GENDER BASED VIOLENCE: WHY DOES IT MATTER TO ADOLESCENTS?

A Ready Reckoner for teachers, community and field workers

Product 6 in Adolescent Empowerment Toolbox: Gender Based Violence – Why does it matter to adolescents? - is a ready reckoner to equip teachers, community and field workers with facts, basic information on the issue and applying an intersectional approach to analyze gender based violence and its impact on adolescents.
Acknowledgements

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It has benefited from the efforts and voices of many people and organizations. This includes many members of non-governmental organizations, academics, community-based organisations, and activists.

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We hope that this booklet will serve as a useful resource for creating awareness on gender based violence issue and inspiring a generation of new leaders in their community to halt violence and exploitation in their homes, neighbourhoods and community.
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‘Why’ the Ready Reckoner on Gender Based Violence

In recent years, international concern over gender-based violence (GBV) has grown significantly. Beginning in the mid-1990s with small programmes in a few countries, GBV prevention programs as well as interventions providing basic survivor care and support have been in existence.

However, while international attention to GBV has increased substantially, there remains a lack of data on and understanding of good practice in relation to GBV programming and a lack of consensus on how to apply GBV concepts and terminology. The term ‘gender-based violence’ can be interpreted in different ways and can therefore cause confusion amongst those working to address it. More importantly, an intersectional approach to understanding GBV and applying it in programmes seems to be severely lacking. In addition, adolescents do not receive the necessary focus in programming, as more often than not, they are subsumed within the overall category of men and women. Treating adolescents as a specifically vulnerable group is key to mitigating their risk to GBV as programming needs to respond to their specific needs and vulnerabilities.

The purpose of the ready reckoner is to provide implementers with current data/information on Gender based Violence, its causes and impact and use this knowledge to identify key entry points to design, plan and execute interventions. The utility of the document lies in its synthesis of a complex social issue and in being a ‘go to document’ to understand gender based violence and its intersection with other social issues. This nuanced understanding is key to design appropriate interventions to address the complexity of the issue.

Who can use the Reckoner?

The reckoner can be used by Teachers, NGO, CSO and CBO representatives in planning strategies, key entry points and activities to address gender based violence in their intervention areas. The reckoner is divided into 5 sections: Section 1 provides an introduction to the issue by setting the context; Section II provides specific data pertaining to India which signifies the prevalence and complexity of the issue. Section III analyses the factors that underlie gender based violence, its causes and consequences while Section IV provides recommendations/possible entry points which can be effectively used by implementers to plan and execute interventions on addressing gender based violence. Section V as the concluding section provides ready and handy information on ‘what to do’ and ‘where to go’ information/services for programmes to respond to the needs of survivors of gender based violence.
SECTION 1
Gender based Violence: Setting the Context

Gender based violence (GBV) is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. It undermines the health, dignity, security and autonomy of people living with it, yet remains shrouded in a culture of silence. The impact of it is manifold – physical as well as psychological. Though, both men and women can experience violence owing to their gender, more women and girls are vulnerable to it due to strict gender differentiation and unequal power relations.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of violence present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-birth</td>
<td>Gender biased sex-selection (China, India, Republic of Korea); battering during pregnancy (emotional and physical effects on women; effects on birth outcome); coerced pregnancy (for example, mass rape in war)</td>
</tr>
<tr>
<td>Infancy</td>
<td>Female infanticide; emotional and physical abuse; differential access to food and medical care for infant girls</td>
</tr>
<tr>
<td>Girlhood</td>
<td>Child / Early marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food and medical care; child prostitution</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Dating and courtship violence (for example, acid throwing in India and Bangladesh, date rape in the United States); economically coerced sex (African secondary school girls having to take up with &quot;sugar daddies&quot; to afford school fees); sexual abuse; rape; sexual harassment; forced prostitution; trafficking in women</td>
</tr>
<tr>
<td>Youth and Middle age</td>
<td>Abuse of women by intimate male partners; marital rape; dowry abuse and age murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities</td>
</tr>
<tr>
<td>Elderly</td>
<td>Abuse of widows; elder abuse (in the United States, the only country where data are now available, elder abuse affects disproportionately affects women).</td>
</tr>
</tbody>
</table>

Even within the category of women, adolescent girls constitute an especially vulnerable group owing to many socio-cultural factors.

Empirical evidence from adolescent programmes implemented in many parts of the world affirms numerous threats to girls’ health and well-being that relate to both long-standing and emergent social forces.


What is Gender based Violence?
The IASC Guidelines for Gender-based Violence (GBV) Interventions in Humanitarian Settings—defines GBV as:

“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.”

While men and boys can be vulnerable to GBV (particularly sexual violence), GBV has a greater impact on women and girls than on men and boys. The term Gender based Violence highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and their increased vulnerability to violence.
Some long-standing practices such as exclusion of women from labor markets or the child/early marriage of girls to older men contribute to gender power inequalities that are at the root of gender-based violence. Meanwhile, positive shifts in social and economic conditions that have increased girls’ educational attainment and participation in formal labor markets have also had unforeseen negative effects on gender power dynamics. This includes increased vulnerability to sexual exploitation by employers in the workforce or increased incidents of sexual harassment in public spaces.

