

# “We Don’t Walk in Separate Lines Anymore, We Walk Together”: Engaging Families to Build the Protective Assets of Adolescent Girls in Humanitarian Settings

## Initial findings and recommendations from the Sibling Support for Adolescent Girls in Emergencies (SSAGE) Program

### Research Brief

#### Executive Summary

Gender-based violence (GBV) programming for adolescent girls in humanitarian settings often seeks to mitigate risks and build protective assets at the individual level. While these approaches are essential, it is also well known that adolescent girls’ lives are strongly influenced by those around them. The household is the primary ecosystem in which adolescent girls’ lives unfold, presenting both risks and opportunities for girls’ physical and mental health, resilience, gender equity, and protection from violence.

The Sibling Support for Adolescent Girls in Emergencies (SSAGE) Program was collaboratively designed by the Women’s Refugee Commission (WRC), Mercy Corps, and Washington University at St. Louis to challenge intergenerational cycles of violence and prevent future violence against adolescent girls through a novel gender-transformative, whole-family support approach. Since 2020, the SSAGE Program has been implemented with conflict-affected communities in Nigeria, Niger, and Jordan. SSAGE is complemented by mixed-methods research to understand successes and challenges in terms of program contextualization and implementation, as well as outcomes related to gender equity, protection, family functioning, and mental health and psychosocial well-being. Preliminary findings from this research suggest several key areas in which donors, policymakers, and humanitarian actors can harness the positive influence of household members to build adolescent girls’ protective assets. Since its launch in 2020, the SSAGE Program has reached a total of 1,353 participants in Nigeria, Niger, and Jordan: 390 adolescent girls, 386 male siblings, 295 female caregivers, and 282 male caregivers.

#### *Key Findings*

- Preliminary findings from all three program sites suggest improved family functioning, attitudes toward gender equity, and knowledge of the harmful effects of GBV. In Jordan, SSAGE participants noted better relationships between brothers and sisters, greater communication between caregivers and children, and more equal division of household labor.
- SSAGE participants in Jordan appreciated the SSAGE Program’s unique approach of involving the entire family, especially how it allowed parents and caregivers to gain insights on the challenges faced by adolescent girls and boys.
- Participants reported improvements in mental health and resilience, including the majority (77%) of adolescent girl survey participants in Jordan reporting improved mental health and all reporting

improvements in resilience. The majority of male and female caregivers (68.8% and 71.4%, respectively) also reported improvements in mental health, whereas just half of male siblings reported improvements in mental health and resilience.

- Among survey participants in Jordan, female caregivers were the only group for which the majority (71.4%) reported improvements in attitudes toward gender equity. Reported parenting support improved for the majority of both female and male caregivers, particularly for female caregiver support to sons (78.6%) and male caregiver support to daughters (68.8%).

## **Recommendations**

### **Recommendations to Donors**

- Extend GBV funding beyond girl-only programming to interventions that include household members who can effectively support building adolescent girls' protective assets.
- Ensure that the involvement of men and boys in GBV programming does not take away focused funding for women and girls, including GBV prevention and response services.
- Provide flexible multi-year funding to allow for adequate time for data collection, evidence generation, and program activities aimed at changing norms and behaviors related to gender equity that take time and can be difficult to measure.

### **Recommendations to Policymakers**

- Prioritize the third objective of the GBV Call to Action Roadmap, which calls for mainstreaming gender equality and the empowerment of women and girls in humanitarian policy initiatives. Policymakers should also go beyond mainstreaming and focus on promoting standalone, gender-transformative approaches to GBV programming.
- Align GBV policies with principles of child protection, as outlined in the Primary Prevention Framework for Child Protection in Humanitarian Action, which includes guidance on primary prevention of violence at the household level.
- Address the risk and protective factors for violence against adolescent girls in national GBV policies and ensure both primary prevention in addition to service delivery and response.

