JOINT MASTER’S PROGRAMME IN
INTERNATIONAL HUMANITARIAN ACTION

The nexus between child protection and
gender-based violence programming; the
impact for displaced adolescent girls in Jordan

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This thesis is submitted for obtaining the master’s degree in International Humanitarian Action. By
submitting the thesis, the author certifies that the text is from her hand, does not include the work of
someone else unless clearly indicated, and that the thesis has been produced in accordance with
proper academic practices.
Abstract

Gender-based violence (GBV) and violence against children are pervasive and destructive globally, but the exacerbation of violence in emergency contexts makes addressing them an urgent priority in humanitarian action. However, despite recognition of overlapping risks and intervention opportunities, child protection programming and GBV programming have hitherto followed discrete trajectories, resulting in adolescent (aged between 10 and 19 years) girls falling between the domains, despite their heightened vulnerability to GBV. This research explores how humanitarian protection interventions address GBV against displaced adolescent girls in Jordan. Data is collected using detailed, semi-structured interviews with four specialist humanitarian practitioners from leading organisations in child protection and GBV programming within the refugee response in Jordan. Qualitative, grounded coding and analysis is conducted on the transcribed data to identify key themes and patterns. The findings report child marriage, domestic violence and sexual violence as the most prevalent forms of GBV against adolescents. The social ecology of the girls is explored and salient risk factors at each level are identified, including lack of awareness, cultural norms and stigma, and absence of data information to direct programming. Corresponding protection interventions, including case-management, capacity-building of service providers and awareness-raising are identified, and the limited extent to which they empower adolescent girls is debated. Finally, the nexus between child protection and GBV programming is discussed, and key challenges, including coordination between child protection and GBV policies, campaigns, services and actors, decreasing funding and nationalisation of services, an absence of meaningful participation of adolescent girls in programming, and the organisations’ issue-focused approach, are identified and explored in the context of empowerment of adolescent girls. The research concludes that addressing GBV by meaningful participation of adolescents, adopting rights-based approaches, and proactive coordination of protection actors, is essential for the empowerment of adolescent girls to be agents of their own protection.
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Cover Photo: Diana, by Simon Lister, UNICEF
12-year-old Diana, originally from Homs in Syria, is living in Lebanon’s Bekaa Valley and is pictured here at the Saadnayel Child Friendly Space established by UNICEF. She is one of more than 2.5 million child refugees living in either Lebanon, Jordan, Turkey, Iraq or Egypt. “Like every child forced to flee the conflict in Syria, she left behind friends, family, her home and her school, not knowing when she will be able to return. Diana loves making woven baskets, painting and drawing. Having an environment like this in the camp gives her a happy place to dream, play and learn.”
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AoR</td>
<td>United Nations Area of Responsibility</td>
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<tr>
<td>CARE</td>
<td>Cooperative for Assistance and Relief Everywhere</td>
</tr>
<tr>
<td>CMR</td>
<td>Clinical Management of Rape</td>
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<tr>
<td>CP</td>
<td>Child Protection</td>
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<td>CPWG</td>
<td>Child Protection Working Group</td>
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<td>CRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<tr>
<td>DEVAW</td>
<td>United Nations Declaration on the Elimination of Violence against Women</td>
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<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
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<tr>
<td>ECOSOC</td>
<td>United Nations Economic and Social Council</td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/ Cutting</td>
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<td>FPD</td>
<td>The Jordanian Family Protection Department</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GPC</td>
<td>Global Protection Cluster</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IMC</td>
<td>International Medical Corps</td>
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<td>IMS</td>
<td>Information Management System</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>IPV</td>
<td>Intimate Partner Violence</td>
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<tr>
<td>JRP</td>
<td>Jordan Response Plan</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
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<tr>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<tr>
<td>MOPIC</td>
<td>The Jordanian Ministry of Planning and International Cooperation</td>
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<tr>
<td>MOSD</td>
<td>The Jordanian Ministry of Social Development</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NOHA</td>
<td>Network on Humanitarian Action</td>
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<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>OHCHR</td>
<td>Office of the United Nations High Commissioner for Human Rights</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>OSAGI</td>
<td>Office of the Special Adviser on Gender Issues and Advancement of Women</td>
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<tr>
<td>PSS</td>
<td>Psychosocial Support</td>
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<tr>
<td>SADD</td>
<td>Sex- and Age-Disaggregated Data</td>
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<tr>
<td>SDG</td>
<td>United Nations Sustainable Development Goal</td>
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<tr>
<td>SEM</td>
<td>Social Ecological Model</td>
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<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<tr>
<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UN ESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNGA</td>
<td>United Nations General Assembly</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>UNSC</td>
<td>United Nations Security Council</td>
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<tr>
<td>UN Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>VAC</td>
<td>Violence Against Children</td>
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<tr>
<td>VAW</td>
<td>Violence Against Women</td>
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<tr>
<td>VAWG</td>
<td>Violence Against Women and Girls</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>WRC</td>
<td>Women’s Refugee Commission</td>
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Preface

The presented paper is inspired by several highly knowledgeable researchers and practitioners. Over the course of completing the NOHA Joint Master’s in International Humanitarian Action, I have been fortunate to learn from experienced specialists in the fields of protection, programming, migration and gender as cross-cutting issues in emergencies. I am infinitely grateful to the wonderful team at University College Dublin for the perspective-altering experience at the International Summer School on Addressing Gender-Based Violence in Emergencies; both gender in the humanitarian sector, and violence against women and girls as a global phenomenon, became areas of interest and importance to me because of this course. Particular thanks to Hannah Collins, Beth Carthy and Hajar Al-Kaddo for creating a thoroughly holistic learning experience for us, and to Jessica Goreham from the GBV AoR for combining theoretical and practical knowledge in a way that transformed my understanding of service provision in emergencies. The school was undoubtedly the catalyst for my interest in this subject and provided me with the tools and knowledge to approach the research as appropriately and ethically as I could.

The research is equally as indebted to the brilliant humanitarian practitioners in Jordan from IMC, Plan International, UNFPA & UNICEF, who shared their valuable time and expertise with me in order to carry out the research. I am most grateful for their kindness, patience and encouragement to pursue this topic.

Finally, I extend my gratitude to the team at Uppsala University; for the knowledge and guidance from my supervisor Cecilia Melder and our director Lars Löfsquist, and the insights and inspiration provided by my fellow students throughout the writing process. I feel fortunate to have explored a topic that is of interest and importance to me, and the support and encouragement I have received from fellow students, friends and family has allowed my research and writing processes to be illuminative and enjoyable.
Introduction

Gender-based violence (GBV) is widely recognised as one of the most pervasive and destructive protection issues affecting individuals, families and communities during humanitarian emergencies (WHO, 2013; IASC, 2015). Although GBV is prevalent across societies and contexts, evidence suggests that emergencies both exacerbate violence and diminish established systems of protection, undermining resilience and hindering recovery after acute emergency phases (IASC, 2015). Due to the recognised scope and severity of GBV, all humanitarian actors responding to an emergency have a duty to protect those affected by crisis, including protection from GBV (IASC, 2015).

In the same way, the protection of children from violence, exploitation, abuse and neglect is considered an urgent priority for all those working in humanitarian situations, as emergencies often have devastating effects on children and their protection (CPWG, 2012, p.13). However, despite the recognition of both violence against children (VAC) and violence against women (VAW) as overlapping global human rights and public health problems (Yount, et al., 2017, p.1), research and programming have hitherto followed distinct trajectories with different funding streams, lead agencies, specialised actors, strategies, terminologies and rights treaties (Guedes, et al., 2016, p.2; UNFPA & UNICEF, 2011, p.2). In the international humanitarian system, the GBV Area of Responsibility (AoR) is led by the United Nations Population Fund (UNFPA), whilst the Child Protection (CP) AoR is led by the United Nations International Children’s Emergency Fund (UNICEF).

At the intersection of VAC and VAW, is violence experienced by adolescent girls. Research suggests that adolescence (between ages 10 and 19) is a period of elevated vulnerability to GBV, as adolescents experience the same risks and forms of GBV as adult women, plus the compounding value of societies which do not accord full rights and entitlements to children (anybody under the age of 18) (Guedes at al., 2016, p.9; UNFPA & UNICEF, 2010, p.32). Evidence also suggests that adolescents face a heightened risk of polyvictimisation; the experience of multiple forms of violence converging to a synergising impact (Finkelhor, et al., 2007, p.10). Despite this elevated risk, some researchers argue that adolescents fall between the traditional domains of CP and GBV intervention programming, and can be overlooked by both actors, due to CP agencies typically focusing on younger children of primary school age, and GBV
programmes targeting married women using sexual and reproductive health and rights (SRHR) services (Guedes, et al., 2016, pp.9-10; Samuels, et al., 2015, p.40).

This research explores the gap in the literature concerning GBV against adolescent girls in emergency contexts, and how it is addressed, by examining the case of refugee response in Jordan. According to the UN High Commissioner for Refugees (UNHCR, 2017a, p.2), Jordan hosts the most refugees relative to its national population; one in three people, under the responsibility of UNHCR or the UN Relief and Works Agency for Palestine Refugees (UNRWA). Despite the prohibition of VAC and VAW in Jordan, researchers suggest that societal norms allow continuation of GBV, whilst stigma prevents service use for both Jordanians and refugees (Alzoubi & Ali, 2018, pp.2-4). The sum of refugees and diminishing resources in Jordan has prompted international humanitarian response to meet protection needs, including CP and GBV programming.

To investigate how humanitarian protection interventions address GBV against displaced adolescent girls in Jordan, the research adopts a social work theoretical perspective, due to the relevance and centrality of human rights, social justice and equality. The Social Ecological Model (SEM) provides a framework to explore influences on the individual girls, on their families, communities, societies and cultures, and the links between the levels. The model is used to investigate risk factors for GBV at each level of displaced adolescent girls’ social ecologies, and the corresponding protection interventions being offered by humanitarian organisations in Jordan.

To explore the protective impact of these interventions, the research conceptualises the ‘protection’ of girls as their ‘empowerment’ to be agents of their own protection. Empowerment is measured using Kabeer’s three interrelated indicators; resources, agency and achievements (1999, p.435). The protective impact of interventions for adolescent girls is deliberated according to how interventions incite these indicators of empowerment for the girls.

Finally, the extent and impact of coordination between CP and GBV actors on addressing GBV against adolescents is explored using themes and patterns emerging from the data. The research demonstrates that addressing GBV by meaningful participation of adolescents, adopting rights-based approaches, and proactive coordination of protection actors, is essential for the empowerment of adolescents to be agents of their own protection.
1. Research Outline

1.1 Research Questions

According to the Sustainable Development Goals (SDGs), the UN and its member states aim to eliminate all forms of violence against women and girls (VAWG) and administers specialised humanitarian bodies which separately address CP and GBV. By separating the issues of VAC and VAW into discrete trajectories of research, policy and programming, interventions may not consider the intersections of these two forms of violence, and existing research suggests that adolescents are typically not the focus of either GBV or CP programming. Therefore, this research aims to answer the following question:

How do humanitarian protection interventions address gender-based violence against displaced adolescent girls in Jordan?

In order to answer this question, the following sub-questions are explored:

1. Which forms of gender-based violence are displaced adolescent girls exposed to in Jordan?
2. What are the social-ecological risk factors for gender-based violence for displaced adolescent girls in Jordan?
3. To what extent do protection interventions address these risks and empower displaced adolescent girls in Jordan?
4. What is the impact of the links and gaps in coordination between child protection and gender-based violence programming for displaced adolescent girls in Jordan?

1.2 Research Objectives

Although protection actors provide programming to address GBV and CP as part of the refugee response in Jordan, less is known about the individual, family, community and societal risk factors for GBV against adolescent girls, and the corresponding protection opportunities at each stage. Therefore, this research aims to identify risk factors for GBV against displaced adolescent girls in Jordan, and to determine the extent to which protection interventions protect and empower the girls at each level of their social ecology.
Furthermore, the research aims to identify and explore the links and gaps in coordination between CP and GBV service in the refugee response in Jordan, and the subsequent impact on displaced adolescent girls’ empowerment. Finally, from the conclusions, the research aims to make recommendations for the protection and empowerment of adolescent girls in humanitarian practice.

1.3 Relevance to International Humanitarian Action

The Humanitarian Imperative states that that action should be taken to prevent or alleviate human suffering arising out of disaster or conflict, and that nothing should override this principle (Sphere, 2018, p.28). As evidence grows suggesting that women are disproportionately affected by emergencies, including a significant increase in occurrence of GBV, so does the prioritisation of addressing GBV in humanitarian contexts (IASC, 2006, p.6; Sansonetti, 2016, p.48).

Poverty and socioeconomic insecurity are evidenced as significant contributing factors to GBV, especially child, early and forced marriage and sexual violence in displacement (Plan International, 2012, p.22). The inverse is also true; research suggests that tackling GBV is crucial for poverty reduction and economic development (SIDA, 2014, p.14). In the UN Secretary-General’s study on VAW, it was found that GBV prevents women contributing to and benefiting from development, due to the restriction of their choices and ability to act, impacting economic growth (UNGA, 2006, p.22). Therefore, it is widely acknowledged that alleviating poverty requires addressing GBV, to ensure full participation of women and men in economic, social and political processes, and to relieve health, legal and social services of economic cost (UNFPA, et al., 2005, p.6).

This is reflected in the UN’s 2015 SDGs, which are said to constitute a “potentially powerful violence prevention agenda” (WHO, 2015, p.24). SDG 5, “achieving gender equality and empowering women and girls”, and SDG 16, “promoting peaceful and inclusive societies for sustainable development”, and four targets directly promote gender equality and reduction of GBV, whilst 14 targets indirectly influence the reduction of GBV (Babu & Kusuma, 2017, p.2). The full list of relevant SDGs and targets can be found in Annex A (p.69).

Although research indicates high prevalence and significance of GBV globally, there are still some barriers to addressing GBV in practice in humanitarian action. In many contexts, VAWG is still widely accepted as a societal norm, and seeking help has
significant negative consequences for women due to stigma. It can also be challenging to gain funding for protection programming from governments who do not acknowledge the prevalence or impact of GBV. These challenges are even more significant for adolescent girls, who experience not only a greater level of stigma and scrutiny around GBV but can also miss out on GBV services targeted to women, due to their young age.

Additionally, adolescence is a significant age group to explore for humanitarian action, as research suggests that interventions during adolescence can be critical for breaking negative intergenerational cycles and manifestations of inequality such as poverty, gender and social norms (MENA UN: NGO Group, 2018, p.8). For example, research suggests that the number of years spent in school directly correlates with a decrease in both victimisation and perpetration of GBV (Plan International, 2012, p.12). Despite this, the CRC’s General Comment No. 20 observes that the potential of adolescents is compromised across contexts, because states do not recognise or invest in measures needed for adolescents to enjoy their rights (Plan International, 2012, p.12). In relation to GBV, research suggests that adolescents can miss out on both prevention and response services, because they are too young for GBV services, whilst many CP services are targeted to younger children of primary school age, and not specialised in addressing GBV (Triplehorn & Chen, 2006, p.239; Presler-Mars, et al., 2017).

The research is also highly relevant in its exploration of Jordan as an internationally significant refugee context. Since 2011, Jordan has hosted 671,148 registered Syrian refugees, with estimates of over 1.3 million Syrians total (MOPIC, 2017). Of these, around 11% live in camp settings, while the vast majority live in rural and urban areas (MOPIC, 2017). Maps illustrating the location of refugees and the location of camps and settlements can be found in Annex B (p.70). Considering that almost 70% of the population of Jordan is under 30, and half of the 1.5 million Syrian refugees are under 18 (Presler-Marshall, et al., 2017; UN ESA, 2018), it is reasonable to assume that disaggregating this research by age would be a useful approach, in order to address the specific needs and strengthen the capacities of the enormous population of young people in Jordan. However, little known literature focuses on adolescents in Jordan; most research and services tend to focus on younger children or adults.

