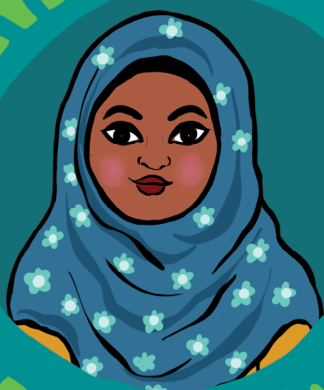


PART 4

Girl Shine Training Manual

Girl Shine



Funding Provided
by the United States
Government



TABLE OF CONTENTS

Girl Shine Part 4

Introduction	5
Key Concepts & Skills	8
Structure	10
Basic Training Package for Mentors/Facilitators	12
Session 1 – Establishing a Safe Space	13
Session 2 – Introducing Girl Shine	14
Session 3 – Why Girls?	17
Session 4 – Adolescence: Development & Experience	18
Session 5 – Stepping Out of Comfort Zones	21
Session 6 – Roles & Responsibilities	22
Session 7 – Understanding Power	25
Session 1 – Day 1 Review	28
Session 2 – Understanding Privilege, Discrimination, and Systems of Oppression	29
Session 3 – Introducing Girl Shine and the Early Marriage Sessions	37
Frequently Asked Questions for Early Marriage Implementation	44
Session 4 – New Approaches to Communicating with Adolescent Girls	47
Session 5 – Facilitation Techniques	49
Session 1 – Review of Day 2	51
Session 2 – Adolescent Sexual & Reproductive Health	52
Session 3 – Delivering Sensitive Content	57
Session 4 – Facilitation Techniques & Practice	61
Session 5 – Facilitation Techniques Discussion	62
Session 1 – Day 3 Review	63
Session 2 – Gender-Based Violence	64
Session 3 – Gender-Based Violence	67
Session 4 – Gender-Based Violence	71
Session 5 – Facilitation Techniques Discussion	72
Session 1 – Day 4 Review	73
Session 2 – Working on Adaptation & Flexibility	74
Session 3 – Girl Shine Group Closure	76
Session 4 – Making Referrals	78
Session 5 – A Creative Summary	80
Session 6 – Introducing Monitoring Tools	81
Session 7 – Capacity Strengthening Action Plans	84
Session 8 – Closing Session	85
Refresher Training, Coaching & Mentoring	86
Additional Modules for Mentors/Facilitators	88
M1. Why Girls?	89
M2. Dealing With Behavioral Issues	91
M3. Communicating with Adolescent Girls- Our Role as Mentors and Facilitators	97
M4. Adolescent Girl Development: Strategies	106
M5. Adolescent Girls, Sexuality, and Sexual Rights	109

M6. GBV (in-depth)	113
M7. Early Marriage	123
M8. Self-Harm & Suicidal Ideation	137
M9. We Make a Difference	145
Appendices	147
A1 . Values Clarification Survey	147
A2 . Bingo	150
A3 . Who Am I?	151
A4 . Power Walk Character Cards	152
A5 . Intersecting Oppressions Case Study	153
A6 . Seeds of Success	154
A7 . Daily Evaluation of Training	155
A8 . Facilitating ASRH Sessions	156
A9 . Action Plan	157
A10 . Final Evaluation	158
A11 . Participants Attendance Sheet	159
A12 . Unpacking my Knapsack Privilege Lists	160
A13 . Girl Shine Mentor and Facilitator Training Guidance for Facilitators	163
A . Guidance for Trainers: Discussing Intersecting Forms of Oppression and Managing Risks and Resistance	164
B . Guidance on Inclusion and Managing Group Dynamics Amongst Engaged, Married, Divorced, and Widowed Girls, and Young Mothers	167
C . Guidance on Discussing the Health Consequences of Early Marriage with Engaged, Married, Divorced, and Widowed Girls	168
A14 . Training Materials	170
Girl Shine Training for Service Providers Working with Adolescent Girls	172
M1. Introduction to Adolescent Girls and the Life Cycle of Violence	174
M2. Addressing Barriers to Care for Adolescent Girls	183
M3. GBV Case Management of Adolescent Girls (for GBV Practitioners)	196
Annexes	201
Annex 1 – Adolescent Girls and Case Management Considerations	201
Annex 2 – Consent, Assent, and Mandatory Reporting	205
Annex 3 – Frequently Asked Questions	210
Annex 4 – Early Marriage Case-Management for GBV Practitioners	214
Annex 5 – Adolescent Girls and Intimate Partner Violence (IPV)	219

Introduction



The Girl Shine Training Manual has been designed to provide participants with an environment that models the Girl Shine approach for working with adolescent girls. A number of activities and tools that are found here in the training manual are used in the Girl Shine Life Skills and Girl Shine Female and Male Caregiver Curricula, giving participants the opportunity to experience the tools and activities first hand. The trainer's approach during the training should reflect what Girl Shine expects mentors and facilitators to adopt. Therefore, concepts such as establishing a safe space are critical to the training.

Who conducts the training?

It is recommended that the Girl Shine Training be led by two trainers who have in-depth knowledge of gender-based violence (GBV) core concepts and a strong understanding of gender equality concepts and how these affect girls' lives.

The trainers should have spent time reviewing and understanding the Girl Shine intervention and should have read all parts of the resource package prior to beginning training. In addition, the trainer(s) should have:

- **Training skills and knowledge:** The trainers should have strong skills and knowledge around training and facilitating learning – including how to create a learning environment, lead interactive and experiential learning, and utilize challenging moments as learning opportunities.
- **Experience co-training:** The trainers should have experience working in equal and accountable partnership with a co-trainer.
- **Commitment to and passion for working with adolescent girls:** This includes an understanding of the specific needs and challenges that adolescent girls face. It is essential that mentors/facilitators hold attitudes and beliefs that are empowering for girls and consistent with the Girl Shine Principles.
- **Capacity to drive the program forward:** Trainers should be available for capacity building support for mentors/facilitators, and able to conduct refresher trainings and link participants to focal points when necessary.

Who participates in the training?

The Girl Shine mentors/facilitators are expected to participate in the training. This training has been designed assuming attendance of 12 to 20 participants, but can be adapted according to the number of participants being trained. Facilitators refers to staff who are selected to facilitate the sessions with girls when mentors are not available (due to capacity or context issues). It is recommended that final selection of mentors/facilitators be done after the training, once a better understanding of their ability to address issues related to adolescent girls has been assessed. So, having more participants than the final number of mentors/facilitators expected for the program should be explained to participants prior to the training. This training therefore can also be used as part of the recruitment process for mentors/facilitators, as not everyone who participates will be an appropriate mentor/facilitator of Girl Shine. The trainers should determine this based on interactions and reflections throughout the training. Prior to participating in the Girl Shine Mentor and Facilitator Training, prospective mentors/facilitators should:

- Have a basic level of literacy
- Hold some attitudes and beliefs in line with the Girl Shine Principles

Once the selection process has taken place, mentors/facilitators should participate in GBV core concepts training as part of their ongoing capacity building.

The Girl Shine 5 Core Principles



- 1. Girl-centered approach:** This creates a supportive environment in which girls can shape the design and implementation of Girl Shine by voicing their needs and interests and determining how practitioners can support them.
- 2. Safety:** The safety and security of girls is at the heart of Girl Shine.
- 3. Respect:** Girl Shine should be guided by respect for girls' choices, wishes and rights. The role of mentors and facilitators is to guide girls through the Girl Shine program, not to tell them what to do.
- 4. Non-discrimination:** All girls should be treated equitably and with kindness regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.
- 5. Rights-based approach:** A rights-based approach seeks to analyze and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

What are the objectives of the Girl Shine Mentor and Facilitator Training?

By the end of the training, participants will have the knowledge and practical skills necessary to:

- Understand the Girl Shine Life Skills and Early Marriage curriculum and structure
- Understand and use appropriate facilitation techniques during the Girl Shine Life Skills and Early Marriage Curriculum
- Respond to challenging situations that may arise during the implementation of the Girl Shine Life Skills and Early Marriage Curriculum
- Understand their own roles and responsibilities in relation to the program
- Understand power and privilege and how this can influence our interactions with girls and the community more broadly.

[As a pre-requisite to this training, participants can complete the online Girl Shine training which can be found on Kaya.](#)

A note on the use of the term 'early marriage'

A child, early or forced marriage (CEFM) is defined as a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, early marriage is also a form of forced marriage as children are not legally competent to agree to such unions .

Definitions of child and early marriage are often used interchangeably to refer to the marriage of a girl or boy under the age of 18. For the purpose of this document, we are using the term “early marriage,” which encompasses child marriage and forced marriage because:

1. There are multiple factors to consider when talking about marriage that extends beyond just under or over 18. Early marriage allows us to include girls who may, for example, be married at 19 but who are not physically or emotionally mature or don't have enough information to make a fully formed decision.
2. In some countries, the age of majority may be reached before 18 or adulthood is achieved upon marriage — especially for girls (irrespective of age) — and in those cases, when we talk about child marriage it may be confusing for communities, or they may not see that this applies to them as adulthood and childhood are not perceived in the same way as they are by the international community.



A forced marriage is where one or both people do not consent to the marriage and pressure or abuse is used. This can happen at any age. **All child marriages are forced**, because a child cannot provide informed consent to marriage due to their age

So, when we talk about early marriage, it includes child and forced marriage but also encompasses contextual differences we may encounter. It also allows us to consider other reasons why a girl or woman may not be ready for marriage, beyond age.

Key Concepts & Skills



Supporting mentors/facilitators to build their knowledge and skills will be an ongoing process that will take place through additional training, coaching, and mentoring. However, there are some basic approaches and concepts that need to be addressed from the first training.

✱ Attitudes and beliefs

Mentors/facilitators need to hold attitudes and beliefs in line with the Girl Shine Principles. While it may be challenging to find women with attitudes and beliefs already in line with Girl Shine, the training should address this and strategies should be developed to deal with the challenges that may arise. Attitudes and beliefs may change over time, and in situations where the choice of mentors/facilitators is limited, it may be necessary to work with individuals whose attitudes may not be fully in line with the Girl Shine Principles. It is thus important to ensure that they are able to implement the sessions without imposing their own attitudes and beliefs on the group. Creating a safe training environment will enable trainers to identify some attitudes and beliefs that may be harmful and address them with individuals (while also enabling them to identify those that are not suitable to implement the curriculum at all).

✱ Do no harm

Mentors/facilitators must ensure that the approach, techniques, and knowledge they utilize do not cause harm to girls. They should be equipped with the skills they need to deal with a variety of common situations that may arise (group GBV disclosures, harmful coping mechanisms, group disagreements, etc.) and should mitigate harm to the best of their ability. They should know when to seek support from a staff member and have the opportunity to practice sensitive scenarios during the training to help prepare them for these eventualities. Mentors/facilitators should know that they are responsible for ensuring the well-being of their group and should feel prepared to respond quickly to difficult situations as they arise.

✱ Creating a safe space

Mentors/facilitators need to establish a safe environment for girls. They should do this by establishing group agreements, maintaining boundaries, not giving their opinion or judgments, allowing girls to express themselves, and knowing when to take a step back to allow girls to lead. This will foster a more productive learning environment for girls. They should be sure to check in with girls before and after sessions, be available for girls, and ensure that any unresolved issues are addressed before girls leave the sessions, making sure girls feel comfortable. They should also be aware of existing services and referral mechanisms should girls need this information.

✱ Listening skills

While the purpose of the Girl Shine Life Skills Curriculum is to build girls' skills and knowledge in relation to certain assets, this should not override the importance of listening first. While there is a structure to the sessions and important knowledge areas to cover, the most valuable thing a mentor/facilitator can do is listen to the girls. They may want to discuss a different topic that is more relevant to them at that particular time, they may not be comfortable with a certain topic, or they may be in need of particular support or help outside of the session being covered. Mentors/facilitators need to be attuned to this, know that they have the right to be flexible, and should in all cases be responding to the needs and wants of girls, as opposed to simply fulfilling a session requirement. They should be equipped with listening skills and also feel empowered to guide the group in the direction the girls feel comfortable taking it, while maintaining the objectives of the session.

✱ Facilitation skills

How Girl Shine is facilitated is of critical importance. The techniques used may be different to those that mentors/facilitators are used to. It is important that the training help participants move away from traditional teaching techniques and instead introduce participatory techniques whereby girls lead the sessions and the mentors/facilitators provide a safe environment for them to do so. Mentors/facilitators will need to put themselves outside

of their comfort zones, strengthening their ability to be playful, spontaneous, and fun. This is something that may not come naturally to all, therefore there should be plenty of opportunities during the training to allow participants to become more comfortable with these techniques.

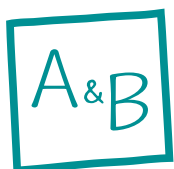
* **Adaptation and flexibility**

The Girl Shine Life Skills Curriculum is a global tool that will require contextualization to specific contexts and groups. However, irrespective of the contextualization that goes into the curriculum, mentors/facilitators should be made to feel empowered to understand the group they are working with and respond accordingly. Certain scenarios may need to be further adapted according to the number of girls in a session, whether the group includes married girls, the age and maturity level of participants, etc. Activities may need to be adapted based on literacy level of girls or how energetic they are feeling on that particular day. Mentors/facilitators should be able to make these decisions while feeling confident that they are maintaining the Girl Shine Principles.

* **Knowledge of curriculum content**

While knowledge of the curriculum is important, it is equally important for mentors/facilitators to be aware of referral mechanisms, GBV core concepts, and skills related to listening and facilitation. Once this has been established, facilitating the sessions will be much easier. The information related to each session is included in the session plans, and over time, mentors/facilitators will become more familiar with this. Sometimes mentors/facilitators put a lot of focus in learning the knowledge pieces and not enough into their approach. It is critical that over the course of the training, participants learn to feel more comfortable with the knowledge pieces and that they leave the training equipped with the main skills and approaches needed to implement the sessions, as well as strategies they can use for session content they feel particularly uncomfortable with (for example, adolescent sexual and reproductive health).

The icons included throughout the training will help trainers know what concepts are addressed in each session.



Attitudes & Beliefs

During the training, participants will have the opportunity to reflect upon and critically assess their attitudes and beliefs.



Creating a Safe Space

During the training, participants will be encouraged to reach outside of their comfort zone, build trust, and create openness to learning.



Knowledge

During the training, participants will gain knowledge on key concepts that will support their work with girls.



Skills Building

During the training, participants will exercise skills and techniques that will support them in transferring their knowledge to girls.



Adapting and Flexibility

During the training, participants will be required to put a skill (or knowledge) into action.



This icon will also help identify which sections of the manual can be printed off and used as handouts for participants or to help with group work.

Structure



Basic Training Package for Mentors/Facilitators

The basic training is a minimum of five days. This will cover basic facilitation skills, best practices, and approaches to use during the curriculum. It will give participants the opportunity to establish basic skills, attitudes, and approaches necessary to implement the Girl Shine Life Skills and Early Marriage Curriculum. It is recommended that the training take place in the space of one full week, or alternatively can be spaced over two weeks. The basic training will give mentors/facilitators an introduction to the Girl Shine Life Skills and Early Marriage Curriculum and provide them with an opportunity to work on capacity building plans. The basic training package is suitable for participants who already have an understanding and have been trained on GBV core concepts. If this is not the case, it is important to make sure participants receive training on basic concepts related to GBV, and have an understanding of gender equality and how it affects a girl's life, before, after, or as part of this training. It is important to include additional days for this. For those working in settings that are more stable and planning longer-term programming, the additional modules at the end of the manual should also be incorporated into the basic training package. In general, where possible, the additional modules should be incorporated into the basic training package, or done soon after the basic training package has been completed.

Refresher Trainings

Refresher trainings should take place regularly, according to the curriculum implementation time frame and also the operating environment. For example, in locations where mentors/facilitators have a strong set of skills, refresher training may take place every three months (for a long-term intervention), or monthly for a shorter intervention. In locations where mentors/facilitators need a lot of support and skill building, refresher trainings may take place weekly or monthly, depending on staff capacity and availability. Content for refresher trainings will be decided on by country teams according to the needs of training participants. A sample structure is included in this manual. The additional modules included below can be used during refresher trainings to help participants dive into specific topics that were touched upon during the basic training, as well as cover new ones.

Coaching & Mentoring

Coaching and mentoring is a key component of the Girl Shine Mentor and Facilitator Training package. It is crucial that training participants have access to a focal point who will be able to set a capacity building plan with them, provide technical support in the implementation of the Girl Shine Life Skills Curriculum, and follow up with any issues arising during the implementation. Coaching and mentoring will vary depending on the capacity of the individual, but in general, training participants will need extra support during the first program cycle, especially at the beginning and during sensitive modules such as Health & Hygiene and Safety.

Additional Modules for Mentors and Facilitators

Standalone modules are also included in this training manual. They can be used during refresher trainings or included in the basic training package by extending the number of training days (especially during a Training of Trainers).

They can also be facilitated independently of the existing training plan structure, according to the needs of training participants. Furthermore they can also be used with other staff members who may not be implementing the curriculum, but who are working with adolescent girls and may benefit from the training modules.

The modules on early marriage should be incorporated into the basic training if mentors and facilitators are expected to implement this curriculum. This content requires an additional 5 hours to facilitate.

Service Provider Modules

Some modules have been developed for service providers working with adolescent girls. While these have been primarily developed for GBV service providers, some modules may also be relevant to other service providers supporting girls. These include:

- Module 1: **Introduction to Adolescent Girls and the Life Cycle of Violence**
- Module 2: **Addressing Barriers to Care for Adolescent Girls**
- Module 3: **GBV Case Management of Adolescent Girls**

Basic Training Package for Mentors/Facilitators



✳ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Agenda:



Time	Day 1	Day 2	Day 3	Day 4	Day 5
2 Hours	Establishing a Safe Space Introducing Girl Shine	Day 1 Review Understanding Privilege, Discrimination and Systems of Oppression	Day 2 Review Adolescent Sexual & Reproductive Health	Day 3 Review Gender-Based Violence	Day 4 Review Working on Adaptation & Flexibility Girl Shine Group Closure
15 Minutes	Break	Break	Break	Break	Break
1 Hour 45 Minutes	Why Girls? Adolescence: Development & Experience	Introducing Girl Shine and the Early Marriage Sessions	Delivering Sensitive Content	Gender-Based Violence	Making Referrals A Creative Summary
1 Hour	Lunch	Lunch	Lunch	Lunch	Lunch
1 Hour 45 Minutes	Stepping Out of Our Comfort Zone Role & Responsibilities	New Approaches to Communicating with Adolescent Girls	Facilitation Techniques & Practice	Facilitation Techniques & Practice	Introducing Monitoring Tools
10 Minutes	Break	Break	Break	Break	Break
1 Hour	Understanding Power Discussion Daily Evaluation	Facilitation Techniques Discussion Daily Evaluation	Facilitation Techniques Discussion Daily Evaluation	Facilitation Techniques Discussion Daily Evaluation	Capacity Strengthening Action Plans Closing Session

Day 1



SESSION 1

Establishing a Safe Space

Session Objectives:

- ▶ Participants will feel more at ease during training.
- ▶ Participants will get to know each other.
- ▶ Welcome participants/registration
- ▶ Value Clarification Survey ([Appendix 1](#))

Activity 1: BINGO! (10 minutes)

Materials: Bingo sheets ([Appendix 2](#)), pens, sweets (for winners)

- Give all participants a copy of the BINGO sheet (see [Appendix 2](#)).
- Explain that the aim of the game is to go around the room and get to know each other.
- The bingo sheet has boxes with criteria, and they need to find someone that fits a criteria from a box and get that person to sign inside the box.
- They can't use the same person twice.
- They have to make one line, either horizontally, vertically or diagonally.
- The first person to finish should yell "BINGO!" - they are the winner.
- Continue playing until at least half of the group have also yelled "BINGO."

Activity 2: Who Am I? (35 minutes)

Materials: Who Am I Handout ([Appendix 3](#)), colored pens

- Give participants a copy of the Who Am I handout
- Ask them to write down their name and how they are feeling (in the heart).
- They can write the names of the people who they know at the training (or draw them).
- They can write down what experience they have working with adolescent girls.
- They can decorate their 'person' any way they like to reflect their personality.
- Ask each participant to present what they have done.
- Keep the templates somewhere in the training room so they can refer back to them on the last day.

Final points

- Set group agreements (e.g. use of phones during the training, active participation, being punctual, etc.).
- Make a parking lot where participants can make a list of any other issues that need to be addressed.
- Tell participants that at the end of the day, some time will be dedicated to go over the issues identified in the parking lot.



SESSION 2

Introducing Girl Shine

Session Objective:

- ▶ Participants will gain basic overview of the Girl Shine Resource Package and Life Skills Curriculum for adolescent girls.

✱ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Explain training objectives to participants

- Participants will be equipped with key skills and knowledge to enable them to provide girls with appropriate information, support, and guidance.
- Participants will gain a deeper understanding of approaches and techniques that are crucial for engaging with adolescent girls.
- Participants will understand concepts related to gender and GBV and will be able to make timely and considerate referrals for adolescent girls.
- Participants will have an understanding of the Girl Shine resource package and how to navigate it.

The Girl Shine Resource Package Components

- Introduce participants to the Girl Shine Curriculum, explaining the modules, structure, and sequencing. Key points to cover with participants include:
 - » There are 51 sessions in total in the Girl Shine Life Skills Curriculum. Some sessions have been tailored for specific age groups or girls with specific life experience.
 - » There is a parallel curriculum for female and male caregivers consisting of 14 sessions.
 - » There is a separate curriculum that tackles early marriage which consists of 16 sessions, tailored content is available for girls who are at risk of marriage and girls who are married, divorced, widowed or young mothers, as well as their female and male caregivers.
 - » Girl Shine has been developed for girls between the ages of 10 and 19 and their female and male caregivers. They are split between older and younger adolescent groups, giving staff the space to determine age groups based on development and experience of girls.
 - » The early marriage curriculum has been designed for girls 14-19 years old and their female and male caregivers.



The main components of Girl Shine

These components apply when implementing the Girl Shine Life Skills Curriculum and the Early Marriage Curriculum:

- **The Girl Shine Safe Space.** A “girl-only” safe space allows for consistent access to programming and provides a trusted environment where girls can express and be themselves.
- **The Girl Shine Life Skill Groups.** The Girl Shine girl groups are the heart of the program. Girls participate in a collection of learning sessions that have been tailored to their needs (age range, experience, and situation).
- **The Girl Shine Mentors/Facilitators.** Girl Shine encourages the recruitment of older adolescent girls or young women from local community to facilitate the Girl Shine groups.
- **Girl Shine Female/Male Caregiver Engagement.** Female/male caregivers should be engaged with Girl Shine whenever it is safe and possible. Preferably, they will participate in the Girl Shine or Early Marriage caregiver curriculum.
- **Girl Shine Community Outreach.** Community support of the program is essential to ensuring that girls who participate are safe. A community conversation guide is included in Girl Shine and is a good way to engage the community.



