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MODULE 6

**GENDER-BASED VIOLENCE:
WHY DOES IT MATTER
TO ADOLESCENTS?**

A Ready Reckoner for Teachers and Community and Field Workers

“The Adolescent Empowerment Toolkit”

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Module 6

GENDER-BASED VIOLENCE: WHY DOES IT MATTER TO ADOLESCENTS?

“Gender-based Violence: Why does it matter to adolescents?” is a ready reckoner to equip teachers and community and field workers with facts and basic information on the issue, and to apply an inter-sectional approach to analyse gender-based violence (GBV) and its impact on adolescents.



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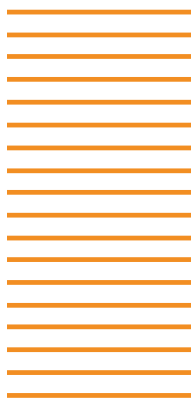
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Why the Ready Reckoner on Gender-Based Violence

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 programmes 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 “GBV” can be interpreted in different ways and can therefore cause confusion among those working to address it. More importantly, an inter-sectional 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 GBV, its causes, and impact; and to 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 GBV 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 and representatives of NGO, CSOs, and CBOs in planning strategies, key entry points, and activities to address GBV in their intervention areas. The reckoner is divided into five sections: Section I 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 GBV, 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 GBV. 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 GBV.

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SECTIONS

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.

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.

Gender-based Violence through the Life Cycle

PHASE	TYPE OF VIOLENCE PRESENT
Pre-birth	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)
Infancy	Female infanticide; emotional and physical abuse; differential access to food and medical care for infant girls
Girlhood	Child / early marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food, education and medical care; child prostitution
Adolescence	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 'sugar daddies' to afford school fees); sexual abuse; rape; sexual harassment; forced prostitution; trafficking in women
Youth and Middle Age	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
Elderly	Abuse of widows; elder abuse (in the United States, the only country where data are now available, elder abuse affects disproportionately affects women)

Source: Lori L. Heise, Jacqueline Pitanguy and Adrienne Germain, Violence against Women: The Hidden Health Burden, World Bank Discussion Paper No. 255, 1994

Some long-standing practices, such as exclusion of women from labour markets, or the child/early marriage of girls to older men, contribute to gender power inequalities that are at the root of GBV. Meanwhile, positive shifts in social and economic conditions that have increased girls' educational attainment and participation in formal labour markets have also had unforeseen negative effects on gender power dynamics. This includes increased vulnerability to sexual exploitation by employers in the workforce or of increased incidents of sexual harassment in public spaces.¹

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 per cent of the country's population.² The state of adolescent girls in the country can be gauged by the fact that 47 per cent are underweight and 56 per cent are anaemic.³ 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, and structural and economic factors all contribute to the disempowerment of adolescent girls in particular.

The limited control that adolescents exercise over their own lives as they transition to adulthood has long-term implications. 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.⁴ At the same time, it is crucial to engage with community gatekeepers 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 GBV needs to be understood within the framework of adolescent empowerment (discussed later).

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
2. State of the World's Children 2011, Adolescence – An Age of Opportunity, UNICEF
3. Ibid
4. Understanding Adolescent Empowerment: A Qualitative Exploration, Population Council & UNICEF, July 2014

2

What Does the Data on Adolescents and GBV Show?

India has around 240 million adolescents (10–19 years) comprising almost one-fourth of its total population. The key indicators for progress and well-being among 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 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 aged 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 percent higher than for boys, at 14 per 1,000.⁵

In addition, the percentage of women who marry at ages younger than 18 years continues to be very high. Overall, 47.4 percent, or one in two women, were child brides. In absolute numbers, more than 23 million of all the women in the 20–24 age group in India (Census 2011) continue to

5. Gender Equality and Women's Empowerment in India, NFHS 2005-2006

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 turning 18 are more likely to experience domestic violence than peers who marry later.⁶ 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.⁸ Half of all girls between 15 and 19 years of age are malnourished. The gender difference is also clear in the data on full immunisation, where girls are less likely to be fully immunised than boys. In fact, comparison of NFHS data on full immunisation between NFHS 1 and NFHS 3 suggests that the gender gap not only persists but may be increasing over time.⁹