The theoretical framework of the present research is also highly relevant to international humanitarian action. The concept of ‘protection’ as ‘empowerment’ is explored in the
context of adolescent girls; a trending approach in participatory humanitarian protection measures in conflict and displacement, as the concept and practice of empowerment presently is often proposed as a mechanism to sustain longer term outcomes (Macarthy, et al., 2017, p.11).

Finally, the research’s exploration of approaches in humanitarian programming makes it an important and relevant subject for international humanitarian action. The research studies the way that protection systems are established and maintained at all levels, from the Global Protection Cluster (GPC) to services on the ground, and the impact of this structure on service users. The research presents recommendations which support arguments for rights-based approaches, meaningful participation and engagement and improved intersectoral coordination at all levels of humanitarian response.

1.4 Methodology

There is very little existing literature on GBV experienced by adolescent girls, and research that does explore this phenomenon uses systematic reviews of studies which explore VAW and VAC, combining them to form conclusions about adolescents. Therefore, this study explores the phenomena identified in these reviews using a qualitative approach, to allow the exploration of the subjective and social meanings associated with the phenomena and contribute to their development. The research takes the form of a case study of the Jordanian context, to facilitate an in-depth examination of the research question in relation to displaced adolescent girls living in Jordan.

Four detailed, semi-structured interviews with expert humanitarian staff from International Medical Corps (IMC) Jordan, Plan International Middle East and North Africa (MENA) Region, UNFPA Jordan and UNICEF Jordan are included in the research. All participants are women, three are from Jordan and one is from the United States of America (USA). Descriptions of participating organisations and individual participants’ demographic information is in Annex C (pp.71-72). The participants are selected based on their role in protection programming in the refugee response in Jordan and are recruited by networking with organisations working in Amman. The interviews took place from 11th to 25th March 2019 at the participants’ places of work.

The interview procedure began with participants reviewing an information sheet which had been sent by email in advance of the interview. The information sheet contained information about consent, the right to withdraw at any time and participant anonymity,
the research objectives, information about what the interview would involve for participants, what would happen after the interview and contact information. The participant was asked if there were any questions and then signed a consent form which confirmed their participation, and their agreement to be recorded and the findings included in the research. After the research, participants were advised that if they had any questions or wished for a follow-up meeting, they could contact the researcher or supervisor at any time. All participants requested a copy of the final research paper in order to know the findings and conclusions, and the researcher agreed to share this.

The interviews were based on an interview guide which can be found in Annex D (p.73). These prompt questions aimed to explore both context knowledge and process knowledge regarding the risk factors for GBV against displaced adolescent girls in Jordan, the interventions, and coordination and collaboration between organisations and sectors. The interview guide provided a basis for exploring different risks, interventions and means of empowerment at each level of the girls’ social ecology and gather the opinions of the participants relating to the coordination between CP and GBV actors. Although the guide was used to navigate the general areas of the interview, the interviews were flexible and were also guided by participants to explore the areas that they brought up and deemed relevant and important. The interviews lasted between 46 and 73 minutes and were conducted in English. The interviews were recorded and transcribed, and the transcripts of the interviews were explored using qualitative grounded coding and analysis. Further details outlining the methodological framework are presented in chapter four.

1.5 Limitations and Ethical Considerations

Arguably the most significant ethical concern for the undertaking of this research is the highly sensitive and dangerous nature of the topic, coupled with the intersecting and synergising vulnerabilities of the subjects; the combined effect of being female, under 18 and displaced. For these reasons, the present research identifies the wellbeing of the adolescent girls as its highest priority, to ensure that no further risks are presented or existing risks are exacerbated at any stage of the research, in accordance with the humanitarian protection principle of ‘do no harm’, which states that those involved in humanitarian action must do all they reasonably can to avoid causing further harm to those affected by emergencies (Sphere, 2018, p.38).
In order to ensure that the potential for harm is avoided, this research follows the World Health Organisation’s (WHO, 2007) “Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence”, by ensuring that the method of data collection presents the least risk to respondents, that the safety and security of the subjects is prioritised, the confidentiality of individuals who provide information about GBV is protected and informed consent is obtained. The present research therefore opts to interview specialist humanitarian actors, to ensure that the safety and security of adolescent girls cannot be impacted at any stage of the process. Not only does this mitigate the manifold ethical concerns of interviewing girls under 18, it also allows expert insight into the programming and coordination elements of the research subject, and the exploration of how different agencies perceive the challenge of programming for adolescents.

This, however, presents a limitation to the research in that the girls’ subjective experiences relating to GBV risks and protection interventions cannot be explored, only the perceptions of them by humanitarian staff. A further challenge is the desirability bias which may be presented by interview participants; as each participant represents her own organisation, each may have a natural inclination to discuss the achievements of the organisation, and not the challenges they face. This requires some careful environment-setting and probing from the interviewer in order to ensure that each participant understands that the research intends to provide helpful insight, not make negative judgements.

Another limitation of the present study is the lack of existing research investigating the exposure of adolescents to GBV, both in everyday and emergency contexts. The few existing studies which create knowledge about GBV against adolescents are systematic reviews of research exploring VAW and VAC and combining the findings to create an understanding of violence against adolescents, and do not consider the additional impact of emergency or displacement. Consequently, the present research takes an inductive approach to discovering new knowledge about the subject and uses a theoretical framework which combines research on VAW with research on CP and empowerment.

Linked with this gap in literature is the scope of the present research and the necessary delimitations. The use of an intersectional approach to the research identifies a variety of minority characteristics within the displaced adolescent population, including persons
of diverse sexual orientation, gender identity, gender expression and sexual characteristics, persons with disabilities, persons of different ethnicities and persons with different or no religion. Elements of identity such as these can interact with power structures, creating unique and compounding challenges for protection from GBV for each person. Unfortunately, the lack of existing research, policy and programming for displaced adolescent girls in general, and especially persons with individual vulnerabilities, impedes an in-depth exploration of any specific minority group. Nonetheless, the present research aims to lay a foundation upon which future research, which explores the experiences of minority adolescent communities, can be built.

A concluding consideration of the present research is the level of objectivity that can be achieved in qualitative research. As qualitative research addresses opinions, influences and concepts, objectivity in both data collection and analysis can be highly impacted by the positionality of the researcher. It is important to acknowledge the influence of the position on the identification of the topic, undertaking of interviews and the interpretation of results, particularly for research with a qualitative and therefore arguably subjective nature. For this reason, a positionality statement is offered.

1.6 Positionality Statement

The positionality and background of a researcher can affect the subject of investigation, the methods judged to be adequate, the findings considered most appropriate and the framing and communication of conclusions (Malterud, 2001, pp.483-484). For this reason, the qualitative, explorative and inductive nature of this research leads me to believe that it is imperative to acknowledge my position and background and their influence on the present research. The research perspective comes from a social work theoretical viewpoint, influenced by the Diploma in Social Work for Refugees and Migrants I have recently completed as part of my master’s programme. My educational experience before my master’s was Psychology, particularly focused on quantitative research, which may influence the methodology used to analyse the data; although the research is qualitative, the structure for the exploration of some themes are identified and defined in a theoretical framework before analysis.

At the time of completion of this research, I have been living in Jordan for eight months. I share some commonalities with the subjects of the research; I am young and female, but I have never experienced displacement. I am from the United Kingdom
(UK) where GBV also occurs, but as it is not a context of emergency, the prevalence is reportedly lower, coinciding with stricter laws and social norms regarding corporal punishment and violence in general. As I am not from an Islamic or Arab culture, the research may benefit from a lower cultural bias, as I explore the phenomena through an external lens, but it is likely that my ability to understand complexities of the views expressed in interviews is limited by my own social and cultural norms.

1.7 Thesis Outline

The thesis consists of seven chapters. The first chapter introduced the objective of the research, its relevance, methodology, ethical considerations, limitations and positionality. The second chapter highlights important background information about GBV and CP, and how they are addressed by humanitarian protection systems. This includes how research and programming has neglected to consider GBV risks for adolescents and discusses the significance of those risks in the Jordanian displacement context. Chapter three presents a social work theoretical framework for the exploration of risks and protection from GBV for adolescent girls; presenting the SEM as both a basis for identifying risks and for presenting protection intervention opportunities and presenting the concept of empowerment to evaluate protection. This chapter forms the theoretical basis for the data analysis. Chapter four presents the methodological framework for the research as an exploratory case study, methodological and ethical justifications for the approach to data collection and analysis. Chapter five presents and analyses the research findings. Firstly, the prevalent forms of GBV against displaced adolescent girls are presented, and then the SEM is applied to the case of GBV against displaced adolescent girls in Jordan, to identify both salient risk factors at each level and corresponding protection interventions. The extent to which the interventions empower adolescent girls is explored. Finally, the nexus between CP and GBV programming is discussed, and key links and gaps are identified and explored in the context of empowerment of adolescent girls. Chapter six explores the meaning for humanitarian practice of these challenges and barriers to empowerment and suggests strategies to enhance empowerment of adolescent girls and improve coordination and integrated approaches between CP and GBV programmes. The seventh and final chapter draws and discusses conclusions from the findings, answers the research question and makes three policy recommendations. Areas for future research are proposed.
2. Background

This chapter presents the background for the research by introducing the concepts of GBV and CP and exploring how these are defined in, and impacted by humanitarian emergencies. The relationship between VAC and VAW is explored and adolescence at the intersection is discussed. The international protection framework for addressing GBV and CP is introduced. Finally, in order to explore the described phenomena in practice, the Jordanian context of displacement is presented; both the current risks and patterns of violence, and the refugee response’s existing protection framework.

2.1 Defining Gender-Based Violence

GBV is broadly defined by the Inter-Agency Standing Committee (IASC) as an umbrella term for “any harmful act that is perpetrated against a person’s will and that is based on socially ascribed differences between females and males” (2015, p.5). This definition encompasses five interrelated types of violence; sexual, physical, emotional, economic and harmful traditional practices, and can create serious, immediate and long-term impacts on survivors’ health, social and economic wellbeing (WHO, 2013, p.35). Definitions of specific forms of GBV can be found in Annex E (p.74).

The term ‘GBV’ is often used interchangeably with ‘violence against women’, which was defined by the UN Declaration on the Elimination of Violence against Women (DEVAW, 1993) as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women”. However, the term ‘GBV’ can also be used to illustrate gendered dimensions of some forms of violence against men and boys, particularly when violence stems from socially constructed ideas of male power (IASC, 2015, p.5). Many actors and researchers argue that the defining element of GBV is that the violence is both a cause and a consequence of systemic inequality between males and females (Hughes, et al., 2015, p.281). It is widely recognised that such inequalities exist globally, with women and girls experiencing disadvantaged social power and influence, control of resources and of their bodies and participation in public life, and many scholars argue that GBV is the most pronounced display of gendered power imbalance and inequality of the genders, as violence is used as a mechanism to demonstrate and maintain power and control (Kabeer, 2015, p.200). As a result, GBV interventions generally focus more on females,
due to their documented greater vulnerabilities to GBV, the gender discrimination they experience and lack of safe access to humanitarian assistance (IASC, 2015, p.6).

The genders of the perpetrator and survivor are significant to the motivation for GBV, but also to societal responses to incidences. It is suggested that both formal and informal social structures and institutions perpetuate social, economic, and cultural hierarchies which reinforce the power imbalances which contribute to GBV (Manjoo, 2011, p.10). Societal values and community norms can perpetuate different forms of VAW, by promoting male dominance, and by failing to create an environment which encourages women to disclose GBV or seek services (Manjoo, 2011, p.10).

When discussing the dynamic of gendered power imbalances, it is vital to consider intersectionality; the idea that hierarchical power relationships are shaped not only by gender, but also by other individual identities which divide society, such as age, ethnicity, disability, sexuality and class (Cho, et al., 2013, p.786). Although gender is always present in power dynamics, focusing only on one division arguably reduces the group to the views and experiences of its most powerful members, which reinforces power relations; in this case, oppressing women of other minority groups further (Cho, et al., 2013, p.795). In relation to GBV, this means that gendered power must be considered amongst other intersectional divisions of power, to consider the experiences of those who are affected by different vulnerabilities, like age and displacement.

2.2 Gender-Based Violence and Human Rights

‘Human rights’ can be defined as the basic rights and freedoms to which all humans are universally entitled (OHCHR, 2019). According to international Human Rights Law, states assume the obligation to respect, protect and fulfil human rights (OHCHR, 2019). The Irish Consortium on GBV claims GBV is the most pervasive, yet least recognised human rights violation in the world (2016, p.5). UNFPA (2016, p.28) suggests that acts of GBV violate several globally accepted human rights principles, including:

- The right to life, liberty and security of person;
- The right to the highest attainable standard of physical and mental health;
- The right to freedom from torture or cruel, inhuman or degrading treatment or punishment; and
- The right to freedom of opinion and expression, to educate, to social security and to personal development.
There are several international and regional human rights instruments aimed specifically at protecting the rights of women, including the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which outlines state obligations to address discriminatory laws, practice, customs and discrimination by private actors (OHCHR, 2014, p.5). The convention’s 1992 recommendation No. 19 asserts that VAW is “violence directed against a woman because she is a woman or affects women disproportionately” (OHCHR, 2014, p.75). Subsequently, the 1993 DEVAW recognises VAW as a violation of women’s rights and calls on states to work towards its eradication (OHCHR, 2014, p.74). In 1994, the Commission on Human Rights mandated a Special Rapporteur on VAW, who highlights states’ obligations under international Human Rights Law to prevent, investigate, and punish acts of VAW and provide an effective remedy and reparation to survivors (OHCHR, 2014, p.78).

2.3 Gender-Based Violence and Displacement

A context which makes protection of human rights more challenging is displacement, due to violations experienced before and during transit, and to the reception and protection provided by hosting countries (UNHCR, 2006, p.4). ‘Displacement’ is defined by the International Organisation for Migration (IOM) as “a forced removal of a person from his or her home or country” (2011, p.29). Displaced populations can live in private accommodation, urban collectives, UN-recognised camps, transit camps, and self-settled camps. According to UNHCR, at the end of 2017 there were 68.5 million displaced persons worldwide; a continually increasing figure (2017a, p.4). Women are often disproportionately affected by disasters; their common role as primary caregivers reduces their access to resources for recovery (IASC, 2006, p.6). It was acknowledged that “specific vulnerabilities of women and girls can be seen in all phases of displacement” by UN Secretary-General Kofi Annan (UNSC, 2002, p.2).

If GBV can be understood as a manifestation of structural norms of gender inequality, displacement intensifies this manifestation by the breakdown of family and community protective structures (UNHCR, 2019, p.3). In addition to sexual and physical violence, researchers suggest several other ways that GBV can manifest in displacement contexts, including vulnerability in living areas, barriers to accessing services and inadequate services, labour and associated risks, and exploitation due to economic pressure and domestic violence (Sansonetti, 2016, p.48).
2.4 Defining Child Protection

UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and harmful practices against children (2006, p.1; 2017, p.49). Article 1 of the 1989 CRC defines a child as “every human being below the age of eighteen years”, and outlines the fundamental rights of children, including the right to protection from exploitation and abuse (UNICEF, 2006, p.1). Significantly, Article 19 states that measures should be taken to ensure the protection of children, including social support programmes when appropriate (CRC, 1989, p.5). According to UNICEF, ‘child protection systems’ refer to the laws, policies, regulations and services across all sectors to support prevention and response to CP risks (ECOSOC, 2008, p.4).