The session road map (or sequence) For the Girl Shine Life Skills Curriculum

- 1. Welcome & Review (10 minutes):** The opening of each session establishes consistency and safety for the girls every week. Each group may decide to open their sessions with a song, a poem, or some other ritual that indicates the session beginning.
- 2. Story Circle (5 minutes):** Each session starts with a story of a girl named Sara. The story is meant to introduce session content in an accessible and safe way and provide the girls with a less personal way to consider the theme or new skill.
- 3. Let's Explore: (10 minutes):** The Let's Explore or 'teaching' part of each session should be the shortest. It gives just enough time for the mentor/facilitator to deliver basic concepts or ideas in a short and concise manner.
- 4. Activities (35-45 minutes):** The Activities are meant to be the heart of each session. It is where the girls have time to actively practice new skills and explore new concepts and ideas.
- 5. Closing Check-in (10-15 minutes):** The closing Check-in questions are opportunities for the mentor/facilitator to check in on how the girls are understanding the curriculum content and clarify any remaining questions or misconceptions.
- 6. Takeaway: (5 minutes):** The Takeaway encourages the girls to share or practice new skills or learning at home or in the community. Mentors/facilitators should invite girls to share their experiences at the review in the next session.

While the Early Marriage Curriculum follows the same sequence as the Girl Shine Life Skills Curriculum, the activities are longer, meaning the overall session is approximately 2 – 2.5 hours.

Session flexibility for the Girl Shine Life Skills Curriculum

- The sessions have been developed in a way to be flexible, meaning that mentors/facilitators are not required to implement all of the sessions with the girls, but can choose the most relevant sessions for their needs. The Girl Shine Focal Point should be able to support with this further.
- However, mentors/facilitators may suggest additional sessions or request for some sessions not to be completed if they are not relevant (for example, female genital mutilation) if this is not an issue in the given context.
- The sessions must follow a certain sequence, meaning that the sessions from the Health & Hygiene module cannot be facilitated without first doing the Trust Module, for example.
- If the Girl Shine program will only work with a group for a short period of time, two sessions from each topic area may be implemented instead of five, for example, but it must be done in the sequence outlined below.



While sessions are held separately for married and unmarried girls, some of the session content that will be delivered to the groups will be the same and other sessions will be different; this is indicated at the top of the session. For sessions that are the same, there may be some activities or stories that are different for married or unmarried girls, and this is indicated at the top of the story, scenario, or activity.

The sessions have been designed to be implemented in the sequence in which they are set out, as each session builds toward the next, gradually developing knowledge and skills that will support married and unmarried girls' empowerment.



SESSION 3

Why Girls?

Session Objectives:

- ▶ Participants will gain a deeper understanding on the importance of working with adolescent girls.
- ▶ Participants will be encouraged to think about their own motivations for working with girls.

✳ **Trainer Note:** If time allows, use the in-depth session which is included under 'Additional Modules.'

Activity I: Why Girls? (45 minutes)

Materials: Videos,¹ projector, laptop, translated messages of video into local language, paper, markers/colored pens

- Show participants the Girl Effect and IRC videos².
- Once they have finished, ask:
 - » How is the situation of girls different from that of boys, men, women?
 - » What are some of the issues that are faced by adolescent girls in particular, especially when it comes to GBV, that women, boys, and men don't experience?
- Give each participant a piece of paper and some markers/colored pens. Ask them to write down one reason why it is important to work with adolescent girls.
- Ask participants to stick this on a wall. Once everyone has finished, do a gallery walk, highlighting the key points.

Questions

- What are reflections on the points that were mentioned?
- Was there anything that stood out or that participants really liked?
- Was there anything that didn't make sense?
- What should be the role of the mentor/facilitator towards the girls?

Keep these points on the wall for the remainder of the training for participants to reflect on.

Key Messages

- Adolescence is a critical time. Compared to their male peers and to adults, adolescent girls are less likely to have life-saving information, skills, and capacities to deal with the upheaval that follows displacement or any other crisis.
- Adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks.
- During the immediate aftermath of a natural disaster or conflict, because of their sex and age, adolescent girls are also particularly susceptible to exploitation and violence—including rape, sexual abuse, early marriage, and abduction.
- Adolescent girls are most often included in either child protection programs or services for adults, neither which take into consideration their specific needs and developmental realities.
- The role of a mentor/facilitator is to give girls the space to express themselves, and encourage and empower them to feel confident and reassured. It is not their role to tell girls what to do or be judgmental. Instead, a mentor/facilitator should provide a supportive environment for girls, where they feel comfortable to discuss the issues that affect them.

1 Videos could include IRC's video on adolescent girls <https://www.youtube.com/watch?v=FVspVC6EEvk&t=1s> or Girl Effect <https://www.youtube.com/watch?v=1e8xgFQJtVg>

2 Ibid.



SESSION 4

Adolescence: Development & Experience

Session Objective:

- ▶ Participants will develop a basic understanding of how biological, social, and legal factors shape the adolescent experience.

Activity I: Adolescence - Development & Experience (1 hour)

Materials: Flip chart paper, markers

Group Brainstorm

- What is meant when talking about adolescence? (aged between 10 and 19 according to WHO)
- What are the different things that happen during this time? (emotional and physical changes, legal changes, responsibility shifts, etc.)
- Mentors/facilitators should print the handout for participants below and explain the following information.

Handout



Adolescent Development

10-14

- Less motivated by threats or punishment
- Increased risk-taking
- Rise in romantic interests
- Increased boredom/disengagement
- Change in sleep patterns (sleep later)

15-17

- Puberty completed
- Empathetic skills increase
- Decision-making capacity reaches adult levels. However, decisions tend to be short-term
- Increasing ability to regulate emotions
- Social support becomes increasingly important

18-19

- Resistance to peer pressure reaches adult levels
- Greater susceptibility to depression
- Less influence by fatigue and stress
- Improved impulse control



Adolescent Responsibilities

Labour

Denied education, protection, and security



Early Marriage

Increased violence, isolation, and exclusion



Caregiving

Practical and emotional burdens

- **Adolescent Development:** Girls begin puberty on average 12–18 months earlier than boys. Their experience of adolescence is very different from the experience of boys. Girls face increased risks, isolation, and limited opportunities. Girls' restrictions in many contexts mean that their access to activities, sports, learning, etc., is also limited. Experienced-based learning is very important for healthy brain development. Restrictions on girls means that their brain development may also be affected by these limitations placed on them.
- **Adolescents and the Law:** National or local laws can also have an impact on adolescents between 10 and 19 years. Sometimes the law can allow adolescents to take on certain roles or responsibilities within society that may or may not be in line with their developmental stage or adolescent experience. Early marriage is a clear example of how girls are impacted by laws. Most countries around the world have laws that set a minimum age of marriage, usually at age 18. However, many countries provide exceptions to the minimum age of marriage, upon parental consent or authorization of the court. Such exceptions leave girls at risk of early marriage.³
- **Adolescent Responsibilities:** Many adolescents and children are involved in adult activities such as labor, marriage, primary caregiving, and combat. They take on roles that rob them of their childhood and adolescence. Even though the age category of adolescence is 10–19, it is important to consider the other things that impact the adolescent girl experience and adapt curriculum content accordingly. For example, the responsibilities that are linked to early marriage, such as early motherhood and household and caretaking responsibilities, can lead to girls experiencing high levels of violence, social marginalization, and exclusion from protection services and education.
- **Group Work:** Take a few minutes in the group to think about an example where adolescent girls' development stage and the legal or 'adult' responsibilities that are given to them are contradictory. If participants need help, give an example of early marriage.

3 Girls Not Brides, *Do All Countries Have A Minimum Age Of Marriage?* <http://www.girlsnotbrides.org/child-marriage-law/>

Key Messages

- While adolescence is defined as the period between 10 and 19, it is also important to consider other things that impact the adolescent experience and adapt curriculum content accordingly.
- While physical and brain development, as well as social and emotional changes, can dominate the adolescent experience, one must also consider and respond to the number of environmental factors that also contribute to the adolescent experience.
- It is also important to understand that adolescent girls in particular face increased responsibilities and are subject to a number of harmful practices as they go through this transition, not only because of their age, but also because they are girls.
- So while the Girl Shine Life Skills Curriculum indicates sessions for specific age groups, mentors/facilitators may find that content designed for younger girls may be appropriate for older age groups and vice versa, depending on their experience of adolescence.
- The Early Marriage Curriculum provides content developed to the situation of girls based on their marital or relationship status.
- Mentors/facilitators need to also be very aware of the situation and experience of girls more broadly within a specific community, to make sure that the content they provide addresses the practices that girls are subjected to.



SESSION 5

Stepping Out of Comfort Zones

Session Objectives:

- ▶ Participants practice and feel comfortable with games and icebreakers.
- ▶ Participants understand the importance of games in creating a safe space.

Activity I: Icebreakers & Games (45 minutes)

Materials: Icebreaker examples from Girl Shine Life Skills Curriculum, paper, pens, post-it notes, and any other materials for icebreakers

- Ask participants how many icebreakers and energizers are used with their work with adolescent girls. How often are they used? How comfortable do participants feel with them?
- Break participants into pairs or groups of three (depending on the number) and give each group an icebreaker from the curriculum.
- Ask them to familiarize themselves with the icebreaker. As a group, they will prepare for the icebreaker and they may nominate one or two participants to facilitate it. Preparation will include gathering the necessary materials or practicing in their small group until they are comfortable with the icebreaker.
- Once they are ready, make a large circle and invite each group to facilitate their icebreaker with the wider group.
- Suggested icebreakers include: Fruit Festival, Who is the Leader, Animal Game, Felfoul and Falafel, Exchanging Faces, Get Me Bread, Clothes Swap, Act How You Feel Today on page 31 of Part 2.

✱ **Trainer Note:** It is important to encourage all to actively participate. If they do not feel comfortable participating during the training, it is unlikely they will feel comfortable using these techniques with girls.

Question

- Why is important to use these icebreakers and games during sessions with girls?

Key Messages

- These are important because they allow girls to build rapport with each other and the mentor/facilitator.
- They help girls to become energized and concentrate when focusing for a long time.
- They encourage girls to express themselves.
- They help to build trust.
- They increase confidence.
- They increase social networks.
- They inspire creativity.



SESSION 6

Roles & Responsibilities

Session Objective:

- ▶ Participants understand what their roles and responsibilities are with the Girl Shine groups.

Activity 1: What is My Role? (15 minutes)

Materials: Flip chart paper, markers

- Split participants into three groups. The purpose of this activity is to give participants time to reflect on what they think their role and responsibilities are towards the girls, towards the organization they work/volunteer for, and also towards the wider community, in their capacity as mentor/facilitator.
- Ask them to think about the Girl Shine groups they will manage, and what they think their roles and responsibilities are.
 - » **Group 1:** What is the mentor/facilitator role with the girl group?
 - » **Group 2:** What is the mentor/facilitator role within the organization?
 - » **Group 3:** What is the mentor/facilitator role with the wider community?
- Once finished, ask the groups to present their ideas back to the wider group.

Activity 2: My Role & Responsibilities (45 minutes)

✱ **Trainer Note:** The following should be tailored to the participant group, for example, whether they are mentors or staff facilitators. While this will vary in different locations, an example is set out below.

- Present the information outlined below to participants (adapted to context).



Mentors

My Girl Group	Organization	Community
• Facilitate sessions from the Girl Shine Life Skills / Early Marriage Curriculum • Prepare sessions in advance • Commit to meeting group X times a week • Manage Girl Shine groups (follow up on attendance) • One-on-one interactions with girls X times per cycle	• Referrals for case management • Identify individual training needs • Submit reports to organization staff • Carry out basic administrative tasks related to the Girl Shine group	• Keep referral information up-to-date for services and activities available in the community • Be aware of any broad challenges girls are facing in the community and bring to the attention of organization staff • Organize one-off tea/coffee sessions with the community based on the request of the organization or girls



My Girl Group	Organization	Community
• Follow guidance set out in Girl Shine • Provide facts, not personal opinions to girls • Maintain confidentiality	• Highlight challenges and successes to organization staff • Provide feedback to organization staff from girls regarding suggested improvements/activities, etc.	• Support girls in the organization of their community event • Raise awareness of organization activities in the community when required • Maintain confidentiality of all information shared by girls during the sessions or one-on-one interactions • A mentor should not engage the community to deal with individual GBV cases

Organization's Responsibility to Mentors

- Required to train mentors on roles and responsibilities and curriculum usage.
- Will provide clear information to mentors on code of conduct and policies.
- Each designated staff member will be required to manage, support, and supervise mentors in assigned areas.
- Designated staff will be required to provide hardcopies of all relevant documents and materials, including a hard copy of the Girl Shine Life Skills Curriculum, and all related tool and materials, in the relevant languages.
- Stipends will be paid to each mentor by X through X at the end of every month over the period of XX weeks/months.
- The designated staff member is required to conduct one-on-one or group monthly supervision with mentors in assigned XX communities.
- The designated staff member is required to call mentors frequently to provide support and give feedback when necessary.
- Designated staff member is required to observe at least XX sessions per month in each community.
- Designated staff members are required to work with community leaders and committees to manage upcoming situations affecting girls' attendance.



Facilitators (Who are members of staff)

My Girl Group	Organization	Community
• Be available for the duration of the program cycle • Facilitate sessions from the Girl Shine Life Skills Curriculum • Prepare sessions in advance • Manage Girl Shine groups (follow up on attendance) • Follow guidance set out in Girl Shine • Identify potential mentors from Girl Shine groups • Provide facts, not personal opinions, to girls • Maintain confidentiality	• Ensure girls have access to information and link them with services as necessary, especially case management • Identify individual training needs • Submit reports to Girl Shine Focal Point • Carry out basic administrative tasks related to Girl Shine groups • Regularly collect feedback from girls and ensure their voices, requests and opinions are represented during staff meetings • Be available to support in the training of new staff and mentors	• Keep referral information up-to-date for services and activities available in the community • Be aware of any broad challenges girls are facing in the community and bring to the attention of Girl Shine Focal Point • Oversee the organization of community events • Support girls in the organization of their community event • Ensure outreach staff have accurate information regarding Girl Shine and support them in disseminating this information

- Once finished, ask participants to go back to their groups and ask them to compare their expectations to their actual roles and responsibilities. Ask them to think about the following:
 - » What is exciting from the tasks presented?
 - » What is going to be challenging?
 - » What support is needed to address the challenges?
- Ask them to present their ideas back to the group.



SESSION 7

Understanding Power

Objectives: By the end of the session, participants will:

- Reflect on their own power and positionality with regards to adolescent girls and how this influences service provision.

Activity I: Types of Power (30 minutes)⁴

Materials: Types of power written on flipchart paper

 Ask:

- What is power?
- What kinds of power are there?
- Who has power?
- How can power be used?

 **Do:** Summarize that power is the ability to control and access resources, opportunities, privileges, and decision-making processes. This does not mean that power is always negative. We all have some kind of power in the community, but we all choose whether to use this power for good or for bad.

 Say:

- **Power Over: *Power over*** means the power that one person or group uses to control another person or group; it also means being able to impose decisions on others and is tightly connected to status. Gender-based violence is caused by men's abuse of power over women and girls.
- **Power Within: *Power within*** is the strength that arises from inside ourselves when we recognize the equal ability within all of us to positively influence our own lives and the community.
- **Power With: *Power with*** means the power felt when two or more people come together to do something that they could not do alone; it also includes joining our power with individuals as well as groups to respond to injustice.
- **Power To: *Power to*** means the beliefs and actions that individuals and groups use to create positive change; it is also when individuals proactively work to ensure that all community members enjoy the full spectrum of human rights and are able to achieve their full potential. Everyone has **power to** even if they are not able to express it externally.

 Ask:

- Can you think of examples of the different types of power?
- Who do you think has power in your community?
- Who do you think has power inside the home? In the workplace?
- What kind of power do we have as service providers? What do we use it for?
- What kind of power do adolescent girls have?
- What might be some consequences when someone has little or no power?

4 Adapted from IRC (2008). Concept Concepts Facilitators Manual.

Key Messages

Say:

- There are different types of power: power over, power within, power with, and power to. Gender-based violence (GBV) is caused by men's abuse of their power over women and girls.
- All people have some kind of power. This includes adolescent girls and survivors of GBV. As service providers it is our responsibility to foster girls' power by supporting them to find their power and act on it. We do this by creating a "power with" relationship with girls.

Activity 2: Power Walk⁵ (30 minutes)

Materials: Character Cards (Appendix 4)

CONTEXTUALIZATION: Contextualization of Character Cards and statements required.

Do:

- Ask participants for 16 volunteers. The volunteers should stand in a line in an area where there is space for them to move forward.
- Invite the remaining participants to stand around facing the volunteers, leaving them space to move forward.
- Distribute Character Cards to participants. If possible, ask participants to attach the Character Card where others can see it.

 **Say:** I will read out a series of statements. If the statement is true for the character on your card, you may take one step forward.

1. I can travel freely anywhere I like without an escort.
2. I have enough leisure time.
3. I attend school.
4. I can wear any clothes I like without worrying something bad will happen to me.
5. I have the same opportunities as my brothers.
6. I spend my free time helping around the home.
7. I can choose who my partner/spouse is.
8. I can choose if and when to have sex with my partner/spouse.
9. I have access to information about sexual and reproductive health.
10. If a crime is committed against me, the police will listen to my case.

 **Do:** Once finished, ask all participants to briefly reflect as a group where each participant ended the game.

Ask:

- What do we see at the end of this exercise?
- Who is in front? Who is behind?
- What differences did you notice between girls and boys?
- What other differences did you notice based on characteristics?
- Who benefits and who does not?
- What might be some consequences for those with more power?
- What might be some consequences for those with less power?

⁵ Adapted from Women's Refugee Commission (WRC) and IRC (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 4: A training module for GBV practitioners in humanitarian settings.

Key Messages

Say:

- Difference and inequality in power between men and boys and women and girls is not inherent; it is socialized power inequality. It is generated and perpetuated by social norms, as well as structures and institutions that discriminate against women and girls.
- This system of oppression awards women and girls less power and worth than men. It discriminates against women and girls throughout their life cycle, starting prior to birth through sex-based selection and continuing throughout their lives.
- While there are differences in power between all adolescents (and indeed, all people) in terms of age, status, physical ability and other characteristics, women and girls experience this oppression and discrimination based on their gender.
- During adolescence, this system of oppression exposes girls to new and additional forms of discrimination and harm, the consequences of which continue to negatively impact their lives as women.

Seeds of Success (10 minutes)

Distribute the *Seeds of Success Tool* in [Appendix 6](#) and ask participants to take a few minutes to think about the things they feel confident about after Day 1 of the training and the things that they feel they still need help with. They will keep a log of this at the end of each day.

Daily Evaluation (5 minutes)

Ask participants to fill out the *Daily Evaluation Sheet* from [Appendix 7](#).

Day 2



SESSION I Day I Review

Session Objective:

- ▶ Participants recall key information learned during the previous day.

Activity I: Quiz (15 minutes)

Materials: Sweets or stickers

- Ask participants to raise their hands to answer the following questions. Give prizes to those that know the correct answer.

Questions

- What is the age of adolescence?
- Why is it important to work with adolescent girls?
- What are the three main components that make up adolescence? (development, law, responsibilities)
- Name the physical, emotional, and developmental changes girls experience during adolescence. (one sweet per answer)
- Name two responsibilities of a mentor/facilitator.
- Name two responsibilities of the organization's staff member towards mentors.



SESSION 2

Understanding Privilege, Discrimination, and Systems of Oppression

Session Objectives:

By the end of the session, participants will:

- » Recognize how multiple, intersecting systems of oppression and discrimination place girls at greater risk of harm and violence.
- » Understand the need for facilitators/mentors to consciously create equal power relations with girls in order to support their access to quality care.

Activity I: Privilege and Discrimination⁶ (30 minutes)

Materials:

- ☐ a small piece of paper for each participant
- ☐ a small bin
- ☐ sticky notes
- ☐ a horizontal line across 2-3 flip chart paper with one end titled "Privilege/Advantage" and the opposite end titled "Discrimination/Disadvantage"
- ☐ a small prize (e.g., biscuit or chocolate, enough for all participants)

✓ Do:

- Ask participants to divide into two groups based on their month of birth (Jan.–Jun. on one side of the room, Jul.–Dec. on the other side).
- Give each person a scrap piece of paper. Place the paper basket close to the Jan.–Jun. group.
- Invite participants to scrunch their paper into a paper ball. Say that on the count of three, everyone should toss their ball into the basket. Give the winning team a small prize (e.g., chocolate).

? Ask:

- Who got better results?
- Why?
- What are your feelings about the rules of this game and how it was set up?
- To the winning team: How do you feel about being closer to the basket? How do you feel about winning?
- To the losing team: How do you feel about being further away from the basket? How do you feel about losing?

Say:

- In society certain social groups are given advantages or privilege while others experience disadvantage and discrimination.
- **Privilege** here refers to unearned benefit or advantage enjoyed by one social group *at the expense of* others. In the activity, those born between Jan.–Jun. were given privilege over those born later in the year.
- **Discrimination** here refers to unfair or unjust treatment of someone based on a social group they belong to. In the activity, those born between Jul.–Dec. were discriminated against by having to stand further away from the bin.
- **A social group** is a group of people that share a similar characteristic or aspects of their identity. In the activity, social groups were based on birthday months.

Do:

- Introduce the Privilege/Advantage–Discrimination/Disadvantage spectrum on the training wall.
- Ask participants to form pairs. In their pairs, they should discuss what other social groups in their community:
 - Experience privilege or advantage.
 - Experience discrimination or disadvantage.
- Participants should write their answers on sticky notes and place them on the spectrum once finished.
- Give participants 5–10 minutes to do this and review as a group using the below questions.
- As the facilitators and participants discuss the questions the facilitator should arrange the sticky notes so that the social group category corresponds to the Privilege/Advantage and Discrimination/Disadvantage they hold i.e. closer to the Privilege/Advantage end of the spectrum if they experience more privilege and towards the Discrimination/Disadvantage end of the spectrum if they experience more disadvantage.

