Focusing attention on displaced adolescent girls

**Background**

Adolescence (age 10 – 19) is a critical period of transition, a time when events, choices and opportunities can shape the course of an entire lifespan for both boys and girls. However, in many parts of the world, adolescence is a time when opportunities for girls constrict: workloads increase and exposure to risks expands dramatically.

Fifty percent of sexual assaults are experienced by girls 15 years old or younger, which can lead to physical injuries, HIV and other sexual transmitted infections (STIs), mental health impairments or pregnancy for which girls’ bodies are not ready. Girls are less likely than boys to attend secondary school, which is a critical factor in reducing early marriage and early childbearing: when a girl receives seven or more years of education, she marries on average four years later, delays her first pregnancy by at least as long, and has 2.2 fewer children. Complications resulting from pregnancy and child-birth are the leading cause of death among girls 15-19 years old in developing countries. Girls are also far more likely than boys to be socially isolated; they lack friendship networks and have less access to mentors and role models who are important for their self-esteem and future well-being.

**Displaced Girls at Heightened Risk**

Even before natural disasters occur or conflicts erupt, the norms that dictate family roles, division of household labor and access to resources put adolescent girls at a disadvantage in most countries. Adolescent girls’ transition from childhood to adulthood is shaped by rigid expectations that have negative implications for their access to schooling, health services and other resources.

Humanitarian crises exacerbate adolescent girls’ vulnerabilities. Crises weaken or destroy the institutions, systems and community cohesion that protect girls from violence, support their development and uphold their human rights.

In conflict and displacement situations, adolescent girls face heightened risks of sexual and gender-based violence (GBV), including early and forced marriage. Displacement also disrupts school attendance. Each of these risks contributes to increased vulnerabilities of exploitation and abuse, exposure to STIs and unwanted pregnancy, and subsequent unsafe abortion, maternal death and potential impairment or longer-term disability. Girls who are separated from their families, married or have a disability, or any combination of these circumstances, face even greater risk of all forms of abuse and hardship. As families cope with separation, loss of livelihoods, access to basic needs, and other stress and shocks, girls often take on increased responsibilities in caring for dependents, carrying out household chores, and engaging in livelihood activities at the cost of their education and physical safety. These circumstances restrict girls’ mobility, visibility and access to lifesaving services. Isolated from their peers, support groups and the wider community, adolescent girls are often invisible to humanitarian relief efforts.

**Prevention of GBV: A Humanitarian Imperative**

Prevention of GBV is not only an essential aspect of any minimum standard of protection, but is also
fundamental for the realization of other rights. Across our work in various sectors, including reproductive health, livelihoods, disability, youth and protection, the Women’s Refugee Commission has highlighted the needs and capacities of adolescent girls, and demonstrated interventions that are feasible for scaling up in humanitarian contexts. WRC aims to protect and empower adolescent girls by focusing on the prevention of GBV and promoting their equal access to services and opportunities.

**Transformative Opportunity for Girls and Their Communities**

In our work with adolescent girls, we see not just a need for protection, but also great potential for empowerment and transformation. Displacement exacerbates risks, but this upheaval in girls’ lives and circumstances can also present an extraordinary opportunity to identify girls who might otherwise have remained invisible, and boys and men who can help to transform social norms around gender. For possibly the first time, these girls may be within reach of life-changing influences, such as education, livelihoods, sexual and reproductive health services, and mentorship. These are factors that can improve not only their own lives, but also the well-being of their families and communities. We must ensure that this opportunity is not missed.

**Girl-centered Approach**

At WRC, we begin by strengthening the capacity of the girl herself. By framing solutions with the girl at the center of the effort we empower her, recognize her human rights and begin to change the way she is seen by herself and others. This rights-based approach requires a leap of faith in girls—a belief that they have information and knowledge to share, that they gain strength from each other and that they have innate power to make decisions and the ability to help shape a better future for themselves.

This approach requires preparatory work with communities not accustomed to valuing girls and working with boys and men to create an enabling environment for girls. Communities need a process of education and buy-in as part of program start-up in order for men, women and boys to recognize girls’ particular needs, worth and potential.