The gender disparity is also apparent in education secondary school enrolment for girls—one of the key areas critical to providing girls an equal level field and subsequent empowerment. In the school year 2005-06, 71 per cent of children age 6–17 attended school—77 per cent in urban areas and 69 per cent in rural areas.¹⁰ However, only 66 per cent of girls ages 6–17 attended school, compared with 75 per cent 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 6–10 age group, to 884 in the 11–14 age group, and then to a low of only 717 in the 15–17 age group. Though the figures for both boys and girls are low for school attendance among children in the 15–17 age group, more girls than boys drop out of school at this age.¹¹ 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 in the 15–17 age group attend school, and fewer girls than boys attend school.¹²

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 women in the 15–49 age group are allowed to go alone to the market, to the health centre, and outside the community. The percentage becomes even more skewed for the younger population; only 12.8 percent of girls in the 15–19 age group are allowed to go alone to all the three places compared to 28 percent for women in the 20–29 age group. 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.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.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 per cent of female youth reported having experienced physical or sexual violence.

6. Early Marriage: A Harmful Tradition, UNICEF, 2005
7. Trends in maternal mortality: 1990 to 2010; WHO, UNICEF, UNFPA, and The World Bank estimates, May 2012
8. NFHS 3 (2005-2006)
9. Gender Equality and Women's Empowerment in India, NFHS 2005-2006
10. National Family Health Survey (NFHS-3), 2005-06: India: Volume I, International Institute for Population sciences (IIPS) and Macro International, Mumbai, 2007
11. Gender Equality and Women's Empowerment in India, NFHS 2005-2006
12. *ibid*
13. Gender Equality and Women's Empowerment in India, NFHS 3, 2005-2006
14. A profile of Youth in India, NFHS 3, 2005-2006

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.¹⁵ Overall, 37 percent of ever-married female youth have experienced physical, sexual, or emotional violence perpetrated by their spouse.¹⁶ In addition, health challenges for adolescents include reproductive tract infections (RTI) and sexually transmitted infections (STI), including HIV. Only 18.6 per cent females and 34.5 per cent males in the 15–19 age group had comprehensive knowledge of HIV/AIDS,¹⁷ thus severely compromising their ability to protect themselves from HIV.

Crimes against Women

- Reporting of crimes against women (Indian Penal Code and Special and Local Laws) increased 26.7 percent in 2013 over 2012.
- Andhra Pradesh, with 7.3 per cent of the country's women population, reported 10.6 per cent of the total crimes committed against women at the all-India level. Uttar Pradesh, accounting for nearly 16.7 percent of the country's women population, accounted for 10.5 percent 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 2013, compared to 52.2 at the national level.

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 the Population Council on the needs of adolescents aged 10–19 years in India found little or no published evidence on younger adolescents aged 10–14 years, except on education. Further, most of the available evidence broadly relegated youth into the 15–24 age group, 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 characterised 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 percent in 2013, with Delhi reporting the highest rate of crime at an all India level.

15. Ibid

16. Ibid

17. Ibid

18. Understanding Adolescent Empowerment: A Qualitative Exploration, Population Council & UNICEF, July 2014

3

What are the Causes of GBV and its Impact?

