

Guiding Principles for Working with Adolescent Girl Survivors

Who are Adolescent Girls?

“Adolescent girls [ages 10-19] are neither women nor children, yet they carry the burdens of both during times of crisis, and face the double discrimination of their age and gender.”¹ During adolescence, girls are in a gradual process of crossing over from childhood to adulthood, and many factors impact the speed of their transition into adult roles and responsibilities—including their physical development, social and cultural expectations, economic situation, life experiences, and upheavals such as disaster and displacement. Adolescent girls are among the most vulnerable segments of any population because they face the highest protection risks, yet they are one of the most invisible populations because they are often more physically and socially isolated than younger children, adults, and their male peers. Adolescent girls and their particular vulnerabilities are overlooked when they are grouped together with children ages 0-18, and they may be invisible in child protection programs, GBV, and psychosocial services.²

Adolescent girls must be seen and targeted as a distinct population with unique needs and vulnerabilities due to their very high risk of sexual violence; child, early, and forced marriage; early pregnancy; STIs; unsafe abortion; and social/psychological problems.³ But we must also recognize that they are not a heterogeneous group and commit to seeing the full “universe” of girls,⁴ with differences including age (10-14: very young adolescence; 15-16: middle adolescence; 17-19: older adolescence), marital status, accompanied or orphan status, HIV status, marginalized ethnicity, in/out of school and not working, time poverty, pregnant or lactating, disability, mother or primary caregiver, sexual orientation, or engagement in transactional sex.⁵⁻⁶ As they enter adolescence, girls begin taking on adult roles and responsibilities, though they do not yet have all the skills or physical and cognitive capacities they may need.⁷ Service providers should commit to providing compassionate care and services that are accessible, acceptable, appropriate, equitable, effective, efficient, affordable, and comprehensive.⁸ We must not underestimate the importance of our role in supporting and empowering adolescent girls to heal, build their resiliency, claim their rights, and safely move through adolescence on their own journey to adulthood.

What are the Guiding Principles for different Age Groups?

Child Survivors	Adolescent Girl Survivors	Women Survivors
Promote the Child's Best Interest A child's best interest is central to good care. A primary best interest consideration for children is securing their physical and emotional safety—in other words, the child's wellbeing—throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the children's rights to safety and ongoing development are never compromised.	Respect the rights, wishes, opinions, and dignity of the girl survivor and jointly determine her best interest We work with the girl survivor to put her best interest, safety, and wellbeing at the center of all decisions. We respect her right to self-determination, and work together to evaluate the positive and negative consequences of each action so as to choose the least harmful (engaging her caregiver when appropriate). We show that we care about her experiences, history, and future, and remind her that she is valuable to us and to the world. We never blame, judge, scold, criticize, lecture, pressure, assume we know what is best for her, or tell her what to do. We honor her right to all available information and services including sexual and reproductive health, and do not let our own values become a barrier for her. Recognizing that she may feel powerless, we offer her our time, full attention, and unconditional and confidential care, support, and respect.	Respect the wishes, rights, and dignity of the survivor This principle underscores the importance of the caseworker using a validating, non-blaming and non-judgmental approach with the survivor. This principle also reminds us that we must value the survivor. We express to survivors that we care about their experiences, their history and what happens to them now and in the future. We let her know that she is valuable and that she matters in the world and to us. This is particularly important given the relational dynamics of her life and/or experiences with violence. As caseworkers, we are the one person in her life from which she can expect to receive unconditional care, support and respect.
Comfort the Child Children who disclose sexual abuse require	Show Empathy We show empathy and offer comfort,	

comfort, encouragement and support from service providers. This means that service providers are trained in how to handle the disclosure of sexual abuse appropriately. Service providers should believe children who disclose sexual abuse and never blame them in any way for the sexual abuse they have experienced. A fundamental responsibility of service providers is to make children feel safe and cared for as they receive services.	encouragement, and support to all girls who disclose GBV. Instead of pity or sympathy, our empathy shows that we care about her suffering, and that her feelings matter. We express empathy through our words and body language, and can show that we care by being calm and attentive, keeping an open posture (not crossing our legs or arms), facing her and leaning forward slightly, gently holding eye contact (not staring), nodding, and by our facial expressions. We show empathy by believing her, taking her disclosure seriously, never blaming or judging her, and choosing kind words that help her feel safe and cared for. We build our empathy by putting ourselves in her shoes, and focusing on the girl instead of on her problem. We always hold hope for her, knowing that our confidence in her recovery and healing can help her believe in herself.	
Ensure the Safety of the Child Ensuring the physical and emotional safety of children is critical during care and treatment. All case actions taken on behalf of a child must safeguard a child's physical and emotional wellbeing in the short and long terms.	Establish and maintain safety Ensuring the physical and emotional safety of the girl survivor is critical during care and treatment. All case actions taken on her behalf must safeguard her physical and emotional wellbeing in the short and long-term. We establish safety	Establish and ensure safety Ensuring the physical and emotional safety of the survivor is critical during care and treatment. All case actions taken on behalf of the survivor must safeguard the survivor's physical and emotional wellbeing in the short and long-term.