Humanitarian responses that empower, educate and protect the girl child should be seen not as valuing one sub-group over another, but as strengthening a highly vulnerable population to realize its potential for the community’s benefit and well-being. Such programs should also reflect and value diversity among adolescent girls—they must meet the needs and use the capacities of girls of different ages, as well as those with disabilities, from different backgrounds, and with different education levels.

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**Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced or early marriage; and harmful traditional practices, such as female genital mutilation and honor killings. (Inter-Agency Standing Committee)

“Parents remove a girl from school to take care of siblings, dig or wait for marriage.”

Response from one displaced adolescent girl in Uganda when asked about decision making in marriage and school.
Next Steps
There is still much work to be undertaken to understand how to address adolescent girls’ unique needs and service gaps in humanitarian settings. The Women’s Refugee Commission will conduct research, develop guidance tools and advocate for adolescent girls to be prioritized in the humanitarian agenda.

WRC will conduct field assessments and operations research from various humanitarian settings—acute onset disasters to protracted emergencies—to document the needs of adolescent girls, including protection, empowerment and sexual and reproductive health. We will also examine how program models can be enhanced to address the particular needs of adolescent girls, including segments of adolescent girls who face multiple vulnerabilities and have specific needs, for example, pregnant, married, disabled and/or chronically ill girls.

We will work with operational partners to pilot innovative approaches and determine how promising practices may work in wider-scale humanitarian settings. The focus will be on supporting education and skills building related to healthy transitions to adulthood. This includes a range of activities, such as creating access to spaces where girls can safely form friendships, be mentored and acquire life skills, financial literacy and work transition skills to better position them for future livelihoods. These spaces can also be portals for education on puberty, sexuality, fertility awareness and access to sexual and reproductive health services, including family planning, STI prevention, care and treatment and youth-friendly pregnancy care for older girls or married adolescents.

Learn more about displaced adolescent girls and download individual reports at: www.womensrefugeecommission.org/programs/adolescent-girls.

“To be successful and be a role model in the community, I know I need to stay in school and avoid being in relationships with boys until I am ready to marry.”

16-year-old displaced adolescent girl in Tanzania
ADOLESCENT GIRLS
AT A GLANCE

The Issue

• Conflict and displacement tend to exacerbate the risks and vulnerabilities adolescent girls face, change the roles and responsibilities they assume and limit their ability to access services. Adolescent girls are disproportionately affected by sexual and gender-based violence.
• Humanitarian responses prioritize women and children, yet adolescent girls are often “missing” in programs.
• Girls are not a homogenous group; their skills, capacities and vulnerabilities vary considerably.
• When given the opportunity, girls can have a transformative effect on the well-being of their own lives and their peers, as well as the well-being of their families and communities.

Our Response

• Assessed the protection and empowerment needs of adolescent girls in displacement settings and partnered with operational organizations in three countries to test promising approaches.
• Identified best practices and gaps in adolescent sexual and reproductive health programs, particularly in family planning services in humanitarian settings.
• Undertook research to better understand the impact that conflict and displacement can have on child marriage practices.

Next Steps

• Identify which promising practices from the development field have most impact for adolescent girls in humanitarian settings and demonstrate interventions that are feasible for scale-up.
• Develop and promote guidance and resource tools for humanitarian agencies, donors and policy makers to address adolescent girls’ vulnerabilities and needs in humanitarian settings.
• Undertake research on how to better protect girls in the early days and weeks of emergencies when they are at heightened risk.
• Conduct research on the unique sexual and reproductive health needs and risks of very young adolescents (10-14 years).
OUR MISSION: to improve the lives and protect the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

OUR VISION: We envision a world in which refugee and internally displaced women, children and youth are safe, healthy and self-reliant; have their human rights respected and protected; and inform and drive their own solutions and development.

HOW WE WORK: Through research and fact-finding field missions, we assess and identify best practices and find solutions on critical issues that include lifesaving reproductive health care, dignified livelihoods for refugees and, in the U.S., fair treatment of women, children and families seeking asylum. On Capitol Hill, at the United Nations and with humanitarian organizations and governments, we push for improvements in refugee policy and practice until measurable long-term change is realized.

GET INVOLVED: Learn about the ways you can help ensure that our far-reaching, life-saving advocacy for women, children and young people continues. To sign up for our action alerts and to make a tax-deductible donation, please go to: womensrefugeecommission.org