### **Recommendations to Humanitarian Actors**

- Ensure that gender-transformative, whole-family approaches are responsive to the needs and priorities of adolescent girls and approach topics in a context-specific manner.
- Dedicate sufficient time and effort to community-led contextualization of program content, including the mapping of adolescent girls' social spheres and influences to ensure that the right household members are involved in program activities.
- Implement contextualized programming that is evidence-driven, with adequate time and resources to collect and use data that meaningfully informs programming.
- Include shorter-term and easier-to-measure outcomes, such as changes in knowledge, to assess whether a program is on track to address more deeply rooted attitudes and behaviors. Humanitarian actors must have realistic expectations of what can be achieved and what can be measured in a short period of time.

## Introduction

Adolescent girls are disproportionately affected by gender-based violence (GBV), which often stems from harmful gender norms and fundamental inequalities between women and men. Violence is learned, internalized, and reinforced; one of the strongest predictors of young people perpetrating or experiencing GBV is if, while a child, they witness violence against a female caregiver in their household.<sup>1</sup> Moreover, an emerging body of evidence demonstrates how gender inequity and patriarchal norms are cross-cutting risk factors for the co-occurrence of violence against women, children, and adolescent girls within households.<sup>2</sup> Contexts of conflict and displacement can exacerbate risk factors for household violence, including economic loss and financial strain, separation of family units, restricted movement, and rapidly changing gender roles and norms.<sup>3</sup>

GBV prevention programming for adolescent girls in humanitarian settings is often focused on building an individual's protective assets, defined as human, social, economic, or cognitive capital that supports girls in navigating risks, including violence, as they transition from adolescence to adulthood.<sup>4</sup> In recent years, with the recognition of other key influences in the lives of adolescent girls, there has been a shift to involving parents and caregivers in adolescent programming to build household-level protective assets while also targeting immediate cycles of household violence.<sup>5</sup> Evidence for the success of these programs is limited, particularly with regard to how different household members can be engaged to address harmful gender norms that perpetuate violence against adolescent girls.<sup>6</sup>

The Sibling Support for Adolescent Girls in Emergencies (SSAGE) Program was collaboratively designed by the Women's Refugee Commission (WRC), Mercy Corps, and Washington University in St. Louis to challenge intergenerational cycles of violence and prevent future perpetration of violence against adolescent girls through a novel gender-transformative, whole-family support approach. Through a 12-week intervention, adolescent girls, male siblings, and male and female caregivers participate in separate but simultaneous sessions covering topics related to gender roles and attitudes, communication, safety, and family functioning. Since 2020 to date, SSAGE has been implemented with conflict-affected communities in Nigeria, Niger, and Jordan. Preliminary evidence from these pilot programs provides insight into how donors, policymakers, and humanitarian actors can engage adolescent girls' families to mitigate the risks of GBV while also building girls' protective assets and addressing gender inequity.

## Why male siblings?

The SSAGE Program model explicitly engages with adolescent girls' older male siblings, along with both male and female caregivers, based on the following evidence:

- Women and girls are most likely to experience violence at the hands of **someone they know**, most often a **male perpetrator** with whom they live.\*
- One of the strongest predictors of young people perpetrating or being a victim of GBV is if, during their childhood, they **witness violence against a female caregiver in their household**.†
- **Adolescent boys who witness violence in the household are more likely to perpetrate violence themselves**, and the majority of men who perpetrate sexual violence **begin during their adolescent years**.‡
- Adolescence is a time of a growing desire for independence and autonomy. For adolescent girls, however, it can also be a time of increased restriction and control, often enforced by male family members. **Adolescent girls' lives are influenced by different individuals, systems, and sociocultural norms**; if meaningfully incorporated into programming, these forces can help to support adolescent girls' empowerment and protection.
- **Attitudes and behaviors that reinforce gender inequity are often demonstrated at the household level**; for example, unequal burden for adolescent girls to conduct unpaid household labor, preference for boys to attend school over their sisters, and greater trust and autonomy placed in adolescent boys than girls.

\* World Health Organization and London School of Hygiene & Tropical Medicine and MRC (South African Medical Research Council), *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva: WHO, 2013); Lindsay Stark et al., "Prevalence and associated risk factors of violence against conflict-affected female adolescents: a multi-country, cross-sectional study," *Journal of Global Health* (2017) 7(1).

† Tanya Abramsky et al., "What Factors Are Associated with Recent Intimate Partner Violence? Findings from the WHO Multi-Country Study on Women's Health and Domestic Violence," *BMC Public Health* (2011) 11, p. 109.