As with GBV, CP risks are also exacerbated by emergency contexts, especially in relation to the loss of family members, recruitment into armed forces, or experiencing GBV (CPWG, 2012, p.13). Risks to children’s protective ecologies are explored in detail in chapter three’s theoretical framework. In order to address these risks in humanitarian programming, CP actors are mandated to apply the principle of ‘the best interest of the child’, which means the child’s best interests are the main consideration in the design, monitoring and adjustment of all programming (CPWG, 2012, p.15).

Researchers also suggest an evolving perception in the CP field from viewing the child as an object, to a subject, capable of acting as an agent of their own protection (Gardner, 2016, p.7). This approach to CP is gaining popularity with researchers and practitioners who recognise that responding to a single form of VAC often ignores other forms that may be clearly linked and may affect many more children (Gardner, 2016, pp.10-11).

2.5 The Relationship Between Child Protection and Gender-Based Violence

Both VAC and VAW have been recognised internationally as global human rights and public health problems (Yount, et al., 2017, p.1), but research examining intersections between the causes, forms, impacts and interventions of each type of violence is recent and relatively unexplored. Research from 2016 suggests significant intersections, including shared risk factors, like co-occurrence in households with patriarchal family structures, social norms which support VAC and VAW and discourage help-seeking by survivors, intergenerational consequences, and compounding consequences across the lifespan (Guedes, et al., 2016, p.4; Namy, et al., 2016, p.47). Figure 1 illustrates six key intersections of VAC and VAW, identified in a thematic assessment of global literature.
Despite the evidence of this nexus between VAC and VAW, policies and programming have, until now, followed distinct trajectories (Guedes, et al., 2016, p.2; UNFPA & UNICEF, 2011, p.2). Fry and Elliott (2017, p.473) note that research fails to explore how the intersections are addressed in practice. They state that research must identify opportunities and challenges across existing policies and programmes straddling both fields, promote dialogue between VAC and VAW practitioners and establish evidence-based practice for collaborative and mutually beneficial results (2017, p.473).

Some authors suggest that separation of the two issues may be more political and deliberate than could be assumed. It is argued that collaboration of the two fields could cause children’s rights to take precedence over women’s rights and safety, particularly if gender equality is already a controversial and political subject in the given context (Guedes, et al., 2016, p.10). For example, research by Gruskin, et al. (2008, p.32) found that a Human Immunodeficiency Virus (HIV) testing programme for women, including pregnant women, became more focused on protecting children than on creating beneficial outcomes for the participating women. Additionally, the CRC has more signatory states than any other human rights treaty, which could indicate a wider universal acceptance of the need to protect children than women (UNFPA & UNICEF, 2010, p.17). However, other researchers suggest that in some contexts, VAC is seen...
as a fundamental part of discipline, whilst intimate partner violence (IPV) against women is considered “too extreme or unjustified” (Namy, et al., 2017, p.45). This is a key implication for both CP and GBV services; contextual attitudes about violence can be widely varied, relating to the types of violence comparatively. It could be suggested that these attitudes have power to influence service provision, both relating to service providers, and to community willingness to engage with and support programming.

In order to alleviate the risk of reinforcing one form of discrimination in attempting to address another, the adoption of an intersectional approach is suggested (Manjoo, 2011, p.11). One way to enable this, argue UNFPA and UNICEF (2010, p.22), is to adopt a rights-based approach to protection programming; not only does promoting gender equality amongst children promote equality for future women, but the rights of both women and children can reinforce each other to make more mutually supportive demands on society. In recent years, programming for both CP and GBV takes a more contextual approach which recognises the impact of both local and global influences, but it is argued that this contextualisation has not changed basic programming approaches for either children or women (UNFPA & UNICEF, 2010, p.23).

2.6 Adolescence at the Intersection

Adolescent girls, defined here as those between 10 and 19 years of age, are at the intersection of women and children; they experience violence with all the same causes as GBV, compounded by societies which do not accord full rights and entitlements to children (UNFPA & UNICEF, 2010, p.32). Research suggests that adolescence falls between traditional domains of GBV and CP and that adolescents are often overlooked by both kinds of agencies (Guedes, et al., 2016, p.9; Samuels, et al., 2015, p.40). This is due to CP agencies typically concentrating on younger children, and GBV programming focusing on married women using SRHR services (Guedes, et al., 2016, p.10). Not only is humanitarian programming failing to consider adolescents generally, but it is suggested that adolescence is a period of elevated vulnerability to key forms of VAW and VAC, often when experiences of VAW begin (Guedes, et al., 2016, p.9).

Adolescence is recognised as a challenging developmental phase universally, with stress arising from physical change, increased social pressure and the struggle to develop self-identity (Patel, et al., 2007, p.1303). Moreover, researchers suggest that displacement further exacerbates stress for adolescents, partly due to missing out on educational,
The nexus between CP and GBV programming: the impact for displaced adolescent girls in Jordan

economic and social opportunities, but also the traumatising impact of conflict, violence and stressful living conditions (Boyden & de Berry, 2004, p.XI). Adolescent girls are particularly vulnerable to GBV in displacement contexts, impacting survivors’ sexual, physical and psychological health, contributing to greater risk of future health problems, and complicating access to appropriate services due to stigma (IASC, 2015, p.9).

A further complication at adolescence is the so-called ‘emancipated minor’, defined by UNICEF as “those not under the legal responsibility of parents or guardians” (2015a, p.56). This is particularly relevant to girls experiencing child marriage, who have all the responsibilities of adulthood despite still being technically classified as a child. Child, early and forced marriage is often undertaken for financial protection and to prevent premarital sex in cultures where virginity before marriage is considered imperative (UNFPA & UNICEF, 2010, p.40-41). However, research suggests that child marriage creates additional risks for GBV, including higher rates of IPV, enslavement, premature pregnancy, commercial sexual exploitation and sexually transmitted diseases and infections (UNFPA & UNICEF, 2010, p.39; Jensen & Thornton, 2003, p.16). For humanitarian actors, married adolescents are particularly challenging, due to both the absence of services targeting their age range, but also a wide misconception amongst the girls that violence against them is acceptable (Jensen & Thornton, 2003, p.16).

Despite limited humanitarian programming addressing GBV for adolescent girls, there are many ways to link human rights conventions for both women and children in order to protect the rights of adolescent girls. Both CEDAW and the CRC recognise the importance of family in society, highlight the importance of SRHR, promote the right to education, call for the eradication of GBV, and seek to empower women and children through participatory action, all of which can contribute to the empowerment of adolescent girls (UNFPA & UNICEF, 2010, p.37). However, important issues when addressing GBV for women, including access to specialised SRHR services, autonomy in the family, and economic empowerment, are the same concerns for adolescent girls transitioning to adulthood, but because the adolescents are officially children, the fulfilment of these rights is not prioritised (UNFPA & UNICEF, 2010, p.34).

2.7 Protection in the Humanitarian Framework

‘Protection’ can be defined as activities aimed at ensuring full realisation of rights of the individual in accordance with Human Rights Law, International Humanitarian Law and
Refugee Law (OCHA, 2012). Although states have primary responsibility to ensure individuals’ rights are protected, in situations where states are unable or unwilling to meet their obligations, like emergencies, humanitarian agencies may provide assistance for the protection of affected populations’ human rights (OCHA, 2012). The GPC, led by UNHCR, is one of IASC’s 11 thematic clusters for coordinating humanitarian response in emergencies, which are illustrated in the diagram in Annex F (p.75). According to the cluster system, there are four AoRs in the GPC; CP, GBV, housing rights and mine action.

The GBV AoR, led by UNFPA, was founded in 2006 and aims to standardise approaches to addressing GBV and build capacity across other clusters and ensure prioritisation of GBV both in the field and globally (GBV AoR, 2018, p.1). Similarly, the CP AoR, founded in 2005 and led by UNICEF, focuses on enhancing CP coordination and response in humanitarian contexts. The overall purpose of the AoRs is to prioritise the ‘centrality of protection’, a concept intended to ensure humanitarian actors make ‘protection’ the purpose and intended outcome of all programmes (GPC, 2016, p.4). The centrality of protection is a relevant consideration for addressing GBV for adolescent girls; according to IASC (2015, p.6), humanitarian actors are obliged to “promote gender equality through humanitarian action” and “support, through targeted action, women's and girls’ protection, participation and empowerment”. However, UNHCR has noted confusion in the relationship between the GPC and the AoRs, and between the AoRs themselves, impacting the efficiency and operational effectiveness of each unit in achieving their overall aim of holistic protection (2017b, p.9).

Moreover, beyond the AoRs’ mandates to ensure the prioritisation of the centrality of protection within humanitarian activities of other clusters, UNFPA and UNICEF also undertake programming specifically addressing GBV and CP respectively. For GBV, in 2013, UNFPA and UN Women initiated the “Joint Global Programme on Essential Services for Women and Girls Subject to Violence”, which aims to improve survivors’ access to services including health and legal support. Additionally, UNFPA has programmes for SRHR, human rights education, centres addressing physical, social and psychological needs of survivors, and advocacy programmes aimed at reducing VAW. A ‘survivor-centred approach’, meaning the survivor’s rights, needs and wished are prioritised, is central to all programming addressing GBV (IASC, 2015, p.47).
Similarly, UNICEF undertakes a wide range of CP specific programming, including economic empowerment of caregivers, response and support services, education and life skills for young people, safe environments such as child friendly spaces, advocacy both for the enforcement of laws and social norms and values, providing a global supply network and conducting research (ECOSOC, 2008). Since 2010, UNICEF has shifted towards a systems approach to CP; focusing on interacting systems which contribute to a common goal, including families, communities and schools (Wulczyn, et al., 2010, p.2). This shift was in response to previous CP efforts which traditionally focused on individual issues, which were believed to result in a fragmented CP response, with numerous inefficiencies and unmet needs (Wulczyn, et al., 2010, p.1).

In 2010, UNFPA and UNICEF identified that the fulfilment of women and children’s rights have always been addressed in isolation from one another, and jointly published an advisory booklet to show how a human rights-based approach can be used to address joint development issues. Since then, the two agencies have worked collaboratively on several projects, including a project aimed at reducing FGM/C in 15 African countries (UNFPA & UNICEF, 2013), and a global project to end child marriage (UNFPA & UNICEF, 2017). Despite positive outcomes, it is arguable that the projects’ success is limited due to the focus on individual issues, rather than a holistic systems approach. It is also arguable that these collaborations do not tackle the challenges of separate programming of each AoR, particularly relating to the protection and empowerment of adolescents. Research suggests that even in combined interventions addressing VAW and VAC, adolescents are still rarely considered, or considered for issues relevant to their age like child marriage, rather than for their overall protection and empowerment (Fry & Elliott, 2017; Guedes, et al, 2016; Namy, et al., 2016, Yount, et al., 2017).

2.8 The Jordanian Context and Displacement

According to the Law Regarding Protection from Domestic Violence (Law No.7/ 2008), VAW in the household is illegal in Jordan (Nasrawin, 2017, p.365). In spite of this, research suggests that high incidence of domestic violence continues, and social and cultural norms continue to accept the use of VAWG (Nasrawin, 2017, p.365; Alzoubi & Ali, 2018, p.2). It is suggested that a widely-shared attitude in Jordan is that domestic violence and IPV are private issues to be resolved between husbands and wives, not to be reported, and for women to bear in order to keep the family together (Alzoubi & Ali,
The nexus between CP and GBV programming; the impact for displaced adolescent girls in Jordan

2018, p.4). Additionally, many Jordanians perceive GBV to be the fault of the survivor, and younger women are more likely to justify IPV against them than older women (Alzoubi & Ali, 2018, p.4). These attitudes culminate in a culture where reporting and help-seeking for GBV and VAC is low, compared to a relatively high prevalence. Recent years have seen this disparity increase, due to the increasing arrival of refugees.

Jordan has hosted refugees from neighbouring countries for many decades; more than two million Palestinian refugees have lived in Jordan following the 1948 and 1967 wars, with most granted Jordanian citizenship (UNRWA, 2016). Wars in Iraq, Lebanon, Yemen, Sudan and Somalia have also seen 82,500 registered refugees arrive in Jordan, but the largest influx of refugees began in 2011 as a response to the Syrian civil war (UNHCR, 2018, p.1). According to figures from 2017, since 2011 Jordan has hosted 671,148 registered Syrian refugees, with estimates of over 1.3 million Syrians total (MOPIC, 2017). Of these, around 11% live in camp settings, while the vast majority live in rural and urban areas (MOPIC, 2017). Maps illustrating the location of refugees and the location of camps and settlements can be found in Annex B (p.70). According to UNHCR figures from January 2019, the proportion of young refugees is particularly high; half of the 1.3 million are under 18, and of 671,551 registered Syrian refugees in Jordan, 6.7% are girls between 12 and 17.

As per the normal pattern for contexts of conflict-related displacement, displaced women and girls in Jordan are subject to heightened risks of GBV. In Za’atari camp, where almost a third of Syrian refugees reside, non-governmental organisation (NGO) reports have highlighted prevalence of GBV, sexual exploitation, child sexual exploitation and child, early and forced marriage (UN Women, 2013, p.10). According to the International Commission of Enquiry for Syria, sexual violence was used for torture and intimidation, and the resulting rumours triggered population flight (UNGA, 2013, p.17). Other CP concerns include violence, abuse, exploitation, interrupted schooling, limited access to services and psychosocial distress caused by witnessing violence (UN Women, 2013, p.10).

In urban refugee communities, where two thirds of Syrian refugees are residing, there are also reports of escalating GBV, with many young Syrian women experiencing GBV perpetrated by their husbands, by Jordanian men, and by humanitarian service providers of community-based organisations, including cases where women had to exchange sex
for aid (CARE Jordan, 2012). Not only are women more exposed to various forms of GBV, but the displacement contexts for both women in camps and in urban settings are environments where help-seeking behaviour is increasingly difficult. Increased tension due to poor living conditions and the fear of harassment is decreasing the likelihood of women leaving the home, resulting in women staying silent and feeling socially isolated (UN Women, 2013, pp.24-28). There is also an increased risk of VAC in urban settings, with similar stressors as the causes of VAW, with the addition of behavioural problems in children who have experienced some level of trauma (UN Women, 2013, p.38).

In response to the influx of refugees, in 2014 Jordan’s Ministry of Planning and International Cooperation (MOPIC) together with the Jordan Response Platform for the Syria Crisis task force created the Jordan Response Plan (JRP) which aims to address the needs and vulnerabilities of both Syrian refugees and Jordanian people, communities and institutions affected by the refugee influx (MOPIC, 2017, p.3).

According to the JRP, many Syrian refugees are increasingly turning to negative coping strategies including reducing children’s access to education, enabling child labour and accepting early marriage (MOPIC, 2017, p.5). Concurrently, Jordanians are experiencing increased competition for resources and a deterioration of quality of services in health, education and water (MOPIC, 2017, p.5). The JRP includes a social protection component aimed at integrating Syrian refugees into national protection systems, which involves strengthening existing national social systems, providing basic needs assistance to refugees and creating social protection and cash assistance programmes for both refugees and affected host communities (MOPIC, 2017, p.16).