In India, several social, economic and health factors undermine the ability of adolescents to lead full and productive lives. This is of particular concern given the sheer number of adolescents in India (242 million)—almost 20% of the country’s population. The state of adolescent girls in the country can be gauged by the fact that 47% are underweight and 56% are anemic. In many parts of the country girls tend to be perceived as a ‘burden’ and from a very young age are ‘conditioned’ for marriage. The perception of women’s role in society, the value given to girls, structural and economic factors all contribute to the disempowerment of adolescent girls in particular.

The limited control that adolescents exercise over their own lives has long-term implications as they transition to adulthood. To facilitate a smoother transition from adolescence to adulthood, it is necessary to promote the creation of safe platforms and a facilitative environment where adolescents can participate in decision making on issues affecting their lives. It is widely believed that by empowering adolescents with proper knowledge they can adopt positive practices; access preventive, curative and protective services; and enhance their skills and participation in local governance. At the same time, it is crucial to engage with community gate keepers who can promote adolescent participation in various decisions taken at individual, family and community levels. To develop and implement strategies to promote greater adolescent participation, there is a need for a deeper, nuanced understanding and more evidence of the context and factors influencing adolescent empowerment. Addressing vulnerabilities of adolescents and in particular gender-based violence needs to be understood within the framework of adolescent empowerment (discussed later).

SECTION II

What does the data show on adolescents and GBV?

India has around 240 million adolescents (10-19 years) comprising almost one fourth of its total population. The key indicators for progress and wellbeing amongst adolescents indicate that there are critical challenges that need to be addressed.

Gender disparities are stark in some of these indicators. Census figures show a continued decline in child sex ratios (0-6 age group), from 927 girls per 1,000 boys in 2001 to 914 girls in 2011. In addition, excess female mortality becomes evident in the period beyond one month of life. In most countries where infant and child mortality is driven by biology alone, female mortality in the first year of life beyond the first month continues to be lower than male mortality. In India, however, the post neonatal mortality rate (the number of deaths to children age 1–11 months per 1,000 live

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1 Addressing Sexual and Gender-based Violence (SGBV) against Adolescent Girls, Promoting Healthy, Safe, and Productive Transitions to Adulthood, Brief no 38, Population Council, May 2011


3 Ibid

births) for females is 21, compared with only 15 for boys. Further, although the female-male differential in post neonatal mortality is lowest for children born to mothers in the highest wealth quintile, the female disadvantage is, nonetheless, evident in all wealth quintiles. A similar pattern in gender differentials is also observed in the child mortality rate (the number of deaths to children age 1–4 years per 1,000 children reaching age 1 year). In India as a whole, the child mortality rate for girls, at 23 per 1,000, is 61% higher than for boys, at 14 per 1,0005.

In addition, the percentage of women getting married below 18 years continues to be very high. Overall, 47.4% or one in two women were child brides. In absolute numbers, out of the total number of women in age group 20-24 years in India (Census 2011), more than 23 million continue to be child brides. The consequences of early marriage for girls are multifarious including early pregnancies, inter-generational transfer of nutritional deprivation, limited opportunities for education and economic empowerment leading to an adverse impact on psychological well-being. In addition, there is increasing evidence to suggest that girls who marry before 18 are more likely to experience domestic violence than their peers who marry later6. Given the debilitating effects of early marriage, it is thus no surprise that early marriage continues to be one of the leading causes of India’s high maternal mortality ratio (MMR) of 200 deaths per 100,000 live births7 (one of the highest in the world). Even when girls survive, they are more likely to be malnourished. Half of all girls between 15 and 19 years of age are malnourished8. The gender difference is also clear in data on full immunization where girls are less likely to be fully immunized than boys. In fact, comparison of NFHS data on full immunization between NFHS 1 and NFHS 3 suggests that the gender gap not only persists but may be increasing over time9.

The gender disparity is also apparent in education—one of the key areas critical to providing girls an equal level field and subsequent empowerment. In the school year 2005-06, 71% of children age 6-17 attended school—77% in urban areas and 69% in rural areas10. However, only 66% of girls age 6-17 attended school, compared with 75% of boys in the same age group. The sex ratio of children 6-17 attending school in the 2005-06 school year is 889 girls per 1,000 boys. In fact, the sex ratio of girls attending school per 1,000 boys attending school declines from 957 in the age-group 6-10, to 884 in the age-group 11-14, and then to a low of only 717 in the age-group 15-17. Though the figures for both boys and girls are low for school attendance among children age 15-17, more girls than boys drop out of school at this age11. An examination of the data on school attendance by age, however, reveals that gender disparity in school attendance is largely a rural phenomenon. In urban areas, about equal proportions of boys and girls attend school at each age; however, in rural areas, gender inequality in attendance is evident in every age group and increases with age. Notably, even in urban areas, only about half the children age 15-17 attend school—with fewer girls than boys12.

Freedom of movement is severely curtailed for a large proportion of women in the country. However, the restrictions are stricter for young adolescent girls. This has important bearing for girls as increased mobility is a key indicator for women’s empowerment. Overall, only one-third of

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5 Gender Equality and Women’s Empowerment in India, NFHS 2005-2006
6 Early Marriage: A Harmful Tradition, UNICEF, 2005
8 NFHS 3 (2005-2006)
9 Gender Equality and Women’s Empowerment in India, NFHS 2005-2006
11 Gender Equality and Women’s Empowerment in India, NFHS 2005-2006
12 ibid
women age in the age group 15-49 years are allowed to go alone to the market, to the health centre, and outside the community. The percentage becomes even more skewed for younger population where only 12.8% of girls in the age group of 15-19 years are allowed to go alone to all the three places compared to 28% for women in the age category of 20-29 years. Besides age, marital status is another important variable. The young and the never married have the least freedom of movement. Nonetheless, even among women in their 40s only about half are allowed to go alone to all three of these places\textsuperscript{13}. Notably, at all ages, girls are more likely than boys to be engaged in household chores while boys are more likely than girls to be employed or working for someone else\textsuperscript{14}.