‡ Sarah E. Kretman et al., Chapter 12: "Adolescent violence: risk, resilience, and prevention," in: Ralph J. DiClemente, John S. Santelli, and Richard Crosby, eds., *Adolescent health: understanding and preventing risk behaviors* (San Francisco, CA: Jossey-Bass, 2009) 213–32.

## Methodology

The SSAGE Program is complemented by mixed-methods research to understand best practices and challenges in terms of program contextualization and implementation, as well as outcomes related to gender equity, protection, family functioning, and mental health and psychosocial well-being. Table 1 summarizes the number of participants for each completed research activity in all three program sites. Data was collected in December 2020 in Nigeria; in October 2021 and February 2022 in Jordan; and in August 2021 and January 2022 in Niger. As of March 2022, the program is ongoing in Niger.

**Table 1: Number of participants in research activities in Nigeria, Jordan, and Niger**

	<b>Borno State, Nigeria</b>	<b>Azraq and Za'atari, Jordan</b>	<b>Abala, Niger</b>	<b>Total</b>
<b>Focus group discussions with parents and caregivers</b>	36	65	44	<b>145</b>
<b>In-depth interviews with parents and caregivers</b>	6	22	16	<b>44</b>
<b>Participatory group activities with adolescent girls</b>	17	41	37	<b>95</b>
<b>Paired interviews with adolescent girls</b>	4	24	16	<b>44</b>
<b>Participatory group activities with male siblings</b>	18	31	28	<b>77</b>
<b>Paired interviews with male siblings</b>	4	24	14	<b>42</b>
<b>Survey administered to participants at 5 points before, during, and after intervention</b>	--	61	--	<b>61</b>
<b>Survey administered pre- and post-intervention to participant and control groups</b>	--	--	406	<b>406</b>
<b>Total</b>	<b>85</b>	<b>268</b>	<b>561</b>	<b>914</b>

Of note, the research study in Jordan utilized an n=1 study design, which allowed for the collection of survey data from a small sample of participants at multiple points in time. In brief, the n=1 methodology focuses on the temporal unfolding of variables within individual subjects to explore how outcomes of interest transform over the course of an intervention.<sup>7</sup> The n=1 study included 61 participants: 16 adolescent girls, 15 adolescent boys, 15 female caregivers, and 15 male caregivers. A survey was administered at five points: twice before the start of the intervention (one month before and immediately before), once at the mid-point of the intervention, and twice after completion of the intervention (immediately after and one month after).

This brief draws from preliminary findings from all three program sites, with emphasis on data from Jordan to highlight how donors, policymakers, and humanitarian actors can best support whole-family protection programming for adolescent girls.

## Key Findings

### Implementation

Since its launch in 2020, the SSAGE Program has reached a total of 1,353 participants: 390 adolescent girls, 386 male siblings, 295 female caregivers, and 282 male caregivers. Participants were recruited by Mercy Corps staff after mapping the program communities using WRC's *I'm Here Approach*. This allowed Mercy Corps to identify household units with an adolescent girl aged 10 to 14 with an older male sibling aged 15 to 24. All households in Nigeria and Jordan had both male and female caregivers participate in the intervention. In Niger, however, many had only one parent or caregiver based on the household makeup and caregiver availability. Table 2 summarizes the total number of SSAGE Program participants in each program site. Retention in the SSAGE Program in all three program sites was high. In Nigeria, participants attended, on average, 90 percent of sessions; in Jordan, over 80 percent of participants attended at least 10 out of the 12 program sessions. In Niger, final attendance statistics are not available, pending the completion of the intervention in April 2022.