Despite MOPIC’s plan to improve social protection for refugees and Jordanians, the very high number of refugees coupled with a lack of resources means that further support is required from the international community. UNHCR coordinates the refugee response in collaboration with the Jordanian government, which has eight working groups, including the Protection Working Group, co-chaired by UNHCR and the Norwegian Refugee Council (UNHCR, 2018, p.2). Under the Protection Working Group is the associated CP Sub-Working Group led by UNICEF and the Sexual and Gender-Based Violence (SGBV) Sub-Working Group led by UNFPA. The relationship between these two sub-working groups and specialisms is examined and the impact on adolescent girls is explored in the following chapters, using the theoretical and methodological frameworks presented in chapters three and four.
3. Theoretical Framework

With a clearer understanding of how the UN protection system works and the circumstances for displaced adolescent girls in Jordan, this chapter presents the theoretical framework for exploring the research question. It is proposed by some authors that the concept of ‘protection’ in humanitarian assistance shifts the sector away from sole focus on its traditional agenda of meeting needs, and over to an agenda more convergent with the fulfilment of human rights and social justice (Darcy, 2004, p.3). The focus on human rights, social justice and equality brings humanitarian theory and practice closer to that of international social work, argue Mónico and Smith Rotabi (2014, p.3), particularly in the dimension of ‘macro-practice’ involving policy implementation, organisational management, social planning and programme development. The authors also argue that the intersection between humanitarian assistance and social work can be seen at the ‘micro-practice’ level; especially in relation to groups such as women, children and refugees, and the impact of poverty and oppression on families and individuals (Mónico & Smith Rotabi, 2014, p.3).

For this reason, the present research structures and analyses the findings and draws conclusions using a social work theoretical perspective, and this chapter presents and discusses the used theoretical framework. It starts by examining previous literature on violence against adolescents and their susceptibility to polyvictimisation of GBV, and then explores the SEM in order to examine and researchers frame risk factors for GBV at different levels. The SEM is also used as a framework for protection interventions, and finally the concept of ‘protection’ as ‘empowerment’ is discussed.

3.1 Violence Against Adolescents

Adolescents are under-researched compared to women and younger children, both in terms of the risks and violence they are exposed to, and the impact of interventions to prevent violence against them. As discussed in the previous chapter, research and programmes that do exist focus on individual issues, such as FGM/C and child marriage, which some researchers argue ignores multiple forms of violence adolescent girls can be exposed to (Finkelhor, et al., 2007, pp.8-9; Yount, et al., 2017, p.2). Finkelhor, et al. suggest that adolescence is a critical life stage for the risk of polyvictimisation (2007, p.10) and researchers suggest that it is vital to explore multiple
forms of violence together, as evidence shows intersecting causes, co-occurrence, and shared health consequences (Finkelhor, et al., 2007, p.10; Guedes, et al., 2016).

It could be argued that the applicability of this evidence to the present research is limited, as it does not focus specifically on VAWG in emergency contexts such as displacement. However, the theory presents a pattern in the forms of violence that adolescent girls experience; polyvictimisation. As discussed in chapter two, researchers and practitioners generally agree that emergency contexts can amplify existing patterns of violence to the extreme. Therefore, it can be assumed that the same patterns are relevant and present in emergencies, perhaps to a greater extent. For this reason, this research inductively explores multiple forms of VAWG as determined relevant by interview participants, and the interrelating causes and effects of these forms.

3.2 The Social Ecological Model

An especially relevant theory of social work for the humanitarian sector is the Social Ecological Theory, which considers the interrelations of social and natural environment, the influence of social class and the unequal distribution of resources to understand how and why particular phenomena occur (Mónico & Smith Rotabi, 2014, p.7). This lens can be used to account for the social forces which lead to injustice, and, argue Mónico & Smith Rotabi, the need for humanitarian action across the world.

The SEM was first introduced as a framework for human development by Bronfenbrenner (1977, p.513) to understand the interrelated and multifaceted effects of individual and environmental factors which determine behaviours. The approach focuses on progressive accommodation between growing humans and their changing environment, allowing researchers to identify intervention and programming leverage points for social change (Bronfenbrenner, 1977, p.513).

At the core of the model is the individual; their personal history, biological and psychological make-up. This make-up is continually and directly modified by the immediate physical and social environment, known as the microsystem, as well as the formal and informal institutions and social structures outside of the microsystem, known as the exosystem. Surrounding the exosystem is the macrosystem; the societal views which permeate the culture. Finally, the links between all the levels are known as the mesosystem. The SEM is visually represented in Figure 2 below.
The SEM can be used to explore the causes and impacts of a wide variety of phenomena and corresponding interventions. The following sub-chapters explore how the model is applied to explore the causes and risks for VAW, and how the model is applied to explain how each level contributes to the protection of children.

### 3.2.1 The Social Ecology of Violence Against Women

Social ecological theory can be used to understand the underlying causes of violence against adolescent girls, by identifying the multilevel structural and normative influences on VAWG (Yount, et al., 2017, p.3). Heise (1998, p.266) uses the SEM to combine findings related to all forms of VAW as an integrated approach to theory building. It can, therefore, be considered an appropriate framework to identify common underlying causes of assorted forms of VAWG, reducing the risk of missing these causes by focusing on individual forms of violence.

Heise’s application of the SEM to VAW identifies common features at each level according to existing research. At the individual level, very few factors reliably predict a woman to be at risk of violence; alcohol use, income, education, hostility, self-esteem, employment and engaging in VAC are not linked with victimisation of women (Heise, 1998, pp.266-267). This suggests that the likelihood of experiencing violence is not related to individual traits and therefore vital to look at the environment and systems around women and girls in order to understand and prevent violence.
The microsystem can be considered the immediate context of the violence; often the family. The most significant commonalities relate to the structure of traditional families; male dominance in the family, including economic and decision-making authority is one of the strongest predictors in societies with high rates of GBV (Heise, 1998, p.270). Other predictors include male control of wealth, marital conflicts and male alcohol dependency (Heise, 1998, pp.271-273). It is suggested that micro-level indicators, such as the patriarchal family structure, are generally influenced by macro-level norms that approve of male dominance in the family (Heise, 1998, p.270).

At the exosystem level, Heise identifies several common social structures which impact the immediate settings in contexts of VAW. A significant theme is low socioeconomic status or unemployment of men; poverty and significant changes to economic situations are found to be strong predictors for GBV (Heise, 1998, pp.273-275). Moreover, men with more violent friends are more likely to perpetrate GBV. Further, social isolation of women is both a consequence and a cause of GBV; women with stronger family and social networks experience less GBV. This is particularly relevant to the present research, as chapter two illustrated that many displaced women and girls in both camp and urban settings in Jordan are experiencing social isolation in connection with GBV.

In Heise’s application of the SEM, the macro- and mesosystems are combined to illustrate the permeating qualities of these risk factors, and they are said to inform and operate through their influence at each level. Heise finds that cross-cultural literature supports feminist theory’s reference to the patriarchy as a dominant macro- and mesosystem factor influencing GBV (p.277). A strong macro- and mesosystem predictor of GBV is the notion of masculinity linked to dominance, toughness and honour; a socialisation of men to exhibit behaviour which is less empathetic, more violent and sexually aggressive (Heise, 1998, p.278). Nowadays often referred to as ‘toxic masculinity’ (Connell & Messerschmidt, 2005, p.840), this hypermasculinity is also in the belief of rigid gender roles and disdain for egalitarianism between genders.

A further significant predictor in the macro- and mesosystems is a sense of male entitlement or ownership over women. In many societies there are laws or cultural traditions creating conditions where all parties believe that a man’s wife is his property, and therefore her obedience is assumed and GBV is allowed (Heise, 1998, p.280). Additionally, societies which approve of physical punishment of women and children,
and those that condone violence to settle interpersonal disputes have higher prevalence of VAWG (Heise, 1998, pp.281-282). Alzoubi & Ali (2018) suggest that Jordanian cultural and societal norms align with these attitudes, as discussed in chapter two.

Heise’s findings reveal how multiple nested systems converge to create the conditions in which multiple forms of VAWG can take place, and can be used as a framework to explore the impact of preventive and responsive interventions, to see how interventions address predictors of violence at different levels of the SEM. The findings are useful to this study in that they provide an indication of some of the environmental factors and their different levels which may increase incidence of GBV against adolescents, but Heise’s research does not consider the levels for adolescents specifically. Therefore, these findings can be built on for adolescent-specific risks in the present research.

Equally, Heise’s application of the SEM does not consider how each of the levels are affected and the risk factors are exacerbated by an emergency context. In order to consider the impact that displacement might have on adolescents’ social ecology, the present research considers the application of the SEM to humanitarian contexts.

**3.2.2 The Social Ecology of Protection**

Not only does the SEM provide a framework to understand protection risks of VAWG, it can also be used to identify protection opportunities. Triplehorn and Chen (2006) explore how the different levels of the SEM contribute to, or harm, the protection of children, and how this social ecology can be degraded during emergencies.

At the individual level, Triplehorn and Chen refer to children as the foundation of their own protection; they are active survivors who make decisions to protect themselves and meet their goals such as money, schooling, safety and status (2006, pp.227-228). Not only do children protect themselves, but they also protect their peers and transcend their traditional roles in crises in order to respond to the needs of the community (Triplehorn & Chen, 2006, p.228). However, children can also be harmful to themselves and one another at the individual level; for example, by coercing peers into substance abuse, unsafe sex, bullying, discrimination, harassment, and recruitment into child soldiering (Triplehorn & Chen, 2006, p.229). In terms of humanitarian protection, the authors recommend that interventions recognise the developmental importance of peer-to-peer networks and consult with children at all stages of humanitarian assistance, to recognise threats in their environments and identify strategies to address them (2006, pp.228-229).
The microsystem is identified by Triplehorn and Chen as families and primary caregivers, and a very important protective ecology; families provide food, shelter, physical protection, psychosocial care and emotional support (2006, p.229). The authors found that children separated from families are more vulnerable to illness, exploitation, recruitment, abuse and death, due to the lack of resources available to them (p.230). The family and caregivers can also be of harm to children’s protection; physical, sexual and emotional abuse incidences increase in times of instability and stress of caregivers (Triplehorn & Chen, 2006, p.230). For this reason, protection interventions often prioritise family reunification for children, but should also consider supporting families and caregivers during instability and emergencies, to reduce the incidence of VAC.

Surrounding families are communities; the exosystem. Communities complement the family’s protective support by establishing norms for children’s behaviour and leading by example (Triplehorn & Chen, 2006, p.230). In emergencies, community structures are disrupted, and can be rebuilt without the same social structures which provide protection for children. For example, research suggests that refugee camps are some of the most dangerous places for children, with elevated levels of VAC within displaced and host communities, trafficking and exploitation (Triplehorn & Chen, 2006, p.230). In displacement contexts where educational and religious institutions are limited, the authors suggest that adolescents are one of the most under-served populations.

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), in 2003 only 3% of 1.5 million refugees between ages 12 and 17 had access to education, making them more vulnerable to recruitment into armed groups or sexual exploitation.

The macrosystem level of children’s protective ecology is, according to Triplehorn and Chen, national and international policies for protection. As discussed, the state has primary responsibility for protection of its citizens, but crises can prevent effective enforcement of legal systems and disturb established CP systems (Triplehorn & Chen, 2006, p.233). The international community assists when states are unable or unwilling to address the needs of its citizens and vulnerable groups, and the rights of children are outlined by the CRC (Triplehorn & Chen, 2006, p.233). However, challenges for international interventions are also outlined by the authors, who suggest that children are largely unprotected due to poor understanding of their needs (p.239). They suggest that CP policy and programming needs to apply equally to every person under the age...
of 18, that children should be consulted more during protection programming and that longer-term protection programming should be considered (2006, pp.235-241).

Triplehorn and Chen’s overall conclusion from applying the SEM to the protection of children is that humanitarian organisations must centralise protection in their interventions whilst also actively supporting all of children’s protective social ecologies, with interventions targeting each of the SEM’s levels. This provides a framework by which the impact of protection interventions for children can be explored. It can be considered relevant to emergency contexts, and also to the specific protection concerns of adolescents; the authors used this framework to identify the ways in which protection programming neglects the fulfilment of adolescents’ rights (p.239). However, the model does not consider the specific risks and protection opportunities relating to gender and GBV, which is why the present research chooses to combine the findings of Triplehorn and Chen with Heise’s application of the SEM to VAW, in order to explore VAWG risks and protection opportunities at each of the levels of social ecology.

Supporting Triplehorn and Chen’s social ecology of protection is the use of the SEM by international humanitarian actors, as a model for protection and positive change within social systems (UNICEF, 2015b, p.1). UNICEF suggests that combining advocacy, social mobilisation, social change communication and behaviour change communication at every level of the SEM can create change for individuals and families which can be supported by broader social norms shifts (2015b, p.5). This provides a potential foundation for the protection of adolescent girls against GBV, but may not have been applied to adolescents specifically, as it is used by UNICEF for programming for the protection of younger children. The present research therefore considers different levels of interventions that may impact adolescents using each of these approaches.

3.3 Protection as Empowerment

As discussed, Heise’s findings suggest that individual factors do not impact the likelihood of incidence of VAWG, but the Women’s Refugee Commission (WRC) states that adolescent girls in humanitarian settings should be seen as more than a vulnerable group; as agents with the capacity to instigate change in their families and communities (2014a, p.1). It is suggested that empowerment, both social and economic, can reduce the risk of experiencing violence and can allow a shift in the understanding of social norms both individually and, in some circumstances, societally (WRC, 2014a,
In relation to the specific issue of child marriage, researchers conclude that programmes which empower girls can be very effective (Lee-Rife, et al., 2012, p.301). The concept of protection as empowerment is also supported in VAWG research outside of humanitarian settings. As Heise’s application of the SEM to risks for VAWG indicates interrelated systems converging to disempower women, Jewkes identifies the empowerment of women and girls as a way to reduce their exposure to violence (2002, p.1427). Furthermore, social work researchers such as Fox (1984, p.319) argue that empowerment of children is “the only true protection from abuse and neglect”. Fox argues that giving children choice and control over their lives can socialise them to interact with adults assertively, seek non-exploitive relationships with others, leave negative situations and hold perpetrators of violence accountable (1984, pp.321, 324).

As ‘empowerment’ can be defined in many ways, Kabeer (1999) explores definitions of the concept that can be applied practically to women. Kabeer explores the quantification of the concept of ‘empowerment’ to make it more objectively verifiable and therefore possible to fit into development agendas for policy-making institutions (p.435). Although this quantification can allow goals relating to gender equality through empowerment to reach mainstream agendas, it is argued that this reduces the political nature of empowerment (p.436). Kabeer synthesises definitions and measures of women’s empowerment to “the process by which those denied the ability to make strategic life choices acquire such an ability”, suggesting that power is the ability to make choices, and those who can make them are only ‘empowered’ if they have been through the process of change from being disempowered in the first place (p.435). Kabeer also distinguishes different types of choice; to be empowered, women must be able to make critical choices about their lives, including the choice of jobs, whether to marry and whether to have children (p.437). Thus, to Kabeer, empowerment is about change and gained ability to make strategic life choices, where this was before denied.

The ability to exercise choice is the combined effect of three interrelated indicators, argues Kabeer. The first of these is ‘resources’, and includes finance, education and social relationships (p.443). This links to Heise’s social ecology of VAW, as both heads of communities and heads of households may have access to these resources because of their access to decision-making, thus allowing them to empower or disempower women.
This is relevant to the present research, as the level of access to resources can be examined in order to better understand protection of adolescent girls in Jordan.

Another indicator is ‘agency’: the ability to define goals and act to achieve them. This considers the meaning and purpose that women bring to their actions, and when combined with resources, creates capabilities; the potential for living according to choices (p.438). Agency can also be overridden by others; by violence, coercion and threat (p.438). Empowerment as agency is considered by some researchers to be the most salient protective factor against GBV for women and girls in emergency contexts (WRC, 2014b, p.6). Again, agency is explored in the present research to understand the options available to adolescent girls, and how this impacts risks for GBV.