Ask:

- What social group category or characteristic is this group based on? (e.g., *gender, class, dis/ability, sexual orientation, nationality, religion, ethnicity, etc.*)
- What are some examples of privilege or discrimination experienced by this group?
- If this group experiences privilege based on this characteristic or social identity, are there other groups that experience discrimination because of it?
- Conversely, if this group experiences discrimination based on this characteristic or social identity, are there other groups that experience privilege because of it? (E.g., *those with high economic status versus low economic status.*)

Key Messages

Say:

- **Social groups** are groups of people that share a similar characteristic or aspect of their identity. They are based on different categories such as race, gender, age, ability, class, ethnicity, religion, nationality, etc.
- **Privilege** refers to unearned benefit or advantage enjoyed by one social group at the expense of others. Examples of privilege include (1) being listened to just because you are a man, (2) being able to see people who look like you in media and books, and (3) not having to carefully plan your trips outside the home to avoid difficulties related to lack of/poor infrastructure (e.g., no ramps) or risks to your safety.
- **Discrimination** refers to unfair or unjust treatment of someone based on a social group they belong to. Examples of discrimination include (1) not being listened to because you are a woman, (2) not seeing people who look like you reflected in media or books, and (3) not being able to leave your home without carefully planning for your safety or planning around infrastructure inaccessibility.
- In all societies, hierarchies exist that value or privilege one social group above and at the expense of others. Groups that are privileged often define what society considers to be “truth,” and are seen as those who are right and those with authority on issues; they set rules and standards for everyone else to follow and are seen as the norm, and they are often unaware of their privilege. Groups who experience discrimination and disadvantage are expected to follow the rules and to fit in. These hierarchies are unjust and unfounded.

Activity 2: Systems of Oppression⁷ (45 minutes)

Materials:

- ☐ Privilege/Advantage–Discrimination/Disadvantage Spectrum from the previous activity
- ☐ paper
- ☐ pens
- ☐ 4–5 different colored markers
- ☐ 4 pieces flipchart paper (1 for “Individual Level,” 1 for “Interpersonal Level,” 1 for “Institutional Level,” and 1 for “Societal/Cultural Level”)

✓ Do:

- Break participants into groups of three or four.
- Using Privilege/Advantage–Discrimination/Disadvantage Spectrum from the previous activity allocate one social group which experiences discrimination to each group (e.g. women, adolescent girls, disabled people, religious minorities, diverse sexualities, people with low economic status, etc.).
- In their groups, participants should think of many examples of discrimination this group faces in their daily life. This should include discriminatory attitudes, beliefs, actions, norms, policies, laws, customs, etc. One group member should take note of the examples on paper. (This will only be for the groups’ reference and not to present, so there is no need to document it on flipchart paper or in large font.)
- Give participants 10 minutes to do this and return to the Privilege/Advantage–Discrimination/Disadvantage Spectrum.

☞ Say:

- These hierarchies, which are based on social group categories and place one group at an advantage while disadvantaging others, are called systems of oppression.
- In English, often the different **systems of oppression** have names that end in “ism,” for example, sexism, classism, and ableism. Ask participants if they can think of any others. Note that not all will end in “ism.”
- We call them systems because they are made up of institutions, structures, and norms in our society that maintain this hierarchy. They are embedded in our society and may operate intentionally or unintentionally.
- This oppression happens at individual, interpersonal, institutional, and cultural /societal levels:
 - At an **individual level**, this includes values, beliefs, feelings, or prejudice that individuals have against a social group different from their own. An example of this is a white person who feels uncomfortable or unsafe around a non-white person.
 - At an **interpersonal level**, actions, behavior, or language that is prejudice against a social group. For example, associating femininity with weakness and calling it “acting like a girl,” or avoiding talking to a person with a disability.
 - At an **institutional level**, this includes policies, laws, rules, and customs that disadvantage some social groups and advantage other social groups. These may be laws that outlaw or make illegal one social identity (e.g., homosexuality), or perhaps customs that favor another social identity.
 - At a **societal or cultural level**, this includes social norms, roles, rituals, music, and art that reflect and reinforce the belief that one social group is superior to another and that they represent what is right, normal, or beautiful—for example, the view that white skin is more attractive, or associating masculinity with leadership and men as leaders or unwritten rules, for example, rules that say people with a disability should stay at home/not be visible in public.
- Invite participants to return to their groups and review the different examples of discrimination and oppression they listed for their social group. As a group, they should discuss to which level the example belongs. If they are unsure or think it belongs to more than one, they may classify it as such.

⁷ Adapted from Adams, M., Bell, L., & Griffin, P. (Eds.). (2007). Teaching for diversity and social justice (2nd ed.). New York, NY: Routledge.

- Give each group a different color marker. Once they have classified all their examples, one group member should come to the front and list their examples on the relevant flipchart paper/column.
- As a group, review the different levels and their examples by social group.

Ask:

- Are there similarities between groups' experience of discrimination at an individual, interpersonal, institutional, and/or societal/cultural level?
- What consequences do these systems of oppression have on individuals' lives? What might the consequences be for someone who experiences discrimination and oppression across these levels due to their social identity or group affiliation?
- Can someone experience more than one system of oppression at the same time? What might be the consequences of this?

Key Messages

Say:

- **Systems of oppression** are systematic and institutionalized power relationships amongst social groups in which one group benefits at the expense of other group/s⁸. They are embedded in the fabric of a society through its institutions, structures, norms, and customs. These systems operate across individual, interpersonal, institutional, and cultural/societal levels⁹.
- Systems of oppression are not just the consequence of intentional decisions to discriminate against one group (making homosexuality illegal); systems of oppression are also unintentional actions that continue to support and maintain an unequal system that oppresses one group while privileging another (e.g., only presenting stories about heterosexual couples in media/popular stories)¹⁰.
- A person can experience more than one system of oppression at the same time on account of their different social identities or group affiliations. For example, a black woman who has a disability might experience racism, sexism/patriarchy, and ableism all at the same time. When this happens, these systems of oppression intersect to compound the disadvantage and discrimination faced by this person.

8 Ibid.

9 Ibid. and Hill Collins, Patricia (1990) *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. Routledge, New York

10 Ibid.

Trainer Note

It may be necessary to explain sexual orientation and gender identity and allow time to explore key concepts with participants. Guidance on key terms is included below. Additional guidance on managing resistance and risks associated with this discussion is also included as **Appendix 14A**.

Trainers should recognize that this topic may be extremely sensitive. It is important that the trainer be accepting and comfortable with the topic. It might be helpful to first identify common myths and misunderstandings about sexual orientation and gender identity that can be integrated into the discussion. Prior to the session, the trainer should research local laws and movements that promote the rights of gay individuals and couples, as well as web sites related to sexual orientation and local organizations supporting their rights. They should then share this information with the participants.

Participants may often want to spend a lot of time talking about sexual orientation and sexual identity because these topics spark curiosity or because they want to defend their point of view. Try to limit the discussion on this issue. In order not to spend too much time on this discussion, explain to participants that you appreciate their interest, but that time is limited. Offer to continue the discussion on sexual orientation and identity at the end of the session with participants who wish to ask all the questions they want.

Biological Sex

Biological sex refers to the sex assigned to a person at birth based on their genitalia and chromosomes. Most children are born with male or female genitalia, but some people are born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with different hormone combinations. This is the meaning of "intersex". People can use surgery and hormonal injections to change their biological sex if they choose.

Key Term

Intersex: People born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with unusual hormone combinations which do not fit with typical male or female biological classifications.

Gender Identity

Gender identity refers to the gender you feel inside and how you express this identity to those around you, for example through dress, behaviors or speech. A person's gender identity is not always the same as their biological sex. For some people, their gender identity does align with their biological sex. This is referred to as cisgender. For example, a person born with male genitalia and/or chromosomes feels like a man or masculine, or a person born with female genitalia and/or chromosomes feels like a woman. For other people, they feel their inner self or gender identity is different from their biological sex. This person may be referred to as "transgender." For others, their gender identity is neither masculine OR feminine; they may identify as neither, a mix, or a third gender. These people are sometimes referred to as non-binary.

Key Terms

Transgender women and girls: Women and girls whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. A transgender woman and or transgender girl has transitioned from being a boy or man to being a woman or girl.

Transgender men and boys: Men and boys whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. A transgender man or transgender boy has transitioned from being a woman or girl to being a boy or man.

Cisgender women and girls: Women and girls whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth.

Cisgender men and boys: Men and boys whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth.

Non-binary: People whose gender identity does not fit into the man-woman binary. May not identify as either female or male.

Sexual Orientation

Sexual orientation refers to the sex we are attracted to sexually and romantically. We can be attracted to the same sex (homosexual), the opposite sex (heterosexual), both sexes (bisexual) or no one (asexual). In general, sexual orientation can be seen as a continuum from homosexuality to heterosexuality and most individuals' sexual orientation falls somewhere along this continuum. While many people's sexual orientation does not change over time, for some people it does. A person's sexual orientation is often linked to but is not the same as their sexual behavior. For example, a woman may have sex with another woman once in her life but may otherwise be attracted to men and identify as a heterosexual. A person's sexual behavior does not always indicate his or her self-identified sexual orientation.

Key Terms

Heterosexual: People who are intimately, emotionally and/or sexually attracted to someone of the opposite sex.

Homosexual (lesbian, gay): People who are intimately, emotionally and/or sexually attracted to someone of the same sex.

Bisexual: People who are intimately, emotionally and/or sexually attracted to people of both sexes.

Asexual: People with a lack of sexual desire or sexual interest in others.

Other Key Term:

Diverse Sexual Orientation and Gender Identity: In general, this refers to people who have a sexual orientation and/or gender identity which may be perceived to be or is different from that of the majority of people in a community and/or from what is considered the "norm." This commonly includes (but is not limited to) people who are homosexual, transgender, non-binary, asexual, or bisexual.

Activity 3: Intersecting Oppressions and The Consequences (30 minutes)

Materials: Intersecting Oppressions Case Study: [Appendix 5](#)

Ask:

- What is their experience of working with girls who face multiple forms of discrimination and oppression? (Emphasize any sharing should respect confidentiality and privacy and use anonymous information; participants should not use names or other identifying information when sharing their stories.)
- How do intersecting forms of oppression influence a girl's experience of violence?
- How do intersecting forms of oppression impact girls' capacity to seek quality, tailored services?

 **Do:** Break participants into four groups. Distribute a copy of the case study to each group and ask for a volunteer to read it aloud.

Intersecting Oppressions Case Study: Miriam's Story

Miriam just turned 14 years old. She lives with her family in a refugee camp. Since she got her first period about a year ago, her mother stopped letting her go outside to play. Her parents told her she must only travel outside the home when accompanied by her father or older cousin, and she must dress more modestly. Sometimes they are busy, so she cannot go to school. Her parents say school doesn't really matter for her anymore. It's more important that she stays at home to help her mother around the home.

✓ **Do:** Have participants discuss the following questions in groups. Give participants 10 minutes to discuss:

1. What forms of discrimination and oppression did Miriam encounter?
2. How did these forms of discrimination and oppression influence the GBV risks she faced?
3. In your context, how would Miriam attend activities or seek support from the Women and Girls Safe Space (WGSS)?
4. What kind of things could we do as mentors/facilitators to help Miriam get support and participate in activities at the WGSS?
5. What kind of things can we do as mentors/facilitators to make sure that once Miriam is at the WGSS, our activities and services are welcoming and supportive? (e.g., adapted for girls, non-judgmental, and client-centered)

💬 **Say:** Each group will learn about another aspect of Miriam's identity. Groups should go back to the case study and the questions and think about how this additional aspect influences Miriam's experience of discrimination and oppression, her needs, and her access to the WGSS, and things we can do to better support Miriam.

- Allocate a social identity to each group; allocate "Religious/Ethnic Minority Affiliation" to Group One, "Vision Impairment" to Group Two, "Divorced and Single Mother" to Group Three, and "Lesbian" to Group Four.
- Give participants ten minutes to discuss.
- Facilitate a summary of the discussions around key questions.

Questions:

- How did ageism, sexism, and the other systems of oppression that affected Miriam place her at risk of experiencing GBV as an adolescent girl?
- How did it impact her access to quality services that are responsive to her needs?
- What are the implications of this for us as facilitators/mentors?

Key Messages¹¹

💬 **Say:**

- Adolescent girls experience compounding forms of oppression and discrimination based on their age and gender. For many girls, other social categorizations in addition to their age and gender result in them experiencing multiple intersecting forms of oppression and discrimination; this influences their experience of gender-based violence, increases the risk of them experiencing this violence, and creates additional barriers to accessing support. For example:
 - The risk of GBV is exacerbated in humanitarian settings when paired with the inequalities and oppression associated with disability, particularly for women and girls. Girls with a disability are at high-risk of GBV in emergency contexts due to the perceptions of the capacity of girls with disabilities, a change in gender roles where people have acquired disabilities, social isolation, and loss of support and protection mechanisms. They may experience increased dependency on potentially abusive caregivers and/or loss of non-harmful caregiver or experience early marriage due to their perceived "lesser desirability" as wives.

11 International Rescue Committee (2019) GBV Emergency Response and Preparedness: Inclusion of Diverse Women and Girls Guidance Note

Loss of assistive and mobility devices, difficulty accessing information, and poor infrastructure increase barriers to access to care.

- o Girls with diverse sexual orientation and gender identity experience greater risk of GBV including sexual violence, intimate partner violence, forced marriage, physical and emotional abuse, and denial of resources, services, and opportunities. They are at risk of targeted violence on account of their diverse SOGI either from family members or the community in the form of “corrective rape” or hate crimes. They often experience greater stigma, social isolation, and rejection.
 - o Girls with diverse ethnic and religious affiliation may be at higher risk of GBV, including exclusion from economic opportunities, exploitation, and abuse as well as targeted sexual violence. They may be more socially isolated and lack community protections.
-
- Adolescent girls are not a homogenous group. Like any group, there is diversity amongst adolescent girls. Whether we are aware of it or not, by engaging with adolescent girls **we will already** be working with diverse adolescent girls. What we need to understand is whether we are reinforcing the systems of oppression through how our services and activities are structured that may prevent girls with overlapping identities from access and participation.
 - As mentors/facilitators, it is important that we are conscious of our own privilege in relation to the girls we work with so that we fully commit to providing empathetic, non-judgmental, and supportive help. Recognizing our own privilege and holding ourselves accountable to consciously dismantling the systems of oppression that award us dominance over others is central to creating a “power with” relationship with girls.



SESSION 3

Introducing Girl Shine and the Early Marriage Sessions

Session Objective:

- ▶ Participants gain a deeper understanding of the Girl Shine Life Skills Curriculum.

Materials: Frequently Asked Questions about the Early Marriage Curriculum (at the end of this session)

* **Trainer Note:** The following session has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Activity 1: Introduction to Girl Shine and the Early Marriage Sessions (20 minutes)

The Girl Shine Life Skills Curriculum contains a wide range of engagement methods and activities that will be used throughout implementation. All of these are designed to establish safety for the girls, emphasize group cohesion, and build needed skills and knowledge. The Girl Shine Life Skills Curriculum found in Part 2 focuses on six key modules. There are 14 sessions designed for female and male caregivers to participate in.

The Early Marriage Curriculum sessions have been designed to be implemented in the sequence in which they are set out, as each session builds toward the next, gradually developing knowledge and skills that will support married and unmarried girls' empowerment. While sessions are held separately for married and unmarried girls, some of the session content that will be delivered to the groups will be the same and other sessions will be different; this is indicated at the top of the session. For sessions that are the same, there may be some activities or stories that are different for married or unmarried girls, and this is indicated at the top of the story, scenario, or activity.

While the Early Marriage Package is part of the overall Girl Shine program model, the Life Skills content is different. When deciding between using the Girl Shine Life Skills content or the content specifically designed for the Early Marriage Program, there are a few things to consider:

Girl Shine Life Skills Content	Early Marriage Life Skills Content
• Covers all forms of GBV and touches upon early marriage delay. • Provides a flexible approach to the curriculum content and length. • Can be adapted to younger and older adolescent girls 10-19. • There is content for caregivers of unmarried girls only, and it covers all forms of GBV. • Training includes content on facilitation and implementation of Girl Shine, which briefly covers early marriage.	• Focuses on the delay of early marriage or responding to the needs of married girls, whilst touching upon other forms of GBV. • Provides 16 sessions for girls and their caregivers which should be implemented; additional sessions can be added from Girl Shine if required, but all 16 sessions of the EMP should be implemented. • For older adolescent girls 14/15-19. • There is content for caregivers of unmarried and married girls, including content for mothers-in-law, focused on early marriage delay and response.

Trust

This module helps lay the foundation for the group to be able to move on to more challenging topic areas, while also addressing some immediate issues related to safety.

Social & Emotional Skills (SES)

This module provides the foundation for building a positive sense of self and the ability of the girls to successfully interact with each other and their communities.

Health & Hygiene

This module gives girls the opportunity to learn critical information related to their bodies, in a period where they are going through significant changes. They can explore issues related to hygiene, puberty, and sexual health in a safe space, where they are provided accurate information.

Safety

This module focuses on the concepts and skills girls need for preventing, mitigating, and responding to gender-based violence.

Solidarity

This module helps girls to slowly start preparing for the end of the program cycle, working to strengthen their support networks so that they will continue to nurture these once the curriculum finishes.

Visioning

This module is designed to strengthen the social and emotional skills of perseverance, as well as to create hope and carry out concrete planning for the future.

Activity 2: The Sessions (30 minutes of prep, 40 minutes presentations)

Materials: Selected session samples or curriculum, flip chart paper, markers

- Give two groups the Girl Shine Life Skills Curriculum module outline and two groups the Early Marriage Curriculum outline. Ask them to look at their curriculum and prepare a presentation that will help the other groups familiarize themselves with the content. They should think about the following things:
 - » What sessions are included in this module?
 - » Why are these sessions important to girls (including unmarried, married and divorced girls)?
 - » What sessions might need to be contextualized?

✱ **Trainer Note:** If the group literacy level is low or if there is not enough time, give the group a list of topics and select one or two sessions for them to review.

For groups focused on the Girl Shine Life Skills Curriculum, give them the following handout:



Trust

- Introduction to Girl Shine
- Our Safe Space
- Communicating Without Words
- People I Trust
- My Safety Map
- Our Support Services
- What Makes a Girl
- What is Power

Social & Emotional Skills

- Listening Skills
- Friendships
- Expressing Emotions
- Managing Stressful Times
- Resolving Conflict
- Communication Our Choices
- Resolving Disagreements
- Family relationships
- Being Confident
- Decision-Making

Health & Hygiene

- Our Rights
- Staying Healthy
- I Am Changing (younger adol.)
- Our Bodies (younger adol.)
- Our Bodies (older adol.)
- Our Monthly Cycle (younger adol.)
- Our Monthly Cycle (older adol.)
- Sexual Health (sensitive topic)
- Contraception (sensitive topic)
- Condom Use (sensitive topic)
- Sexual Decision-Making (sensitive topic)
- Sexual Intimacy (sensitive topic)

Safety

- Comfortable & Uncomfortable Touch (younger adol.)
- Healthy Relationships (older adol.)
- When Girls Are Hurt
- Who is to Blame?
- How Can Girls Respond to Violence?
- Setting Boudaries
- Early Marriage (specific groups)
- Female Genital Mutilation (specific groups)
- Staying Safe Online
- **My Safety Map to be repeated

Solidarity

- Positive Peer Power
- Embracing Our Diversity
- Building a Movement of Girls
- We Are All Role Models
- Girl Facilitation
- Sharing Solidarity

Visioning

- My Life Goals
- Why Save?
- My Wants, My Needs
- Making Spending Decisions
- My Life Journey
- Preparing for Our Girl Shine Community
- Our Girl Shine Community Event
- My Girl Shine Experience



For groups focused on the Early Marriage Curriculum, give them the following handout:

Topic	Implementation Guidance
Pre-Session	 Note: The pre-questionnaire should be completed with participants, either before the sessions start or at the end of the first session. It must be completed before Session 2 commences.
Session 1: Introduction to Group	- Girls will get to know each other and their mentor, and establish their group culture (e.g., "Group Agreements" and rituals). - As the first session with girls, it's important to make it fun, interactive, and welcoming so girls want to come back.
Session 2: What Is Power?	- Girls start exploring the concept of power, who holds power in the community compared to others. - The facilitator/mentor should have a good understanding of concepts of power. This session requires some sweets or biscuits for girls, which should be organized in advance.
Session 3: Women and Girls Are Stronger Together	- The session is intended to be very empowering for the girls—to help build their solidarity and value they hold for themselves and others. - The session requires an external guest, an activist or role model from the community who can speak about girls' and women's rights and initiatives taking place.
Session 4: What Is Gender?	- This session unpacks gender, continues with unpacking power, and aims to continue supporting the way girls value themselves. - The facilitator/mentor should have a good understanding of concepts of sex and gender and read and prepare for this session in advance due to the potential sensitive nature.
Session 5: Our Relationships Part 1 (different session for married and unmarried girls)	Unmarried Girls: - Unmarried girls will learn communication skills, specifically with the intention of strengthening family relationships and influencing decisions that affect their futures. - Girls will also return to the idea of a trusted person and explore whether they could turn to this person if they were being forced to marry. Married and Divorced Girls: - This session can be done with married, divorced, widowed, and separated girls. The session follows the same format as the unmarried girls' session but walks girls through different scenarios and steps due to their different lived experiences. - For both sessions it may be helpful to have a caseworker present for all or the last part of the session.
Session 6: Our Relationships Part 2	- The session explores intimate relationships as well as friendships. - The session covers sexual consent. It is important facilitators feel comfortable addressing this topic and are prepared in advance. - When talking about sexual consent with married girls it is important to take a sensitive approach, ensuring that girls know about case management services.
Session 7: Decision Making and Decision Makers	- Girls will explore who is making decisions for and on behalf of them as well as what decisions are within their own capacity to make and how to develop communication skills to positively challenge decision makers. - Girls may raise many barriers they face; it is important facilitators are prepared for this session and seek support in advance if they need it.



Session 8: Marriage and Unions for Unmarried Girls	Unmarried Girls: The session opens with a story circle and there are two options for facilitators to choose from depending on which one is more realistic in your context. In this session girls will explore the age of marriage and responsibilities that come with marriage. The final activity will focus on how girls can support each other if one of their friends is being forced to marry. ✳ Note: For this session it may be helpful to have a caseworker present for all or the last part of the session.
Session 8: Managing Stress During Marriage and Unions for Married Girls	Married Girls: This session focuses on how stress impacts married girls and how they can support one another. The reason this session is entirely different to the unmarried girls' session is that providing information on consequences for married girls can be demoralizing; instead, we focus on the response to marriage. ✳ Note: For this session it may be helpful to have a caseworker present for all or the last part of the session.
Session 9: Our Rights	- This session is unpacking girls' rights and will cover the topic of marriage rights as well as legality/illegality of marriage. It is important that facilitators are familiar with the formal and informal legal framework in the country and how it applies to diverse girls. It is also helpful to have information about the laws as they apply in the countries where refugees have come from. - You could invite a guest speaker, e.g., a paralegal or lawyer to support with this session.
Session 10: Our Health Part 1 (different sessions for married and unmarried girls)	Unmarried Girls: - The session covers physical and emotional changes, as well as reproductive organs. - Facilitators should read the content ahead of the session as well as any related resources, so they are fully prepared. Married Girls: - The session is very similar for married girls, but goes into more depth, which unmarried girls will cover in the next session. ✳ Note: These sessions may take some time to implement depending on the number of questions girls have and the pace at which they learn. You can split this session into two sessions if necessary. In contexts where it is safe to mention, facilitators should talk about sexual orientation and gender identity to normalize this.
Session 11: Our Health Part 2 (different sessions for married and unmarried girls)	Unmarried Girls: - Girls will explore menstruation in more depth as well as how to manage menstruation and also learn about the methods used to delay pregnancy. Married Girls: - Girls will explore menstruation, pregnancy and STI's. - Facilitators should be sensitive in how they approach this topic and prepare in advance of the session so that they feel fully comfortable with the information they are giving. ✳ Note: These sessions may lead to girls having more questions and wanting to cover more SRH topics. You can supplement with additional sessions from the Girl Shine Life Skills Curriculum.