**Table 2: SSAGE Program participants in Nigeria, Jordan, and Niger (as of March 2022)**

Population	Borno State, Nigeria	Azraq and Za'atari, Jordan	Abala, Niger	Total
Adolescent girls (ages 10-14)	120	67	203	390
Male siblings (ages 15-24)	120	66	200	386
Female caregivers	120	65	110	295
Male caregivers	120	66	96	282
<b>Total</b>	<b>480</b>	<b>264</b>	<b>609</b>	<b>1,353</b>

### Qualitative Research Activities

Preliminary findings from all three program sites suggest changes in family functioning, attitudes toward gender equity, and knowledge of the harmful effects of GBV. Program participants in Jordan described different types of improvements in family functioning, including better relationships between brothers and sisters and greater communication between caregivers and children. One male sibling observed:

*For example, we have two parallel lines, the brother and the sister. They don't cross and each walks separately. Gradually, this program started to change their lines and make them lean toward one another till they met in a certain point, the point of agreement. They are one hand, they don't walk in separate lines anymore, they walk together. - Male sibling participant*

Adolescent girls in Jordan also described changes in how their brothers treated them; some mentioned that their brothers used to exert more control prior to the program and others appreciated how male siblings were more supportive.

*The sessions are meant to support the whole family. They support parents, brothers, and sisters. After I participated in the sessions, we as a family are supporting one another. We never did that. My brother never asked me what's wrong with me. After the sessions he started to ask me how I feel. We started talking to each other. - Adolescent girl participant*

Parents and caregivers were particularly observant about how their participation in the SSAGE Program encouraged adolescent girls and male siblings to be more emotionally open. One mother noted:

*I feel closer to my kids. My daughter used to be an introvert. She used to spend the whole day in her room. She did not join us or talk to us. She has changed. She sits with us and jokes with us. I never knew that my daughter has such a sense of humor! My daughter has changed after the sessions.*  
- Female caregiver participant

Improvements in family functioning were also reflected in changes in household division of labor. Both male caregivers and male siblings were open in how they feel more comfortable taking on household responsibilities that would traditionally be for women and girls. As one male caregiver described:

*There was a time when I would be ashamed to say that I help my family around the house, fetch water, and wash carpets. Now, I'm encouraged to talk about this and I'm not ashamed anymore.*  
- Male caregiver participant

These changes in family functioning reflect an underlying shift in certain attitudes toward gender equity. Participants also recognized the importance of building the protective assets of adolescent girls, not only to protect them from violence, but also to promote independence, confidence, and decision-making abilities.

*She [my daughter] has a personality of her own now. She's got an opinion. A girl benefits from this program because it gives her self-confidence. Since she started participating in the program, she has a say on matters.* - Female caregiver participant

In addition to changes in knowledge, attitudes, and behaviors, participants expressed an overall appreciation for the SSAGE Program approach. In Jordan, despite an abundance of protection programming in Azraq and Za'atari refugee camps, participants felt that the SSAGE Program was an added value due to its involvement of the entire family. In particular, parents and caregivers appreciated being part of a program with their children, as it allowed for them to gain insight on the challenges faced by adolescent girls and boys.

### ***N=1 Study***

The n=1 study in Jordan measured outcomes of the SSAGE Program across three domains: mental health and resilience; gender equity; and family functioning. Table 3 presents the percentage of survey participants who reported improvements across these three domains from immediately before starting to immediately after completing the SSAGE Program. The majority (77%) of adolescent girl survey participants reported improvements in mental health and all reported improvements in resilience. The majority of male and female caregivers (68.8% and 71.4%, respectively) also reported improvements in mental health, whereas just half of male siblings reported improvements in mental health and resilience. Female caregivers were the only group for which the majority (71.4%) reported improvements in attitudes toward gender equity, though the average score for the gender equity scale increased for all groups between baseline and endline. Reported parenting support improved for the majority of both female and male caregivers, particularly for female caregiver support to sons (78.6%) and male caregiver support to daughters (68.8%).

**Table 3: Percentage of participants in Jordan who reported improvements between baseline and endline (n=60)**

	Mental health	Resilience	Gender equity	Parenting support to daughters	Parenting support to sons
<b>Adolescent girls</b>	77.0%	100%	42.9%	N/A	N/A
<b>Male siblings</b>	50%	50%	43.9%	N/A	N/A
<b>Female caregivers</b>	71.4%	N/A	71.4%	57.1%	78.6%
<b>Male caregivers</b>	68.8%	N/A	31.3%	68.8%	60.0%