The final indicator Kabeer identifies is ‘achievements’; the outcomes of the choices made by women, and what that indicates about their empowerment. Kabeer states that a manifestation of disempowerment is where women cannot achieve their desires, but that achievements must be explored in the context of resources and agency, so as not to attribute achievements to an illusory level of empowerment, when other influences may have caused them (p.449). Overall, Kabeer concludes that all three indicators must be considered together to understand empowerment, whilst also considering larger social and structural values and their impact on how to understand the indicators; indicators are contextual. She highlights the importance of understanding valued choices, within a given context, to understand the process of empowerment, in order to prevent prescribed empowerment and thereby undermine women’s capacity for self-determination (p.462).

Kabeer’s definition of empowerment as the ability to choose is challenging in the context of empowering adolescents, as many legal frameworks prevent children from making strategic life choices, leaving the responsibility to caregivers to determine their best interests and choose on their behalf. However, as Triplehorn and Chen’s findings of the social ecology of protection suggest that children have the capacity to make choices for their own protection, the present research adopts the definition whilst also considering legal frameworks which limit the choice adolescents can exercise. Therefore, the present research uses Kabeer’s definition to explore empowerment of adolescent girls and uses the three indicators as a framework to assess how protection interventions impact GBV against adolescent girls at each level of the SEM.
4. Methodological Framework

In order to apply the theoretical framework to the research question, this chapter will outline the methodological framework for data collection and analysis. As discussed, existing research on the topic of violence against adolescents has used systematic reviews of existing literature on VAC and VAW to identify the overlaps and gaps between the two fields (Finkelhor, et al., 2007; Guedes, et al., 2016; Namy, et al; 2016; Fry & Elliott, 2017; Yount, et al., 2017). Therefore, this research adopts the form of a qualitative exploratory case study, to explore the phenomena identified in previous research and discussed in the theoretical framework; the social ecology of violence and protection for adolescents and empowerment as protection.

Qualitative research can be considered an appropriate method to answer the research question in several ways. Flick (2009) argues that a qualitative style is essential for social research due to its openness in allowing subjects of research to shape the content, perspectives and direction of trends, its consideration of subjective social meaning and its focus on the reflexivity of the researcher. As this research explores social phenomena, and is concerned with the perceptions of risk, empowerment and impact of services, qualitative is arguably more appropriate to build a picture of the social knowledge around this topic. Crucially, this research aims to discover and develop what is already known regarding violence against adolescents, not test it.

Case studies can be used to describe and analyse a specific case, with the objective of understanding an example of a more general problem (Flick, 2009, p.134). The method allows a deeper exploration into a phenomenon than a wide sample but can have lower generalisability and ecological validity due to a specific focus on one example (Flick, 2009, p.125). Therefore, appropriateness of the chosen case is a key consideration; Flick recommends choosing particularly typical cases (2009, p.125). In the present research, Jordan is arguably very well positioned to be considered a ‘typical case’; the vast number of refugees who have arrived in a short number of years has created what has been called a “very large humanitarian machine” operated by UNHCR (Healy & Tiller, 2013, p.2). Exploring how risks and protection interventions are operational in Jordan could provide the basis on which assumptions about other refugee situations and their responses could be made, but generalisability may be limited by both cultural context and the unique refugee situation and humanitarian response in Jordan.
In selecting the sample of participants for this research, ethical considerations are of utmost importance. Social research usually considers confidentiality, disclosure and informed consent, but it is argued that GBV research transcends these requirements, due to the traumatic and potentially threatening nature of the subject matter (Ellsberg & Heise, 2005, p.35). This research creates situations where individuals may confront and discuss issues of sensitivity, both socially and culturally, and may describe difficult and painful experiences, which could trigger distress (WHO, 2007, p.1). Additionally, it is argued by researchers that in some circumstances, the safety of both participants and researchers could be at risk, particularly where interviewees are asked to talk about their views on a matter which may be taboo (Ellsberg & Heise, 2005, p.35; WHO, 2007, p.1). Therefore, it is recommended that all research undertaken in the field of GBV must take all measures to ensure participant safety, protect privacy and confidentiality, minimise participant distress (Ellsberg & Heise, 2005, pp.38-41; WHO, 2007, p.12).

Not only does the research cover the highly sensitive topic of GBV, it also explores a population with intersecting vulnerabilities. Research with participants under the age of 18 is considered ethically challenging, due to the increased likelihood of exploitation due to the larger power imbalance between researcher and participant (Allen, 2002, p.276). Informed consent from a parent or caregiver is required, which could be problematic due to the subject; parents may not want their daughter to disclose information about GBV or may want to know what was discussed in the interview, violating participant confidentiality. These vulnerabilities are arguably even more pertinent for refugees who are removed from usual social support systems. Although these vulnerabilities highlight the need for adolescent-focused research, they also make displaced young people a challenging population to research ethically, owing to the inevitable power imbalances created by a research context.

For these reasons, the present research opts for a sample that presents the smallest risk to the subject population; the sample is composed of protection specialists from relevant humanitarian organisations. According to Patton (2002), the selection of critical cases, such as the opinions of experts in the field, allows an opportunity for an especially clear understanding of the functioning of a phenomenon. To explore the functioning of UN protection interventions and coordinating bodies, the participants include four protection specialists from UNFPA Jordan, UNICEF Jordan, IMC Jordan and Plan International MENA Region. The sample includes Jordanian and international staff, all
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participants are women, with ages ranging from 32 to 58. Descriptions of participating organisations and demographics of participants can be found in Annex C (pp.71-72).

The chosen method for data collection is detailed, semi-structured interviews using a guide, in order to generate both context knowledge (for example, what are the risks for GBV for displaced adolescent girls in Jordan), and process knowledge (for example, how does each organisation respond to these risks with protection interventions). The interview guide used in data collection can be found in Annex D (p.73). Semi-structured interviews are a useful method in this case to ensure the coverage of topics of interest and avoidance of irrelevant areas, whilst also allowing participants to guide the interview to topics deemed important by them, and encourage their authentic responses (Flick, 2009, pp.150-152, 167). An advantage of the method is the opportunity to reconstruct the knowledge of experts to develop a typology or theory about an issue and gain subjective insights of particular social groups (Flick, 2009, pp.152, 166). However, an important limitation noted by Flick is the subjectivity of the interview data, and the subsequent subjective interpretation of the data by the researcher (2009, p.155). For this reason, it is crucial to consider the positionality and reflexivity of the researcher.

According to Flick, reflexivity of the researcher in qualitative research is central, not just as an intervening variable, as it is often deemed in quantitative research, but as a significant contributor to how the research process is conducted and the knowledge is formulated (2009, p.16). As the researcher can be considered the primary tool of the research, implicit biases influenced by subconscious prejudices must be addressed. Therefore, a positionality statement is presented in chapter one of the present research, to explain the position of the researcher in relation to the subject, and a continuing process of reflection throughout the discussion of the findings and conclusions is undertaken, to take into account the influence of the researcher on this project.

To interpret the data and thereby generate the findings and conclusions, the transcripts of the interviews are explored using qualitative grounded coding and analysis. Grounded coding is an appropriate method for this research, as it allows new patterns and themes to emerge from the data. First, open coding is used to express the data and their phenomena in the form of concepts, followed by axial coding to identify the relationships between the categories, and finally selective coding to identify definitions of each code (Flick, 2009, pp.307-312). Salient and significant patterns are extracted
and grouped into themes according to the theoretical framework described in chapter three. Applied to the theoretical framework, these themes are used to relate to the research questions outlined in chapter one.

There are several limitations to be acknowledged in the design of the research. In relation to expert interviews, Flick suggests that the identification of the most relevant experts can be difficult, as well as convincing them to participate in an interview (2009, p.168). This challenge is mitigated in the present study; the researcher is living in Jordan and has pre-existing relationships with staff from relevant organisations. Flick also points out that time restrictions are more salient in expert interviews, so the interviews rely on the guide to ensure that the interview remains on track, with room for flexibility. Perhaps most challenging regarding expert interviews are the expectations of the experts; Flick suggests that experts demand a high level of expertise from the interviewer, to understand complex processes, and asking useful and appropriate questions (2009, p.168). In this instance, this challenge is navigated through the connection between the researcher and the participants; whilst participants are aware that the researcher is a student, not an expert in the field, the researcher’s studies demand a sound and nuanced knowledge of the subjects in the interviews.

There are also challenges regarding the validity of the research design. The decision to interview field experts instead of the affected population itself has the potential to affect the accuracy of the information provided. Experts may be able to identify risks and interventions relevant to adolescent girls but are not able to provide the same insight into the subjective meaning of the risk, or experience of participating in an intervention. The research is therefore limited to the lens of the service provider, which is useful for exploring service provision, but not necessarily its subjective impact on the affected population. The validity of this study is therefore measured by the relevance of the findings to the empirical material explored in the previous chapters. Additionally, participants may be affected by a desirability bias. Flick (2009, p.168) suggests that some expert interviewees may withhold or change information about certain delicate issues in order to ensure the reputation of their organisation. This is relevant to this research, as organisational reputation is of high importance in the humanitarian sector due to the high competition for programme funding. To mitigate this challenge, anonymity of the participants is assured, as is the aim of the research to provide helpful information to inform future programming.
5. Research Findings and Analysis

In this chapter, the findings of the research are presented and analysed. Firstly, prevalent forms of GBV experienced by adolescents, as reported by participating practitioners, are presented, to gain a better understanding of how and why addressing GBV against adolescents is relevant. Next, the SEM is applied to the case of displaced adolescent girls in Jordan, first with a visual illustration of the found risk factors and interventions at each level of the girls’ social ecology, followed an analysis of the risks and interventions at each level, and a discussion of the extent to which the interventions can be considered empowering according to Kabeer’s definition outlined in chapter three. Finally, the nexus between CP and GBV programming is discussed. The set-up and coordination between these services is explored in seven different key areas, and how they impact the protection and empowerment of adolescent girls is debated.

5.1 Forms of Gender-Based Violence Experienced by Adolescent Girls in Jordan

In order to build a clearer picture of the forms of GBV which adolescents are experiencing in Jordan, Table 1 presents the forms of violence reported as prevalent.

Table 1: Forms of GBV experienced by displaced adolescent girls in Jordan.

<table>
<thead>
<tr>
<th>Number of participants reporting</th>
<th>Forms of gender-based violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>All participants</td>
<td>Child, early and forced marriage; domestic violence; sexual violence</td>
</tr>
<tr>
<td>Three participants</td>
<td>Denial of resources; deprivation from education; unwanted pregnancy; verbal abuse</td>
</tr>
<tr>
<td>Two participants</td>
<td>Child abuse; child labour; cyber harassment and cybercrime; exploitation by landlords; gender discriminatory legislation; harassment in the street, in schools and on the journey to school; marital rape; restricted mobility of girls; sexual harassment</td>
</tr>
<tr>
<td>One participant</td>
<td>Bullying; denial of registered documentation and/ or forced statelessness; honour killings; IPV; neglect; physical relationships between adult men and girls under 18; sexual violence in the workplace; teacher to pupil violence in schools; violence navigating humanitarian services; young pregnancy</td>
</tr>
</tbody>
</table>
Participants also indicate that many of these forms of GBV are interrelated. For example, two participants suggest that many forms of violence are more likely to occur to a girl who is also deprived from education, and deprivation is more likely to occur to a girl who is also experiencing violence. Similarly, all forms of violence are suggested to be more prevalent when adolescents experience child marriage, which was reported as the most prevalent form of GBV experienced by adolescent girls in Jordan. This indicates support for Finkelhor, et al.’s suggestion that polyvictimisation is highly prevalent amongst adolescents experiencing GBV (2007, p.10), and would suggest that polyvictimisation is widespread in displacement contexts as well.

Although prevalence data is difficult to obtain for a number of ethical reasons, including the confidentiality of service-users and the low reporting rate of incidence, Table 1 gives an indication of the trends and patterns of violence against displaced adolescent girls, as perceived by expert humanitarian staff working on CP and addressing GBV. This is significant as it gives an indication of the direction of programming that organisations will follow according to the perceived needs. However, the present research is interested in how humanitarian organisations address the risk factors of each level of the SEM, and this will be presented in the following sub-chapter.

**5.2 The Social Ecology of Gender-Based Violence Against Adolescents**

The findings of this sub-chapter include risk factors and protection interventions at every level of displaced adolescent girls’ social ecology and are illustrated using the SEM in Figure 3.

The analysis following the figure examines the findings at every level of the SEM, exploring both relevant risks for GBV against adolescents, and existing corresponding interventions. The empowering impact of the protection interventions is deliberated, according to Kabeer’s three empowerment indicators; resources, agency and achievements.
The nexus between CP and GBV programming: the impact for displaced adolescent girls in Jordan

![The Social Ecological Model applied to GBV against displaced adolescent girls in Jordan.](image)

**Risk Factors**

- Lack of disaggregated data
- Lack of funding
- Stigma in government
- Poor coordination between CP & GBV
- Poor quality of services
- Dangerous camp situations
- Danger in schools & workplaces
- Stigma around GBV
- Male control in the family
- Economic hardship for families
- Stigma around families seeking services
- Lack of services targeting families
- Disempowering age-gender convergence
- Access to quality services
- Polytisation & revictimisation
- Culture & stigma
- Difficult economic situation
- Lack of data & information
- The internet

**Protection Interventions**

- Advocacy with government
- Coordination efforts between CP & GBV
- Capacity-building of service providers
- Community-based committees
- Community awareness-raising
- Parenting skills courses for parents & caregivers of adolescents
- Parenting skills courses for parents & caregivers of adolescents
- Parenting skills courses for parents & caregivers of adolescents
- Survivor shelters
- Communication strategies to shift social norms
- Coordination of GBV & CP information management systems
- Advocacy with government
- Coordination efforts between CP & GBV
- Capacity-building of service providers
- Community-based committees
- Community awareness-raising
- Parenting skills courses for parents & caregivers of adolescents
- Survivor shelters
- Communication strategies to shift social norms
- Coordination of GBV & CP information management systems

**Figure 3**: The Social Ecological Model applied to GBV against displaced adolescent girls in Jordan.
5.2.1 The Individual

Unlike Heise’s (1998) research into VAW, which suggests there are few individual factors to predict whether a woman will experience GBV, participants identify several individual risk factors for violence against adolescent girls. Lack of awareness is emphasised as a significant risk, including awareness about what constitutes GBV, about available GBV and SRHR services and about the human rights which protect persons from GBV. Associated is an increased risk of GBV for girls who choose to miss school, which participants suggest can be due to minimal interest in education and a widely shared understanding that they should marry in adolescence, before they are seen as “too old”. Without school, participants suggest girls have time to develop physical relationships with men and aspire to early marriage to leave their living situations, especially where difficult or crowded without privacy, like many displaced families in Jordan. Reduced access to education also links to microsystem and exosystem risks, as families and community norms can be responsible for girls’ deprivation from education.

An added individual-level risk reported is the convergence of gender and age, which is said to disenfranchise girls in the decision-making process about their lives. Participants suggest that adolescence is a critical age for empowerment in decision-making and self-determination, because girls are transitioning in roles and engagement in society, but the opportunity is undermined by changing expectations and pressures, with high scrutiny from all levels of society. Participants believe adolescent girls have more difficulty reporting violence or speaking up for themselves in conflict, due to the intersecting vulnerabilities of gender and age undermining their self-efficacy. Moreover, uncertainty about the future for this age group, compounded by the uncertainty of displacement, can lead to girls perceiving early marriage as a solution to a safe and certain future.