Session 12: Violence Against Women and Girls	• This session may be triggering for some girls as the content is sensitive and may be upsetting which is why it is important to ensure the facilitation is done sensitively and compassionately. • It is very important for the facilitator to check in with girls at the end of the session to see whether they are feeling comfortable and safe. * Note: It is advisable to have a caseworker be present throughout the session to help girls get familiar with her but also to have a caseworker be able to share information with girls and answer any questions that come up.
Session 13: Sexual Decision Making for Unmarried Girls	Unmarried Girls: • This session goes in depth into decisions around sex and relationships, which may be very sensitive to approach with unmarried girls. There are options provided within the stories and scenarios for sensitive contexts where the first story option is not possible to implement. • It is suggested that you outline the session to the girls at the start so they can decide on their participation. • Facilitators should ask themselves whether it is safe to implement the session instead of whether they are comfortable with implementing the session. * Note: It is advisable to have a caseworker be present throughout the session.
Session 13: The Changing Nature of Our Sexual Lives for Married Girls	Married Girls: • This session has a different format to others due to the sensitive nature. It opens with a Focus Group Discussion (FGD) to dig into the topic of sexual wellbeing for married girls. • It's important that facilitators are very careful in the way they approach this topic. For married girls, many of their sexual experiences may be forced given the nature of their relationships, and these girls should not be left feeling helpless about their situation. Therefore, practical strategies that girls can act on are crucial. * Note: It is advisable to have a caseworker be present throughout the session.
Session 14: Mapping Our Community	• This session on safety mapping helps girls map out the risks in their home and the community. As it is a group activity it may be difficult to dig into the details of every single girl, but the facilitator should pay attention to the presentations the girls do and follow up with any individual who may need referring to case management services to do an individual safety plan. • After the risks are identified, the girls will then start to develop strategies to address these risks. It is important that the facilitator helps the girls to think about realistic strategies that girls can actually do so that their plans are grounded in reality. * Note: It is advisable to have a caseworker be present throughout the session
Session 15: Our Community Support	• Now the girls will start to prepare for the end of the sessions; they will think about how to continue meeting as a group and what they want to do moving forward. • Girls will start thinking about the changes they want to see for themselves in the community and which changes they can influence or not. • This session is linked to Session 15 for female and male caregivers, so it is important that this session happens before the female and male caregiver sessions.

**Session 16:**

Time for Action

- This is the last session with girls that will be fully implemented by the facilitator. Girls will have the opportunity to finalize their action plan and decide how they will meet moving forward.
- It may be difficult for girls to start meeting on their own without the facilitator at first, and the facilitator may need to support girls the first 2-3 times until it becomes normal for them.
- Facilitators should help make the process as smooth as possible; if girls are able to meet at the safe space at the same time and day as they were usually meeting, this may encourage them to continue.
- Girls will complete a post-assessment either on the same day or within a week of completing the sessions, and girls should be invited to a graduation, or the graduation can be held during the same session. The facilitator should follow up with the girls to see if they continue to meet, and if not, the facilitator should see how she can support them to do so.

Frequently Asked Questions for Early Marriage Implementation



Do I need to implement all the strategies outlined in this project or can I select one or two strategies?

Ideally, all of the strategies outlined will be implemented, in order for change to occur on both prevention and response to early marriage. However, knowing that in humanitarian settings this is not always possible and that organizations are approaching this at different starting points, it is possible to start small, with a few strategies, with the overall goal of implementing all the strategies eventually. Supporting girls' access to services and empowering girls with information, skills, and support networks should be prioritized first.

In our context, using “early marriage prevention” as a term is well-understood and accepted, do I still need to use “delaying early marriage”?

You can use whichever one is suited to your context; however, the formative study findings highlighted that communities were resistant to the use of “prevention,” as it led to misunderstandings about the program objectives. Be sure to clarify this first and to ensure that your approach is not perceived to be “lecturing,” and rather that it is viewed as working together with the community.

In our context, using “child marriage” is a term well-understood and accepted, do I still need to use “early marriage”?

You can use whichever term is suited to your context. As mentioned, when we say “early marriage,” this encompasses child and forced marriage as well as other forms of marriage. While we use this term for the guidance, teams should feel comfortable using the terms that are best suited to their context.

Should we only be targeting diverse and marginalized girls and excluding other groups of girls?

No; you need to ensure that your intervention is accessible to all girls and actively identify and remove barriers for diverse girls. Implementing inclusive outreach and meaningful participation will result in all girls being able to participate on an equal basis. We do not suggest any girl is excluded; instead, we recognize that some girls face barriers to access and will struggle to participate if those barriers are not identified and addressed.

Can husbands participate in the early marriage sessions?

No. The Early Marriage Life Skills content is not tailored to husbands. While situations of early marriage vary from person to person and may be accepted as the norm in some places, and there are examples of supportive husbands, girls choosing to marry, couples where the husband and wife are both adolescents, and examples of healthy relationships, there are also multiple more examples where these unions are exploitative, abusive, and harmful to girls given the gender and age inequalities that exist. While we understand that husbands are decision makers in the lives of girls and that there is interest from married girls themselves as well as other community members to engage husbands, this project does not address this. More learning is needed to understand how to do this safely and effectively, which goes beyond the scope of this project.

Can fathers-in-law participate?

No. Engaging mothers-in-law was flagged by various people we spoke to as important, including by girls themselves, as mothers-in-law play a big role in the lives of married girls. However engaging fathers-in-law was seen as a lesser priority. As with husbands, more learning is needed to understand how to do this safely and effectively, which goes beyond the scope of this project.

If a girl cannot identify a caregiver, can she still participate?

Yes. While we believe that for the program model to have the most impact it is important to engage girls and their female and male caregivers in all 16 sessions, we know in reality it may not be possible. We believe that a girl should never be turned away, and if she is unable to or doesn't want to identify any caregivers to participate, we understand she will have good reasons for it. She may only be able to identify one caregiver, and that's also fine. There is a tool that can help support girls and staff to identify a supportive caregiver or trusted adult for girls; refer to Appendix 23.

Can I group married and unmarried girls together?

No. Married and unmarried girls should participate in separate groups, as some curriculum content is different for married and unmarried girls. Because the content for unmarried girls focuses on the delay of marriage and covers information about the harmful effects of early marriage, it could be upsetting for married girls to hear this. Content for married girls focuses on how to build up their knowledge, skills, and support systems as married (or divorced) girls, without focusing on preventing a marriage that has already taken place.

Should sessions with divorced girls happen separate to other groups of girls?

No. Divorced girls can be grouped together with married girls because a lot of the content will apply to both and there are adaptations for divorced girls included in the sessions. It is important to be aware that divorced girls are heavily stigmatized by married and unmarried girls and one of the reasons for not having separate groups for divorced girls is because it could lead to further stigmatization. However, depending on the context, the teams will need to decide where divorced girls will feel the most comfortable and that will decide if there will be separate groups or if a divorced girl will be grouped with married or unmarried girls. If divorced girls want to be grouped with married girls, but you think they will be heavily stigmatized during the session, you should consider doing some sensitization sessions for the group before going deeper into the content. We should prevent divorced girls from being further stigmatized and exposed to harmful attitudes and beliefs from other girls in the group.

How should girls with disabilities be included?

Girls with disabilities can join groups depending on their marital status, like all other girls. It is important that girls with disabilities are included within the existing groups and not separated out. Bringing them together will reinforce the message that they are part of the wider community and not separate from that. However, it is also important to ask them how they feel about it because in some particular contexts and when talking about particular topics, they might not feel comfortable sharing their experiences in front of everyone. If there are girls with disabilities who are interested in joining the groups or if you want to reach more girls with disabilities, it is important to ensure they are able to access and participate in activities. It is critical to involve girls in planning and provide reasonable accommodations that may be necessary for their participation. Guidance has been developed by [Women's Refugee Commission](#) and IRC, which you can refer to for more information.

Can girls who complete less than 70% of the sessions receive a certificate?

While all girls should be encouraged to complete the full curriculum reaching an attendance rate of more than 70%, no girl should be denied a certificate who attends the graduation. Practitioners can consider adding the attendance percentage rate to acknowledge some girls were able to attend more sessions than others. Marginalized girls, especially those who are married, those who have children or those with disabilities, may struggle to attend all the sessions, and we should try not to penalize them for this by denying them certificates.

What happens if girls drop out of the sessions?

If possible, try to follow up with the girl to understand why she has dropped out. It may be a situation outside of your control, where referring her to other services might be beneficial. Or it might be directly related to her participation in the curriculum, in which case you might be able to advocate with her caregivers for her to return by clarifying any misunderstandings related to course content for example.

What if a girl chooses a trusted adult to participate in the sessions, but her caregivers do not approve of this person?

The Caregiver Selection Tool (Appendix 23) should help prevent these issues from arising; however, if they do, it's important to understand why the caregivers do not approve. The girl may have selected someone because her caregivers are not supportive, and this person has been identified as a trusted adult. Each situation is different, and the team should understand what the relationship is between the girl and this person, what concerns her parents have, and whether there are any risks associated with this person participating (e.g., risk to the girl, the person, or the staff). If any risks are identified, it is advised not to engage any adult, and just have the girl participate. Over time, the girl may identify someone else or change her mind about her caregiver, which can be revisited if necessary.

What if a girl wants her husband/partner to participate?

The program has not been designed for the participation of husbands/partners. It's important to explain this to girls at the outset. Try to understand why the girl wants him to participate; if it is to secure girls' access, we can do outreach with him to advocate for girls' participation. We may also be able to refer him to other activities or opportunities available to him in the community. This may help support girls' participation and respond to her request of engagement to some extent.

What if husbands are creating barriers or challenges to girls' participation?

If outreach to the husband or referring him to other activities is not successful in reducing barriers or challenges to girls' participation, it may be challenging to include those girls in the program. You should ask the girl what she would like to see happen. It is also possible to follow up with her through case management to provide some of this information one-to-one, but also to give her the opportunity to share any GBV concerns she has.

What if caregivers drop out mid-way through sessions—can girls still participate?

Yes girls can still participate. You should follow up with caregivers to understand why they dropped out and if there is anything we can do to support them to return. You can also see whether they want to receive any of the learning materials to continue learning at their own pace.

What do you do if caregivers are frustrated that they haven't been selected to participate?

It's important to use the Caregiver Selection Tool (Appendix 23) to prevent any challenges; however, if challenges with selection still persist, follow up with the caregivers and explain the limitation around selection (i.e., one caregiver per girl and any other selection criteria). There are other ways you can engage caregivers, e.g., through outreach, through key messaging dissemination, through engaging them in other activities, or through referral to services. Investing in outreach, creating strong referral links, and having a good understanding of what's available in the community should help mitigate some of these issues.



SESSION 4

New Approaches to Communicating with Adolescent Girls

Session Objective:

- ▶ Participants learn to understand how to tailor their daily communication and interaction with girls to better meet their needs.

For additional content on communicating with diverse girls, refer to the additional modules.

Activity I: How We Communicate (1 hour)

Materials: Flip chart paper, post-it notes, colored pens, markers

Group Discussion

In which situations do participants talk with adolescent girls? (Through a job, personal interactions, family members, volunteering with girls, etc.)

- As a mentor/facilitator, let's think about how to introduce some topics to girls.
- Split participants into small groups (depending on number of participants) and give them the following scenarios:



- **Group 1:** You have to explain what the role of a mentor/facilitator is to girls.
- **Group 2:** You have to explain what the Early Marriage Curriculum is.
- **Group 3:** You have to explain what the Girl Shine Life Skills Curriculum is.
- **Group 4:** You have to explain why icebreakers and games are important for girls.

- Give groups 10 minutes to prepare how they would explain these issues. When returning to the larger group, they will present their explanations, imagining the group is a group of adolescent girls.

Group Discussion

- What was noticed about the techniques used?
- Was the information clear and age appropriate?
- What could have made it clearer?
- Was it interactive?
- Were all participants engaged?

Key Messages

There are many ways of communicating with girls, and session facilitation shouldn't be limited to just verbal communication.

- Visuals help girls to better understand key points.
- Don't over complicate things, keep it simple.
- Think about language and tone of voice.
- Think about approachability. Are girls given the chance to actively involve themselves in the information provided?
- Make the communication more interactive (for example, ask girls questions, ask for their opinions and ideas, ask them what they already know).

Activity 2: The Potential for Improved Communication (45 minutes)

Materials: Flip chart paper, post-it notes, colored pens, markers

- Ask participants to return to their groups.
- Based on the feedback and new information they have received, ask them to rework their presentations and present back to the larger group.
- Once finished, ask:
 - » Were there any differences between the first and second presentations?
 - » How did the participants feel during the second presentations compared to the first?

SESSION 5 **Facilitation Techniques**

Session Objective:

- ▶ Participants are introduced to basic facilitation techniques and have the opportunity to practice sessions from Girl Shine.

Activity I: Facilitation Techniques (45 minutes)

Materials: Sessions Insights Tool (in M&E [Appendix B5](#))

Group Brainstorm

When thinking about facilitating sessions with girls, what are some tips or techniques that will help in doing this well?

- Add anything participants miss from below (write them on the flip chart paper).
- When working with girls who are married or divorced, are there other tips or techniques we need to factor in? What about if we are working with girls with disabilities (physical, intellectual).

Key Messages

- Recognize and manage girls' discomfort.
- Avoid lecturing or preaching.
- Share accurate information.
- Don't give personal opinions.
- Ask for support if help is needed responding to particular issues.
- Talk to the group about the importance of privacy.
- Make sure to set ground rules from the start of the activity and remind girls at the beginning of the sessions.
- Support shy girls in having a voice. (This may include anonymous ways of them expressing their concerns or opinions, such as using a box to collect their thoughts/ideas. If girls are illiterate, they can vote with different color paper or draw their responses.)
- Ensure activities are accessible to all girls.
- Make all girls feel comfortable in the session, taking into account they will be coming with different experiences and situations.
- Don't pass judgment on any girl in the group.
- Be aware of the scenarios you share, examples you give that may alienate specific groups of girls.

Facilitator Tip	Rationale	Don't Say	Do Say
Do not ask direct questions to girls about sensitive topics.	This can put girls under pressure and they can be unwilling to share their personal experiences due to fear of judgment from other girls in the group.	"What do you want?" "What would you do?"	"What do girls like you want?" "What would girls like you do?"
Give examples when trying to explain difficult ideas, through a scenario or a role-play or by rephrasing.	Concrete examples help girls understand the point being made, especially if they can relate through experience and exposure to these ideas.	"What are the goals that you want to achieve in the future?"	"Hala is 14 years old. When she is 21, she hopes she will have finished school and have a job as a teacher. To reach this point, she studies hard at school. Becoming a teacher is Hala's goal."

Facilitator Tip	Rationale	Don't Say	Do Say
Keep language clear and simple.	Although perfectly capable of grasping new concepts, girls may feel intimidated by technical language, so concepts need to be explained in a way that is accessible to them.	"Case management is a service offered to women and girls who experience gender-based violence."	"Sometimes things happen to women and girls that can make them feel uncomfortable. There is someone available for girls to speak to if this happens."
Explain that there is no right or wrong answer.	It is important to make sure that the girls feel able to express themselves without fear of judgment.	If girls suggest negative practices don't say: "That is wrong" or "What you said is bad."	Instead, say "Let's think about the risks and benefits of the suggestion" (pros and cons).

- Give each participant the Session Insights Tool (from Part 1 of Girl Shine) and explain the main themes that the tool addresses. When practicing the sessions, they should pay attention to the points on this tool.

Seeds of Success (10 minutes)

Give participants some time to think about the things they feel confident about after Day 2 of the training and the things they still feel they need help with.

Daily Evaluation (5 minutes)

Ask participants to fill out the Daily Evaluation Sheet from [Appendix 7](#).

Day 3



SESSION I Review of Day 2

Session Objective:

- ▶ Participants recall key information learned during the previous day.

Activity I: Pass the Ball (10 minutes)

Materials: Ball

- Ask participants to make a circle.
- They can pass the ball to each other until everyone has had a turn.
- Each participant will give one technique or tip related to facilitating sessions with adolescent girls when they are passed the ball.
- You can continue playing until everyone has run out of answers.



SESSION 2

Adolescent Sexual & Reproductive Health

Session Objective:

- ▶ Participants realize the importance of providing girls with ASRH information.

Activity 1: What is ASRH?¹² (10 minutes)

- Explain to the group that this session is about sexual and reproductive rights of adolescent girls. Sexual rights and reproductive rights sometimes overlap.
 - » However, sexual rights generally include individuals' control over their sexual activity and sexual health.
 - » Reproductive rights usually concern controlling the decisions related to fertility and reproduction.
 - » The principle of consent is central to sexual and reproductive rights. Access to information and services is also critical. Many of these rights are acknowledged in international agreements.
- Adolescent girls have the right to develop a positive sense of their own bodies and sexuality. They have the right to be free of abuse and inappropriate touching. As girls grow and develop their capacities, their rights and responsibilities continue to evolve.
- Young people have the right to obtain information to protect their health, including their sexual and reproductive health.

Check-in

As this is a very sensitive topic, participants may not be very comfortable in discussing some of the issues that arise. Provide time for them to ask questions and check in with them to see how they would like to take this conversation forward in a way that they feel comfortable with - for example, in small group discussion, writing their reflections, etc. Adapt the activities accordingly.

Activity 2: What Does ASRH Mean To Us? (15 minutes)

Materials: Flip chart, markers

Group Brainstorm

What is the first thing that comes to mind when thinking about sexual or reproductive health for adolescent girls?

- Write answers on a flip chart paper.

✳ **Trainer Note:** This might be a challenging activity in which participants mention words like "shame," or make comments such as "only teach it when married," etc. It is important to make a note of all of the things they say and go back to this activity again at the end to see whether their ideas have changed.

12 Adapted from Population Council (2011), *It is All One Curriculum* http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

Activity 3: Who is Qualified? (25 minutes)

Materials: Flip chart, markers

Group Brainstorm

Who is qualified to give this information to girls?

- Take note of their suggestions and then read them the following list of people who can give this information (have it ready on flip chart paper):
 - » Trained in facilitation techniques
 - » Trained on giving ASRH information
 - » Equipped with factual/accurate information
 - » Volunteers, social workers, health workers, facilitators, mentors, caseworkers who have an understanding of GBV concepts and centering girls in their response
 - » The information should be given by female facilitators only.
 - » Girls should not be mixed with boys when receiving this information.
- Once the list is shared with the group, ask them if the answers surprised them.

Pair Discussion

Ask the group to split into pairs and give them five minutes to think together about the kind of concerns they have about giving this information.

- Then ask them to think about some potential solutions to these concerns (for example, seek support from a supervisor, gain permission to give information).
- Ask them to present their concerns and solutions to the group.

Activity 4: Why is ASRH Really Important in Humanitarian Settings? (45 minutes)

Materials: Scenario cards, flip chart paper, colored pens, markers

- Separate participants into four groups and give each group a scenario.
- Ask the groups to read the stories they have been given, and to represent this through drawings (on flip chart paper). Each group will share their story with the group.
- The four stories are all connected and are in sequence. Explain to the group that they will each be telling the story of a girl called Sara, but at different points in her life (stories should be presented in order – from Group 1–4).

 **Trainer Note:** Contextualize the scenarios based on the country context.



Group 1

Sara is 12 years old, and she is very happy. Each day she goes to school. She loves learning math and helps her younger siblings. She has many friends at school and admires her teachers. When Sara grows up she wants to be a doctor. She has a very good relationship with her mother, they are very close and discuss everything. She adores her father and if she ever needs anything he always tries his best to make her happy.

Group 2

Sara's family has told her that they must leave their home because there is danger coming and they must leave before it gets worse. Sara had no time to prepare, pack, or say goodbye to her friends. Sara was worried about what would happen next. She was uncertain of the future. After some time, Sara settled into her new routine. She was living in a camp, but she was not allowed to go to school because it was not considered to be safe. She was bored at home all day everyday with no friends and no education. She was also very tired, as she was now expected to do all of the chores in the house. The relationship with her family became tense. She no longer had long talks with her mother because her mother was always worried about the situation. She no longer saw her father as he was so busy trying to bring in money.

Group 3

After some time, Sara gets her period. She does not know what this is. No one ever discussed this with her before. She was very scared. She did not know what was happening to her. She didn't feel she was able to share this with anyone. Before, she could have told her mother, but nowadays her mother is distracted by many problems. But eventually, she does tell her mother. Her mother tells her that this means she is now a woman and soon she will get married, as this will help to protect her and also reduce the financial burden on the family.

Group 4

Sara is married to a man some years older than her. Sara is now sexually active. She did not know anything about sex the first time it happened and this was a scary experience for her. She also got pregnant soon after she was married. Sara now has the responsibilities of managing a household and looking after a small baby. She did not receive any information about pregnancy or child birth. She was not sure how to look after her small baby.

- After each small group presents, ask the following questions to the whole group:
 - » From what Group 1 presented, what do you think are the important things in Sara's life? What makes her happy?

Key Messages

Adolescence is a critical time when girls and boys transition from childhood to adulthood. Normally, adolescents will benefit from the influence of adult role models, social norms, and structures and community groups (peer, religious, or cultural).

- » From what Group 2 presented, what is Sara experiencing? How must she be feeling?

Key Messages

During humanitarian emergencies, family and social structures are disrupted. Adolescents may be separated from their families or communities, while formal and informal educational programs are discontinued and community and social networks break down. Adolescents may feel fearful, stressed, bored, or idle. They may find themselves in risky situations that they are not prepared to deal with and they may suddenly have to take on adult roles without preparation, without positive adult role models or support networks. The loss of livelihood, security, and the protection provided by family and community places adolescents at risk of poverty, violence, and sexual exploitation and abuse (SEA).

- » From what Group 3 presented, what could have made this situation easier for Sara? Is there information she could have received that would help her feel more prepared? Is there information she could have received to help her negotiate with her mother to delay marriage?

Key Messages

In crisis situations, adolescents (especially girls) will be married younger, and be sexually active younger than was previously the case. Displacement also increases their vulnerability to sexual exploitation and abuse, due to the safety issues related to their new environment.