The following scales were used for each outcome domain: Mental health: Kessler Screening Scale for Psychological Distress<sup>8</sup>; Resilience: Child & Youth Resilience Measure<sup>9</sup>; Gender Equity: International Men & Gender Equality (IMAGES-MENA)<sup>10</sup>; Parenting: Caregiver Support Parenting Scale, WarChild.<sup>11</sup>

These initial findings highlight the complexities of implementing, and measuring the impact of, gender-transformative programming. Change takes time and expectations of what can be achieved from a standalone 12-week intervention should be realistic. The promising outcomes related to mental health and family functioning demonstrate how a family-focused intervention can inform parenting approaches and improve emotional support and well-being in a household. Qualitative findings also highlight how participants appreciated the whole-family approach in that female caregivers were able to discuss issues with boys and male caregivers with girls. Of course, these findings do not tell the whole picture; additional research would be needed to understand whether a whole-family approach results in greater change than programs that engage only adolescent girls or adolescent girls and their caregivers. Similarly, evidence from other program settings is needed to understand the different pathways of change that depend on social and cultural norms, household dynamics, and other contextual factors that may influence mental health, gender equity, and family functioning.



## Conclusions and Recommendations

Traditional GBV programming for adolescent girls in humanitarian contexts often seeks to mitigate risks and build protective assets at the individual level. While these approaches are essential, programs that address individual-level protective factors may not impact the attitudes or behaviors of key figures who have a strong influence on girls' lives, such as household members, peers, teachers, or community leaders. The household is the primary ecosystem in which adolescent girls' lives unfold, presenting both risks and opportunities for girls' mental health, resilience, gender equity, and protection from violence. Preliminary findings from the SSAGE Program in Nigeria, Niger, and Jordan suggest several key areas in which donors, policymakers, and humanitarian actors can harness the positive influence of household members to build adolescent girls' protective assets.

### *Recommendations to Donors*

Funding for GBV services accounted for just 0.12 percent of the \$41.5 billion allocated for humanitarian funding from 2016–2018; funding for GBV prevention and response for adolescent girls is even less.<sup>12</sup> As donors consider how to expand funding for GBV programming and services, **looking beyond adolescent-girl only programming to include other household members is recommended.** Although the SSAGE Program model highlights the importance of engaging men and boys to change harmful gender attitudes and norms, **such approaches should not take away focused funding for women and girls.** Involvement of men and boys should be designed to **complement and strengthen existing program approaches with the goal of enhancing the protective assets of women and girls.**

Implementing programs and services is necessary but insufficient in understanding how best to effectively build adolescent girls' protective assets. As demonstrated by the initial findings from the SSAGE intervention, data collection and evidence generation are essential in tailoring programs and services to different contexts, particularly for programming that employs a gender-transformative approach. Thus, there is a need for **sufficient funding and for data collection, analysis, and utilization.** Similarly, changes in norms and behaviors related to gender, violence, and family functioning take time. Adequate funding must be matched by **adequate time to design, implement, and evaluate GBV programming that seeks to promote gender equity.**

### *Recommendations to Policymakers*

The Call to Action on Protection from GBV in Emergencies (Call to Action) is a guiding vision for humanitarian policymakers and practitioners to drive change in mitigating GBV risks.<sup>13</sup> The *Call to Action 2021–2025 Road Map* includes three key objectives that are integral to achieving the Call to Action. Of note, the third objective calls for mainstreaming gender equality and the empowerment of women and girls throughout humanitarian action.<sup>14</sup> Beyond mainstreaming of gender equality, however, policymakers should **prioritize gender-transformative approaches to GBV prevention across humanitarian programs and initiatives.** Without gender equality as a core component of policies, programming, and funding, there is the potential for the objective to be deprioritized and for lack of adequate measurement of progress toward the objective.

Policies related to GBV must also **align with principles of child protection,** including the prevention of violence at the household level. The **Primary Prevention Framework for Child Protection in Humanitarian Action**<sup>15</sup> provides guidance on key actions and considerations for preventing harm to children in humanitarian settings. The Framework emphasizes, among other principles, the importance of being

context specific, measuring outcomes, and using a holistic, multi-sector approach. Policymakers should ensure that these principles are followed in national, regional, and global GBV policies.