A large and expanding body of research highlights the strong positive effects of domestic violence on the likelihood of survivors experiencing a wide range of adverse demographic, reproductive, physical and mental health outcomes. Thus, freedom from violence is not only a health goal on its own, it is also important for the health and nutritional status of women. More importantly, it violates the right to life and dignity which is central to individual existence. In all, 28 percent of female youth reported having experienced physical or sexual violence. The extent of both physical and sexual violence is higher in rural areas than in urban areas. The prevalence of each form of violence is higher among older youth than adolescents and among the ever-married than the never married. This is not surprising since most domestic violence is perpetrated by husbands against their wives\textsuperscript{15}. Overall, 37 percent of ever-married female youth have experienced physical, sexual, or emotional violence perpetrated by their spouse. \textsuperscript{16} In addition, health challenges for adolescents include reproductive tract infections and sexually-transmitted infections, including HIV. Only 18.6 per cent females and 34.5 per cent males in the age group of 15-19 had comprehensive knowledge about HIV/AIDS\textsuperscript{17} thus severely compromising their ability to protect themselves from HIV.

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
\textbf{Crimes against Women} \\
\hline 
- The reporting of crimes against women (Indian Penal Code and Special and Local Laws) have registered an increase of 26.7\% in 2013 compared to 2012 \\
- Andhra Pradesh with 7.3\% of the country’s women population reported 10.6\% of total crimes committed against women at an all India level, while Uttar Pradesh accounting for nearly 16.7\% of the country’s women population, accounted for 10.5\% of total crimes against women in 2013 \\
- The rate of crime committed against women was 52.2 in 2013. Delhi reported the highest rate of crime against women at 146.8 during the year 2013 as compared to 52.2 crime rate at the national level \\
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\end{tabular}
\end{table}

\textit{Source: Crime in India, National Crime Records Bureau, Ministry of Home Affairs, New Delhi, 2013}

Age stratified data on adolescents is lacking in India. A recent desk review of evidence by Population Council on the needs of adolescents 10-19 years age in Indiadfound little or no published evidence on younger adolescents aged 10-14 years, except on education. Further,

\begin{flushright}
\textsuperscript{13} Gender Equality and Women’s Empowerment in India, NFHS 3, 2005-2006 \\
\textsuperscript{14} A profile of Youth in India, NFHS 3, 2005-2006 \\
\textsuperscript{15} Ibid \\
\textsuperscript{16} Ibid \\
\textsuperscript{17} Ibid
\end{flushright}
most of the available evidence broadly relegated youth into the 15-24 years category, with fewer age-stratified data available\(^{18}\). Thus, there is very little information on adolescents aged 10-19 years which is a critical age group characterized by physiological and psychological change.

**Key Points to Remember!**

- Though India is said to have the ‘demographic dividend’ of nearly one fourth of its population being adolescents (youth), there are critical gender disparities which need to be addressed
- The girl child and adolescent girls are particularly disadvantaged at all stages of the life cycle – declining sex ratio, malnutrition, low retention in schools, restricted mobility; fewer employment opportunities and vulnerability to physical and sexual violence
- Reported crimes against women have increased by 26.7% in 2013, with Delhi reporting the highest rate of crime at an all India level.

**SECTION III**

**What are the Causes of GBV and its Impact?**

Gender based violence (GBV) is not only a violation of human rights but it also undermines progress towards basic development goals. Evidence suggests that GBV adversely affects the demographic, reproductive, physical and mental health outcomes of women that have a direct bearing on a country’s progress and development\(^{19}\).

### Gender based Violence or Violence against Women- Which is it?

GBV can apply to women and men, girls and boys. However, much of the focus is on addressing violence against women and girls, since it is they who are overwhelmingly affected. This is not to say that sexual abuse of adolescent boys, and the sexual exploitation of young men does not happen or is not of grave concern. Women and adolescent girls are not only at high risk and primary targets for GBV but also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and lesser resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer SRH consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections and HIV.

Increasingly, researchers and development practitioners are using an “ecological framework” to understand the interplay of personal, situational, and socio-cultural factors that combine to cause gender-based violence.

Thus, GBV results not due to one factor but are a result of interaction of factors at different levels of the social environment.

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\(^{18}\)Understanding Adolescent Empowerment: A Qualitative Exploration, Population Council & UNICEF, July 2014  
\(^{19}\)UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011
In the ecological framework, the innermost circle represents the biological and personal history that affects an individual’s behavior in his/her relationships. The second circle represents the immediate context in which gender-based violence takes place frequently the family or other intimate or acquaintance relationship. The third circle represents the institutions and social structures, both formal and informal, in which relationships are embedded—neighborhood, workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

A wide range of studies\(^{20}\) suggest that several factors at each of these levels, while not the sole cause, may contribute to increase the likelihood of gender-based violence. At the individual level these factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol. At the level of the family and relationship, cross-cultural studies have cited male control of wealth and decision-making within the family and marital conflict as strong predictors of abuse. At the community level women’s isolation and lack of social support, together with male peer groups that condone and legitimize men’s violence, predict higher rates of violence. At the societal level studies around the world have found that violence against women is most common where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honor, or dominance. Other cultural norms associated with abuse include tolerance of physical punishment of women and children, acceptance of violence as a means to settle interpersonal disputes, and the perception that men have “ownership” of women.