- » From what Group 4 presented, what could have better prepared Sara to handle this situation? What information could have been useful for her to have? Where could she have received this information?

Key Messages

The disruption of families, and education and health services during emergencies, either due to infrastructure damage or to the increased demands placed on health and social-service providers during a crisis, adds to the problem and may leave adolescents without access to SRH information and services during a period when they are at risk. The lack of access to SRH information, the disruption or inaccessibility of SRH services, and the increased risk of SEA among adolescents during emergencies, puts adolescents at risk of unwanted pregnancy, unsafe abortion, STIs, and HIV infection.

Group Discussion (15 minutes)

Question:

- Why is it important for girls to receive ASRH information, including girls who are not married or are young adolescents?

Answer:

- If girls do not have sexual and reproductive health information before they become sexually active, they will not know what to expect and this can be a traumatic experience. If they do not have information on pregnancy, family planning, STIs, etc. they will not be able to deal with these issues. Information after girls are married is too late. Information before they marry can be life-saving and it is important to give this information whenever possible. Adolescent girls have the right to receive this information and it is the mentor/facilitator's role to help them secure their rights.

Question:

- How is sexual and reproductive health education related to human rights?

Answer:

- To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. When people's rights are violated, their capacity for safe and satisfying sexuality is undermined for their whole lifetime.¹³

13 Adapted from Population Council (2011), *It is All One Curriculum* http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf



SESSION 3

Delivering Sensitive Content

Session Objective:

- ▶ Participants are equipped with information and skills to help them deliver ASRH information.

✦ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum by addressing the sensitive topics that could arise during the curriculum or resistance to sensitive topics.

Activity 1: Girls Have the Right (30 minutes)

Materials: Post-it notes, pen, flip chart paper, stickers (2 colors)

- Ask participants if they have heard of any rights that children have. This could be rights they have heard about in the national law or under international law or conventions. It could also be related to the rights they think children should have, even if they have never heard of any legal ones.
- Ask them to write one down on a post-it note and to stick it on the flip chart paper.
- Gather participants around the flip chart (or wall) and read out all of the things they have suggested.
- Explain the following rights that adolescents have until the age of 18 under the UN Convention on the Rights of the Child in relation to ASRH (have them ready on a flip chart paper or printed out).



UNCRC¹⁴

- The right to the highest attainable standard of health, including the right to reproductive health.
- The right to give and receive information and the right to education, including complete and correct information about ASRH.
- The right to confidentiality and privacy, including the right to obtain RH services without consent of a parent, spouse, or guardian. Conducting a virginity (hymen) examination on an adolescent without her consent would also be a violation of this right.
- The right to be free from harmful traditional practices, including female genital cutting and early marriage.
- The right to be free from all forms of physical and mental abuse and all forms of sexual exploitation, including sexual violence, domestic violence, and sexual exploitation.
- The right to equality and non-discrimination, including the right to access RH services, regardless of age or marital status and without consent of parent, guardian, or spouse.
- All actions taken should be in the best interest of the child. For example, requiring parental consent for contraception or obstetric care, or refusing services because of age, would not be in the best interest of the adolescent.

Having read these, ask participants to come and place stickers next to the rights they agree with (in one color) and disagree with (in a different color). After they have done this, open a discussion using the following guiding questions:

14 Adapted from UNICEF, *How We Protect Children's Rights with the UN Convention on the Rights of the Child*, <https://www.unicef.org.uk/what-we-do/un-convention-child-rights>

Questions

- Rights they all agree with: Why are these rights important for adolescent girls?
- Rights they all disagree with: Why do adolescent girls not deserve to have these rights?
- Rights where it is a mix of agree and disagree: What are some of the reasons why or why not girls deserve these rights?

✳ **Trainer Note:** An issue that may arise is that participants will not feel comfortable about the female/male caregiver not knowing what is happening with their child. Mentors/facilitators may feel that it is important to get consent from female/male caregivers, or to share information with female/male caregivers about what the girls say. Trainer should explain to participants:

- Female/male caregivers and the community will (or already have been) consulted about the adolescent girls' program and will (or already have been) be made aware of the fact that there will be information related to sexual and reproductive health.
- While they may not have a detailed description of what this includes, they have an overall idea. Therefore, it is not necessary for mentors/facilitators who are leading girl groups to share further details with female/male caregivers.
- The girl group is a confidential and safe space for girls to express themselves and request information they may need. It is a duty to either provide this information to girls, or direct them to a place where they can receive this information.
- If girls approach mentors/facilitators with individual requests or with personal situations and they do not feel comfortable dealing with this, they should talk to a supervisor or refer the girl to a caseworker. Caseworkers will be in a better position to deal with issues of consent and to support girls with the situations that arise.
- If in doubt, talk to a supervisor instead of going directly to female/male caregivers. Let's review the mentor/facilitator role from the previous session.

Activity 2: Preparing for Sensitive Situations (1 hour 15 minutes)

Group Brainstorm

What kinds of challenges will arise during these sessions and how can these be dealt with?

- Break participants into four groups and give each group a scenario and ask them how they would react to this situation. Tell them to develop a role-play which they will then present to the larger group.



Group 1

You are giving a session on menstruation and a girl asks you how babies are made. How do you respond?

Group 2

You are giving a session on hygiene and a girl tells you that when a girl has her period that means she is dirty. How do you explain to her that this does not mean she is dirty?

Group 3

You are giving a session on reproductive health and a girl says that she sees her parents having sex (as they all share one room). All the other girls in the room are shocked. How do you handle this situation?

Group 4

You are giving a session on contraception and a girl tells you that she thinks she is pregnant in front of the group. How do you handle this situation?

- Make sure that participants are suggesting strategies that will not be harmful to the girl. Assess their comfort levels and ask them who they can seek support from if they are not comfortable dealing with these issues.

Suggested Responses

Group 1:

- Reassure girls that this is a very normal question to ask. Allow them to be curious. Do not make them feel like they have asked something wrong.
- Provide a biological/scientific explanation as a starting point (as this may be commonly accepted and appropriate for contexts where this topic is taboo).
- Explain to girls that there are some ASRH session that will be covered in the coming weeks that look into this in more detail. (If there was no plan to go over this information, this is a good time to consider including it in future sessions.)
- Explain to girls that if they want to have this information sooner, or have some specific questions they want to ask, they can come and speak with a mentor/facilitator after the session. This would be a good time to understand why the girls want to have this information. Depending on the situation, provide them with additional information or refer them to a caseworker.

Group 2:

- Reassure the girl that this is a very good question and that while many people might tell girls that they are dirty when they have their period, this is not actually correct. While in some cultures there might be certain things that girls are restricted from doing while they are menstruating (such as praying), this does not mean that a girl is dirty.
- While it is important for a girl to keep herself clean during this time (as any other time), having a period is a very normal thing to experience. It means that a girl's body is working properly and is very healthy! So this is not something to feel ashamed of or to see as dirty. In fact, it is something to be happy about, meaning healthy growth and development.

Group 3:

- Thank the girl for sharing her experience.
- Remind the girls of the group agreements.
- Direct the conversation to be more general.
- Explain to the girls that it is very normal for people to have sex, but it is usually done in a private space, to be kept between the people who are having sex. Ask the group if they have any questions or if they are happy to continue with the session.
- Follow up with the girl after the session. There may be a need to involve a staff member who can provide information indirectly to the female/male caregivers on the importance of not exposing their children to this situation.

Group 4:

- Thank the girl for sharing.
- Remind the girl of the group agreements.
- Explain that sometimes girls may worry that they are pregnant, but there are things they can do to check (such as take a pregnancy test or see a health worker).
- Ask the group if they are happy to continue with the session.
- Follow up with the girl at the end of the session. She may need to be referred to a caseworker or simply need support in finding out if she is pregnant (referral to health center, etc.).

Key Messages

- Be honest. If a mentor/facilitator does not know the answer to a question that arises, she should explain to the girls that she will try to find out the answer for them for the next session.
- Be prepared. Some of the questions girl may ask could be embarrassing. Think about what those questions could be and how to respond to them.
- Get advice. Talk to colleagues or a supervisor to get their advice on how to tackle these topics. Ask for their help if needed.
- Think about language. Think about how to explain sensitive terms to the girls, such sex and pregnancy. Provide girls with accurate and factual information.

- Do not push the girls to answer questions they are not comfortable with.
- Do not ask them direct questions related to their personal experience.
- If a girl discloses something very personal in the group, thank her for sharing and remind the girls about confidentiality. Do not ask the girl to go into detail in front of the group. **Make sure to follow up at the end of the session.**
- Distribute the *Facilitating ASRH Handout* (Appendix 8) and explain any additional points that are mentioned specifically related to ASRH. Tell them to refer to this document throughout the activities that will follow today, using it as a guidance note.



SESSION 4

Facilitation Techniques & Practice

Session Objective:

- ▶ Participants have the opportunity to put the information and skills they have learned into practice.

Activity 1: Facilitation Practice (2 hours)

Materials: Flip chart paper, pens, markers, other session materials as required

- Split participants into four groups.
- They will stay in these groups for the remainder of the training, and each participant must get the opportunity to facilitate a session over the next few days with support in planning and preparation from their colleagues.
- Give each group an activity from the Health & Hygiene Module or from the health sessions in the Early Marriage Curriculum.
- Give participants 30 minutes to prepare their session.
- Once they have prepared, pair them with another group (that they haven't worked with yet), and ask each group to take turns facilitating (they have 30 minutes per group).
- Throughout the course of the training, participants should all have the opportunity to facilitate a session, with their group members supporting in the planning and preparation.
- There will be two sessions being facilitated simultaneously to save time.
- Suggested sessions: I Am Changing, Our Bodies (younger adol.), Family Planning, Sexual Decision-Making or Sexual Intimacy from the Girl Shine Life Skills Curriculum or The Changing Nature of Our Sexual Lives from the Early Marriage Curriculum. (It is important to practice an activity from the Sexual Intimacy session to see what sensitivities come up with participants. If they have many reservations during the training, they may not be the right people to facilitate these sessions with girls, and an alternative may need to be sought.)



SESSION 5

Facilitation Techniques Discussion

Session Objective:

- ▶ Participants have the opportunity to put the information and skills they have learned into practice.

Group Discussion (30 minutes)

After participants finish facilitating, bring them back to the group for a discussion.

Questions

- What was it like preparing for the session?
- What were the highlights of facilitating the session?
- What were difficulties or challenges?
- What are concerns with facilitating these sessions?
- How can these concerns be addressed?
- What should be worked on for the practice session to help us improve?

Seeds of Success (10 minutes)

Give participants some time to think about the things they feel confident about after Day 3 of the training and the things they still feel they need help with.

Daily Evaluation (5 minutes)

Day 4



SESSION I Day 3 Review

Session Objective:

- ▶ Participants recall key information learned during the previous day.

Activity: Reflections (20 minutes)

- Ask participants to take a few minutes to think about the previous day. Go around the room and ask them each to share with the group their “Ah ha!” moment (something they didn’t know before, but was really useful to learn about) and their “Hmm...” moment (something they are confused about, unsure about, or uncomfortable with).
- Address any of the concerns arising before moving on to the next session.



SESSION 2

Gender-Based Violence

Session Objective:

- ▶ Participants learn how to deal with sensitivities arising in the Safety Module and are better prepared to facilitate Safety sessions.

✱ **Trainer Note:** This session has been designed for participants who have already participated in GBV training and are familiar with core concepts. If this is not the case (for example, training first time mentors), be sure to include this as part of their initial training. Also look at the sessions included in 'Additional Modules,' in particular Module 2: GBV Services and the GBV (in-depth) session, and include here as necessary.

Activity I: What Do We Mean By Gender-Based Violence? (25 minutes)

Materials: Safety sessions, markers, flip chart paper, pens, paper

Question

- What is meant by sex and gender? What is the difference?
 - » Sex is a label — male, female or intersex — that you're assigned by a doctor at birth based on the genitals you're born with and the chromosomes you have.
 - » Gender is much more complex: It's a social status, and set of expectations from society, about behaviors, characteristics, and thoughts. Each culture has standards about the way that people should behave based on their gender. This is generally girl, woman, boy, man. But instead of being about body parts, it's more about how you're expected to act, because of your sex.
 - » Gender identity is how you feel inside and how you express your gender through clothing, behavior, and personal appearance.¹⁵

Group Brainstorm

- What is gender-based violence?
 - » Any harmful act that is perpetrated against a person's will and is based in inequality between men and women; GBV results from abuse of power. Women disproportionately experience GBV, whereas the majority of perpetrators are men. This pattern of violence is rooted in patriarchal social dynamics, which teaches that men should have more power than women, and as such enables GBV as a way to reinforce that power imbalance¹⁶.
 - » A survivor is a person who has experienced gender-based violence.

Group Brainstorm

- What are some of the types of violence that adolescent girls in particular experience (even in this community)? Early marriage, FGM, sexual violence, abuse, exploitation, intimate partner violence, family violence, denial of resources, etc.
 - » Child marriage affects girls in far greater numbers than boys, with the prevalence among boys about one fifth the level among girls globally.¹⁷
 - » Adolescent girls are one of the most at-risk groups when it comes to sexual violence, abuse, and exploitation. Risks for girls include rape, sexual exploitation, early marriage, and unintended pregnancy.¹⁸

15 Adapted from Planned Parenthood: <https://www.plannedparenthood.org/learn/gender-identity/sex-gender-identity>

16 Adapted from IASC. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Available at <http://gbvguidelines.org>

17 UNICEF. 2018. *Child marriage is a violation of human rights, but is all too common*. <https://data.unicef.org/topic/child-protection/child-marriage>

18 Thompson, Hannah (2015), *A Matter of Life and Death*, cited in Plan (2016), *A Time of Transition: Adolescents in Humanitarian Settings*

- » Girls are highly susceptible to violence within the home; globally, intimate partners or members of family cause just under half (47%) of all female homicides, compared to only 6% for men.¹⁹
- » Out of the world's 130 million out-of-school youth, 70% are girls.²⁰
- » 98% of the estimated 4.5 million forced into sexual exploitation and 55% of the estimated 20.9 million forced into labor are women and girls.²¹

Activity 2: Talking About GBV (45 minutes)

Materials: Safety sessions, flip chart paper, markers

Group Brainstorm

- Ask participants to recall the sessions in the Safety Module.
- Split participants into small groups and give them each two to three sessions from the Safety Module. Ask them to think about the situations that might come up while implementing these sessions.
 - » They should write these down and present them to the larger group.
 - » Take note of the challenges that participants perceive will arise, noting any themes across groups.
 - » Back in their groups, ask them to develop a plan on how to respond to the challenges that could arise.
 - » Ask them to share these ideas with the larger group.

✱ **Trainer Note:** This will help participants be prepared and sensitive to some of the challenges in relation to implementing these sessions.

Key Messages

- Gender-based violence (GBV) programming focuses on women and girls (1) because women and girls are at greater risk of experiencing certain types of violence because of their subordinate status to men and boys globally, and (2) to address the underlying causes of violence against women and girls (VAWG): gender discrimination and unequal power between females and males²²
- Make sure trust has been established with the group before facilitating the Safety sessions.
- Assess the session while moving through it. If girls are not feeling comfortable, do not push them to answer specific questions, but try to come back to it later, or ask the question in a different way.
- Remind girls of confidentiality.
- Do not judge or shame a girl for her beliefs.
- Think about language and messages for certain sessions if there are a mixed group of girls attending. For example, reconsider messaging on early marriage if there are girls who are already married participating in the session.
- Never ask girls to share their marriage or FGM status in the group. Allow the girls to decide which information about themselves they wish to share and when.
- Think about how to explain and define sensitive terms such as rape, exploitation, and harassment.
- Never ask girls directly about their personal experience of GBV or that of their family and friends. Phrase issues in general terms that will allow girls to express themselves indirectly without the fear of shame and stigma.
- Have a caseworker present during the session, if possible, to answer any questions and/or respond in case of disclosure of violence or discomfort among girls.
- **Introducing the caseworker:** Explain to participants that for some sensitive sessions, caseworkers can be present. This is not to replace the mentor/facilitator with the facilitation of the session, but to provide additional support, especially if anything sensitive arises, and also as an opportunity for girls to familiarize themselves with the caseworker.

19 UNICEF (2014), *Hidden in Plain Sight: A statistical analysis of violence against children*

20 The Guardian (11 Oct 2013), *Adolescent girls: the key to ending poverty?* <https://www.theguardian.com/global-development-professionals-network/2013/oct/11/adolescent-girls-key-to-ending-poverty>

21 Plan International (2015), *Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights*

22 COFEM Feminist Pocketbook <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS2-Why-does-GBV-programming-focus-on-women-and-girls.pdf>

Question

- Given that the GBV sessions take place after a few weeks and trust has already been established with girls, what are ways to make them feel comfortable with the addition of a caseworker for the session?
- Explain to participants that there are a few things that will help make girls more comfortable:
 - » Explain to the girls in advance that a caseworker will be present during some or all of the upcoming GBV sessions. Ask them if they are comfortable with this. If not, perhaps come to an agreement for the caseworker to be present at the end only. Make sure girls understand what the role is of the caseworker.
 - » Prep the caseworker in advance on some of the key approaches that can be used to make the girls feel comfortable (refer to facilitation techniques).
 - » On the day, introduce the caseworker. Involve them in an icebreaker to help girls feel comfortable.
 - » Check in with the girls at the end of the session after the caseworker leaves to assess their comfort levels and whether they would like the caseworker to come back.
 - » If they are comfortable, make sure it is the same person who comes back (to help build trust).

Activity 3: Thinking About Our Language (30 minutes)

- Ask participants to walk around the room, using up all of the space.
- Explain that a number of statements will be read and participants should think about the statements and how they can be improved to be more sensitive for girls. When they have an answer, they can stand still.
- When a few participants are standing still, stop, ask for a few answers and then move onto the next statement.
- **Statements:**
 - » Girls like you experience harm and violence (**Alternative:** Some girls experience harm and violence.)
 - » Do you know anyone who has undergone FGM? (**Alternative:** Have you heard about girls undergoing FGM?)
 - » Do you feel safe in this community? (**Alternative:** Do you think girls feel safe in this community?)
 - » What can you do if you are sexually assaulted? (**Alternative:** What can girls do if they are sexually assaulted?)
 - » Violence happens to women and girls (**Alternative:** Violence is committed against women and girls)

Group Discussion

- What are the differences between the original statements and the alternative statements?
- Why are the alternative statements better to use with girls during the safety sessions?
- **Alternative statements:**
 - » Allow girls to express themselves without focusing the attention on their personal stories.
 - » Prevent girls from disclosing GBV in a group setting.
 - » Create a safe environment for girls to discuss a sensitive topic without putting the spotlight on them.

Shifts the responsibility of violence away from women and girls and focuses on the perpetrator



SESSION 3

Gender-Based Violence

Session Objective:

- ▶ Participants learn how to deal with sensitivities arising in the Safety Module and are better prepared to facilitate Safety sessions.

✳ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Activity 1: Handling Group Disclosures (20 minutes)

- Explain that even though participants can take steps to reduce the number of personal disclosures in group settings, this can and will still take place. And when it does, they need to be prepared to handle them.

Group Brainstorm

- If a girl discloses a personal case of GBV, what could be the response?
 - » **During the session:**
 1. Thank the girl for sharing and ask her to come and have a quick chat at the end of the session.
 2. Remind the girls about the group agreements and confidentiality.
 3. Redirect the comment from specific to general (for example, if girls experience something similar to this, they can benefit from talking to a caseworker).
 4. Check that the girls are happy to move on with the session.
 5. Follow up with the girl at the end of the session.
 - » **After the session:**
 1. Thank the girl for sharing, reassure her and make sure she knows it is not her fault.
 2. Inform the girl of the option to access case management and explain it to girls in a simple way.
 3. Explain confidentiality and the role of the caseworker.
 4. Be available to answer questions related to services.
 5. Do not discuss details of the girl's disclosure. Do not ask questions to find out more about the incident (this is the role of the caseworker, not the mentor).
 6. Do not force girls to access services if they do not wish to. Instead, provide girls with all of the available options and explain the pros and cons of accessing or not accessing a particular service.
 7. Ask her if she needs support to access a caseworker (for example, an introduction, attend initial trust building sessions with caseworker, etc.).
 8. If she is resistant to the idea, explain that she can change her mind at any time and a mentor/facilitator is available to help her access the service.

Activity 2: Disclosure Role-Play (40 minutes)

- Split participants into four groups.
- Explain that each group will be given a scenario and they will create a role play and plan based on their assigned scenario, looking at the role of the mentor/facilitator from the point of disclosure to referral, and (possibly) accompanying the girl for case management.
- They will present their role plays and plan to the larger group. Give them 10 minutes to prepare and 5 minutes for each role-play.



Group 1

You are doing the session on Early Marriage and a girl tells you that she is going to be married in two weeks and does not want to. When you explain case management, she says she wants you to do it for her, not a caseworker.

Group 2

You are doing the session on Decision-Making, when a girl tells you that when she tries to talk to her parents about decisions they make on her behalf, they beat her. She sometimes comes to the sessions with bruises on her arms and face. What steps would you take?

Group 3

When doing the session on Healthy Relationships, a girl tells you that her husband is always telling her how useless she is. He does not allow her to spend time with her friends or family. She is not allowed to leave the house and he shouts at her constantly, making her feel very sad and depressed.

Group 4

When doing the session on Safety, a girl approaches you after the session to tell you that she was raped in her camp. When you explain case management, she says she is not interested and never wants to discuss it again.

Key Messages

- It is important that in all cases, the mentor/facilitator ensures that they maintain a survivor-centered approach, i.e. they let the girl decide what action she wants to take next and they do not inform anyone of the incident without getting the consent of the girl.
- They do not break confidentiality.
- They believe the girl.
- They do not try to intervene with the female/male caregivers directly, as this could put the girl and the mentor/facilitator both at risk.
- They understand what their role is and the role of a caseworker, and support the girl in accessing the appropriate services.
- If the mentor/facilitator thinks the girl is in immediate danger, she must inform her supervisor and explain this to the girl.



Trainer Note: It is important to be aware of child safeguarding policies within the organization and also policies and procedures on mandatory reporting, and provide mentors/facilitators with guidance on when and how they should raise issues with their supervisors.

Group Brainstorm

- What happens if a girl refuses to see a caseworker and only wants to talk to the mentor or facilitator?
 - » It is possible that a girl may not feel comfortable seeing a caseworker as she has already established a trusting relationship with the mentor/facilitator. It is important to think about the following strategies:
 - o Clarify the mentor/facilitator role to the girl and explain the role of the caseworker.
 - o Involve the caseworker in some of the Girl Shine sessions so that girls can become familiar with her.
 - o Physically introduce the girl to the caseworker instead of simply referring her.