A further risk factor for GBV at the individual level is the adolescents’ access to quality services. All participants identify a gap in targeted approaches and adolescent-focused programming, including deficient sex- and age-disaggregated data (SADD) to identify patterns of GBV against the girls, and absence of designated spaces for displaced adolescent girls, hindering the fostering of social relationships and support networks, and preventing programming from addressing specific needs. Participants suggest that diminished resources mean organisations are only able to address the needs considered the most basic and urgent, resulting in gaps in activities and support for adolescent girls.
For instance, their specific health concerns, like menstrual supplies and safe bathrooms, are not addressed in camps, heightening their risk of exposure to GBV. Not only are there are gaps in services for adolescents, but participants also highlight the quality and appropriateness of existing case management services, particularly to be confidential, judgement-free, adolescent-friendly, and the capacity of actors to manage cases in a survivor-centred way. All participants also raise the issue of the girls’ meaningful participation in planning and programming; one participant states that girls are not involved in any stage of their planning or programming, whilst another reports girls are invited to partake in focus groups, but whether that means that girls are empowered to make decisions is unclear. Finally, barriers at other levels of the SEM prevent girls from accessing GBV services, regardless of their quality or existence, including stigma, families and restricted mobility, lack of parental consent and risk of further violence.

An additional and less frequently mentioned risk for GBV against adolescents is previous experience of GBV for polyvictimisation of violence. One participant highlights that adolescent girls who become pregnant outside of marriage are at a heightened risk of honour killing, a risk which is increased by girls’ lack of access to contraception and family planning services. Another participant discusses the challenges of safe shelters for survivors of GBV, which girls and their families can experience stigma for utilising, and how the plan of care for the girls can fail to consider their reintegration into their communities, and thus heighten their risk of revictimisation.

It can be suggested that these reported risks differ from Heise’s (1998) lack of identified individual risks for VAW because of the subject populations’ differing characteristics. Reduced access to education and services is directly related to the displacement context of the girls, whilst disempowerment due to age is linked to not yet being considered an adult, both by society and by the girls themselves. The risk of revictimisation, however, is backed by evidence across cultures and contexts and is reported experienced by adult women too (Kuijpers, et al., 2011, p.33). Nonetheless, the substantial focus on the risks at the individual level could also be a misconception by humanitarian participants, as this is the primary level that protection programming addresses.

In terms of interventions addressing GBV at the individual level, the present data show that organisations focus more on response than prevention services. Response services include clinics with clinical management of rape (CMR) and GBV case management
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and referral, however these services exist for women broadly, not specifically adolescent girls, and may not be accessible for adolescent girls due to barriers imposed by their families. Similarly, CP case management and referral services are available to adolescents, and individual and group mental health and psychosocial support (MHPSS) services within child friendly spaces in both Za’atari and Azraq camps, but these are not specialised services for addressing GBV, and are for children of all ages. Additionally, camps have early childhood care and development (ECCD) services, designed for parents and caregivers to leave their children and participate in activities, which many adolescent mothers can benefit from. According to Kabeer’s indicators, it can be argued that the empowerment impact of these services is limited; although response services are available as a resource, the potential barriers to access and mandatory reporting mechanisms within these services could take away the girls’ agency and prevent them from realising achievements, such as benefitting from physical and psychological care.

One participant reports a response service specifically for female adolescent survivors of GBV; a Jordanian Ministry of Social Development (MOSD) shelter for survivors aged between 12 and 18. The shelter offers empowerment, vocational and informal educational programmes based on the users’ interests. To an extent, this service provides an opportunity for empowerment for the girls through resources of training, agency to choose based on their interests and the achievement of certificates from NGOs, but in other ways could be perceived as disempowering. The participant highlights the problems with removing girls from their families and communities, which could be perceived as the removal of the resource of social networks and school education, and that the MOSD does not provide certificates for the service users due to the associated stigma, taking away from the achievements the girls are able to realise.

For prevention of GBV, all participants reference targeting adolescent girls with awareness-raising about GBV and child marriage, including health and psychological consequences, and one mentions targeting girls and their male peers with SRHR awareness-raising. This can be seen as empowering through the resource of information and giving agency to male peers to be allies in the prevention of GBV. One participant’s organisation is reportedly involved in empowerment and recreational courses like art classes, which aim to build trusting relationships between service providers and the girls and teach them about their rights. There are also interventions to reduce harassment, targeted to the wider population, but with messages for adolescent girls and boys.
Three participants also refer to ideas and models that have been discussed for targeting adolescent girls, including clinics led by girls to remove some of the barriers and fear about accessing services, and training for staff on child survivors of GBV, cross-cutting issues of CP and GBV and different entry-points for adolescent service-users. However, these ideas and models are not currently happening in Jordan and are not planned to be operational any time soon. This could be interpreted as an awareness of these issues in the organisations, but a lack of time and resources available to address them.

Overall, interventions at the individual level are appropriate for the empowerment of adolescent girls to address the individual risks, through awareness-raising, case management and recreational activities. However, these interventions do not address the issues of the girls’ access to services, the quality of the services, nor the effectiveness for the population. Participants highlight the lack of adolescent-focused programming, as services for women and children are less appropriate, with staff often trained in either women’s GBV survivor-care, or in the best interests of the child, not a combination of the two. There is also a gap in how polyvictimisation is addressed; although the adolescent survivor shelter seeks to empower the girls, little attention is given to their reintegration and prevention of further violence against them, despite the increased risk. Finally, the lack of consultation with adolescent girls disempowers them from making choices about how to be agents of their own protection; the main way to protect children at the individual level, according to Triplehorn and Chen (2006).

### 5.2.2 The Microsystem

According to Heise (1998), the most pertinent risks for violence at the microsystem level are male dominance in the family and male control of decisions and wealth. This is replicated in the present data, which show that this control can manifest as a restriction on girls’ mobility leading to denial of services or opportunities, domestic violence and child, early and forced marriage. Additionally, participants suggest that in the present case, economic situations of families can be a key risk for child marriage, when families are facing a lack of alternatives. Another consequence of economic hardship in families is the acceptance of sexual exploitation of girls by landlords or other service providers.

A further contributing factor is the impact of stigma on families; all participants suggest that child marriage takes place to protect the reputation of the family and prevent others thinking that girls are “open” to sexual violence or too old for marriage. Therefore,
families prepare girls for marriage from young ages, and girls are prevented from accessing GBV and SRHR services by attending clinics with their mothers, who are afraid of social burden for the families of girls using these services. This stigma is also what leads to honour killings for girls who become pregnant outside of marriage.

Another risk is the absence of services addressing GBV at the microsystem level. There is a lack of awareness in families about what constitutes GBV and the consequences, and again, the basic services provided by organisations rarely include support for parenting adolescents that families and caregivers could benefit from. Additionally, as discussed in the previous section, the foregoing shelter for adolescent GBV survivors does not create the conditions for reintegration and acceptance of girls by the family.

Interventions that do exist at the microsystem level include focused MHPSS and parenting skills courses, to both support their adolescent children and gain wellbeing benefits for themselves. According to one participant, these parent-specific modules are not widely available in programming in Jordan; currently the course is only available in Azraq camp. Participants also mention other interventions, including working with fathers about child marriage, but these activities are not clearly explained or defined.

According to Triplehorn and Chen (2006), families are important protective ecologies for children, assuming they have appropriate support during emergencies. The support and empowerment effects of these interventions are arguably limited. The parenting courses have the potential to provide resources for managing families, but do not necessarily equip parents with the agency to make different choices and are not widely available enough to affect a significant number of parents of adolescents. It is also difficult to explore the impact of other activities at this level without more information.

5.2.3 The Exosystem

At the exosystem level, Heise suggests that poverty, low socioeconomic status or unemployment of men, and social isolation of women can contribute to GBV. The present data support and add to this assertion, referencing refugee camps as dangerous environments due to poverty, highly condensed populations and lack of opportunity, resulting in adolescent girls choosing or being forced to stay at home. Power dynamics in camps are also referenced; that camp management and humanitarian actors in Lebanon can also perpetrate violence, but it is unclear if this applies to Jordan.
Participants also discuss the risks of violence in streets, public transportation and schools, both teachers to pupils and pupils to pupils. An added risk is the increase of child labour; in Azraq there is an increasing number of children with a permission-to-work card, dropping out of school in order to make money to improve the quality of life of their family, and increasing the risk of violence in their workplaces. The stigma around GBV also exists at the exosystem level; one participant suggests that doctors and teachers choose not to manage and refer cases of GBV because of their status in their communities, in order to protect their reputations, whilst girls using the adolescent survivor shelter may not be accepted back into the community upon their return.

Reported interventions at the exosystem level include community norm-changing programmes involving awareness-raising with religious and community leaders, local authorities and teachers to address VAC and child marriage. Community mechanisms like committees are mentioned, but one participant suggests that these could be more formalised and robust to address GBV against adolescent girls, highlighting that communities are calling for more SRHR awareness-raising, education and services.

According to Triplehorn and Chen (2006), communities can protect children by establishing norms and behaviour, and the interventions discussed in the data do focus on creating positive norm-reinforcement. However, the empowering impact of these interventions is constrained by limited resources, agency and achievement; the services do not create viable alternatives for communities, and participants report limited or no change in social norms which reinforce GBV against adolescent girls.

5.2.4 The Macrosystem

In Triplehorn and Chen’s (2006) social ecology of protection, the macrosystem is identified as national and international protection systems, often hindered by limited understanding of children’s needs. This also applies to the present case, with a lack of SADD covering GBV trends for adolescent girls in order to direct programming, and as previously mentioned, limited participation of girls at each stage of intervention.

Another commonly cited risk is the high number of displaced persons, with limited resources for service provision, resulting in neglect of specialised protection services, particularly both CP and GBV and their inclusion in other sectors. A participant states that a plan to address child marriage in Jordan has been established, but funding is not currently available to implement it. Directly linked to diminished funding is the current
nationalisation of refugee response services in Jordan, as international funding for the Syria crisis rapidly decreases. This transition is causing a variety of issues for protection services, including high staff turnover, lack of expert protection actors with proper training, discontinuation of services, and lack of accountability and feedback mechanisms for programmes which are handed over too quickly.

A further risk relating to the nationalisation of protection programming is stigma within the Jordanian government, in relation to GBV and SRHR. One participant shares that the concept of CP and GBV is still a challenge when working with the government, and that “putting on the table violence issues and protection isn’t easy at the national level”. At the national level, protection services are not divided into CP and GBV, but instead are managed by the Jordanian Family Protection Department (FPD), which is under the Ministry of Interior. Participants suggest that protection services controlled by a legal institution has unfortunate implications for providing survivor-centred care. Moreover, SRHR is not included in government health or education sectors, and is not emphasised in the JRP, resulting in few actors working in SRHR services. Many government health actors will not work with CP and GBV cases, believing this service is “not their role”.

Where services are being provided by CP and GBV actors, lack of coordination between these two fields is also highlighted as a risk. One participant suggests that adolescents are missing out because the two areas are not planning and strategising together, that the CP Information Management System (IMS) and the GBV IMS do not communicate well between one another. This results in adolescent cases of GBV being treated “like kicking the football back and forth” in attempts to find actors providing adolescent-friendly services and coordinated referral pathways.

This links to another reported risk; the general quality of services available to adolescents, as organisations struggle to ensure campaign messages and services are inclusive to all ages and backgrounds. Participants report a general lack of trust in service providers, who are often inexperienced and receive no ongoing mentoring or coaching, preventing adolescent girls from using services, and poor mainstreaming of both CP and GBV in other sectors.

There are several interventions aimed at improving protection at the macrosystem level. These include advocacy events with Sharia court judges, parliamentarians and civil society leaders to address discriminatory legislation and strengthen capacities of
government organisations such as the Ministries of Health and Education to address SRHR and GBV. In some ways, these can be considered interventions which empower these actors; they have the opportunity to develop the knowledge and resources, and they have the agency to choose how services are delivered with this knowledge. There have also been some achievements by the advocacy work, for example the 2017 Repeal of Article 308 of the Penal Code, which had allowed perpetrators of rape to avoid conviction if they married the survivor, and the Law on Domestic Violence which stipulates mandatory reporting of domestic violence. However, the achievements and overall empowering impact are limited, as participants deem there still to be significant problems in policy and legislation regarding protection. Additionally, the mandatory reporting mechanism may not be helpful to providing services in a survivor-centred manner which promotes self-determination, as one participant suggests the mechanism prevents girls and their families from seeking vital services such as CMR.

To address coordination issues between CP and GBV, joint standard operating procedures have been developed in order to assist in programming, although these are relatively new, and their impact is not yet known to participants. Additionally, UNFPA and UNICEF are coordinating trainings for survivor centred CMR, and at the camp level, CP and SGBV sub-working groups are combined into one group. In some ways, it appears that these measures are providing useful resources and again, giving actors the agency to improve their services, but in other ways, little difference is made. For example, a participant who co-chairs the CP-SGBV sub-working group in Za’atari camp shares that the working group and meetings may take place at the same time, but the agendas and discussions are separate, and the subsequent interventions are not joint.

Interventions are also in place to improve existing protection services, including capacity-building of service providers, such as working with the MOSD to enhance the quality of shelters, service-mapping and referral workshops, and multi-sectoral activities to mobilise the sectors to address the needs of adolescent girls. To an extent, this could be empowering for service providers to have the capacity to provide better services, but participants suggest that lacking resources prevents services from having all the training, support and professional standards that they would benefit from. One participant shares that their organisation’s regional protection group is debating how to manage both the need for improving and strengthening systems, and ensuring they are
also achieving “quick-wins”; where services can actually be provided and changes can actually be made, and this is partly what prevents the improvement of existing services.

Overall, it is clear that the protection system in Jordan can pose some significant risks to displaced adolescent girls, and although steps have been taken to address these risks, the impact is limited. These risks and the barriers to addressing them will be addressed further in the subsequent sub-chapters.

### 5.2.5 The Mesosystem

The mesosystem refers to the risks and interventions which are interrelated between the levels. The data present cultural norms of VAC and VAW as the most permeating issue at all levels of the SEM, and all participants suggest that violence and violent discipline is widely accepted in both Jordan and Syria. The participants report that the discussion of sexual violence in relation to adolescent girls is largely taboo in Jordanian society at all levels; from individuals to government, and that changing these social norms and the collective mindset will require time; a challenge for the current refugee response. One participant offers that perpetrators often do not understand that their actions constitute GBV or harassment, and that the lack of engagement of males in addressing GBV is problematic at all levels, resulting in GBV being perceived as a “women’s issue”. The challenging economic situation for refugees is also proposed as a risk at all levels of the SEM. Poverty, unemployment, stress and both refugees and the wider population struggling to find work is creating pressure on individuals, families, communities and broader national systems, and is difficult to address with CP or GBV programming.

A third interlinking risk is the lack of available data relating to GBV against adolescents, at all stages of the SEM, which would enable humanitarian actors to better target relevant populations with their programming. As previously discussed, CP and GBV IMSs do exist, but they are difficult to use to obtain data about adolescents, and three participants state that the information they use comes from a wide variety of governmental and agency sources, not a centralised system. Finally, a recurring interlinking risk for GBV against adolescents is the internet and social media, both as a tool for psychological violence and harassment, and as a way of controlling adolescents by making them afraid to seek services.

Addressing these risks with concrete interventions is extremely challenging due to their extensive impact at all levels of the girls’ social ecology. To address social norms
around child marriage, participants mention both Communication for Behavioural Impact and Communication for Development strategies. However, one participant believes interventions have focused too much on awareness; all organisations work to raise awareness about child marriage, but child marriage levels do not decrease.

In order to address the gap in information, leading agencies of the CP and GBV IMSs report coordination meetings to improve the systems for adolescents, and one participant discusses a monthly online survey for pupils to monitor the progress of ending violence in schools. However, these measures may be as a response to the information challenge but are not significant enough to address the issue. There were no interventions aimed at addressing or safeguarding the dangers of the internet. It can therefore be observed that addressing the risks at the mesosystem level is very challenging and not necessarily within the capability of protection organisations.