The ecological approach to gender-based violence argues that no one factor alone “causes” violence but rather that a number of factors combine to raise the likelihood that a particular individual in a particular setting may act violently toward a woman. Social and cultural norms-such

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\(^{20}\)For more details see studies cited in *Population Reports/CHANGE, Volume XXVII, No. 4, December 1999*
as those that assert men’s inherent superiority over women—combine with individual-level factors to determine the likelihood of gender-based violence. The more risk factors present, the higher the likelihood of violence.

It is important here to highlight the **distinction between causes and contributing factors.** For instance low economic status, alcohol, narcotics may all contribute to gender-based violence but **themselves are not causes.** For instance, poverty is often cited as a reason for violence. Empirical evidence suggests to the contrary: gender-based violence cuts across socio-economic boundaries. It may be one of the factors may aggravate or increase the violence that already exists. The fact that not all men in poor households are violent indicates that poverty is an insufficient explanation of violence. Exaggerating the role of poverty, in fact, negates people’s agency in making choices about the way they react to factors outside of their control. Likewise, conflict and rapid social or economic change affect the extent of gender-based violence in a society, but they do not cause it. Existing rates of violence against women do often increase during times of social instability, and new patterns of abuse can be triggered. Situations like men’s unemployment and women’s entry into the workforce during times of economic restructuring, or the lack of opportunities for demobilized soldiers after a war, may pose a challenge to men’s sense of themselves as powerful. In contexts where individual men feel their sense of masculinity and power is threatened, and gender-based violence is condoned in law or in custom, such violence may increase in intensity and frequency, as men struggle to maintain a sense of power and control.

**In a nutshell, gender based violence (and particularly violence against women) arises due to the unequal power relations between women and men, which ensures male dominance over women, and is characteristic of patriarchal societies.** Justifications for violence frequently are on based gender norms—that is, social norms about the ‘appropriate’ roles and responsibilities of men and women. These cultural and social norms socialize males to be aggressive, powerful, unemotional, and controlling, and contribute to a social acceptance of men as dominant. Similarly, expectations of females as passive, nurturing, submissive, and emotional also reinforce women’s roles as weak, powerless, and dependent upon men. The socialization of both men and women has results in an unequal power relationship. The International Labor Organization sums it well, “…in general, the orientation of a culture, or the shared beliefs within a sub-culture, helps define the limits of tolerable behavior. To the extent that a society values violence, attaches prestige to violent conduct, or defines violence as normal or legitimate or functional behavior, the values of individuals within that society will develop accordingly. Attitudes of gender inequality are deeply embedded in many cultures and rape, domestic assault and sexual harassment can all be viewed as a violent expression of the cultural norm.”

The impact of violence on women is manifold. Gender based violence typically has physical, psychological, and social effects. For the survivors, these are interconnected.

**Impact on women’s health:**
Gender-based violence has been linked to many serious health problems, both immediate and long-term. These include physical and psychological health problems:

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<table>
<thead>
<tr>
<th>Non-fatal consequences</th>
<th>Fatal consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td></td>
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<tr>
<td>Abdominal / thoracic injuries</td>
<td></td>
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<tr>
<td>Bruises and welts</td>
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<tr>
<td>Fractures</td>
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<tr>
<td>Chronic pain syndrome</td>
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<tr>
<td>Disability</td>
<td></td>
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<tr>
<td>Fibromyalgia</td>
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<tr>
<td>Gastrointestinal disorders</td>
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<tr>
<td>Irritable bowel syndrome</td>
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<tr>
<td>Lacerations and abrasions</td>
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<tr>
<td>Ocular damage</td>
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<tr>
<td>Reduced physical functioning</td>
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<tr>
<td><strong>Psychological and Emotional</strong></td>
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<tr>
<td>Poor self-esteem</td>
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<tr>
<td>Depression and anxiety</td>
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<tr>
<td>Post-traumatic disorders</td>
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<td>Eating and sleep disorders</td>
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<tr>
<td>Feelings and panic disorder</td>
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<tr>
<td>Phobias and panic disorder</td>
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<tr>
<td>Physical inactivity</td>
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<tr>
<td>Suicidal behaviours and self-harm</td>
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<tr>
<td>Unsafe sexual behavior</td>
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<tr>
<td>Alcohol and drug abuse, smoking</td>
<td></td>
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<tr>
<td><strong>Sexual and Reproductive</strong></td>
<td></td>
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<tr>
<td>Gynecological disorders</td>
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<tr>
<td>Infertility</td>
<td></td>
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<tr>
<td>Pelvic inflammatory disease</td>
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<td>Pregnancy complications/misc arriage-</td>
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<tr>
<td>Sexual dysfunction</td>
<td></td>
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<tr>
<td>Sexually transmitted diseases, including HIV/AIDS</td>
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<tr>
<td>Unsafe abortion</td>
<td></td>
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<tr>
<td>Unwanted pregnancy</td>
<td></td>
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<tr>
<td><strong>Economic and social impact:</strong></td>
<td></td>
</tr>
<tr>
<td>Rejection, ostracism and social stigma at community level</td>
<td></td>
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<tr>
<td>Reduced ability to participate in social and economic activities</td>
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<tr>
<td>Acute fear of future violence, which extends beyond the individual survivors to other members in community</td>
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<tr>
<td>Damage to women’s confidence resulting in fear of venturing into public spaces (this can often curtail women’s education, which in turn can limit their income-generating opportunities)</td>
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<tr>
<td>Increased vulnerability to other types of gender-based violence</td>
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<tr>
<td>Job loss due to absenteeism as a result of violence</td>
<td></td>
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<tr>
<td>Negative impact on women’s income generating power</td>
<td></td>
</tr>
</tbody>
</table>