- o Sit with the girl and the caseworker a few times (not discussing the case) before case management starts to help build trust between the two.
- o The girl may refuse to see the caseworker the first few times, but she may change her mind in the future, so let her know the option is always open.
- o Do not force her to see a caseworker, but try to make her feel more comfortable to access the service.

Activity 3: Explaining Case Management (25 minutes)

Question

- What is case management?
 - » In survivor-centered case management, a caseworker will assess the survivors' needs, providing and/or coordinating services that respond to those needs, and monitoring the progress of this care and support. The overall goal is to establish a relationship with the survivor that promotes her emotional and physical safety, builds trust, and helps her restore some control over her life.
 - » Explain to participants that while case management services may be available, it should not be assumed that because the service is available, girls will be able to automatically access it.

Group Brainstorm

- What could be some of the reasons why girls don't access case management?
 - » Explain that there could be a number of reasons, including: not knowing the service is available, not understanding what the service actually is, fear or stigma attached to accessing the service, fear of service provider attitudes and judgment, feeling that the service is "not for them," thinking they need their female/male caregivers' permission to access the service.
- Split participants into small groups and ask them to think about how they can support girls in accessing services like case management as part of their role, thinking about how they talk about the services, and what they can do inside and outside of the sessions to help girls access services.
- Once they have finished, ask them to present their ideas back to the group.
- **Case management sample script:** We have someone who is trained to listen to the concerns of girls in a safe space, where any girl can freely express anything bothering her and this will be kept between the caseworker and the girl. The caseworker is not someone who makes judgments or gives advice or solutions. She mainly guides girls in thinking of solutions or decisions that they might want to make, and provides information about other people who might be able to help in that specific situation.

Activity 4: What is My Role in Relation to Case Management? (20 minutes)

Materials: Flip chart paper, markers

- Explain to participants that sometimes mentors/facilitators find it hard to know what their role is in relation to case management. As they are the ones who have been building trust with girls and discussing very sensitive topics with them, they can sometimes get confused about when their role ends and a caseworker's role begins.
- There is a difference between the role of the mentors/facilitators for these girl groups and for the organization's staff in general.

Group Brainstorm

- What can a mentor/facilitator do and what can't they do? Make two columns on flip chart paper and ask participants what they think.
 - » Clarify by presenting the following table:



A mentor/ facilitator can	A mentor/facilitator cannot
Facilitate the Girl Shine Life Skills Curriculum and carry out specific sessions with girls based on topics of interest to the team and the girls.	Be an assistant to a member of staff.
Be the link between the girls and country team (be the collective voice for the girls, and sharing their concerns, feedback, challenges with staff).	Replace the duties done by another member of staff.
Refer girls to the caseworker if they disclose GBV and want to be referred.	Provide case management: the mentor/facilitator should not be dealing with GBV cases, but they can make referrals to a caseworker if the girl requests this, and also accompany a girl to case management until she feels comfortable to go alone.
Provide girls with information.	Report perpetrators to the police/other authorities; intervene by speaking with a girls' boyfriend/husband, female/male caregivers or teacher; tell girls what to do if they are experiencing violence.
She can be a role model for the girls and support them through an established and formalized mechanism.	Share information about disclosures with anyone, unless the girl requests her to do so (for example, during referral to caseworker).
Bring to the attention of staff common safety issues and concerns being raised by girls.	
Ask caseworkers or other staff members for support when unsure how to handle a situation.	
Listen to the girls and their concerns, and point them towards case management and other services if issues arise related to their health and safety.	
Refer girls to health services as requested (some girls might want this even if they don't want case management). In cases of sexual violence, this should be done within 72 hours.	



SESSION 4

Gender-Based Violence

Session Objective:

- ▶ Participants have the opportunity to put the information and skills they have learned into practice.

✱ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Activity I: Facilitation Practice (2 hours)

Materials: Flip chart paper, pens, markers, other session materials as required

- Ask participants to return to their groups from the previous day.
- Give each group an activity from the Safety Module.
- Give participants 30 minutes to prepare their session.
- Once they have prepared, pair them with another group (that they haven't already presented in front of) and ask each group to take turns facilitating (they have 30 minutes per group).
- Participants who haven't facilitated a session yet should have the opportunity to do so, with their group members supporting in the planning and preparation.
- There will be two sessions being facilitated simultaneously to save time.
- Suggested activities from the Girl Shine Life Skills Curriculum: Good Secret, Bad Secret, (Comfortable and Uncomfortable Touch), Mary & George (Healthy Relationships), Who is to Blame? (Who is to Blame), Case Management (How Can Girls Respond to Violence).



SESSION 5

Facilitation Techniques Discussion

Session Objective:

- ▶ Participants have space to reflect on the experience of facilitation, discuss any challenges and receive support to address their concerns.

Group Discussion (30 minutes)

After participants finish facilitating, bring them back to the group for a discussion.

Questions

- How was preparing for the session?
- What were the highlights of facilitating the session?
- What were difficulties or challenges?
- What are concerns with facilitating these sessions?
- How can these concerns be addressed?
- What should be worked on to help us improve?
- If girls come to mentors/facilitators for support, who can they be referred to? (Think about case management but also other services available in the community that girls can access.)

Key Messages

- **Signs to look for during the session:**
 - » She is behaving out of character.
 - » She is withdrawn.
 - » She is bringing attention to herself.
 - » She mentions something related to problems she is facing.
 - » She is about to be married or is recently married.
 - » Content of activity triggers a change in behavior.
- **After the session:**
 - » Build time in at the end of the session to allow girls to approach individually.
 - » Be available (this includes body language and facial expressions).
 - » Be prepared in advance to deal with any issues that may arise.
 - » Do not ask the girl to discuss what happened in detail.
 - » Explain that there is someone available for her to talk to.
 - » Think about the process for making this referral and ensure that the girl feels comfortable with her case being handed over to a different person or agency.

Seeds of Success (10 minutes)

Give participants some time to think about the things they feel confident about after Day 4 of the training and the things they still feel they need help with.

Daily Evaluation (5 minutes)

Day 5



SESSION I

Day 4 Review

Session Objective:

- ▶ Participants recall information from the previous day.

Activity I: Group Presentations (30 minutes)

Materials: Flip chart paper, markers, pens, paper, post-it notes and other materials requested by participants

- Split participants into four groups and ask them to take 10 minutes to prepare a five-minute presentation (thinking about how to make it interactive) on the following topics:
 - » How to handle disclosures in a group setting
 - » How to help girls access case management
 - » What to do before, during, and after Safety sessions
 - » What a mentor/facilitator can and can't do



SESSION 2

Working on Adaptation & Flexibility

Session Objective:

- ▶ Participants feel empowered to take session content and adapt it to their audience without losing the key messages.

Activity 1: Adapting to Girls' Needs (20 minutes)

- The Girl Shine Life Skills Curriculum is a global tool, and while country level adaptations have been made, it is always hard to make sure that the content is suitable to the girls' needs, capacity, and experience.
- Mentors/facilitators should feel confident to assess the situation and make adaptations based on the girls in the group.
- These adaptations may include:
 - » Adapting stories for the context
 - » Adapting activities based on literacy, ability and interest
 - » Adapting scenarios based on girls' situations (married, with children, out of school, age, etc.)

Group Brainstorm

- Why is it important to adapt content based on the girl group?
 - » To help girls relate to the information
 - » To make sure content is relevant to girls' experiences
 - » To ensure girls are engaged throughout the session and do not feel excluded

Activity 2: Adapting in Action (30 minutes)

Materials: Sessions from Girl Shine Life Skills Curriculum, flip chart paper, markers, pens, paper, post-it notes

- Split participants into three groups and give each group a session from the Girl Shine Life Skills Curriculum.

✳ **Trainer Note:** The groups will be large, so encourage participants to split into sub-groups that take on specific activities.

- Give each group the following session and accompanying scenario.
- Ask them to prepare a snapshot of what the session was before and how they adapted it. They can present this back to the larger group (5 minutes maximum).



Group 1

Communicating Without Words, Activity 1

- You are preparing for an activity called The Silent Line. You have some girls in the group with physical disabilities, meaning they cannot move around comfortably for the activity.
- Adapt the activity to accommodate these girls.

Group 2

Decision-Making, Activity 1 (Younger Adol.)

- You are preparing the session for decision-making with a young group of girls. However, the girls cannot read and write and the activity refers to a graphic that has writing on it.
- Adapt the activity to make it accessible to this group of girls.

Group 3

Early Marriage Prevention, Activity 1

- You are preparing the activity 'Responsibilities of Marriage', but you realize that most of the girls in your girl group are already married. Because the messages focus on the consequences of marriage – something the married girls will be experiencing, this could make them feel distressed.
- Adapt the activity to make it more relevant to married girls.



SESSION 3

Girl Shine Group Closure

Session Objective:

- ▶ Participants understand the importance of group closure and are prepared to support this process during the implementation of the curriculum.

✱ **Trainer Note:** The following has been put together for the training of mentors/facilitators of the Girl Shine Life Skills Curriculum, but can be adapted for the facilitators of the Girl Shine Female and Male Caregiver Curriculum.

Activity I: Web of Strength (15 minutes)

Materials: Ball of string/yarn

- Ask participants to find a space in the room where they feel comfortable (standing or sitting).
- Give one participant the ball of string/yarn.
- Explain to the group that this participant will hold on to the string and pass the ball to another participant. As she passes the ball, she will tell the participant a quality/characteristic that she admires in her, or would like to learn from her.
- If the participants are confused, the trainer can start and give clarification. For example, "I like that you are always smiling," or "I like that you ask many questions," etc.
- The participants should continue this until everyone is connected through the string.
- Ask participants what they thought the purpose of the exercise was.
- Explain to them that this web they have created is their web of strength. It represents the great qualities they have and the support they can give to each other once the training finishes.

Group Brainstorm

- Why is it important to make sure a girl group has closure at the end of a curriculum cycle?
 - » Adolescent girls will have been part of a girl group for a particular length of time and they need to be prepared for the end of the activities and will need to think about ways to move forward and apply their learning and skills.

Activity 2: Preparing for Closure (25 minutes)

- There are some steps to make sure that the girl group has meaningful closure.

Things to consider for end of Girl Shine Life Skills group

- From the beginning of the intervention, girls should be made aware of the length of the intervention so that expectations are successfully managed.
- Prepare girls. Support girls to plan how to continue working together after the end of the activity/project cycle (if they want to), and emphasize that the only requirements are their energy, creativity, and commitment.
- Celebrate achievements and provide closure. Take steps to recognize and celebrate the girls' accomplishments and to provide a sense of closure through certificates, booklets, or small gifts (if the budget allows).
- Encourage girls to present their work through a final celebration, art exhibition, or performance. Give girls the opportunity to plan and organize the celebration themselves (if they want to). They can invite other girls, their siblings, their mothers, or community members to see what they have been learning about.
- Encourage girls to think about the issues that have really touched them during the curriculum, especially in relation to early marriage or FGM. They could consider one of these topics as a focus for their community event to raise awareness of the issues in the community.
- Use the sessions in the visioning component of the curriculum that will help guide their events/celebrations.
- Encourage girls to provide information and support to their peers.



SESSION 4

Making Referrals

Session Objective:

- ▶ Participants will understand what services are available in their area and how to make referrals effectively.

Activity I: How to Make Referrals (1 hour)

Materials: Flip chart paper, pens, paper, info sheet on local services for adolescent girls

Question

- What services are there in the local community that girls can access (skill building, GBV services, ASRH services, etc.)?
- Split the participants into three groups. Give each group a scenario below and explain that they must list the places that they know of (not hypothetical places) that girls can access. They must also come up with a strategy of how best to give the girls this information (through leaflets, verbally - but thinking about the language they use, etc.).
- If those services don't exist, they can think about how else they can support the girls or what steps they need to take to learn more about the services in the area.
 - » **Scenario 1:** A girl comes to you and needs to access contraceptives. There is no service for contraception in the organization you are currently working/volunteering with. Where could you refer the girl to and what steps would you take to make the referral?
 - » **Scenario 2:** A girl comes to you and discloses a case of GBV. You are not a caseworker and the organization you work/volunteer for does not offer GBV services. Where could you refer the girl and what steps would you take to make the referral?
 - » **Scenario 3:** A girl comes to you and says that she wants to build her skills to help her find a job. You don't offer vocational training or educational classes where you work/volunteer. Where can you refer the girls to and which steps would you take to make the referral?
- In the larger group, ask the questions below.

Questions

- Did each mentor/facilitator have all of the information on the services that exist in the community that girls can access? If not, what are the next steps to make sure each mentor/facilitator has this information and is prepared if and when girls ask?
 - » Go back to the community and carry out a community mapping exercise to identify all of the existing services available to girls.
 - » If there are limited options in the community, think about neighboring communities, telephone services, etc., that girls could access.
 - » Think about strategies that could be suggested that will enable girls to reach these services.
- Will the referral process created be effective for girls?
 - » Explain the available services in a simple way that girls will understand.
 - » Explain opening times, specific services available, and if possible, a specific person they are able to connect with.
 - » Do not make the referral unless the girl consents to this. For GBV cases, the referral is made to the caseworker who will follow up with any further referrals required.

- » However, there may be cases when the girl does not want to speak to a caseworker and prefers to go directly to a health center. In this case, the mentor/facilitator can support the girl to access this service by providing her with the relevant information and accompanying her, if possible. Seek advice from a supervisor if unsure.
- » Talk to girls about how they can safely access these services and what barriers they may face. Help them find solutions to those barriers.
- What are solutions if the services girls are requesting are not available in the community?
 - » Provide girls with information on services available in neighboring areas, if not available in the local community.
 - » See if someone will be able to come to the safe space to provide this service if requested by a number of girls (check with a supervisor whether this is possible).
 - » Refer to a supervisor to highlight this gap and discuss how this can be addressed.



SESSION 5

A Creative Summary

Session Objective:

- ▶ Participants will have the opportunity to showcase their skills and knowledge to the group.

Activity I: Facilitation Practice (45 minutes)

Materials: Flip chart paper, pens, markers, other materials as required from participants

- Split participants into four groups.
- Assign each group one of the tasks outlined below.
- Give them 10 minutes to prepare and explain that their creative summary will be no longer than five minutes.
- Their creative techniques can include role-play, still images, a series of small scenes, a song, posters with key messages, etc. The key point is that they do this in a creative way without losing the main points.
- Once they have finished, allocate time to discuss the key messages, clarify any points that they have not covered or were inaccurate. Also provide feedback on how the session could be made more creative and girl-friendly, if needed.



Group 1

Girl Shine Life Skills and Early Marriage Curriculum - Present the curriculums to the group in a creative way.

Group 2

Adolescent Development & Experience - Remind participants of the key points related to adolescence, their development process, and how their experience shapes their adolescent phase of life.

Group 3

ASRH - Explain to the group what girls' rights are in relation to adolescent sexual and reproductive health.

Group 4

GBV - Explain to the group the steps related to dealing with a group disclosure.



SESSION 6

Introducing Monitoring Tools

Session Objective:

- ▶ Introduce participants to the monitoring tools that will be used during the Girl Shine Life Skills Curriculum.

Activity 1: Why Are Monitoring Tools Important? (15 minutes)

Materials: Flip chart paper, markers

Group Brainstorm

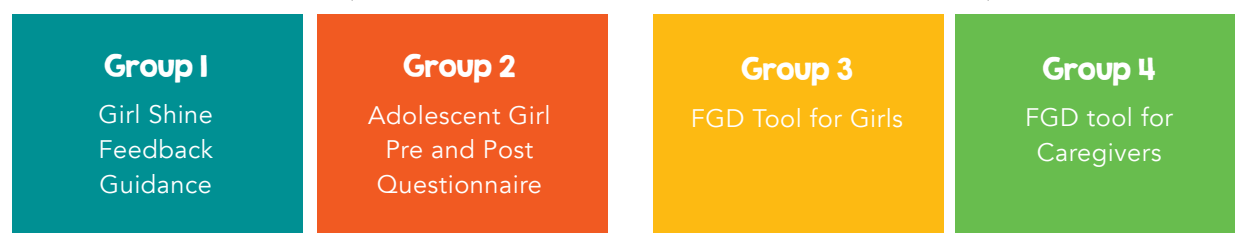
- What is meant by 'monitoring tools'?
 - » When talking about the monitoring tools, these tools are defined by those that will help us to track the progress of girls. Tools can include attendance tracking, or tools that capture girls' feedback about the sessions, or tools that track their knowledge and skills.
- Why are monitoring tools important?
 - » They help us to understand trends in girls' attendance, help us understand what topics girls find most relevant, help us make adaptations to the program based on girls' feedback. This will help us know how effective the Girl Shine Life Skills Curriculum is, and to keep improving it so that it meets the needs of the girls.

Activity 2: Using the Girl Shine Monitoring Tools (1 hour)

Materials: M&E Tools, materials required to conduct M&E tools

✳ **Trainer Note:** Adapt this session according to how much responsibility the mentor/facilitator will have in terms of using M&E tools. If they will only be expected to collect information during the curriculum, introduce them to the specific tools they will be using instead. This session may need to be done again closer to the time of collecting the information. This session is just to help introduce them to the concept of M&E.

- Split participants into four groups and give each group an M&E tool to review.
- Give them time to familiarize themselves with the tools and get them to practice on another group (there will be 2 sessions taking place at the same time).
- When they have finished, ask them to come back and share their thoughts on the tools and the process of collecting information.



Activity 3: Summary of M&E Tools (30 minutes)

- Explain to participants that there are a number of tools that can be used for M&E.
- Present participants with the list of M&E Tools that have been designed for Girl Shine, explaining what it monitors and when it can be used.
- Some tools can be used at the beginning of the curriculum, some can be used at the end. Other tools like the fidelity quiz and feedback guidance can be used as part of program design.
- While there are a series of tools suggested, teams should think about what type of data they want to collect and what purpose it serves. They should select tools intentionally depending on what they want to achieve. For example, if they want to assess the capacity of mentors for the cycle duration, they should use the tools related to mentorship and supervision. If they want to collect feedback from participants to help shape and adapt future cycles, they should use the feedback guidance and FGD tools for girls and caregivers.

 **Trainer Note:** Adapt this table depending on what M&E tools are chosen to move ahead with and that are relevant to mentors. There is no need to introduce them to all of the tools listed below.



Tool	Monitoring Component	Suggested Use
Attendance for girls and caregivers	Monitor attendance trends among girl and female/male caregiver groups	Essential use for each session conducted with girl groups
Pre/Post-Questionnaire for Adolescent Girls	Measure girls' overall knowledge, attitude and skills	Beginning and end of project cycle
Pre/Post Questionnaire for Caregivers	Measure female/male caregivers' attitudes and beliefs towards adolescent girls	Beginning, and end of project cycle
Mentor/Facilitator Supervision Tool (Can be adapted for facilitators of Girl Shine Female and Male Caregiver Curriculum)	Support mentors/facilitators to strengthen their skills and techniques	For use throughout curriculum implementation, can vary from weekly to monthly depending on mentor/facilitator capacity
Session Insights Tool	Measure mentors/facilitators facilitation techniques and approaches during session implementation	Used for each session by mentor/facilitator for self-evaluation and for supervisors for observation
Mentor/Facilitator Session Notes	Keep track of action points and girls' response to 'Check-in' monitoring activities	Used for each session by mentor/facilitator to document action points and capture key information



Tool	Monitoring Component	Suggested Use
Female/Male Caregiver Sessions: Facilitator Notes	Keep track of action points and caregivers' response to 'Takeaway' tasks	Used for each session by facilitator to document action points and capture key information
End of Cycle FGD with Girls	Measure girls' perceptions of relevance, appropriateness, and impact of the intervention	Ideally a month after project cycle completion. If that's not possible, one to two weeks.
End of cycle FGD with Caregivers	Measure girls' social networks and confidence	Ideally a month after project cycle completion. If that's not possible, one to two weeks.
Mentor Feedback Tool	Understand mentors' perception & satisfaction with the program and the impact it has on them	Depending on length of intervention, should be implemented at key points during and at the end of the intervention
Girl Shine Feedback Guidance	Provides suggestions on how to collect feedback from program participants to help improve future project cycles	Review before the start of a Girl Shine project cycle to ensure feedback options are in place prior to engaging g girls and caregivers.
Fidelity Quiz	Designed to help organizations assess to what extent their implementation maintains fidelity to the original model, and to use this information for reflection on their programming.	It is recommended to use this once program details are established, however it can be used at any phase of implementation.



SESSION 7

Capacity Strengthening Action Plans

Session Objective:

- ▶ Participants have the opportunity to develop their capacity strengthening plans that they can then take forward with their supervisor/focal point.

Activity: My Action Plan (30 minutes)

Materials: Seeds of Success Tool, Action Plan Handout (Appendix 9), pens, flip chart paper, markers

- Ask participants to take a few minutes to fill in their daily entry for Seeds of Success.
- Once they have finished, ask them to go over the things they wrote for each day. Did anything change? Were there things they needed help with but that were addressed later in the training?
- What are the things they feel they still need help with from their list?
- Distribute an action plan to each participant (see Appendix 9)
- Ask participants to go through the questions on the action plan and write down the things that they think of in relation to each question. Give participants examples if they are struggling:
 - » What are the things that in relation to the Girl Shine groups that should be revisited?
 - » What skills should be practiced more?
 - » What topics from the training need more information provided?
 - » What new topics or information have not been mentioned but should be discussed in the training?
 - » Ask each participant to share something from their list they are comfortable sharing and take notes of any common themes arising.
- Ask them to keep these action plans. They will discuss them with their supervisor/Girl Shine Focal Point during their first meeting.



SESSION 8

Closing Session

Session Objective:

- ▶ Participants have the opportunity to reflect on the training and their experiences and what they have learned.

Activity I: Who Am I? (10 minutes)

Materials: Who Am I Handout ([Appendix 3](#)), colored pens

- Give participants a copy of the Who Am I handout.
- Ask them to write down their name and how they are feeling today.
- They can write the names of the people that they now know at the training (or draw them).
- They can write down the new information they have about working with adolescent girls.
- Ask each participant to present what they have done and hold it up against the one they did on the first day so the group can see any differences.

Value Clarification Survey (20 minutes)

- [Appendix 1](#)

Final Evaluation (5 minutes)

- [Appendix 10](#)

Refresher Training, Coaching, & Mentoring



*** Trainer Note:** Depending on the capacity of mentors/facilitators, refresher training may take place monthly, quarterly, or just once midway through the program cycle. You will be able to assess this based on a number of factors, including:

- Capacity/qualifications of mentors/facilitators at the time of recruitment.
- Level of understanding during the basic training.
- Themes/trends arising among mentors/facilitators during supervision sessions and observations.

The below table may help guide this process.