5.3 The Nexus Between Child Protection and Gender-Based Violence Programming

Having presented the forms of GBV against displaced adolescent girls in Jordan, and explored the risk factors at each social level, existing protection interventions to address these risks, and the extent these interventions can protect through empowerment, this sub-chapter presents the findings of the links and gaps in coordination between CP and GBV programming, and analyses their impact on the subject population.

5.3.1 Coordination of Prevention and Response Services and Campaigns

As discussed, interventions aimed at addressing GBV in Jordan are almost exclusively targeted to women. Although these do not technically exclude adolescents, participants report that their ability to ask for contraception or disclose sensitive information about GBV is more challenging, as the services are used by mothers or other women known to them. Participants suggest that the taboo and stigma around GBV is more intense for adolescent girls as they are highly scrutinised, so stigma also prevents the girls from using services. In addition, it is reported that service providers inside GBV clinics are generally only trained in working with women survivors, and not in CP, so are not likely to provide services in line with the principle of the best interests of the child.

The equivalent is true for CP services; these are accessible to adolescent girls, but participants suggest that these are not specialised services for survivors of GBV; often
these services are designed for younger children of primary school age, and actors are not equipped to address GBV. Participants suggest that there are attempts to coordinate a referral pathway between CP and GBV services, which means that service-users who require specialised health, legal or psychological care services are referred to the same providers. However, if the providers within the pathway are not trained in the provision of services for both CP and GBV issues, then the issue is not resolved for adolescents.

An intervention that can be considered a coordination effort between CP and GBV actors is the GBV survivor shelter for adolescents aged 12-18. This shelter is managed by the MOSD with support from UNICEF to enhance its protective capacity and empowerment programme. However, the quality of survivor-care in the shelter is questioned by participants, it is suggested that the MOSD treats the service-users with stigma, and the usefulness of an intervention which removes girls from their families, communities, support networks and education systems is questioned. Therefore, although this service indicates some inter-sector coordination, it may not illustrate best practice of coordination or have a positive impact on adolescent girls using the service.

For GBV prevention, two participants mention a joint plan aimed at changing social norms of child marriage, which illustrates recognition of the intersection of the sectors’ mandates to address this issue. Unfortunately, this plan does not yet have funding, which makes it difficult to know how activities will be coordinated on the ground. One participant also mentions a campaign to reduce sexual harassment against women of all ages, which has some specific messaging for adolescent girls and boys. The participant suggests that this is a positive approach to involving adolescents in GBV issues.

5.3.2 Coordination of Protection at National, Humanitarian and Camp Levels

At the national level, CP and GBV is combined into one unit; the FPD within the National Council for Family Affairs under the Ministry of Interior. The FPD addresses VAC and VAW as a “family issue”, resulting in domestic violence being the main form of violence considered. Participants suggest benefits and limitations of this approach; two participants suggest that the combination of these thematic areas allows a “family lens which is more combined” for addressing GBV, and a good way to bring together a large number of actors. However, participants also state that the focus on domestic violence takes away from addressing other prevalent forms of violence, such as sexual abuse perpetrated by someone outside of the family and harassment. For adolescent
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girls, who are known to be at greater risk of polyvictimisation of violence, addressing only one form of violence is unlikely to be an impactful technique for their protection.

At the humanitarian system level, as explained in chapter two, there is a CP sub-working group co-chaired by UNICEF and UNHCR, and a GBV sub-working group co-chaired by UNFPA and UNHCR. Participants report that the groups meet “a couple of times a year” to prevent duplication and share progress. However, the absence of joint workshops and regular meetings is reported, preventing actors planning, strategising and evaluating together. In other contexts, there are mechanisms like thematic task forces to address specific intersectonal issues such as child marriage and child survivors of GBV, but these do not exist in Jordan. Participants also suggest that models are being piloted to promote training on child survivors and cross-cutting issues for CP and GBV, and new toolkits to help provide GBV services, but these are only in early stages in other contexts, and as funding is decreasing and services are being discontinued in Jordan, the impact of these models is unlikely to be relevant.

At the camp level, it is acknowledged that one of the dangers that children are exposed to is GBV. As discussed, CP and GBV are combined into one joint sub-working group, which one participant suggests indicates better coordination between GBV and CP services for adolescents. However, the agendas and workplaces are separate, with each component undertaking separate interventions. Additionally, a participant who co-chairs a joint sub-working group reports that she has only attended one meeting, which could suggest that joint sub-working group meetings are not a high priority.

A further coordination challenge for protection, reported at all the levels, is sharing of information. All participants explain how there is no coordinated national system to provide data, and data comes from multiple sources including the Ministry of Health, the FPD and other service providers. There is both a CP IMS and a GBV IMS, but one participant reports that their organisation has had difficulty extracting information from regarding adolescents. Participants report coordination efforts between the two systems are being made to effectiveness, but this does not seem to be a priority, despite the importance of information to direct policy and programming.

5.3.3 Funding and Nationalisation of Programming

A commonly referenced challenge is the lack of funding available to provide more services and invest more in the quality of existing programmes. It is often suggested in
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protection programming that priorities must be written into budgets, otherwise they risk neglect. Participants suggest that protection programming is already a lower priority for funding than other basic humanitarian services, let alone interventions targeting adolescent girls. Gender issues are not especially highlighted in the JRP, which is used to define budgets for humanitarian programming in Jordan, which could be due to the cultural norms of violence and a lack of political will to change this.

The shortage of funding is becoming more problematic due to decreasing international financial support for the refugee response in Jordan. As the war in Syria draws to a close, so does the support for humanitarian services in Jordan, as more donors choose to fund development and peacebuilding programmes in Syria. However, the conflict has not yet ended and one participant states that conditions in Syria are not appropriate for refugees to return, if they will return at all, so programming in Jordan needs to continue, despite a drastically decreasing budget. For this reason, many programmes and services are being handed over to the government as part of a country-wide nationalisation.

The nationalisation is causing a plethora of challenges cited by all participants but can be broadly categorised into two themes; societal and cultural stigma and norms of violence, and the lack of capacity to provide quality services. The stigma is visible in many areas of governmental services, including the absence of SRHR in education and in health programming, and the reported issues of providing survivor-centred response in GBV and CMR services. The lack of capacity is also salient, with participants citing that services are being discontinued, or taken on without training and accountability mechanisms in place. Without investment in capacity-building, participants suggest that the quality of services and staff is decreasing, with high staff turnover due to burnout. The lack of funding is resulting in both organisations and the government taking a “quick-wins” approach to programming, with little focus on the quality and sustainability of programmes, nor on their ability to empower adolescents.

5.3.4 Multi-Sectoral and Inter-Agency Approaches

The importance of a collaborative approach of multiple sectors and agencies to address GBV against adolescent girls is raised by all participants. As discussed in chapter two, the centrality of protection is about participation and commitment of different sectors to protection, and the participants suggest that bringing sectors together collaboratively is good practice. One participant believes that a multi-sectoral approach is “never in the
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relief phases for any responses but could be put in now”. However, as discussed, funding is now decreasing across sectors, so mainstreaming of protection and adolescent-friendly approaches is not likely to be added or prioritised at this stage.

In addition to the challenges of funding a multi-sectoral approach, a further issue identified by participants is the absence of appropriate tools for other sectors to use in their programming. Both CP and GBV have mainstreaming guidelines for other actors to ensure that their programming considers the respective risks, but the guidelines do not complement each other, so other sectors choose between CP or GBV mainstreaming for their programmes. Thereby, child-focused programmes use CP mainstreaming, and adult-focused programmes use GBV mainstreaming, but neither address the intersection of risks for adolescent girls. Progress is being made, as one participant discusses ECCD actors working with GBV actors to ensure that GBV activities are included for mothers in Azraq camp. Nonetheless, without a funded and coordinated approach, a participant describes multi-sectoral efforts as “cobbling it all together”, implying that the approach does not necessarily operate smoothly.

In addition, one participant affirms the importance of having both UN and NGO co-chairs of protection working groups, to improve transparency and diversity, and ensure the different interests of actors working on the issues are represented. The participant suggests that the current UN-only co-chairs of the CP and GBV sub-working groups attend the groups “with their agency hats on”, not as dedicated independent leaders. It is also suggested that UN and NGO co-chairs could create an environment for more innovative thinking, as currently, “actors in this sector are all doing the same thing”.

The significance of multi-sectoral and inter-agency approaches for adolescents is the “trickle-down” from policy to practice. One participant says, “we try to work together, CP and GBV and the wider sectors too, but we all work very siloed; what we preach isn’t always what we put into practice”. It could be that if a multi-sectoral approach is already off at the coordination level, by the time interventions reach service-users, different actors may work in completely different tracks without any joint efforts at all.

### 5.3.5 Issue-Focused Programming

Related to the challenge of multi-sectoral programming is the concentration of issue-focused programming, as highlighted by participants. The mentioned programmes and interventions are typically targeted to address child marriage, which is only one form of
GBV, despite the research which suggests that adolescents are likely to experience polyvictimisation, and the large variety of forms of GBV that participants report the girls are exposed to. This would suggest that organisations are more interested in addressing and responding to specific forms of violence, than the empowerment of adolescents and their social systems in order to enjoy the fulfilment of all their rights.

5.3.6 Meaningful Participation and Alternatives

As discussed in the previous sub-chapter, participation of adolescent girls in the project cycle process is limited, and where they are included, their participation is dubiously meaningful. For example, one participant questions whether including girls in focus groups or committees has a long-term empowering impact, and whether these committees create a comfortable environment for participation. Not only is the participation of adolescent girls significant, but also the participation of families and communities to address the issues. Participants also discuss the challenges of creating effective community-based mechanisms which include the engagement of male peers. Males are targeted by PSS services in Azraq camp, and by an anti-harassment campaign, but aside from that, interventions seeking to empower them to help tackle GBV against adolescent girls appear to be absent. Participants also note that CP programming for young girls and boys in general does not utilise the opportunity to be gender transformative. Without the engagement of the girls, their male peers, families and communities in programming to tackle GBV, it is unlikely that interventions will be sustainable, particularly once the funding for programming concludes.

5.3.7 Supporting and Limiting Factors to Empowerment

Overall, the data suggest that supporting factors for empowerment include coordinated approaches between CP and GBV actors, but also with actors from other sectors as well to ensure the centrality of protection across the humanitarian response. Conversely, there are several limiting factors for empowerment of adolescent girls against GBV, the most significant of which are lacking coordination of planning and information sharing between the CP and GBV sectors, the social norms and stigma relating to GBV against adolescents, both in communities and in government, and an absence of meaningful participation in programming, for girls and their communities. Additionally, though many programmes could be considered empowering in design, the quality of delivery, combined with barriers to adolescent girls’ access obstructs the empowering impact.
6. Towards Humanitarian Practice

The findings show that displaced adolescent girls in Jordan are exposed to many forms of GBV, and risk factors are at every level of their social ecology. Correspondingly, each level has intervention opportunities, and empowerment of adolescent girls, their families and communities can allow programming to address GBV both sustainably and holistically. An empowering approach can be considered sustainable, as providing service-users with resources, agency and achievements to make choices about their own protection does not depend on long-term continuation of external services and funding. It can be considered holistic as it does not focus on one form of GBV or risk, but on empowerment of both those at risk and their communities, to protect and fulfil the rights of adolescent girls to be safe from GBV. Therefore, based on the findings and analysis, this chapter discusses strategies to enhance the empowerment of girls, and strategies to improve intersectoral coordination to address GBV against displaced adolescents.

6.1 Strategies to Enhance Empowerment

One way to enhance empowerment of displaced adolescent girls is lessening issue-focused programming and instead focus on holistic promotion of rights. By supporting a rights-based approach, interventions can equip adolescents with resources and agency to mitigate risks from different ecological levels, whilst also involving other members of the girls’ social ecology in promotion and protection of their rights. Practically, this can be achieved by spaces dedicated to adolescent girls. Not only would service providers have chance to address GBV in a space free from stigma and with better confidentiality than a service which is also available to older women, it also gives adolescents the chance to build important supportive social communities to empower each other. It would also give girls an incentive to leave the family or marital home, as research suggests that access to social spaces is one of the best ways to enhance resilience for girls in situations of displacement (Jones & Abu-Hamad, 2015, p.6).

An essential way to enhance empowerment is ensuring adolescent girls’ meaningful participation in programming, from planning to evaluation. This should include all services they may use, not only the programmes addressing GBV. In 2018, the “Adolescent and Youth Engagement Toolkit” was created, which provides tools to engage young people in humanitarian programming in the MENA region. Using this tool, along with self-determination of adolescents as to which capacities they are
involved, can empower girls with resources, agency and achievements to fully engage with and benefit from services which exist to be beneficial. This engagement should also include community mechanisms for participation, with a rights-based approach.

6.2 Strategies to Improve Intersectoral Coordination

In order to enact these strategies to enhance empowerment, a task force specialised in adolescent-friendly approaches must be fashioned, by improving coordination between the sectors and creating specialists on the specific needs of adolescents who fall between services. It can be concluded from the findings that it is imperative for protection actors to take the initiative to ensure a coordinated and integrated approach, as the way the system is established does not create an environment for this naturally.

One strategy to significantly improve coordination between CP and GBV sectors is to deliver joint capacity-building for staff, from policymakers to case workers. Participants highlight that capacity-building is not currently prioritised, but it is essential that staff and programmes are supported and informed; Solotaroff, et al (2014, p.205) show that sufficient and appropriate training is critical for the success of protection interventions, and continuation of poor or unused services is redundant. Joint capacity-building could ensure best interests of women, children and adolescents are represented, whilst saving time and resources. A similar strategy could be joint workshops for project planning, delivery and evaluation, for all protection actors in Jordan. This could allow specialists to combine expertise and innovate together to address GBV against adolescents, and explore ways to promote their rights, whilst ensuring an inter-agency approach.

Another way to improve coordination and subsequent impact of programming for adolescents is the development of a joint CP and GBV mainstreaming guide, so that other sectors can mitigate the risks of both CP and GBV together when planning and undertaking programming. This strategy targets actors from sectors outside of protection, and thus has the potential to protect and empower girls using other services.

A final strategy to improve coordination of protection for adolescents is advocacy to the government to promote rights-based programming. Currently, protection is family-based, and the FPD exists to address domestic violence. However, transforming this into a structure which promotes rights would ensure that the mandate addresses all forms of GBV. This is now critical with service nationalisation; if rights are centred in the governmental approach, a ‘trickle-down effect’ to services on the ground is foreseeable.
7. Conclusions and Recommendations

Across cultures and contexts, violence against adolescent girls is an under-researched phenomenon, despite acknowledged pervasiveness of GBV against women and girls globally. The gap in research is consistent with the absence of actors and programmes addressing GBV against adolescents in emergency contexts; the humanitarian protection system is structured with separate trajectories of policy and programming for CP and GBV, allowing adolescents to fall through the middle. Therefore, the present research aimed to identify risk factors for GBV against displaced adolescent girls in Jordan and to determine the extent to which protection interventions protect and empower the girls at each level of their social ecology. It also aimed to explore the links and gaps in coordination between CP and GBV services in the refugee response in Jordan, and the subsequent impact on adolescent girls. The research question was:

How do humanitarian protection interventions address gender-based violence against displaced adolescent girls in Jordan?