**Impact of Gender based Violence on Adolescents**

<table>
<thead>
<tr>
<th>Physical injury</th>
<th>Lower academic performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Sleeping disorders</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Difficulties developing social relationships</td>
</tr>
<tr>
<td>Loss of confidence and self-esteem</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Self- harm</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>Unhealthy eating habits (weight loss/gain, anorexia)</td>
<td>Increased risk-taking or disruptive behavior</td>
</tr>
<tr>
<td>Low attendance at school</td>
<td>Suicidal ideation and suicide attempts</td>
</tr>
<tr>
<td>Lack of concentration in class</td>
<td>Death</td>
</tr>
</tbody>
</table>
Impact on women’s family and dependents:

Direct effects:
- Divorce or broken families
- Jeopardized family’s economic and emotional development
- Babies born with health disorders as a result of violence experienced by the mother during pregnancy (i.e. premature birth or low birth weight);
- Increased likelihood of violence against children growing up in households where there is domestic violence
- Collateral effects on children who witness violence at home (emotional and behavioral disturbances, e.g. withdrawal, low self-esteem, nightmares, self-blame, aggression against peers family members, and property; increased risk of growing up to be either a perpetrator or a survivor of violence)

Indirect effects:
- Compromised ability of survivor to care for her children (e.g. child malnutrition and neglect due to constraining effect of violence on women’s livelihood strategies and their bargaining position in marriage)
- Ambivalent or negative attitudes of a rape survivor towards the resulting child

Impact of violence on men:
- Divorce or broken families
- Jeopardized family’s economic and emotional development
- Inability to express positive, loving feelings and expression.
- Aggression and frustration leading to a cycle of violence.
- Increase in risk taking behaviours including use of drugs, alcohol and having unsafe sex.
- Feeling of alienation from their families;

Impact of violence on the perpetrators:
- Sanctioning by community, facing arrest and imprisonment
- Legal restrictions on seeing their families, divorce, or the breakup of their families;
- Feeling of alienation from their families;
- Minimizing the significance of violence for which they are responsible; deflecting the responsibility for violence onto their partner and failure to associate it with their relationship;
- Increased tension in the home

Impact of violence on society:
- Burden on health and judicial systems
- Hindrance to economic stability and growth through women’s lost productivity
- Hindrance to women’s participation in the development processes and lessening of their contribution to social and economic development.
- Constrained ability of women to respond to rapid social, political, or economic change
- Breakdown of trust in social relationships
- Weakened support networks on which people’s survival strategies depend
- Strained and fragmented networks that are of vital importance in strengthening the capabilities of communities in times of stress and upheaval

Sources:
SECTION IV

How can interventions on adolescent empowerment and GBV be made more effective?

Adolescence is a time of transition involving multi-dimensional changes: biological, psychological (including cognitive) and social. Biologically, adolescents are experiencing pubertal changes, changes in brain structure and sexual interest, as a start. Psychologically, adolescents’ cognitive capacities are maturing. And finally, adolescents are experiencing social changes through school and other transitions and roles they are assumed to play in family, community and school. These changes occur simultaneously and at different paces for each adolescent within each gender, with structural and environmental factors often impacting adolescents’ development. Though adolescence is often viewed as a developmental stage unto itself, there exist several stages of development within adolescence that are important to explore, especially as they relate to the design and implementation of programming targeting this population. Within each stage, adolescents experience unique biological, physical, psychological (including cognitive) and social changes. The limitation of interpreting adolescence as a monolithic stage of development masks the differences and needs within each stage. As a result, programs and interventions may be ineffective if designed on the whole to target all adolescents, at all stages.

Gender and Adolescence

There are significant differences in developmental changes and social experiences between girls and boys during adolescence. Obviously, pubertal changes occur differently in each sex, with girls experiencing these changes 12 to 18 months earlier on average than boys, and the timing of pubertal maturity can impact the development of an adolescent differently. The effects of prevailing gender norms, discrimination, poverty and abuse can magnify the negative effect on young girls and leave them more vulnerable to negative health consequences than boys (UN DESA, 2003). Health risks for girls and boys differ widely according to culture: in conflict areas, while many young girls are at risk for trafficking and sexual abuse, many young boys are often at risk for being recruited as child soldiers (McIntyre, 2004). In addition, parents’ beliefs about abilities according to gender can impact an adolescent’s own view of their abilities (Jacobs, Bleeker, &Constantino, 2003). Roles and expectations of girls can differ greatly from boys which

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23 NRC 2002
has implications for access to education, opportunities, and information. Lastly, girls’ and boys’ expectations and desires for themselves can vary by community and culture. In short, the differences in risk, needs, and opportunities between girls and boys within each culture have significant implications for how programs should be designed. Adolescent programs must be flexible to respond to the differing needs of each gender.