	within the relationship so that she feels she will be not be physically or emotionally harmed by us or by our actions. We ensure a safe counseling space that is secure, private, and comfortable, where nobody else can see her or hear what is said. We create a safe emotional space by never blaming, judging, criticizing, preaching, controlling the discussion, or telling her what to do, and we never force her to talk. Instead, we create safety by providing clear information, being patient, and giving her as much time as she needs to think, ask questions, express her feelings and needs, arrive at her own solutions, and explain her ideas and decisions. We know it takes time to build trust and feel safe.	Safety must also be established within the relationship between the caseworker and client such that the survivor feels she will be not be physically or emotionally harmed by the caseworker and the caseworker's actions.
Ensure Appropriate Confidentiality Information about a child's experience of abuse should be collected, used, shared and stored in a confidential manner. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing of information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the child and/or caregiver; 3) and that case information is stored securely. In some places	Ensure and Maintain Confidentiality We are required to protect all information we gather about girl survivors, and only share information about the case with the girl's explicit permission. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing of information happens on a need to know basis or in line with laws and policies; that permission is obtained from the girl survivor (and/or her caregiver when	Maintain confidentiality This principle requires that caseworkers and others involved in the care and treatment of clients protect information gathered about them and agree to only share information about clients' cases with their explicit permission. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing of information happens on a need to know basis or in line with laws and policies; that permission is obtained from the

where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.	appropriate) before information is shared; 3) when making a referral, only the details relevant to the referral are shared with the other service provider, and the caseworker and girl survivor reach a decision together about what should be shared; and 4) case information is stored securely. Maintaining confidentiality also means that we never discuss case details with family and friends, or with colleagues whose knowledge of the abuse is unnecessary. Recognizing that confidentiality is a serious concern for many girls, we clearly explain the confidentiality policy at the beginning of the session, using simple language. We describe all situations where it may be necessary to break confidentiality in order to protect her. If we are required by local law to report child abuse to local authorities, we explain these mandatory reporting procedures to the girl (and/or her caregiver) at the beginning of service delivery and respect the girl's choice to refuse services. We know and apply local laws on caregiver consent and mandatory reporting, but always prioritize the best interest and safety of the girl. For all girls, involvement and consent	survivor before information is shared; 3) when making a referral only the details relevant to the referral are shared with the other service provider and that the caseworker and survivor reach a decision together about what should be shared; and 4) case information is stored securely. Maintaining confidentiality also means that service providers never discuss case details with family and friends, or with colleagues whose knowledge of the abuse is deemed unnecessary.
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	from a caregiver or trusted adult is encouraged, but not required. We never refuse care or services if she does not want to get caregiver consent. Asking the girl survivor for her consent throughout her care is empowering, and keeping confidentiality builds trust.	
Treat Every Child Fairly and Equally (principle of non-discrimination and inclusiveness). All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities, thereby giving them opportunities to reach their maximum potential. No child should be treated unfairly for any reason.	Non-discrimination: Treat every girl with equal care and respect We are responsible to offer every girl equal high-quality care, support, and treatment – regardless of age, marital status, family situation or caregiver status, social status, financial situation, religion, ethnicity, race, nationality, unique abilities or disabilities, sexual orientation, or for any other reason. Unmarried girls, young girls, and girls with disabilities are welcomed and have an equal right to all services. We know that every girl is unique, and are committed to seeing her as an individual and truly listening to her so that we can understand her needs and support her to reach her maximum potential. We see how our negative attitudes and stereotypes can be harmful barriers for girls to access services, and are committed to providing respectful and equitable	Non-discrimination Every adult or child, regardless of his/her sex, should be accorded equal care and support. Victims/survivors of violence should receive equal and fair treatment regardless of their race, religion, nationality or sexual orientation. We fully recognize and intend to uphold this guiding principle in our work. However, it must be noted that the priority target population around which GBV case management approach and services have been built are women and girls. Caseworkers should never deny services to men and boys, but we want to be explicit that our approach, training and skills have been developed with women and girls as the primary intended clients.

	care and services for all girls.	
Involve the Child in Decision-Making Children have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age. Listening to children's ideas and opinions should not interfere with caregivers' rights and responsibilities to express their views on matters affecting their children. While service providers may not always be able to follow the child's wishes (based on best interest considerations), they should always empower and support children and deal with them in a transparent manner with maximum respect. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.	Collaboration: Engage the girl survivor in decision-making All girls have the right to participate in their care and to make decisions that have implications in their lives, including very young adolescents, unmarried girls, and girls with disabilities. We are aware of the inherent power imbalance based on age, role, and/or gender, and seek to build a relationship based on respect, collaboration, and mutual trust. We see and treat her as the expert on her situation. We ask how she feels, listen to her ideas and opinions, and give her as much time as she needs to think and make choices. We never pressure her to make a decision or consent to services. Her participation in decision-making is her choice, and should be appropriate to her age, developmental level, emotional maturity, and capacity for self-expression and self-care. To fully engage her in decision-making, we give clear and comprehensive information, regularly check her understanding, offer alternatives, and remind her that she can change her mind anytime. If we cannot follow her wishes based on her	Collaboration Collaboration describes the overall essence of the relationship that should be developed between the client and caseworker. Caseworkers should build and establish rapport with the survivor such that there is the potential for connection and ultimately trust. Caseworkers approach the client as an equal and the relationship should be one of partnership, based on safety and respect. This principle can be brought to life in every step of the case management process.