National GBV policies and strategies must also take into consideration context-specific risk and protective factors for violence against adolescent girls. In particular, policies must be informed by evidence on how contexts of conflict and displacement alter risk and protective factors at the individual, household, and community levels. In Jordan, the *2020–2022 Operational Strategy for the Prevention, Risk Mitigation of and Response to GBV*<sup>16</sup> focuses on service delivery, including strategic decision-making and capacity building for responsive and inclusive services. Future strategies should include an **emphasis on prevention programming and incorporating the principles and objectives of the Call to Action.**

### *Recommendations to Humanitarian Actors*

Humanitarian actors at the global, national, and community levels have an essential role to play in the design, implementation, and evaluation of GBV programming for adolescent girls. In adopting gender-transformative, whole-family approaches, particular care is needed to ensure that **interventions are responding to the needs and priorities of adolescent girls while approaching certain topics in a context-specific manner.** To do so, sufficient time and effort must be given to contextualize program materials. Ideally, these **efforts should be led by affected communities to ensure ownership and buy-in prior to program implementation.** Contextualization should include **mapping of adolescent girls' social spheres and influences on decision-making to ensure that the right household members are involved in programming.** Forthcoming SSAGE Program guidance will provide step-by-step instructions on how to employ human-centered design to contextualize and implement the SSAGE Program.<sup>17</sup>

**Contextualized programming must also be evidence driven.** Humanitarian actors must dedicate the time and resources to collect and use data that meaningfully informs programming, especially as interventions are being adapted for different settings. This brief has demonstrated how the n=1 study design was employed to measure changes with a smaller sample size. Similar research and measurement approaches may be used when implementing organizations face shortages of time, resources, or capacity to employ larger-scale studies. At the same time, however, **humanitarian practitioners must have realistic expectations of what can be achieved and what can be meaningfully measured in a short period of time.** Including shorter-term and easier-to-measure outcomes, such as changes in knowledge, is one way to assess whether a program is headed in the right direction to challenge more deeply rooted attitudes and behaviors.

---

For more information, contact Julianne Deitch, senior advisor for adolescent health and protection, [JulianneD@wrcommisison.org](mailto:JulianneD@wrcommisison.org).

This report was written by Julianne Deitch the Women's Refugee Commission (WRC). It was reviewed by: Dale Busher and Gayatri Patel from WRC; Tahany Al-Sadi, Kristine Anderson, and Hana Shalouf from Mercy Corps; Andrea Koris, an independent consultant with WRC; and Ilana Seff from Washington University. It was edited by Joanna Kuebler and Diana Quick from WRC, and designed by Diana Quick.

WRC and its partners would like to thank all SSAGE Program participants for sharing their experiences and providing insights on how to improve future programming for adolescent girls.

This report was made possible by funding support from the Government of Sweden through the Ministry for Foreign Affairs and the United States Department of State through the Bureau of Population, Refugees, and Migration.

### **Women's Refugee Commission**

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been 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. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. [womensrefugeecommission.org](https://www.womensrefugeecommission.org).

### **Mercy Corps**

Mercy Corps is a humanitarian organization active in more than 40 countries in the world, with the mission of alleviating suffering, poverty, and oppression by helping people build secure, productive, and just communities.

### **Washington University in St. Louis**

Founded in 1853, Washington University in St. Louis (WashU) is counted among the world's leaders in teaching and research, managing an extramural research portfolio exceeding \$875m annually. The Brown School at WashU has nationally recognized, top-ranked social work and public health programs and is an established leader in evidence-based practice to reduce violence, address vulnerabilities, and strengthen protective assets. [brownschool.wustl.edu/Pages/default.aspx](https://brownschool.wustl.edu/Pages/default.aspx).