**Key questions to ask while designing and implementing adolescent programmes**
- Are boys and girls valued differently in the particular culture/area?
- How does this affect the opportunities that they have access to—e.g. health, education, economic opportunities; mobility etc
- Do morbidity and mortality vary by gender in the particular culture/area?
- Do risk factors for negative health outcomes vary by gender?
- Do adolescent girls and boys occupy public spaces/positions/roles equally?
- Does risk taking behavior vary by gender?
- Do adolescents’ expectations for themselves (e.g. future outlook) vary by gender?

While it is important to apply the gender lens during the design and implementation phase, it is equally important to ground the work with adolescents with an empowerment perspective

**Schematic representation of drivers and measures of empowerment**

Naila Kabeer refers to empowerment as expansion in people’s ability to make strategic life choices in a context where this ability was previously denied to them. Thus, empowerment encompasses the context in which the person lives, the agency or ability to take decisions (process) and the achievement which is the outcome of choices. Most published literature relates to the role of agency in defining empowerment. Agency at the individual level comprises of four broad dimensions: (i) socio-cultural, for example freedom of movement, (ii) familial/interpersonal, for example, participation in domestic decision making, (iii) psychological, for example, self-esteem and self-efficacy and (iv) economic, for example, access to and control over own and family resources. The Empowerment Framework provides a good conceptual tool to ground programme work with adolescents.

A review of existing interventions on gender-based violence shows that the provision of health and legal services for survivors has been the focus of programmatic efforts to address GBV in much of the world. Moreover, most prevention programs that are offered in conjunction with service programs reach women who have been survivors of GBV. While they may address ways to prevent future occurrences for those individuals, there is a need for work that addresses primary prevention by changing the circumstances that support the practice. A repeated finding from health-sector reports is that the majority of people seeking services after sexual violence are girls, yet most programs and protocols within the health sector are designed for adults. Young girls may be at increased risk of experiencing underreported forms of sexual violence, including unwanted and coerced sex and sexual exploitation.

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What does Empowerment of Adolescent Girls Mean Programmatically?

- Investing in adolescent girls to equip them with skills, confidence, and life options: through family, schools, technical and vocational education and training, and health, social and economic support systems
- Making infrastructure, services, and technology accessible to girls and effective in meeting their needs for safety, connectivity and mobility
- Facilitating adolescent girls engagement in civic, economic and political life
- Continuing to advocate for making violence against girls and women visible and unacceptable both in private and public domains
- Strengthening data, measurement and the evidence base in relation to the empowerment of and violence against adolescent girls


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An exclusive **health sector/judicial approach** focused on retribution and services for survivors, while providing remedy for the physical and mental health **outcomes** of GBV, lacks primary **prevention** measures.

There is a need to identify the root causes of violence in order to design more appropriate points of intervention. A more comprehensive approach to addressing SGBV would include building economic and social assets for girls, while engaging men and boys in promoting healthier gender norms and working with communities to create safer environments. Such an approach has the added advantage that it may help to prevent or delay child marriage, which is increasingly recognized as a form of gender-based violence.

### Putting Rights at the Center of Adolescent Programming

A human rights-based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyze inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.

For under-18s, the right to express one’s views freely and have them taken into account in decision-making, in accordance with one’s age and maturity, is set out in the Convention on the Rights of the Child Article 12.

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<tr>
<th>Rights based Programme Framework</th>
<th>Why is this necessary?</th>
<th>How can this be done?</th>
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<td>- Support collectives of adolescent girls and create safe spaces where girls can meet on a regular basis to discuss GBV, its causes and impact on peers; issues of their concern; exchange information. - Mobilise the community and the parents of the girls to ensure their participation in the programme. - The space selected for girls to meet should be culturally acceptable to parents and community gatekeepers yet free from their pressure. School, anganwadi center; home of a trusted community member can serve as meeting site. - Encouraging girls to save at home or in the group- maintain register or even open an account depending on the maturity and age of girls in the group. - Provide vocational training or link the group to institutions providing</td>
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such training. However, common challenges with such initiatives are over saturation and gender norms. The skills imparted should be relevant and should have a market in the area. Also, vocational training should not limit themselves to ‘acceptable’ gender skills – like tailoring, incense/candle making etc.

- Entrepreneurship training, life skills education, awareness on health and leadership development

- Involve men and boys in project activities as allies and equal participants – begin with building their capacities on gender and understanding gender based violence and its impact

- Identify adolescent boys as advocates of change in the community and involve them in community mobilization efforts

- Identify key community male members as advocates of change and involve them in community mobilization efforts

- Mobilise Fathers of adolescent girls as advocates of change

- The key is to apply a positive rather than a punitive model of behavior change identifying ways in which such change is in their best interest

Schools/colleges are an excellent entry point to reach adolescents - make teachers allies and advocates of gender equality

- Sensitise schools and the administration on gender based violence and its impact

- Work with the school to integrate GBV as part of curricula

- Mobilise Panchayats, religious institutions to take a public stand against gender based violence

**Source:** Adapted from K. Austrian, and D Ghati, *Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand*
### What is a ‘safe’ space?