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

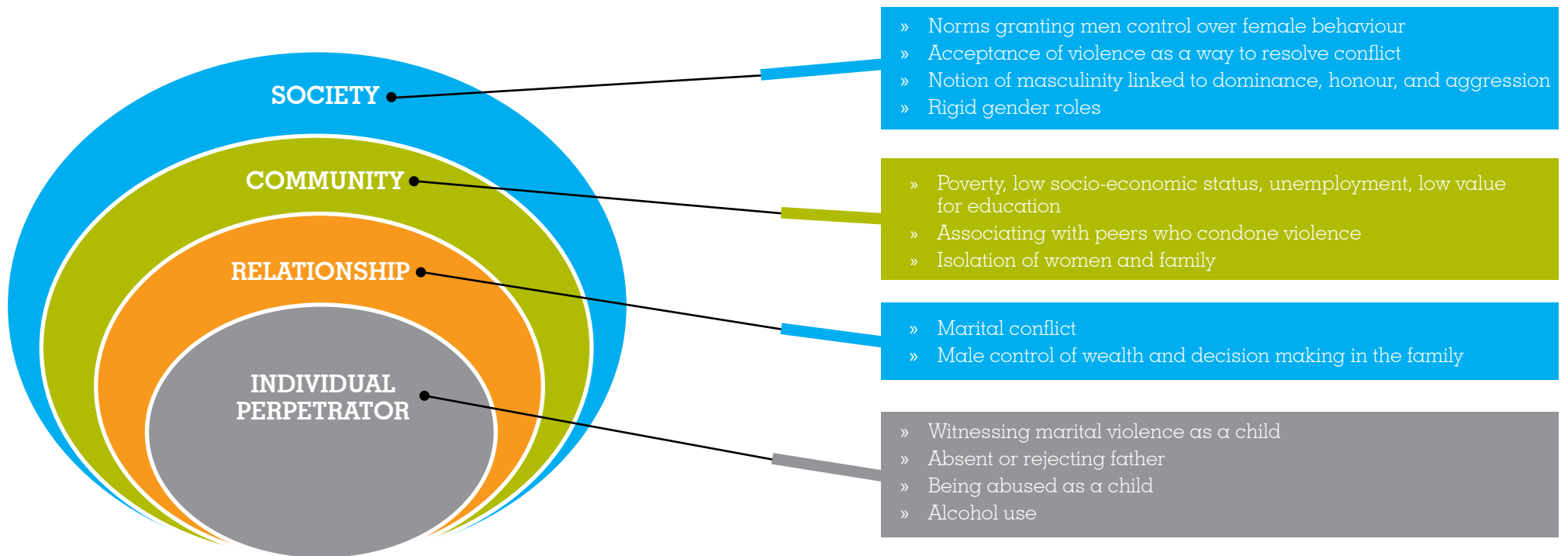
Increasingly, researchers and development practitioners are using an 'ecological framework' to understand the interplay of personal, situational, and socio-cultural factors that combine to cause GBV.

Thus, GBV is due not to one factor; it is a result of the interaction of several factors at different levels of the social environment.

Gender-based Violence or Violence against Women - which is it?

Gender-based violence can apply to women and men, and 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 compared with what men endure. As a result of gender discrimination and 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 sexual and reproductive health (SRH) consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections and HIV.

19. UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011



Source: Lorie L Heise, Violence against Women: An integrated, ecological framework, Sage Publications, 1998

In the ecological framework, the innermost circle represents the biological and personal history that affects an individual's behaviour in his/her relationships. The second circle represents the immediate context in which GBV 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—neighbourhood, workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

at each of these levels, while not the sole cause, may contribute to increase the likelihood of GBV. 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 legitimise men's violence, predict higher rates of violence. At the societal level, studies around the world have found that violence

A wide range of studies²⁰ suggest that several factors

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

against women is most common where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honour, 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 GBV 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 towards a woman. Social and cultural norms—such as those that assert men's inherent superiority over women—combine with individual-level factors to determine the likelihood of GBV. 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, and narcotics may all contribute to GBV but themselves are not causes. For instance, poverty is often cited as a reason for violence. Empirical evidence suggests, to the contrary, that GBV cuts across socio-economic boundaries. It may be one of the factors that 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 GBV 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 demobilised 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 GBV 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, GBV (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 based on gender norms – that is, social norms about the "appropriate" roles and responsibilities of men and women. These cultural and social norms socialise 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 socialisation of both men and women has results in an unequal power relationship. The International Labour 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 behaviour. To the extent that a society values violence, attaches prestige to violent conduct, or defines violence as normal or legitimate or functional behaviour, 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."²¹

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

21. D Chapell and V.DiMartino, *Violence at Work*, International Labour Organization, Geneva 1998

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:

Non-fatal consequences			Fatal consequences
Physical	Psychological and Emotional	Sexual and Reproductive	
<ul style="list-style-type: none"> Fatal consequences Abdominal/thoracic injuries Bruises and welts Fractures Chronic pain syndrome Disability Fibromyalgia Gastrointestinal disorders Irritable bowel syndrome Lacerations and abrasions Ocular damage Reduced physical functioning 	<ul style="list-style-type: none"> Poor self-esteem Depression and anxiety Post-traumatic disorders Eating and sleep disorders Feelings and panic disorder Phobias and panic disorder Physical inactivity Suicidal behaviours and self-harm Unsafe sexual behaviour Alcohol and drug abuse, smoking 	<ul style="list-style-type: none"> Gynaecological disorders Infertility Pelvic inflammatory disease Pregnancy complications/ miscarriage- Sexual dysfunction Sexually transmitted diseases, including HIV/AIDS Unsafe abortion Unwanted pregnancy 	<ul style="list-style-type: none"> » AIDS-related mortality » Maternal mortality » Homicide » Suicide

- education, which in turn can limit their income-generating opportunities)
- Increased vulnerability to other types of GBV
- Job loss due to absenteeism as a result of violence
- Negative impact on women's income generating power

Impact of GBV on Adolescents

Physical injury	Lower academic performance
Depression	Post-traumatic stress disorder
Anxiety	Sleeping disorders
Withdrawal	Difficulties developing social relationships
Loss of confidence and self-esteem	Pregnancy
Self-harm	Sexually Transmitted Diseases
Unhealthy eating habits (weight loss/gain, anorexia)	Increased risk-taking or disruptive behaviour
Low attendance at school	Suicidal ideation and suicide attempts
Lack of concentration in class	Death

Economic and social impact

- Rejection, ostracism, and social stigma at the community level
- Reduced ability to participate in social and economic activities
- Acute fear of future violence, which extends beyond the individual survivors to other members in community
- Damage to women's confidence resulting in fear of venturing into public spaces (this can often curtail women's

Impact on Women's Family and Dependents

Direct effects

- Divorce or broken families
- Jeopardised 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 behavioural 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
- Jeopardised 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 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
- Minimising the significance of violence for which they are responsible, and deflecting the responsibility for violence onto their partner and failure to associate it with their relationship
- Increased tension at 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:

- » Population Reports/CHANGE, No. 4, Volume XXVII, December 1999, available at <http://www.jhuccp.org/pr/l11edsum.stm>
- » F Pickup, S. Williams & CSweetman, „Ending Violence Against Women: A Challenge for Development and Humanitarian Work, Oxfam GB 2001
- » Outlook: Violence Against Women: Effects on Reproductive Health, Vol.20, No. 1 September 2002, available at http://www.path.org/files/EOL_20-1.pdf

Key Points to Remember!

- **At its core, GBV is about power and control over another person - in most cases, of a man over a woman - characterized by inequality and the low status of the woman in the relationship.**
- **Poverty, alcohol, exposure to violence during childhood etc. are at best contributory factors to violence and not causes of it.**
- **The impact of GBV is physical, psychological, and social; it has a clear economic cost; and impedes a country's growth and development.**

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, programmes, and interventions may be ineffective if designed on the whole to target all adolescents, at all stages.²²

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 12–18 months earlier

22. Adolescent Development: Perspectives and Frameworks- A Discussion Paper, United Nations Children's Fund (UNICEF), New York, 2005