Mentor/ Facilitator Capacity	Duration of Curriculum			
	1-3 months	6 months	12 months	12+ months
High	• Weekly/Bi-Weekly Observation & Supervision Sessions	• Midway Refresher Training (month 3) • Observation & Supervision Sessions	• Midway Refresher Training (month 6) • Mentor/Facilitator Meetings (quarterly) • Observation & Supervision Sessions	• Refresher Training (month 6 & 12) • Mentor/Facilitator Meetings (quarterly) • Monthly Observation & Supervision Sessions
Medium	• Weekly Observation & Supervision Sessions	• Midway Refresher Training • Regular Observation & Supervision Sessions • Monthly Mentor/Facilitator Meetings	• Quarterly Refresher Training • Mentor/Facilitator Meetings (monthly) • Regular Observation & Supervision Sessions	• Refresher Training (quarterly) • Mentor/Facilitator Meetings (monthly) • Regular Observation & Supervision Sessions
Low	• Weekly Observation & Supervision Sessions	• Ongoing Training (monthly) • Monthly Mentor/Facilitator Meetings • Weekly Observation & Supervision Sessions	• Ongoing Training • Monthly Mentor/Facilitator Meetings • Weekly Observation & Supervision Sessions	• Ongoing Training • Monthly Mentor/Facilitator Meetings • Weekly Observation & Supervision Sessions

When planning to carry out a refresher training, there are some key things to consider.

- What key issues remained unclear after the basic training package? (Include sessions from basic training package to be revisited.)
- What issues were arising in the action plan that still haven't been addressed?
- What key themes have arisen from the supervision sessions with mentors/facilitators? (Think about what mentors/facilitators reported back regarding what was difficult or what support they needed that wasn't given during supervision sessions.)
- From the session observation, what facilitation skills do mentors/facilitators need to work on?
- Are there any additional topics, skills, knowledge, or new concepts that should be introduced to the mentors/facilitators?

Coaching and Mentoring

Ongoing coaching and mentoring is essential to ensuring the successful implementation of Girl Shine. This will be provided through session observation and supervision meetings. The Mentor/Facilitator Supervision Tool is a useful tool to help support this process (see **Appendix B4** in Part 1 of Girl Shine).

It can also be helpful to bring mentors/facilitators together outside of trainings on an ongoing basis to give them the opportunity to learn from one another and address common challenges. This can replace certain supervision sessions over the duration of the curriculum.

The mentor/facilitator meetings can take the following structure:

1. General updates (successes and challenges)
2. Participant voices (girls, female/male caregivers, community feedback/requests)
3. Learning components (training sessions)
4. Suggestions for future learning components/capacity building and professional development
5. Action points

Additional Modules for Mentors/ Facilitators



Additional modules that can be facilitated with mentors/facilitators, according to their needs:

- Why Girls? (in-depth look at girls in situations of crisis and displacement): **3 Hours**
- Dealing with Behavioral Issues: **4 Hours**
- Communicating with Adolescent Girls: **2.5 Hours**
- Adolescent Girl Development: Strategies (how mentors/facilitators can adapt to developmental needs): **2.5 Hours**
- Adolescent Girls ,Sexuality and Sexual Rights: **1 Hour**
- GBV (in-depth session): **7 Hours (2 days)**
- Early Marriage (must be completed if implementing Girl Shine Early Marriage Curriculum): **5 Hours**
- Self-Harm & Suicidal Ideation: **4.5 hours**
- We Make a Difference: **3 Hours**

These concepts are critical to the success of Girl Shine and therefore should be prioritized as part of the basic training package or soon after, or built into the capacity building and training plans of mentors/facilitators.

Service Provider Modules:

In addition to the modules listed above, there are a selection of modules that can be used by service providers working with adolescent girls. While these have been primarily for GBV service providers, some module may also be relevant to other service providers supporting girls.

Module 1: **Introduction to Adolescent Girls and the Life Cycle of Violence**

Module 2: **Addressing Barriers to Care for Adolescent Girls**

Module 3: **GBV Case Management of Adolescent Girls**

MODULE

Why Girls?

Session Objectives:

- ▶ Address participants' attitudes and beliefs towards adolescent girls.
- ▶ Participants will gain deeper insight and understanding of the issues girls in crisis situations face.



Activity: Why Girls? (3 hours)

Materials: Plenty of flip chart paper, colored pens and markers

- Split the participants into four groups; each group will be given an age for their adolescent girl (11, 13, 16, 18).
- Each group will receive three pieces of flip chart paper, separating them by using the following headings:
 1. Before the crisis
 2. One week after being displaced and arriving in a new location
 3. One year after being displaced and living in a new location
- Ask the groups to draw their adolescent girl at each of the three stages mentioned above, and think about the questions below (which will help them to develop the story about their girl). They can also add things not included here.

✱ **Trainer Note:** Give them approximately an hour for this activity, so they have time to fully immerse themselves in the story and think deeply about the situation of this girl. Participants may say they have finished after 10 minutes. If this happens, ask them to go back to the group and ask themselves more questions about their girl so that they can picture her more and be more specific.



What is her name?	How old is she?
What is her relationship like with her female/male caregivers and siblings?	How many family members does she have? (This might change at different points in the timeline.)
How is her physical health?	How does she feel?
How many family members does she live with?	Is she allowed to go out or is she restricted to the home?
How does she spend her day?	Does she have friends and social networks?
Does she have any free time during her day?	How does she feel about herself?
What are her biggest fears?	Is she in school or out of school?



What are her dreams?	How does she feel about her future?
What is her marital status?	What does she worry about?
What are the main problems and challenges in her life?	Who can she turn to when she needs help?
What type of housing does she have?	What are her responsibilities?

✳ **Trainer Note:** When the groups are sharing the story of the girl they have been allocated, it is important to make sure that participants are not sharing their personal story. It is important to make sure that they keep talking about the girls in the story, and keep referring to them by their names. Make sure to emphasize to the group that this story is about this girl (mention her name) and not a personal story or a story of someone personally known.

- Once finished, ask participants to do a walking gallery, starting with the group that was allocated the youngest adolescent girl, to the group that was allocated the oldest adolescent girl.
- Once they have all completed their presentations, bring them back for a wider group discussion. Ask the questions below.

Questions

- How does the situation described differ from the situation that a women, man, or boy might face (if at all)?
- What are some of the issues that are faced by adolescent girls in particular, especially when it comes to GBV?
- Do adolescent girls have equal access to services in the same way that boys do?

Key Messages

- Adolescence is a critical time—compared to their male peers and to adults, adolescent girls are less likely to have life-saving information, skills, and capacities to deal with the upheaval that follows displacement.
- Adolescent girls face a unique set of violence-related risks, including sexual violence, harmful practices, and human trafficking.
- Adolescent girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks.
- Adolescent girls have limited access to adolescent-friendly information and services, including health and reproductive health services, shelter, and education.
- Because of their sex and age, adolescent girls are also particularly susceptible to exploitation and violence—including rape, abuse, early marriage, and abduction—during the immediate aftermath of a natural disaster or conflict.
- As individuals who interact with girls on a regular basis, it is important to think about the type of approach used with girls and whether this approach is the most efficient and effective way of dealing with girls.

MODULE

Dealing With Behavioral Issues

Session Objectives:

- ▶ Familiarize participants with the signs that indicate distress.
- ▶ Equip participants with the skills necessary to deal with issues related to distress.



Activity I: Dealing with Distress (20 minutes)

Materials: Flip chart paper, marker, pens

Questions

- How do children express their emotions compared to adults?
- What is meant by distress? (great pain, anxiety, sorrow)
- What kind of situations might girls have experienced that could lead to them feeling distressed? (Think back to the session on 'Why Girls'.)
 - » Explain that mentors/facilitators need to be aware of the types of behaviors girls might display that could mean that they are distressed or not feeling good during the sessions. Not only do mentors/facilitators have to ensure that they are facilitating the curriculum and sharing information, but they also must be able to observe behaviors to ensure that they are aware of the emotional state of the girls participating in the sessions.

Group Brainstorm

- How can one tell if a girl is distressed or not feeling good during a session?
 - » Examples: She is behaving out of character, withdrawn, bringing attention to herself, activity triggers change in behaviour, etc.

Key Messages

There may be situations that occur during the sessions that are of a sensitive nature. These need to be handled with care, and mentors/facilitators must ensure that they do not cause further harm to girls. Mentors/facilitators may be faced with girls displaying harmful coping mechanisms, rejecting information due to its sensitive nature (especially during ASRH sessions) and disclosing personal cases of GBV. Mentors/facilitators must be prepared to deal with these situations.

- Recognize and manage girls' discomfort.
- Avoid lecturing or preaching.
- Share accurate information.
- Don't give personal opinions.
- Ask for support if help is needed to respond to particular issues.
- Talk to the group about the importance of privacy.
- Make sure to set group agreements from the start of the curriculum and ask girls to remind themselves of these at the beginning of each session.

✳ **Trainer Note:** It is important that mentors/facilitators feel comfortable expressing any concerns that they have. If they are not comfortable giving information on certain topics due to their personal beliefs, values, etc., they should be able to express these reservations. It is essential that information provided to girls is factual, not biased, and given in a sensitive and non-judgmental way. If it is not possible for a mentor or facilitator to do that, the country team should be aware and other options should be considered (for example, a professional healthcare worker, co-facilitator with experience of giving this information, etc.) for those specific sessions. Alternatively, additional training sessions can be carried out to address this (for example, values clarification workshop).



Activity 2: Managing Crisis Role-Play (40 minutes)

- Split participants into small groups and ask them to develop a role-play on the scenario they have been allocated, showing how they would respond in such a situation.



Scenario 1: You are facilitating the session on Friendships. Two girls in the group begin to have a heated argument and one girl tries to hit the other girl. The rest of the group looks quite shocked. You are the only mentor/facilitator for this session. How would you manage this situation?

- Possible responses (to be discussed, if needed, after the group presents their role-play and rest of the participants have provided their feedback):
 - » Nominate one or two girls within the group to lead an activity or game while dealing with the situation outside.
 - » If alone, try to identify a staff member, facilitator, or another mentor to join the group until the situation is resolved.
 - » If two people are facilitating the session, one can remain inside the group while the other person deals with the situation.
 - » When returning to the group, check in with the girls to see if they are comfortable and if they have any questions about the incident.
 - » Debrief with a supervisor and assess what follow-up needs to take place.



Scenario 2: You are doing a session on Managing Stress when a girl tells you that one of the ways she handles stress is by cutting her legs with a razor blade [or insert here another locally relevant self-harming behavior]. The girls in the group start asking questions about whether this is a good way to manage stress. How do you respond?

- Possible responses (to be discussed, if needed, after the group presents their role-play and rest of the participants have provided their feedback):
 - » Thank the girl for sharing.
 - » Remind the group of the group agreements and confidentiality.
 - » Ask the girls to list the pros and cons of the harmful coping mechanism (redirect it, so not to focus on the girl that disclosed. For example, "What could be the pros and cons of girls self-harming?" as opposed to, "What could be the pros and cons of X harming herself?")
 - » Emphasize the risks and be sure that girls understand that this is a harmful coping mechanism.
 - » Ask the girls to suggest other alternatives that could be used to replace the harmful coping mechanism.
 - » Ask the group if they are ready to move onto the next point.
 - » Follow up with the girl who disclosed at the end of the session and make the relevant referrals.
 - » Seek support from a supervisor if unsure how to handle such a case.



Scenario 3: You are doing a session on Good Touch Bad Touch, when a girl in the session starts to cry. The group is distracted and everyone is asking the girl what is wrong. You are facilitating the session on your own.

Possible responses:

- » Ask the girl if she would like to take a break from the group and get some water, fresh air, or just to sit in a more comfortable place.
- » Nominate one or two girls within the group to lead an activity or game while dealing with the situation outside.
- » Sit with the girl separately and ask her if there is anything she would like to talk about.
- » If she just wants to take a break, but doesn't want to talk, ask her if she wants someone to sit with her, like a friend, another staff member, etc.
- » If she wants to talk, assess the urgency of the situation and either sit with her after the session, or if the girl is willing to, ask a caseworker to talk to the girl.
- » Make sure the girl is calm and taken care of before returning to the group.
- » Remind the group of the group agreements and check in to see they are happy to move on with the session.



Activity 3: Behavioral Issues & Group Dynamics (1 hour)

Materials: Flip chart paper, markers

✳ **Trainer Note:** If possible, involve someone from Child Protection or Education programming who might be able to provide more specialized support on this topic.

Questions

- How can different group dynamics affect the sessions? (For example, dominant girls, group is shy, don't take the sessions seriously, disruptive, etc.)
- In previous experience, have group dynamics affected sessions?
- What could be done to manage these issues during a session?

Scenarios

- Break the participants into three groups. Give them each a scenario. Ask them to develop a response plan to the scenario first, and then develop a role-play incorporating the response plan.
- Once they finish, ask them to present their role-plays back to the group and ask the group for their feedback.



Scenario 1: You are facilitating a session from Girl Shine on Family Relationships, with the younger adolescent age group (10-14). There is one girl who starts to disrupt the rest of the group. She tells you that she is bored with the course and this topic in particular. She says all of the girls are bored with the topic. You try to ask her to calm down, but she starts to cause chaos in the room and it begins to distract the other girls. What should you do? What are the things to take into consideration?

Possible responses:

- Remind her of the group agreements.
- Give her responsibilities during the session.
- Talk to her at the end of the session and ask her whether there something she wants to share; see if there is something bothering her.
 - » These questions are asked because of the topic (Family Relationships). The girl might be creating chaos because she has problems with her female/male caregivers and doesn't want to talk about the topic. Therefore, it is good to ask some questions at the end of the session in a sensitive way to find out if anything is bothering her.



Scenario 2: There are two girls in the Girl Shine group who are quite dominant. As a participatory group, you encourage girls to make decisions for themselves. However, whenever a decision needs to be made (on topics, icebreakers, activities, etc.), these two girls take the lead and make the decision on behalf of the entire group. The other girls appear scared of the two girls, and even if they don't agree with the decision of the two dominant girls, they go ahead with it to minimize conflict. What would you do in this situation?

Possible responses:

- Try to give space to the quiet girls to participate and express themselves while thanking the dominant participants.
- Make more eye contact with the quiet girls to try to encourage their participation.
- Invite girls by name to share what they think about what is being discussed, but without pushing or demanding a response.
- If the whole group has a decision to make (for example what icebreaker, to do now), make sure to include the girls who are quiet in the decision-making. You can, for example, ask the girls to write their suggestions on post-it notes or to raise their hand for a vote.



Scenario 3: You are doing a session on Healthy Relationships, when one girl starts to make inappropriate comments about her boyfriend. She is not taking the session seriously and is trying to distract the girls from talking about the topic. She tells the girls that it is fine to go hide in the bushes with boys who are strangers if the boys are offering the girls something in return, gifts, etc. How do you handle this situation?

Possible responses:

- Thank the girl for sharing her opinion.
- Ask the wider group what they think could be the pros and cons related to this advice.
- Emphasize that the cons are serious and show how a girl may be at risk if she decides to follow that course of action (focus on the situation, not the girl who made this suggestion).
- Once finished, ask the girls if they are happy to go back to discussing the session content.
- Sit with the girl at the end of the session and introduce case management to her. Explain that she may benefit from talking to someone, especially in relation to ideas about relationships.
- If the girl does not want to access case management, explain that the service is always available in case she changes her mind.



Activity 4: Managing Challenging Situations (1 hour)²³

Materials: Flip chart paper, markers

Questions

- What kinds of behavior issues have arisen (or may arise) since starting the implementation of the Girl Shine Life Skills Curriculum?
- How have these been managed or how will they be managed?
- What is meant by 'emotional regulation'? (The ability to manage one's own emotions in certain situations.)
- How can emotional regulation be helpful when dealing with difficult behavior? (It can be helpful when dealing with a stressful situation, as it helps limit any extreme emotional response that might happen – like getting very angry or upset.)

Emotional Regulation

- Ask the group how they think having group agreements and setting consistent consequences can help to model emotional regulation. (By having consistent consequences, your own emotions will be minimized in the response. It will not allow for an extreme emotional response to a girl misbehaving.)
- Explain that the best way to manage bad behavior is to prevent it, which can be accomplished through the group agreements developed by the girls. When a mentor/facilitator regulates their emotions, this can also help girls in regulating theirs. When identifying behaviors that are evoking strong emotions in girls, ask them to identify the emotions they are feeling and find ways to help them express this in a healthy way.

Conflict Resolution

- Ask the group how they think staying calm and mediating when a conflict arises can help when girls are displaying difficult behavior?
- Explain that when girls are acting out or getting into conflicts, there is often something else going on with them – maybe they need special attention because they are not getting enough attention at home, or maybe they are bored. By assigning meaningful tasks, this shows them that there is an alternative to conflict. Appropriate, meaningful tasks can act as 'consequences' for the behavior they are displaying.

✱ **Trainer Note:** This activity helps with language used in the Girl Shine Life Skills groups that assists in dealing with difficult behaviors.

- Split participants into two groups.

Group 1

What are some words and phrases that can be used to deal with some challenging behaviors in a positive way?

Group 2

What are some actions to take that deal with some challenging behaviors in a positive way?

- Give participants some time to discuss this in their group. Explain that they will share specific words/phrases or concrete actions that can be taken. This will help participants be prepared if they face difficult situations.

Example answers

Language	Actions
• "How does that make you feel?" (and encourage girls to respond with "I feel...") • "What are the consequences...?" • "How can we resolve this?" • "Do you think now is the best time..." • "This behavior is not appropriate" (instead of "your behavior...")	• Make eye contact, nod, and smile, so girls know you are listening. • Provide the girls with opportunities to make choices and help them learn to evaluate the potential consequences of their choices. • Reinforce emerging desirable behaviors with frequent praise and ignore minor misdeeds. • Lower your body position, especially for younger girls; bend, kneel, or sit at their level. • Restructure the environment, and remove objects that invite misbehavior; for example, if games or toys are used as teaching aides, remove them when finished.

Activity: Let's Practice! (1 hour)

Materials: N/A

- Explain that now that the group has some ready-made phrases and actions, let's see how to respond in the situations below.
- Split participants into four groups, ask them to develop a role-play on the scenario they have been allocated. They should think about the discussion in their groups and how these ideas can be used to address the scenario they have been given (also including any other ideas they come up with).



Scenario 1: A girl in the session keeps talking to her friend as you try to give the group instructions for the activity.

Scenario 2: Two girls keep coming late to the sessions because they are chatting outside and disrupt the group as they enter. The rest of the girls don't understand why the girls are coming late when they are expected to come on time.

Scenario 3: One girl keeps interrupting the mentor/facilitator as she is talking and she doesn't allow the other girls to speak - she dominates the group.

Scenario 4: One girl keeps running in and out of the session and isn't following the group agreements.

MODULE

Communicating with Adolescent Girls- Our Role as Mentors and Facilitators

Session Objectives:

- ▶ Give participants the opportunity to gain a deeper understanding of their own facilitation style.
- ▶ Understand every participant's style and how it can be interchangeable with other styles, given a specific scenario.
- ▶ Recognize the privilege we hold and how we can overcome this by working in equal partnership with girls



Activity I: Unpacking Our Knapsack²⁴ (40 minutes)

Materials: Unpacking My Knapsack Privilege Lists: [Appendix 12](#)

Preparation

- Place the five privilege lists around the room.



*** Trainer Note:** For many participants, this activity may be the first time they have been encouraged to explore their own cisgender privilege and so, including the Cisgender Privilege List as an option may provide an important learning opportunity for them. However, trainers should carefully consider whether the context will allow for a constructive and safe discussions on cisgender privilege, for example, in locations where homosexuality is illegal.

☞ Say: Now we have learned about power, privilege, discrimination, and oppression, we are going to take a few moments to reflect on our own identity or social groups we are affiliated with. This is a personal activity. Please do not share your answers with each other or the group.

✓ Do:

- Ask participants to silently think about any privilege they have enjoyed, and discrimination they have experienced; Which aspects of their identity was it associated with?
- Once participants have reflected on this, bring them back together.

☞ Say:

- Now we are going to explore our own privilege as a group as a way to help us be better facilitators/mentors to adolescent girls.
- Around the room there are five privilege lists: Socio-Economic Privilege, Ability Privilege, Religious Affiliation Privilege, Citizenship Privilege, and Cisgender Privilege.

✓ Do:

- Invite each participant to join a small group that will explore one of these privileges. They must choose a privilege that they themselves hold. In order to get the most out of this activity, encourage participants to choose the privileged identity that makes them the most uncomfortable and/or that they have had the least opportunity to think about. Allow time for questions to ensure clarity.

- Allow participants to self-select, but check in with each group—does everyone in the group hold the privilege explored by their list?
- Distribute small-group questions to each small group and ask participants to read the lists before discussing the prompts.
- In these groups participants should discuss their answers to the following questions:
 - What is their initial reaction to this list?
 - Is there anything that is surprising, that raises questions, or that seems problematic?
 - Have they experienced any of the examples in their lives?
- Facilitate a short reflection:

Ask:

- What did it feel like to read the list?
- What is something you learned about yourself from the small group activity?
- Why is it important to be aware of privilege in general? As mentors/facilitators?
- What can we do as mentors/facilitators to be aware of our own privilege and share our power with girls?

Key Messages

Say:

- Systems of oppression create hierarchies that favor one social group at the expense of others. Whether we are conscious of it or not, it is likely that we benefit from some form of privilege as a function of these systems of oppression.
- As mentors/facilitators, it is important that we are conscious of our own privilege in relation to the girls we work with so that we fully commit to providing empathetic, non-judgmental, and supportive help. Recognizing our own privilege and holding ourselves accountable to consciously dismantling the systems of oppression that award us dominance over others is central to creating a **power with** relationship with girls.
- Thinking about privilege can bring up many unpleasant emotions such as guilt, anger, fear of making mistakes, sadness, and so on. It is important to exercise self-compassion and know that we all have privileges that we did not choose. However, because these privileges influence every aspect of life, we must also remind ourselves that unacknowledged privilege often prevents us from exercising important values such as equality, fairness, justice, and even kindness.
- When we are aware of our power and position as facilitators/mentors and when we choose to work in equal partnership with a girl, we support a girl's right to access services and foster her own power to make decisions and take action regarding her safety, health, and wellbeing.
- When we are aware of this, we can focus on building a more balanced relationship to share that power. Blaming and judging her gives us more **power over** her; where we are not the ones in charge, and we do not tell her what to do, we have more **power with** her.



Activity 2: Communication and Intersecting Oppressions (30 minutes)

Materials: flipchart listing “People First,” “Words Matter,” “Language Changes,” and “Mindset Matters”

✓ **Do:** Divide participants into four groups. In groups, they should discuss communication techniques and strategies to explain the Girl Shine Life Skills Curriculum to:

1. A girl in a wheelchair

(e.g.: Do not lean on or move someone’s wheelchair or assistive device without their permission. Discuss transportation options for activities and events. Move at their speed.)