April 2022

## Endnotes

- 1 Tanya Abramsky et al., "What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence," *BMC Public Health* (2011) 11(1), 109, <https://doi.org/10.1186/1471-2458-11-109>; Emma Fulu et al., "Pathways between childhood trauma, intimate partner violence, and harsh parenting: Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific," *The Lancet. Global Health* (2017) 5(5), e512–e522, [https://doi.org/10.1016/S2214-109X\(17\)30103-1](https://doi.org/10.1016/S2214-109X(17)30103-1).
- 2 Catherine Carlson et al., "Violence against children and intimate partner violence against women: Overlap and common contributing factors among caregiver-adolescent dyads," *BMC Public Health* (2020) 20(1), 124, <https://doi.org/10.1186/s12889-019-8115-0>; Sophie Namy et al., "Towards a feminist understanding of intersecting violence against women and children in the family," *Social Science & Medicine* (2017) 184, 40–48, <https://doi.org/10.1016/j.socscimed.2017.04.042>; Promundo, *State of the World's Fathers 2015* (2015), <https://promundoglobal.org/resources/state-of-the-worlds-fathers-2015>.
- 3 Rebecca Horn et al., "Mapping Complex Systems: Responses to Intimate Partner Violence Against Women in Three Refugee Camps," *Frontiers in Human Dynamics* (2021) 3, 2, <https://doi.org/10.3389/fhumd.2021.613792>; Beth L. Rubenstein et al., "Predictors of Interpersonal Violence in the Household in Humanitarian Settings: A Systematic Review," *Trauma, Violence, & Abuse* (2020) 21(1), 31–44, <https://doi.org/10.1177/1524838017738724>.
- 4 Population Council, *Building Girls' Protective Assets: A Collection of Tools for Program Design* (Population Council, 2016), <https://doi.org/10.31899/pgy9.1011>.
- 5 Khudejda Asghar, Beth Rubenstein, & Lindsay Stark, *Preventing Household Violence: Promising Strategies for Humanitarian Settings* (2017), <https://doi.org/10.13140/RG.2.2.19235.04642>; Lina Digolo et al., *Evidence Review: Parenting and Caregiver Support Programmes to Prevent and Respond to Violence in the Home* (The Prevention Collaborative: 2019).
- 6 Lindsay Stark, Ilana Seff, and Chen Reis, "Gender-based violence against adolescent girls in humanitarian settings: A review of the evidence," *The Lancet Child & Adolescent Health* (2021) 5(3), 210–222, [https://doi.org/10.1016/S2352-4642\(20\)30245-5](https://doi.org/10.1016/S2352-4642(20)30245-5).
- 7 Mark J. D. Jordans et al., "Potential treatment mechanisms of counseling for children in Burundi: a series of n=1 studies," *Am J Orthopsychiatry* (2012) Jul;82(3):338–48, doi: 10.1111/j.1939-0025.2012.01171.x. PMID: 22880972.
- 8 R.C. Kessler et al., "Short screening scales to monitor population prevalence and trends in nonspecific psychological distress," *Psychological Medicine* (2002) 32(6), 959–976.
- 9 M. Ungar and L. Liebenberg, "Assessing Resilience Across Cultures Using Mixed Methods: Construction of the Child and Youth Resilience Measure," *Journal of Mixed Methods Research* (2011) 5(2), 126–149.
- 10 S. El Feki et al., *Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa* (Cairo and Washington, D.C.: UN Women and Promundo-US, 2017).
- 11 Kenneth E. Miller et al., "Supporting Syrian families displaced by armed conflict: A pilot randomized controlled trial of the Caregiver Support Intervention," *Child Abuse & Neglect*; Volume 106 (2020).
- 12 International Rescue Committee and VOICE, *Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls* (2019), available from: <https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf>.
- 13 Call to Action on Protection from Gender-Based Violence in Emergencies (2021), accessed from: <https://www.calltoactiongbv.com>.
- 14 *Call to Action Road Map 2021–2025* (2020), accessed from: <https://www.calltoactiongbv.com/general-documents>.
- 15 The Alliance for Child Protection in Humanitarian Action, *Primary Prevention Framework for Child Protection in Humanitarian Action* (2021), accessed from: [https://www.alliancecpha.org/en/primary\\_prevention\\_framework](https://www.alliancecpha.org/en/primary_prevention_framework).
- 16 GBV Sub-Working Group, Jordan, *2020–2022 Operational Strategy for the Prevention, Risk Mitigation of and Response to Gender-Based Violence* (2020), accessed from: <https://reliefweb.int/report/jordan/2020-2022-operational-strategy-prevention-risk-mitigation-and-response-gender-based>.
- 17 The SSAGE Program guidance will be published by September 2022.