A safe and supportive environment is part of what motivates young people to make healthy choices. “Safe” in this context refers to the absence of trauma, excessive stress, violence (or fear of violence) or abuse. Supportive means an environment that provides a positive, close relationship with family, other adults (including teachers, and youth and religious leaders) and peers.

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<tr>
<th>Programme activities that build: Social Assets</th>
<th>Programme activities that build: Human Assets</th>
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<tbody>
<tr>
<td>• Group formation</td>
<td>• Life skills training</td>
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<td>• Social support</td>
<td>• Health education</td>
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<td>• Development of social networks</td>
<td>• Literacy programs</td>
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<td>• Mentoring</td>
<td>• Financial education</td>
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<td>• Rights education</td>
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<td>• Employability training</td>
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<td>• Vocational/skills training</td>
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<td>• Business development training</td>
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<td>• Business internships/attachments</td>
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<tr>
<th>Programme activities that build: Physical Assets</th>
<th>Programme Activities that build: Financial Assets</th>
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<tbody>
<tr>
<td>• Access to tools or equipment for businesses</td>
<td>• Savings</td>
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<td>• Safe physical space to meet</td>
<td>• Credit</td>
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<td>• Safe place to work</td>
<td>• Remittance services</td>
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<td></td>
<td>• Other financial services</td>
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Basic steps to set up an intervention with adolescents on gender based violence

Source: Youth for Youth: A Manual for empowering young people to address gender based violence through peer education, Mediterranean Institute of Gender Studies, 2012
Key Challenges for programme interventions on Gender based Violence

- Gender based violence in most societies enjoys social sanction, it is reinforced through customary practices and thus difficult to alter. It can often be resisted by families, community and religious leaders as a ‘non-issue’. Thus ‘preparing’ the community to accept this change is critical

- Addressing gender based violence is in most cases low on the political agenda. This is evident from the poor implementation of legislations like the Protection of Women from Domestic Violence Act and the Prohibition of Child Marriage Act where lack of political will, low budgetary allocations against legislations and resistance of office bearers to implement laws have been key impediments

- Few gender based violence programmes have been evaluated well, and many promising programmes haven’t been evaluated at all.

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<th>Key points to remember!</th>
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<td>- Adolescent is not a homogenous category; each age has its own needs and vulnerabilities. It is important for programmes to consider these varying needs and vulnerabilities and design and implement programmes accordingly</td>
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<tr>
<td>- Adolescent girls are particularly vulnerable: programmes must address the vulnerabilities of girls especially to sexual and gender based violence</td>
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<td>- It is important to ground all work with adolescents using an empowerment approach</td>
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Section V: What to do and Where to go when adolescents report Gender based Violence?

It can be very difficult for adolescents who experience gender based violence to speak out and seek help. There are many reasons for the same: gender based violence and discrimination are rooted in social norms so challenging it becomes difficult. Child marriage is a good example to illustrate this dichotomy. Though penalized by law, child marriage enjoys wide social acceptance and hence resisting it (by adolescent girls and their families) becomes difficult. Married adolescent girls who experience violence in their relationship may feel obliged to stay in an abusive relationship due to lack of options and/or if there are children involved. For some married adolescent girls, the economic consequences of leaving an intimate male partner outweigh the emotional or physical suffering. Lack of familial and community support to resist gender based violence including child marriage is one of the most prevalent reasons for its persistence. There is increasing evidence to suggest that gender norms are altered and sustained when community norms are transformed. Hence working with the community to alter gender inequitable norms becomes critical.

Gender based violence programmes fall in two categories: Prevention and Response. On the prevention side, programmes work to help prevent GBV. Building girls' social, health, financial and physical assets gives them the skills, knowledge, self-esteem, and financial means to avoid
those situations as best as possible. Strategies to prevent Gender based Violence will need to be developed in consultation with project participants, particularly young girls and based on the terms and conditions of “non-safety” as articulated by them. Training sessions on GBV so that girls are aware of the different kinds of gender based violence, what their rights are, what is and is not considered appropriate behavior, and what to do in the case that they, or a friend/relative is experiencing violence.

**Key Topics to Include on GBV**
- What is GBV and why is it a violation of human rights
- What are different kinds of violence—physical, emotional/psychological, socio-economic, sexual, verbal
- What is the cycle of violence and what triggers someone to behave in a violent way
- Effects of GBV on family, community, society and economics
- What are the rights in your country related to GBV
- What are the key steps in responding to incidents of GBV—medical, legal, social, law enforcement

**Responding to GBV**
Being prepared with information about where girls can go for assistance when they report violence. Developing a list of organizations that provide support and developing relationships or links with local resources and such organizations that is important

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<th>Do's</th>
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<td>✓ Create a resource list and referral network so that programmes can respond quickly in cases of GBV</td>
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<tr>
<td>✓ Provide staff with necessary training and skills to deal with GBV if it is a common occurrence</td>
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<tr>
<td>✓ Build girls social assets and safety plans so GBV can be prevented as best as possible</td>
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<tr>
<td>✓ Work with families and communities to raise awareness on GBV, its impact and how it constitutes a violation of human rights</td>
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**Don't**
- Wait until it is too late to respond!