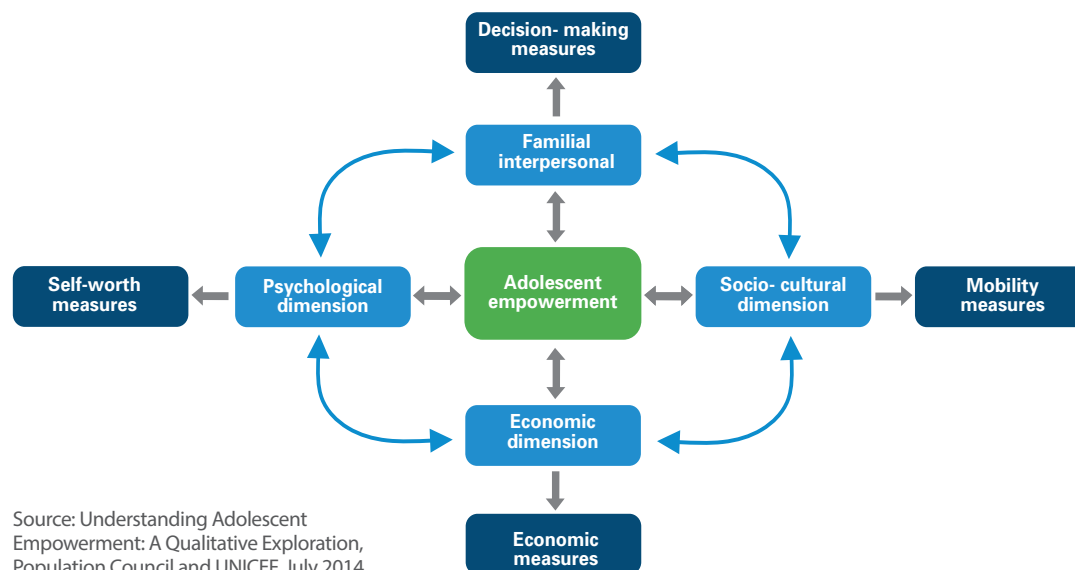
on average than boys, and the timing of pubertal maturity can impact the development of an adolescent differently.²³ The effects of prevailing gender norms, discrimination, poverty, and abuse can magnify the negative effect on young girls and leave them more vulnerable to negative health consequences 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, and Constantino, 2003). Roles and expectations of girls can differ greatly from boys, which has implications for access to education, specially secondary school enrolment 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 programmes should be designed. Adolescent programmes 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 (for example, 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 behaviour 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



23. NRC 2002

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.²⁴ 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 one's own and family resources. The Empowerment Framework provides a good conceptual tool to ground programme work with adolescents.

A review of the existing interventions on GBV 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.²⁵ Moreover, most prevention programmes that are offered in conjunction with service programmes reach women who are 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 programmes and protocols within the health sector are designed for adults²⁶. Young girls may be at increased risk of experiencing underreported forms of sexual violence, including unwanted, and coerced sex and sexual exploitation.

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.

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.

There is a need to identify the causes of violence in order to design more appropriate points of intervention. A more comprehensive approach to addressing sexual and gender-based violence (SGBV) would include building economic and social assets for girls, while engaging men and boys in promoting healthier gender norms and working.

24. N. Kabeer, 'Reflections on the measurement of women's empowerment' in *Discussing Women's Empowerment-Theory and Practice*, Sida Studies No. 3, Stockholm, 2001

25. *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

26. Jill Keesbury & Ian Askew, *Comprehensive responses to GBV in low-resource settings: Lessons learned from implementation*, Population Council, New York 2010

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 recognised as a form of GBV.

What Does Empowerment of Adolescent Girls Mean Programmatically?

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 at promoting and protecting human rights. It seeks to analyse inequalities that 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 Article 12 of the Convention on the Rights of the Child.

Rights-based Programme Framework: Why is this necessary?

How can this be done?

Building Social Assets

"Safe spaces" provide girls an opportunity to build social and human assets and increase access to social networks in physically safe spaces. Within these spaces, girls are able to foster social connections that contribute to risk reduction through group affiliation and identity, which enhances negotiation and communication skills and generates self-confidence.

- 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; and 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. A school, Anganwadi centre, or the home of a trusted community member can serve as a meeting site
-
- Encouraging girls to save at home or in the group, maintain a 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 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

Rights-based Programme Framework: Why is this necessary?

Securing Economic Assets

Financial education is a basic life skill, as important as communication, self-esteem, and basic health knowledge. Many of the life skills developed through health education programming, such as decision making, goal setting, and negotiation, are also taught through financial education.

Working with Men and Boys to Change Gender Norms

While initiatives for girls are critical, their empowerment and advancement are ultimately contingent on transformation of community norms. It is important to work with men and boys on issues of masculinity and gender inequality so that they become equal allies for the empowerment of young girls and women.