	safety and best interest, we always explain why.	
Strengthen Children's Resiliencies Each child has unique capacities and strengths and possesses the capacity to heal. It is the responsibility of service providers to identify and build upon the child and family's natural strengths as part of the recovery and healing process. Factors which promote children's resilience should be identified and built upon during service provision. Children who have caring relationships and opportunities for meaningful participation in family and community life, and who see themselves as strong will be more likely to recover and heal from abuse.	Empower Girls and Build Resilience Adolescent girls are disempowered by age, gender, weak social position, and economic dependency, which heighten their vulnerability to GBV. Experiences of GBV further disempower girls, so the center of her recovery must be empowerment and building resilience. We build a relationship that enables her to increase her feeling of power and control of her life by connecting to her 'power within' (the strength that arises from within herself when she recognizes abuses of power and her own power to start a positive process of change for herself) and her 'power to' (her ability and capacity to create and contribute to wider social change). We build a relationship of respect where she is encouraged to share her voice and experience, where she and her story are honored, and where she is nurtured and learns to be self-nurturing. We provide comprehensive information, and honor her right to self-determination. We encourage her to identify and use her physical, human, social, and cognitive assets to	Empowerment Given that one of the core experiences of GBV is disempowerment, at the center of the survivor's recovery is empowerment. The core of the relationship between the caseworker and the survivor and the process of case management must be about giving power and control back to the survivor. Specifically, we seek to introduce or reconnect the survivor to her 'power within'-- the strength that arises from within herself when she recognizes abuses of power and her own power to start a positive process of change for herself—and her 'power to'—her ability and capacity to create and contribute to wider social change. The relationship between the client and the caseworker becomes a space that offers a different environment for the client—one that is equal, one where she will be encouraged to share her voice and experience, where she and her story will be honored, a space that is nurturing and where she learns to be self-nurturing. Caseworkers emphasize choice versus compliance and strengths versus deficits. The survivor is considered the director

	protect herself, and to build her own support team. We affirm her strengths and agency, knowing that girls who see themselves as strong and have caring relationships and opportunities for meaningful social engagement are more likely to recover and heal.	and owner of her own recovery and the case management process is intended to be transformative in the sense that the survivor finds her own agency and autonomy, including the right to make decisions that caseworkers think are 'mistakes' or the 'wrong' decision.
	Accountability and Responsibility We are accountable to the survivor as well as to the values and ethical principles of our practice. We strive to implement quality, best practice, and continually reflect on and evaluate our practice. We are responsible for building a relationship of trust, respect, confidentiality, and partnership with girl survivors, and for ensuring safe and equitable access to care and services. We are responsible to use our power in the partnership to support and empower her, not to control, manipulate, discipline, or guide her to do what we think is best. We are not responsible for solving all of her problems, and do not make unrealistic promises. We are responsible for ensuring her safe access to services, and work together to find solutions that are in her best interest. We are committed to her full	Accountability Caseworkers are accountable to the survivor as well as to the values and ethical principles of their practice. They should strive to implement quality, best practice and continually reflect on and evaluate their practice. In addition, the relationship between the caseworker and the client becomes a 'contract' about the use of power, which recognizes the inherent power differential between the caseworker and client. The client comes to the caseworker in need of help and care, which automatically sets up an unequal relationship in which the caseworkers has superior status and power. It is the responsibility of the caseworker to use the power that has been conferred upon her to foster the recovery of the client that is no way abusive, manipulative or controlling. The caseworker has a responsibility to

	recovery, and do not underestimate the importance of our role in her life.	constantly remind the survivor that she is in charge of her own life and the caseworker must refrain from advancing a personal agenda, even when the caseworker deems it is in the survivor's best interest. Managing this power dynamic becomes even more critical in the context of GBV cases given that they are defined as an abuse of power.
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- ¹ *Strong Girls, Powerful Women: Program Planning and Design for Adolescent Girls in Humanitarian Settings*, Women's Refugee Commission, 2014 (p. 4)
- ² *I'm Here: Adolescent Girls in Emergencies*, Women's Refugee Commission, 2014 (p. 17)
- ³ *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*, UNFPA, 2009 (p. 29).
- ⁴ The Protective Asset-Building Approach, in *Building Girls' Protective Assets*, PopCouncil, 2016 (p. iv)
- ⁵ *Adolescent Sexual and Reproductive Health Program in Humanitarian Settings: An In-depth Look at Family Planning Services*, WRC 2012 (p. 24)
- ⁶ *I'm Here: Adolescent Girls in Emergencies*, Women's Refugee Commission, 2014 (p. 17)
- ⁷ *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*, UNFPA, 2009 (p. 6).
- ⁸ WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. Noted in: *Adolescent-friendly Health Services: An Agenda for Change*, WHO 2002 (p. 27).