**Key steps to address gender based violence particularly violence against women:**

- **Be alert to the issue:** Recognise a woman/girl at risk by being alert. A husband/partner/family member who exhibits controlling behavior; presence of injuries on women/girls that do not match with explanation of how they occurred could be possible clues to spot violence

- **Ask Questions:** Questions should be asked in private and in a non-judgmental manner. Direct questions do not help. Questioning in front of family/husband/partner may put abused girls/women at greater risk

- **Enable access to health services:** Provide first aid for minor injuries. For major/serious effects, refer aggrieved women/girls to appropriate health care facility and escort if necessary

- **Provide Emotional support:** Reassure that ‘abuse is not her fault’. Help her overcome feelings of guilt, anger, shame, fear and depression. Ask her to identify places or safe havens for herself and her children (as it may be)
- **Inform on legal recourse:** Share information on legal options like filing a First Information Report or Domestic Incident Report; Protection officers under the PWDVA; Child Marriage Prohibition Officers under Prohibition of Child Marriage Act and contact details of Legal Aid Centers at the district level. Keep a list of support/referral institutions that provide support services to women/girls survivors of violence.

**Key steps to prevent gender based violence**

- **Build solidarity:** Build partnerships with other community based groups like Village Health Sanitation and Nutrition Committees (VHSNC); Gram Panchayats; Mahila Mandals; Kishori Mandals etc.

- **Use Existing Forums:** Existing forums like the monthly PHC review meetings to discuss violence against women/girls as an issue; VHSNC to organize mobilization campaigns around dowry related abuse, infanticide, gender based sex selective etc.

- **Educate the community and increase awareness:** Organise meetings with adolescents and women to discuss gender based violence and its impact. Use such meetings to dispel gendered myths like, ‘girls are paraya dhan’; child marriage is a way to ensure the security of adolescent girls’; Only boys can provide old age support. Address the issue of violence against women and myths around it like ‘beating is a form of expressing love’; ‘being abused is alright with me and it is my destiny’; ‘it is a woman’s fault if she is raped’; ‘girls should be married off early as it prevents them from being sexually abused’ etc.

- **Involve Men and Boys:** Make men and boys equal partners and allies.
List of National Referral Organizations/Institutions working towards protecting the rights of Adolescents

National Commission for Protection of Child Rights
http://ncpcr.gov.in/
The National Commission for Protection of Child Rights (NCPCR) was set up in March 2007 under the Commission for Protection of Child Rights Act, 2005, an Act of Parliament (December 2005). The Commission's mandate is to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child. The Child is defined as a person in the 0 to 18 years age group. At the state level, the State Commission for Protection of Child Rights has been set up.

State Commissions for Protection of Child Rights
The State Commissions were set up (on the lines of the National Commission) to ensure that all state laws, policies and programmes to uphold the rights of the child. It carries out the same functions like the national body. For a full list of the state commissions see: http://ncpcr.gov.in/statecom.php

Childline India Foundation (CIF)
http://www.childlineindia.org.in/
CIF has been set up as a nodal organization, supported by Government of India, to monitor and ensure the qualitative development of the Childline service across the country. **Childline is a toll free telephone service (1098)** which anyone can call for assistance in the interest of children. It operates in 291 cities/districts in 31 states and UTs through its network of 540 partner organizations across India. It has prescribed minimum quality standards for the services to be provided by its partner organizations that are implementing Childline programmes in various cities of the country. It initiates preparatory activity that precedes the initiation of Childline service in any city. CIF is also involved in awareness and advocacy in order to strengthen the efforts relating to child welfare.

National Institute of Public Cooperation and Child Development
http://nipccd.nic.in/
The National Institute of Public Cooperation and Child Development, popularly known as NIPCCD, is a premier organisation devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development. Established in New Delhi in the year 1966 under Societies Registration Act of 1860, it functions under the aegis of the Ministry of Women and Child Development. In order to cater to the region-specific requirements of the country, the Institute, over a period of time, has established four Regional Centres at Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001). The Institute functions as an apex institution for training functionaries of the Integrated Child Development Services (ICDS) programme. As a nodal resource agency, it has also been entrusted with the responsibility of training and capacity building of functionaries at the national and regional level, under the new scheme of Integrated Child Protection Scheme (ICPS). It has also been designated, by the Ministry
of Women and Child Development, the nodal institution for imparting training on two important issues of Child Rights and Prevention of trafficking of women and children for SAARC countries.

Regional/State/District and block level government bodies for protection of child Rights (mandated under Integrated Child Protection Scheme)

Regional
- Child Protection Division in the four Regional Centres of National Institute of Public Cooperation and Child Development (NIPCCD)
- Four Regional Centres of CHILDLINE India Foundation (CIF)

State
- State Child Protection Society (SCPS)
- State Adoption Resource Agency (SARA)
- State Child Protection Committee (SCPC)
- State Adoption Advisory Committee

District
- District Child Protection Society (DCPS)
- District Child Protection Committee (DCPC)
- Sponsorship and Foster Care Approval Committee (SFCAC)

Block and Village level
- Block Level Child Protection Committee
- Village Level Child Protection Committee

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- Gender Equality and Women’s Empowerment in India, NFHS 2005-2006
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- NFHS 3 (2005-2006)
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- Source: Crime in India, National Crime Records Bureau, Ministry of Home Affairs, New Delhi, 2013
- Understanding Adolescent Empowerment: A Qualitative Exploration, Population Council & UNICEF, July 2014
UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011


For more details see studies cited in Population Reports/CHANGE, Volume XXVII, No. 4, December 1999


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