Working with Institutions

Institutions like the family, school, and religious institutions play an important role in socialising boys and girls into strict gender roles: aggressive masculinity for boys and passive femininity for girls. Working with them to alter harmful gender norms help transform community norms on gender.

How can this be done?

- Involve men and boys in project activities as allies and equal participants.
 - - Begin with building their capacities on gender and understanding GBV and its impact.
 - -Identify adolescent boys as advocates of change in the community and involve them community mobilisation efforts.
 - -Identify key community male members as advocates of change and involve them in community mobilisation efforts.
 - -Mobilise fathers of adolescent girls as advocates of change.
 - -The key is to apply a positive rather than a punitive model of behaviour change identify-ing 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 GBV and its impact.
 - -Work with the school to integrate GBV into the curricula.
 - - Mobilise Panchayats, religious institutions to take a public stand against GBV.

Source: Adapted from K. Austrian, and D Ghati, Girl Centered Program Design: A Toolkit to Develop, Strengthen, and Expand Adolescent Girls Programs, Population Council, 2010

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, and 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.

Programme Activities That Build Social Assets	Programme Activities That Build Human Assets
<ul style="list-style-type: none"> • Group formation • Social support • Development of social networks • Mentoring 	<ul style="list-style-type: none"> • Life skills training • Health education • Literacy programmes • Financial education • Rights education • Employability training • Vocational/skills training • Business development training • Business internships/attachments
Programme Activities That Build Physical Assets	Programme Activities That Build Financial Assets
<ul style="list-style-type: none"> • Access to tools or equipment for businesses • Safe physical space to meet • Safe place to work 	<ul style="list-style-type: none"> • Savings • Credit • Remittance services • Other financial services

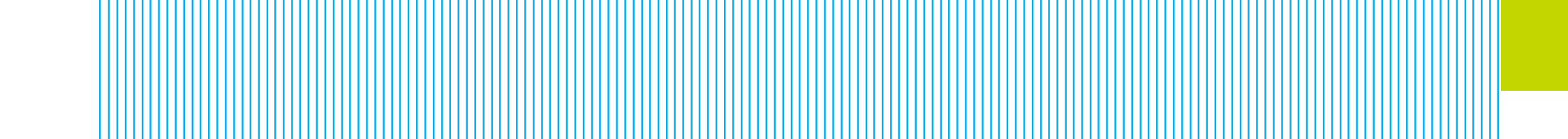
Source: K. Austrian, and D Ghati, Girl Centered Program Design: A Toolkit to Develop, Strengthen, and Expand Adolescent Girls Programs, Population Council, 2010

Basic steps to set up an intervention with adolescents on GBV

THIS IS HOW



Source: Youth for Youth: A Manual for empowering young people to address GBV through peer education, Mediterranean Institute of Gender Studies, 2012



Key Challenges for Programme Interventions on Gender-based Violence

- In most societies, GBV 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 GBV 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 the lack of political will, low budgetary allocations against legislation, and the resistance of office bearers to implement laws have been key impediments.
- Few GBV programmes have been evaluated well, and many promising programmes have not been evaluated at all.

Key Points to Remember!

- Adolescence 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.
- Adolescent girls are particularly vulnerable; programmes must address the vulnerabilities of girls, especially to sexual and gender based violence.
- It is important to ground all work with adolescents using an empowerment approach.

What to Do and Where to Go When Adolescents Report Gender-Based Violence?

It can be very difficult for adolescents who experience GBV to speak out and seek help, because GBV and discrimination are so deeply rooted in social norms that challenging these becomes difficult. Child marriage is a good example to illustrate this dichotomy. Though penalised by law, child marriage enjoys wide social acceptance; hence, resisting it becomes difficult for adolescent girls and their families. 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 GBV, 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 into 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 GBV 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 GBV, what their rights are, what is and is not considered appropriate behaviour, 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? Why is it a violation of human rights?
- The different kinds of violence—physical, emotional/psychological, socio-economic, sexual, and verbal.
- What is the cycle of violence? What triggers someone to behave violently?
- The 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, and law enforcement?

