, to avoid any unintended consequences for participants.¹¹¹
- Intentionally prioritise safely engaging adolescent girls in data collection and evaluation design processes, to ensure that the research is more likely to be accepted by the community and subsequently facilitate sustainable change around gender-based violence.¹¹²
- Although it is standard good practice to obtain ethical clearance from national ethics review bodies before starting any research activities, there is an absence of functional ethics review boards in many humanitarian settings and a dearth of commonly agreed practice on how to manage ethics in the field. This reality, combined with the heightened risks and power imbalances in humanitarian settings, requires more work be done to establish clear guidance and processes for ethical review.¹¹³

Call to action and conclusion

The limitations of this Review are primarily due to there being little available evidence about the experiences of adolescent girls in humanitarian settings, and what works to prevent and respond to gender-based violence. It is necessary to understand how the risks and effects of gender-based violence differ for adolescent girls, in acute versus chronic emergency settings, natural disasters versus conflict settings, and between different types of perpetrator. Similarly, it is necessary to understand the particular risks for adolescents with diverse sexual orientations, gender identities, and gender expressions, those with disabilities, and other particularly marginalised adolescent populations.¹²² Although the peer-reviewed literature in this area is currently scarce, we hope by calling attention to these gaps to encourage researchers and programmers to expand the evidence base. Additionally, there might be evaluations that have not been peer reviewed and published in the public domain. We hope the organisations that have invested in

evaluations of programmes will make efforts to publish these evaluations.

Programming to prevent and respond to gender-based violence against adolescent girls is not only a lifesaving humanitarian imperative, but also essential for meeting international commitments, such as the Sustainable Development Goals. There have been efforts to increase attention to, and resources for, gender-based violence prevention and response in emergencies. For example, both the Call to Action on Protection from Gender-Based Violence in Emergencies (a global coalition of 85 governments, donors, international organisations, and non-governmental organisations) and the 2019 Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises, explicitly recognise the particular risks that girls face and call for increased resources for prevention and response.

A review of the literature examining the determinants of gender-based violence in emergencies shows that much progress has been made in identifying risk factors

For more on the **Call to Action on Protection from Gender-Based Violence in Emergencies** see <https://www.calltoactiongbv.com/>

For more on the **2019 Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises** see <https://www.endsgbvoslo.no/>

Search strategy and selection criteria

We searched MEDLINE, PubMed, and PsycINFO using the search terms “adolescen*” OR “teen*”, “complex emergenc*” OR “war” OR “conflict” OR “disaster” OR “refugee” OR “humanitarian” OR “displac*” OR “crisis”, and “gender based violence” OR “gbv” OR “violence against women” OR “vawa” OR “Interpersonal violence” OR “IPV” OR “violence against females” OR “sexual assault” OR “sexual violence” OR “rape” OR “sexual harassment” OR “child marriage” OR “early marriage” OR “forced pregnancy” OR “transactional sex” OR “domestic violence” OR “domestic abuse” OR “female genital cutting” OR “female genital mutilation” OR “emotional abuse” OR “psychological abuse” OR “trafficking” OR “forced prostitution” OR “dowry abuse” OR “dowry violence”. Results were restricted to English language peer-reviewed articles published in 2000–2020 in scholarly (peer-reviewed) journals. Search results for MEDLINE and PubMed were restricted to study participants aged 13–18 years, and for PsycINFO, adolescence (13–17 years) and young adulthood (18–29 years). MEDLINE returned 236 results, PubMed 885, and PsycINFO 969. After removing duplicates and screening the abstracts we had 200 unique articles for potential inclusion in this Review. We selected articles about any type of gender-based violence against adolescent girls in humanitarian settings. We searched the grey literature (including programme documents, reports, and manuals uploaded to ReliefWeb, a humanitarian information service managed by the UN Office for Coordination of Humanitarian Affairs) using the search terms above, and retrieved 144 documents for further review. We screened the abstracts and coded 91 documents for potential inclusion in this Review. We also searched Grey Literature Report and OpenGrey using the search terms “adolescent violence”, “gender violence”, “gender-based violence”, “adolescent girls humanitarian”, “child violence”, “refugee violence”, and “adolescent refugee”. After screening out documents that included keywords but no substantive information relevant to this Review, we had 15 pieces of grey literature to supplement the Review and provide context primarily for intervention and risk or protection methods.

for adolescent girls’ victimisation. This expanding knowledge base, and the political will outlined earlier, have catalysed multisectoral efforts to prevent and respond to gender-based violence against adolescent girls in emergencies. Nonetheless, although preliminary evaluative evidence has identified some promising approaches, there remains substantial room for growing the evidence base. These gaps in evidence prevent researchers and practitioners from drawing out differences and similarities across diverse humanitarian contexts. Although we should assume at least some degree of generalisability to assess whether lessons learned in one context translate to another, it is imperative that future research supports the field’s

ability to focus on nuanced differences with respect to sub-populations, types of crises, and violence risks.¹²³ Contextualising programmes that have been deemed successful in at least one setting is of crucial importance, as previous attempts to expand gender-based violence prevention programmes have shown.¹²⁴ Future evaluations should also pay careful attention to unintended consequences; for example, although interventions that use technology and social media have shown promise in challenging existing harmful norms around gender-based violence, further research is needed to minimise negative unintended consequences and ensure adolescents can navigate these online spaces safely.

Because many violence-prevention programmes focus exclusively on women or younger children, adolescent girls often fall through the cracks and do not have the access and capital required to advocate for their needs. Efforts to measure experiences of gender-based violence, particularly for this often neglected population, are crucial for ensuring adolescent girls are not missed in programming. Furthermore, the upheaval that accompanies humanitarian crises also comes with an opening for structural and social change led by those affected; engaging and supporting adolescent girls in the process of designing, implementing, and evaluating interventions and response services can help to ensure that this population is not left behind in the global effort to end gender-based violence.

Contributors

LS and CR designed the literature search. LS, IS, and CR analysed and interpreted the data, compiled the figures and tables, and drafted the manuscript.

Declaration of interests

We declare no competing interests.

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