In order to answer the question, a theoretical framework was constructed in chapter three, presenting the SEM as both a basis for understanding risks factors for VAW, and for exploring opportunities to enhance protection. The concept of ‘protection’ as ‘empowerment’ was also presented, using Kabeer’s definition of empowerment as resources, agency and achievement. The methodology was described and justified in chapter four; detailed interviews were conducted with CP and GBV specialists from UN agencies and international NGOs, working on protection in the refugee response in Jordan. Interviews were recorded and transcribed, and qualitative grounded coding and analysis was used to examine data within the theoretical framework, discover new themes and patterns emerging from the data, and explore the research questions.

The findings were presented in chapter five; the prevalent forms of GBV against displaced adolescent girls were illustrated first in order to actualise the experiences of violence that the girls are exposed to in Jordan. The most frequently reported forms of violence were child, early and forced marriage, domestic violence and sexual violence, in line with previous research on GBV which covers adolescents. Many of the forms of violence were reported to overlap, for example child marriage with IPV, supporting previous research claiming adolescents are very likely to experience polyvictimisation. The SEM was then applied to the case of GBV against displaced adolescent girls in
Jordan, to identify both salient risk factors at each level and corresponding protection interventions. Pervasive risk factors reported to impact all levels of the social ecology include lack of awareness about GBV, cultural norms accepting violence, stigma around GBV, difficult economic situations, absence of data about GBV against adolescents and the danger of the internet without proper safeguarding measures. Reported protection interventions include case management for survivors, awareness-raising, parenting-skills courses, community-based committees, advocacy with the government, capacity-building of service providers and communication strategies to shift social norms. Many of these interventions are found to be partially empowering in their design, according to Kabeer’s indicators, but many challenges and obstacles are found, obstructing absolute empowerment. Of these, the most salient are ineffective coordination between CP and GBV policies, campaigns, services and actors, decreasing funds for the refugee response and nationalisation of services, lack of meaningful participation of adolescent girls in policy and programming, and the organisations’ overuse of issue-focused programming.

Based on the findings and analysis, chapter six explored implications for humanitarian practice and proposed strategies to enhance empowerment of adolescent girls, including shifting from issue-focused programming to a rights-based approach, using dedicated social spaces for adolescent girls and enhancing meaningful participation of both the girls and their communities. It is suggested that these strategies can be enacted using a task force specialised in adolescent-friendly approaches, created by improving coordination between CP and GBV actors. This would involve combined capacity-building and workshops for all protection actors, development of a joint mainstreaming guide, and advocacy to government to adopt a rights-based protection approach.

In response to the research question, “how do humanitarian protection interventions address gender-based violence against displaced adolescent girls in Jordan?”, it can be concluded that existing CP and GBV interventions may be partially empowering to adolescent girls, particularly through raising awareness of GBV, but the absence of specialised actors working on both dedicated services and for girls and the promotion of girls’ rights may prevent these services from being fully utilised or having greater impact. Although the protection and empowerment of displaced adolescent girls in Jordan may be enhanced by additional factors, unrelated to the coordination of CP and GBV services, the present research concludes that the barriers and challenges of coordination between actors are of significance to adolescents, and taking steps to
address them, and thereby enhance the quality of service provision for adolescent girls, would be pragmatic to support them in the protection and fulfilment of their rights.

7.1 Policy Recommendations

The present research identifies that adopting rights-based programming, and improving coordination for an integrated approach, can enhance the empowerment of adolescent girls. This is significant not only for protection interventions, but also for ensuring the centrality of protection in any humanitarian response which may be used for the benefit of adolescents. Therefore, this sub-chapter draws from the research findings in chapter five, and the strategies to enhance empowerment and intersectoral coordination in chapter six and aims to synthesise these findings into tangible recommendations for protection actors to approach programming for adolescent girls. These recommendations are for the refugee response in Jordan, but may be useful and applicable in other contexts, particularly in other refugee responses.

A. Ensure meaningful participation of adolescent girls throughout the project cycle.

It is imperative that girls are consulted at all stages of the project cycle, including planning, delivery and monitoring and evaluation, to ensure that programming is addressing the relevant risks and promoting the rights that they consider important. Strengths should be identified, confidence promoted, and capacity built, not just at an individual level to mitigate the risk of GBV, but to be in control of the programming and interventions that exist to empower them. The approach to ensure this participation is meaningful should, again, be advised by girls to ensure opportunities to participate are mindful of potential barriers to their participation. Organisations should present resources and choices in environments that allow girls to be empowered and flourish.

B. Shift from focusing on issues to holistic, rights-based protection programming.

Instead of focusing on specific forms of GBV when previous and the present research find adolescents are at risk of polyvictimisation, programming should prioritise promotion and fulfilment of rights of adolescent girls, involving all levels of the girls’ social ecologies. Although case management and individual response services are important, there should be equal time and resources invested into working with girls to build their own empowering communities and strong social networks, for example through the use of dedicated spaces for adolescent girls.
C. Use intentional initiatives proactively to coordinate between protection actors.

This research concludes that the humanitarian protection system is not established in a way which naturally promotes protection and inclusion of adolescents, so actors must be proactive to ensure coordination and integration. This is relevant across all levels of the humanitarian system, from service provision on the ground, up to the global IASC Cluster System. Actors should take initiative to collaborate between CP and GBV wherever possible. In Jordan, this could include joint capacity-building and workshops for protection staff, the development of a joint mainstreaming guide for actors from other sectors to improve protection for adolescents in their interventions, and advocacy with the government to centralise protection and fulfilment of rights in its protection initiatives. By combining the expertise of CP and GBV actors at different levels, an integrated and holistic service is more likely reach adolescent girls on the ground.

7.2 Direction for Future Research

The present research has explored how humanitarian protection interventions address GBV against displaced adolescent girls in Jordan, but as a vastly under-researched field, there are many additional important avenues to explore. Firstly, the scope of the present research did not permit greater depth of exploration into complexities of the context in Jordan, such as the differences in patterns of violence and impact of response for refugees compared with the host community in Jordan, or comparisons between experiences of refugees from different nationalities. For example, seeing if there is a difference in services provided by UNRWA for long-term Palestinian refugees compared with the services of the fairly new Syrian refugees. Different ages of adolescents could also be considered, as there may be differences in risk and empowerment for early adolescents compared to adolescents approaching adulthood.

A recurring theme during data collection was the lack of information available about GBV against adolescents, and challenges for actors using the CP and GBV IMSs. In accordance with the pivotal nature of these data for informing policy and programming, future research could explore this challenge to inform protection programming about appropriate access to data. Finally, as a case study of the refugee response in Jordan, it would be interesting to replicate the present research in different settings, both in other displacement contexts, in other emergencies, and in other regions with different social norms, to see if similar patterns are identified.
The nexus between CP and GBV programming: the impact for displaced adolescent girls in Jordan

References


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OHCHR (2014) Women’s Rights are Human Rights. HR/PUB/14/2. Geneva, Switzerland: UN.
The nexus between CP and GBV programming: the impact for displaced adolescent girls in Jordan


Annexes


<table>
<thead>
<tr>
<th>Goals and targets which influence preventing violence directly</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 5</td>
<td>Achieving gender equality and empowering women and girls</td>
</tr>
<tr>
<td>Target 5.2</td>
<td>Eliminate all forms of violence against women and girls including trafficking and sexual and other forms of exploitation</td>
</tr>
<tr>
<td>Target 5.3</td>
<td>Eliminating all harmful practices such as child, early and forced marriages and female genital mutilation</td>
</tr>
<tr>
<td>SDG 16</td>
<td>Promoting peaceful and inclusive societies for sustainable development</td>
</tr>
<tr>
<td>Target 16.2</td>
<td>Ending abuse, exploitation, trafficking and all forms of violence against and torture of children</td>
</tr>
<tr>
<td>Target 16.1</td>
<td>Reducing all forms of violence and related deaths to attain a peaceful and inclusive societies</td>
</tr>
</tbody>
</table>

Goals and targets which influence preventing violence indirectly

<table>
<thead>
<tr>
<th>Goals and targets which influence preventing violence indirectly</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1.4</td>
<td>Ensuring that all men and women have equal rights to resources, basic services, ownership and control over properties, inheritance, natural resources, technology, etc.</td>
</tr>
<tr>
<td>Target 1b</td>
<td>Creating policy frameworks based on gender-sensitive developmental strategies</td>
</tr>
<tr>
<td>Target 2.3</td>
<td>Doubling agricultural productivity/income in small-scale food producers, particularly women through secure and equal access to land and other resources</td>
</tr>
<tr>
<td>Target 3.7</td>
<td>Ensuring universal access to sexual and reproductive health care and related services</td>
</tr>
<tr>
<td>Target 4.1</td>
<td>Ensuring that all girls and boys complete free, equitable and quality primary and secondary education</td>
</tr>
<tr>
<td>Target 4.2</td>
<td>Ensuring that all children have access to quality early childhood development, care and pre-primary education</td>
</tr>
<tr>
<td>Target 4.3</td>
<td>Ensuring equal access to affordable quality technical, vocational and tertiary/university education</td>
</tr>
<tr>
<td>Target 4.5</td>
<td>Eliminating gender disparity and ensuring equal access in education</td>
</tr>
<tr>
<td>Target 5.1</td>
<td>Ending all forms of discrimination against women and girls everywhere</td>
</tr>
<tr>
<td>Target 5.4</td>
<td>Recognising and valuing unpaid care and domestic work carried out by women</td>
</tr>
<tr>
<td>Target 5.5</td>
<td>Ensuring women’s participation/leadership in decision making in all spheres</td>
</tr>
<tr>
<td>Target 5.6</td>
<td>Ensuring universal access to sexual and reproductive health and reproductive rights</td>
</tr>
<tr>
<td>SDG 5a</td>
<td>Undertaking reforms to give women equal rights and access to economic resources</td>
</tr>
<tr>
<td>SDG 5b</td>
<td>Enhancing technology to empower women</td>
</tr>
<tr>
<td>SDG 5c</td>
<td>Adopting and strengthening policies and enforceable legislation towards gender equality and women empowerment</td>
</tr>
<tr>
<td>Target 11.2</td>
<td>Providing universal access to safe, affordable, accessible and sustainable public transport</td>
</tr>
<tr>
<td>Target 11.7</td>
<td>Providing universal access to safe, inclusive and accessible public spaces, particularly for women and children</td>
</tr>
</tbody>
</table>
Annex B: Maps of Refugee Settlements in Jordan

Location of refugees in Jordan in 2017.

Refugee camps and settlements in Jordan in 2018.
## Annex C: Participating Organisations and Participant Demographics

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Organisation Name</th>
<th>Organisation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Nations Agencies</td>
<td>United Nations Population Fund (UNFPA) Jordan</td>
<td>UNFPA Jordan is committed to the government to focus on three main areas in the current country programme, which are: population dynamics; maternal and new-born health; and gender equality and reproductive health. In addition to the regular country programme, UNFPA Jordan started its emergency programme in early 2012, to respond to the reproductive health needs of Syrian women and girls and to provide them with high quality life-saving protection services. UNFPA works with national and international partners to provide services in reproductive health and promoting reproductive rights, GBV prevention and response, and promoting healthy lifestyles, responding to needs of young people. Source: UNFPA Jordan. (2019) How does UNFPA Jordan Work? Available from: <a href="https://jordan.unfpa.org/en/unfpa-jordan">https://jordan.unfpa.org/en/unfpa-jordan</a> [Accessed 6 April 2019].</td>
</tr>
<tr>
<td>United Nations Agencies</td>
<td>United Nations International Children’s Emergency Fund (UNICEF) Jordan</td>
<td>UNICEF protects and promotes child rights and helps children and young people reach their potential, especially the most vulnerable. It prioritises actions that positively impact the lives of the most vulnerable children, regardless of status, ability or nationality. This includes working with the government to strengthen national systems to promote social cohesion and equity for all children. Priorities: social protection for children; focus on the most vulnerable; early childhood development; ending violence against children; youth engagement; and emergency response. Programmes: child protection; education; health and nutrition; social protection; youth; and WASH. Source: UNICEF Jordan. (2019) What we do. Available from: <a href="http://www.unicef.org/jordan/what-we-do">www.unicef.org/jordan/what-we-do</a> [Accessed 6 April 2019].</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>International Non-Governmental Organisations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Medical Corps (IMC) Jordan</td>
<td>In Jordan, International Medical Corps provides conflict-affected refugees and vulnerable host populations with primary health, mental health and reproductive healthcare, along psychosocial and nutrition services and extends broad services that include protection, youth empowerment, health capacity strengthening, and GBV prevention and response. Programmes: healthcare; MHPSS; PSS, youth empowerment and protection; GBV. Source: IMC Jordan. (2019) Jordan. Available from: <a href="https://internationalmedicalcorps.org/country/jordan">https://internationalmedicalcorps.org/country/jordan</a> [Accessed 6 April 2019].</td>
</tr>
<tr>
<td>Plan International Middle East and North Africa Region</td>
<td>Plan International began operating in Jordan in 2016 to address the biggest inequalities and violations of children’s rights. By focusing on the key issues faced by the most vulnerable children, especially girls, among refugee and host communities, we are working where we are needed most and can have the biggest impact. Key areas of work include ensuring the most vulnerable children have access to a quality education; preventing violence, exploitation and supporting children who are survivors of abuse; and helping young people to gain the skills and knowledge they need to get good jobs. Source: Plan International. (2019) Jordan Home. Available from: <a href="https://plan-international.org/jordan">https://plan-international.org/jordan</a> [Accessed 6 April 2019].</td>
</tr>
</tbody>
</table>

### Participant Demographics

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Gender</th>
<th>Age</th>
<th>Time at Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordanian</td>
<td>Female</td>
<td>34</td>
<td>3 years</td>
</tr>
<tr>
<td>Jordanian</td>
<td>Female</td>
<td>32</td>
<td>4 years</td>
</tr>
<tr>
<td>Jordanian</td>
<td>Female</td>
<td>58</td>
<td>14 years</td>
</tr>
<tr>
<td>American</td>
<td>Female</td>
<td>38</td>
<td>9 years</td>
</tr>
</tbody>
</table>
Annex D: Interview Guide

The following questions are advisory and may be changed or reformulated according to the conversation.

Introductory questions:

1. What are your main functions and responsibilities in your organisation?
2. Does your organisation coordinate interventions with (CP or GBV services)? How?

Social ecological risk and protection questions:

3. Are there GBV risks for adolescents at an individual/ family or caregiving/ community and institutional/ societal and political level? What are they?
4. Does your organisation have interventions to target adolescents at these levels? What are they?
5. How do these interventions consider polyvictimisation of adolescents?
6. How do these interventions empower adolescents?
   a. Through resources?
   b. Through agency?
   c. Through achievements?
7. In your opinion, what are the biggest challenges for the protection of adolescent girls from GBV?
8. In your opinion, what are the most important opportunities for the protection of adolescents from GBV?

Coordination questions:

9. Do you think that the separate working group system is helpful for adolescent girls?
10. In your opinion, are there other consequences of the separate trajectories of CP and GBV coordination, unrelated to adolescent girls?
11. Would you like to see change? What kind of change? Why/ why not?

Additional question:

12. Is there anything else we should talk about today?
Annex E: Definitions of Types of Violence

The following six definitions were developed by UNFPA, IRC and UNHCR to provide standardised definitions for universally-recognised forms of GBV. Each definition refers to the concept of consent, which is when a person “makes an informed choice to agree freely and voluntarily to do something”. There is no consent when agreement is obtained by use of threat to withhold a benefit to which the person is already entitled, or a promise is made to the person to provide a benefit.

1. Rape: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

2. Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

3. Physical Assault: an act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.

4. Forced Marriage: the marriage of an individual against her or his will.

5. Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

6. Psychological/Emotional Abuse: infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Annex F: The Inter-Agency Standing Committee’s Cluster Approach

The IASC Cluster System for coordination in emergencies.

The Global Protection Cluster’s Areas of Responsibility.