Responding to GBV

Being prepared with information on where girls can go for assistance when they report violence. Developing a list of organisations that provide support and developing relationships or links with local resources and such organisations that are important.

Do's

- ✓ Create a resource list and referral network so that programmes can respond quickly in cases of GBV.
- ✓ Provide staff with necessary training and skills to deal with GBV if it is a common occurrence.
- ✓ Build girls' social assets and safety plans so GBV can be prevented as best as possible.
- ✓ Work with families and communities to raise awareness on GBV, its impact, and how it constitutes a violation of human rights.

Don't

- ✗ Wait until it is too late to respond!

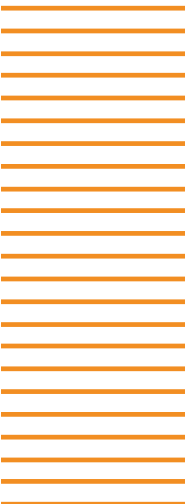
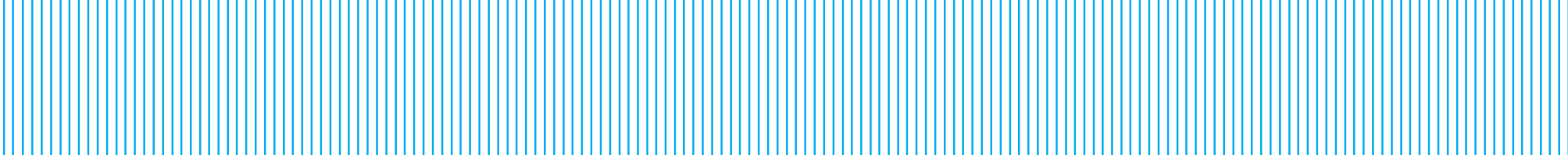
Key Steps to Address GBV, Particularly Violence against Women

- Be alert to the issue: Recognise a woman/girl at risk by being alert. A husband/partner/family member who exhibits controlling behaviour, or the presence of injuries on women/girls that do not match the explanation of how they occurred, could be possible clues to violence.
- Ask questions: Questions should be asked in private, and in a non-judgemental manner. Direct questions do not help. Questioning in front of the 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 the appropriate health care facility and escort, if necessary
- Provide emotional support: Reassure the victim that the "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 the Prohibition of Child Marriage Act, and the contact details of Legal Aid Centres 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 GBV

- 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 fora: Use existing fora, like the monthly PHC review meetings to discuss violence against women/girls as an issue, and the VHSNC to organise mobilisation campaigns around dowry related abuse, infanticide, gender-based sex-selective abortions, etc.
- Educate the community and increase awareness: Organise meetings with adolescents and women to discuss GBV 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”, and “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 Organisations/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 in the UN Convention on the Rights of the Child. A "child" is defined as a person in the 0–18 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

<http://ncpcr.gov.in/statecom.php>

The state commissions were set up (on the lines of the National Commission) to ensure that all state laws, policies, and programmes uphold the rights of the child. It carries out the same functions as the national body. For a full list of the state commissions, see the link mentioned above.

Childline India Foundation (CIF)

<http://www.childlineindia.org.in/>

Childline India Foundation (CIF) has been set up as a nodal organisation, supported by the 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 organisations across India. It has prescribed minimum quality standards for the services to be provided by its partner organisations that are implementing Childline programmes in various cities of the country. It initiates preparatory activity that precedes the initiation of the Childline service in any city. The CIF is also involved in awareness and advocacy to strengthen efforts relating to child welfare.

National Institute of Public Cooperation and Child Development (NIPCCD)

<http://nipccd.nic.in/>

The National Institute of Public Cooperation and Child Development (NIPCCD) is a premier organisation devoted to the promotion of voluntary action research, training, and documentation in the overall domain of

women and child development. Established in New Delhi in 1966 under the Societies Registration Act of 1860, it functions under the aegis of the Ministry of Women and Child Development. 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 Integrated Child Protection Scheme (ICPS). It has also been designated by the Ministry of Women and Child Development as the nodal institution for imparting training on 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 ICPS)

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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NOTES

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