2. A girl who is deaf

(e.g.: Find out how the girl prefers to communicate. Get the girl’s attention before speaking, by raising your hand or waving politely. Face and talk directly to the girl who is deaf, not to the interpreter. Do not cover your mouth or eat while talking. Allow the person who is deaf or hearing impaired to choose the best place to sit at a meeting to be able to see people clearly and communicate more easily.)

3. A girl who has a vision impairment

(e.g.: Always introduce yourself and any other people in the group by name. Tell the girl if you are moving or leaving their space—don’t just walk away. If the girl has arrived at a new place, tell them who is in the room or group, and offer to describe the environment. Avoid vague language, such as “that way” or “over there” when directing or describing a location.)

4. A girl with an intellectual impairment

(e.g.: Communicate in short sentences that convey one point at a time. Use real-life examples to explain and illustrate points. Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this doesn’t work, then try again using different words.)

✓ **Do:** Give participants ten minutes to discuss and then ask each group to share with the other participants their suggestions.

 Ask:

- What are their reflections on the activity? How did they find it?
- What might participants do if they need more specialized advice/information? (e.g., identify local Disability Peoples’ Organizations.)
- How can this language be adapted for other groups? Are the examples and skills identified transferable to working with other groups in the community?
- What other actions can we take to make sure our services are accessible to all girls, and that all girls feel comfortable attending Girl Shine?

Key Messages

Say:

- Girl Shine is intended for all girls. As facilitators/mentors, it is our responsibility to ensure all girls have equal access and the opportunity to participate in Girl Shine. To do this, we need to spend time understanding how intersecting forms of oppression affect the lives of girls and create barriers to their participation. Once we understand this, it is our responsibility to adapt and adjust Girl Shine sessions so that all girls have an equal chance to participate. For example, we may use different types of communication in our outreach strategy so that all girls learn about Girl Shine and can decide themselves if they want to attend, or we may provide transportation for girls who otherwise could not attend sessions.
- Some girls will require specialized support. As facilitators/mentors our role is to refer girls who need case management to a caseworker, in line with their wishes. Some girls may also want specialized services that our organization cannot provide and/or that are provided by an organization with complementary specialization. For example, a local Civil Society Organization (CSO) that works with the Sex, Sexual Orientation and Gender Identity (SSOGI) community or a disability rights organization. It can be helpful to know who these organizations are in your context to allow for referrals and information sharing.
- As facilitators/mentors, it is our responsibility to ensure our services are accessible to all girls equally, and that we can link girls with specialized services if or when they request them.
- It is important to use respectful, inclusive communication. Facilitators should:
 1. Adapt engagement and communication strategies to suit the girls' communication needs. Explore creative approaches to communication that support the girls' capacity for expression and decision-making.
 2. Use person-first terminology (e.g., "women and girls with disabilities," not "disabled woman"; and "girl who is blind" or "girl with a vision impairment" rather than "blind girl").
 3. Use "persons without disabilities," rather than "normal" or "regular" persons.
 4. Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual, and psychosocial impairments.
 5. Use pronouns of their choice to refer to them (she, he, they). If unsure, ask them their preference. It's okay to ask women and girls how they want to identify.
 6. Use supportive, respectful, and inclusive communication with diverse adolescent girls.
 7. Represent community diversity through pictures of women and girls from different ethnic groups, those with disabilities, those with different gender identities and expressions, and those who represent a range of ages.
 8. Do not use terms with negative connotations, such as "suffer," "suffering," "victim," or "handicapped." Say "wheelchair user" rather than "wheelchair bound" or "confined to a wheelchair."
 9. Ask girls their preferred names and terminology. Ask the organizations who work with specific communities what their preferred terminology is, so as to avoid using harmful and discriminatory words.
 10. Do not make assumptions (e.g., heterosexism).
- Other key actions that can help ensure our services are accessible for all girls:
 - Include budget line to cover building materials (e.g., ramps, transportation).
 - Include budget line to cover materials, supplies, and resources to make services accessible (e.g., interpreter, diverse outreach materials, additional session materials).
 - Connect with organizations with complementary specializations, including those working with people with a disability and people with diverse SOGI. Incorporate them into referral pathways and share information about them with girls so that the girls can make an informed decision regarding their preferred service providers.
 - Request training and guidance from these organizations to help ensure your services are inclusive and tailored to need.



Activity 3: Our Power as Facilitators/Mentors²⁵ (40 minutes)

Materials:

- ☐ floor cushions
- ☐ My Identity Reflection handouts
- ☐ Learning Book and/or paper
- ☐ pencils/crayons
- ☐ “Characteristics,” “Environmental Factors,” and “Roles” written on flipchart paper placed in front of participants

✓ **Do:** Invite participants to sit or lie on the floor on cushions in a circle. Invite participants to get comfortable.

☞ **Say:** We will now practice putting ourselves in adolescent girls’ shoes. This a reflective exercise. I will read a short story about a girl. You should try to imagine that you are the girl in the story and take note of any feelings or thoughts that arise. You may choose to close your eyes if you feel comfortable with this.

✓ **Do:** Lead participants in a short breathing exercise to establish the space (four breaths in/out to four counts each) then read Sara’s story aloud.

Sara’s Story

Sara is a 16-year-old girl. She has one child. Sara is also a widow. Her husband died, but she still lives with her in-laws.

She has had some health trouble since having a child but does not feel comfortable discussing this with her mother-in-law. She heard that there is a safe space for women and girls, and they provide health information there. She has never been there before and is worried how she will be treated, because widows, especially young ones like her, are often treated poorly in the community. She is unsure if they will let her in, as she has her small child with her and she doesn’t think they have childcare.

When she arrives, she doesn’t see any other girls her age. A woman tells her to come in but explains that next time she should try to leave her baby with someone else, as it is distracting. She is a much older woman, and she speaks to Sara in the language which is spoken by the biggest ethnic community in their region. Sara speaks a different language which is spoken by a smaller community. She can understand what the woman says, but she is not very confident speaking in that language, especially about things related to health.

- Ask participants to privately reflect on the story and consider:
 - How did Sara feel about going to the safe space?
 - How did she feel once she got to the space?
 - How did she feel about the woman? How did Sara view her?
- Give participants a few moments to think through these questions. Then invite participants to return to the group.

Ask:

- What is the power dynamic between Sara and the woman? Who has more power in this situation?
- What might be the consequences of this power dynamic for Sara?

Explain:

- As service providers, we have to be aware of the power dynamics between us and adolescent girls we support and understand how our status in society and therefore **power over** girls can negatively impact their access to quality, tailored services.
- When we are aware of our power and position as mentors/facilitators and choose to work in equal partnership with all girls, we adapt our services and activities based on girls' needs, we support a girl's right to access services, and foster her own power to make decisions and take action regarding her safety, health, and wellbeing.
- When we are aware of this, we can focus on building a more balanced relationship to share that power. Not accounting for her unique risks or needs or blaming and judging her gives us more power over her; where we are not the ones in charge, and we do not tell her what to do, we have more power with her.

 **Do:** Tell participants we will now reflect on our own identity, group memberships, and power so we can work towards this.

Explain:

- As we saw in the first activity, different aspects of our identity affiliate us with different groups in society, some that are awarded power (dominant), some that are awarded less power (subordinate). We can and do have multiple group memberships at one time that interact to influence our power and status.
- These useful concepts²⁶ help us explore aspects of identity and their relationship with our power and status in a community.
 - **Characteristics** means socio-cultural and biological characteristics such as sex, age, socio-economic class, sexual orientation, gender identity, ethnicity, religion, and disability/impairment. A characteristic does not mean a personality trait like "being kind."
 - **Environmental factors** means a sense of identity that transcends the individual and encompasses one's position as part of a living ecosystem. There seems to be a tendency for us to incorporate our environment into our sense of self (e.g., the connection to the country we were born in or the accent we pick up, or the influence on the way we act).
 - **Roles** means who we are in relation to others and based on our daily activities, such as parent, partner, sibling, child, artist, athlete, student, community leader, and professional, activist.
- For each of us, there may be parts of our identity that are quite public and other parts we feel unsafe sharing openly with others because we fear stigma, rejection, or judgment. For this reason, the next part of this activity is private and can be done on paper/in notebooks.

Do:

- Invite participants to return to their seats. At their seats and alone, ask participants to use their learning journals to write down all the characteristics and roles that define them. Encourage participants to notice how reflecting on different parts of their identity makes them feel. Give participants five minutes to do this.
- Distribute My Identity Reflection.
- Give participants five minutes to complete their reflections. Remind participants that this is a private, personal activity. They should remember to put their handout away safely in their bag after they are done.
- Facilitate reflection discussion around the key questions.
- Summarize key messages.

26 Ibid.

Ask:

- Which aspects of your identity are related to being a facilitator/mentor?
- What privileges do we have that adolescent girls we work with may not? (e.g., education, socio-economic status and income earning, citizenship status, skills, knowledge, community leadership roles, etc.)
- How might this impact the dynamic between adolescent girls and us?
- As facilitators/mentors, what kind of things can we do to build more balanced relationships with adolescent girls?

Key Messages

Say:

- We all have complex, unique identities composed of multifaceted aspects, characteristics, roles, and power dynamics. However, common to all participants is the role of facilitator/mentor.
- As facilitators/mentors, we have to be aware that our privileges give us power over adolescent girls. For example, this may be due to our position, professional and (often) legal status, resources, knowledge, experience, and age. It is critical that we reflect on and are aware of this power and position, the influence this has on how we engage with girls that need our help, and how adolescent girls, in turn, view us.
- When we are aware of our power and position as facilitators/mentors and choose to work in equal partnership with the girl, we support the girl's right to access services and foster her own power to make decisions and her power to take action regarding her safety, health, and wellbeing. When we are aware of this, we can focus on building a more balanced relationship to share that power. Blaming and judging a girl gives us more **power over** her; where we are not the ones in charge, and we do not tell her what to do, we have more **power with** her.



Activity 4: Our Responsibility as Facilitators/Mentors (20 minutes)

Materials:

- ☐ flipchart paper
- ☐ markers
- ☐ Information Sheet

Do:

- Introduce the definition of **Diverse Women and Girls** from the Information Sheet.
- Give participants a few minutes to read through it themselves. Ask if there are questions on the definition.
- Highlight that it touches on ideas and concepts already discussed in previous activities: identity, power, subordinate/dominant group membership, intersecting oppressions, power with.

Ask:

- What rights do adolescent girls have? (e.g., health, education, equality, non-discrimination, and to live free from violence exploitation including early marriage.)

 **Do:** Write answers on flipchart paper at the front of the training room.

 **Ask:** Do these rights apply to all adolescent girls equally? (Answer: Yes.)

✓ **Do:** Summarize **Adolescent Girls' Rights** from the Information Sheet.

🗨️ **Explain:**

- These rights draw from the Convention on the Rights of the Child, and the Universal Declaration of Human Rights.
- As facilitators/mentors, and as humanitarian service providers and GBV actors we are committed to the principles of impartiality or non-discrimination and do no harm. This includes ensuring our services support the needs of girls who face multiple, intersecting forms of oppression.
- This does not require specialized skills. It requires us to understand how intersecting systems of oppression affect the lives of girls and to make efforts to address barriers and adapt our services/activities—something we have already begun to think about in this module.

🗨️ **Ask:** What kind of things can facilitators/mentors do to help ensure Girl Shine serve all girls equally?

✓ **Do:**

- Summarize **Tips for Quality, Tailored and Accessible Support** from the Information Sheet.
- Summarize key messages.

Key Messages

🗨️ **Say:**

- All adolescent girls are entitled to equal rights under the Convention on the Rights of the Child, and the Universal Declaration of Human Rights.
- As humanitarian service providers and GBV actors, we have a professional obligation to ensure our services help realize these rights for all girls equally and are responsive to the diversity of needs of all adolescent girls.
- This does not require specialized skills. It requires us to commit time to understanding how intersecting axes of oppression affect the lives of all girls and make efforts to address barriers to respond to the full diversity of girls' needs

Information Sheet

- 1. Diverse Women and Girls:** This phrase aims to be inclusive of all women and girls present in a humanitarian context. Each woman or adolescent girl will have a unique identity formed by her own choices, life experiences, characteristics, and also by external intersecting inequalities which place some women and girls into dominant or subordinate groups to each other. GBV programming aims to proactively include diverse women and girls within services and activities and build “power with” each other across social divides that marginalize and separate women and girls from each other.
- 2. Rights of Adolescent Girls:**
 - Right to a good quality education
 - Right to give their opinion, and to be listened to and taken seriously.
 - Right to privacy
 - Right to health, including sexual and reproductive health and rights information and services
 - Right to equality
 - Right to non-discrimination
 - Right to live free from violence and exploitation (including child marriage).
 - Right not to be punished in a cruel or harmful way
 - Right to be protected from being hurt and mistreated, in body or mind. This includes right to protection from work that harms them, including because it is bad for their health and education.
 - If they do work, they have the right to be safe and paid fairly.
 - Right to play and rest.
 - Right to know about their rights
- 3. Tips for Quality, Tailored and Accessible Support:**
 - Does not require specialized skills. It requires us to understand how intersecting systems of oppression affect the lives of girls and make efforts to address barriers.
 - As humanitarian service providers and GBV actors, we are committed to the principles of impartiality or non-discrimination, and do no harm.
 - We will already be working with ‘diverse girls’.
 - Ensure services do not further marginalize or place at further risk girls who experience multiple systems of oppression.
 - Avoid assuming a girl’s needs, interests and experiences based aspects of her identity.
 - Provide information on other specialized services for girls so they may make an informed choice on their preferred service provider.
 - Work with local activists and organizations with complementary specializations (e.g. disability rights, diverse SOGI rights).
 - Regularly consult with a range of adolescent girls with different lived experiences and ages to ensure services and space are accessible, safe, comfortable and supportive.
 - Consult your supervisor if you have concerns or challenges working with girls who face multiple intersecting forms of oppression.

MODULE

Adolescent Girl Development: Strategies

Session Objectives:

- ▶ Participants will learn how to improve engagement with girls throughout the different stages of adolescence.
- ▶ Participants will learn techniques that will help them to adapt their sessions to girls according to their stage of adolescence.



Activity I: Understanding Girls' Development Experience (30 minutes)

Materials: N/A

Questions

We previously learned about the importance of understanding girls' experiences and development stage when deciding on which topics to choose for girls. But let's think about the techniques used and how these might be different for girls at different adolescent stages.

- What are some of the differences one might face when facilitating activities with older or younger girls?
- What are some of the things that should be done to change facilitation styles with older or younger girls?

Key Messages

- When engaging with adolescents, make sure that the information provided means something to them and that they are able to relate to it based on their experiences.
- When using examples that girls can relate to or have experience with, it is easier for their brain to process the information and helps improve learning. Speaking about things girls can't relate to or talking about things in a very general way without grounding it in the day-to-day reality of girls can make it very hard for them to understand. For example, introducing the idea of consent, without providing girls examples of what you mean by this, can mean that girls will not fully understand the concept.
- Mentors/facilitators might find that during the implementation of Girl Shine, there is the need to include more activities that facilitate concrete experiences for younger adolescents. While these tips and techniques are used throughout the Girl Shine Life Skills Curriculum, mentors/facilitators can further adapt them if they feel adolescent girls need more activities that draw out concrete experiences.



Activity 2: Choosing the Right Technique (1 hour)

Materials: Flip chart paper, markers

- Split participants into eight groups (pairs, or in threes), giving each group one of the following techniques:



- Ask each small group to think about the following points in relation to their techniques. They will then present their thoughts back to the larger group.
 - » Why is the group's assigned technique important to use with adolescent girls?
 - » Through role-play, show how this technique can be used (provide the group that has been assigned with the video technique one they can use).²⁷
 - » After each group presents, ask the larger group whether the technique was clear.
 - » Ask them to think about in which situations each technique could be particularly useful (for example, using storytelling for issues like decision-making/problem-solving, role-plays to practice techniques for communication, images for topics hard to explain such as ASRH, etc.)

Key Messages

Storytelling facilitates emotional connections to be made with the content. This usually results in adolescents paying more attention and being more engaged in the topic area. Stories should be age- and context-appropriate.

Pausing after asking a question will allow adolescents time to process and connect with the information.

Working in pairs/groups will encourage discussion among adolescents and help them feel comfortable responding and reporting back to the wider group. Responses can also be richer as a result.

Role-plays can allow adolescents to put into practice the information they have learned. It is an opportunity to practice skills and techniques in a safe environment.

Clarifying questions can help the mentor/facilitator check that the information is clear for adolescents. This can be accomplished by simply asking the group what questions they have, asking the group to work in pairs to answer a specific question related to the information provided, or by introducing games that will help the mentor/facilitator gauge the level of understanding in the group.

Use images, pictures, animations when possible. This is especially helpful when explaining difficult information (for example, ASRH). Make sure that the visuals used are preferably animations, relevant to the context, and do not show images that could evoke sad/traumatic feelings in the girls. Make sure all images have been approved by a supervisor before using them.

Videos are a great and engaging way to provide information. They can be used as an entry point for explaining sensitive information, allowing the topic to be discussed in further detail. Make sure all videos are relevant to the context and that they have been approved by a supervisor before using them.

Imagination exercises, where girls are asked to close their eyes and imagine a scene and act out what they are imagining. For example, imagining they are playing in the sea. This can help adolescents to connect to the information on a personal level, giving them space to visualize what the information means to them.

27 This IRC/UNFPA video could be used if relevant to the context: <https://www.youtube.com/watch?v=ZKRDOZIX0Hk>



Activity 3: Differences Between Older and Younger Adolescent Girls - Brainstorm (1 hour)

Materials: Flip chart paper, markers

- Split participants into two groups. One group will be looking at the younger adolescent girl age category (10-14) and the other group, the older category (15-19).
- Within their groups, they will think about what the session structure will look like for their age category.

Questions

- How long should each session be?
- How much of the session should be information and how much should be games?
- How should information be presented to the group?
- What type of activities can be done with the group?

Key Messages

- Mentors/facilitators should feel comfortable changing the session structure and adapting the activities to meet the needs of the girls they work with.

Age	Session Structure
10-14 years	• Session timeframes should be no longer than one hour (or one hour and a half with breaks). • Allow plenty of time for games and breaks to ensure that girls do not become restless or bored. • Information should be presented through games and interactive activities as described above. • Do not include activities that involve long-term goal setting and planning. • Do not try to cover too many activities or topics within one session. • Session plans should be short with time built in for answering questions, clarifying instructions, allowing for repeated practice of new skills. • Recap at the end of the session to see if main points were understood and remembered.
15-19 years	• Session timeframes can increase to one hour and a half to two hours with the inclusion of breaks. • Breaks can be shorter and less frequent than with the younger group. • Longer, more complex activities can be included. • Less time needed for concepts and skills to be understood. • Learning skills should be matured, but consideration should be given for delays related to interruption in schooling. • Activities can include reflective writing, journaling, or personal art books, depending upon literacy and interest levels. • Increased ability and interest to engage in discussion-based activities. • Choice of methodologies can be customized to the talents and requests of the girls. • Girls are more inhibited around possibly looking silly or doing something that makes them stand out. • Inclusion of games and activities suggested by girls. • Recap at the end to understand what the most important points were that girls took away from the session.

MODULE

Adolescent Girls, Sexuality, and Sexual Rights²⁸

Objectives: By the end of the session, participants will:

- Gain a deeper understanding of sexuality and sexual rights as it relates to adolescent girls.

Materials:

- ☐ flipchart paper
- ☐ markers
- ☐ flipchart paper with “Circles of Sexuality” placed on the training wall (initially, cover this with blank flipchart paper)

 Do:

- Ask participants if they have ever heard the word “sexuality.” For those who acknowledge that they have, ask them what they think it means.
- Tell participants that we will spend some time exploring the idea and how it relates to adolescent girls and early marriage.
- Say that to do this, we will first make a list of words associated with sexuality.
- Ask participants to write words they associate with sexuality on sticky notes and place them on flipchart paper. The paper should be placed on the training wall next to the Circles of Sexuality flipchart paper, which should still be covered at this stage.

Examples of Words Associated With Sexuality

Kissing	Sexual harassment	Need to be touched	Caressing
Giving a massage	Loving	Pornography	Impotence
Caring	Abortion	Semen	Bisexual
Infertility	Masturbation	Self-esteem	Anal sex
HIV	Passion	Orgasm	Communication
Touching	STI	Ejaculation	Emotional vulnerability
Fantasy	Ovaries	Sexual attraction	Flirtation
Sharing	Female genital cutting (FGM)	Withdrawal method	Incest
Child spacing	Contraception	Getting pregnant	Unwanted pregnancy
Rape		Lesbian, gay	

Once you have enough words, facilitate a 5-minute discussion with participants using the following questions:

 Ask:

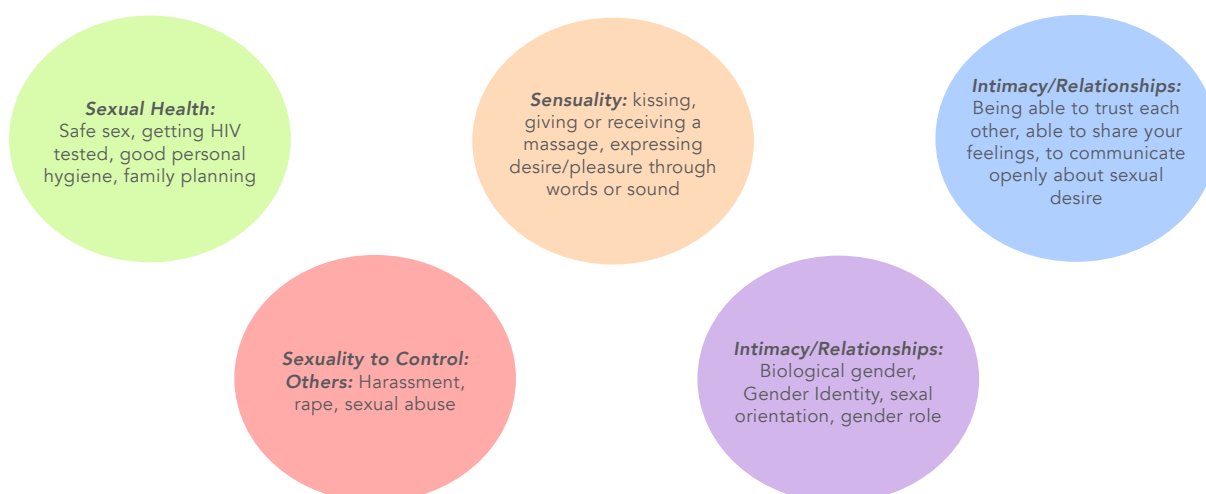
- What do you think of the list?
- Are there any words missing?

 **Do:** Refer participants to the prepared flipchart illustrating the five circles of sexuality.

²⁸ Adapted from AgirPF Project. 2015. Training manual on adolescent and youth sexual and reproductive health and adolescent and youth-friendly services. Togo: 2015 EngenderHealth/AgirPF Project.

Explain: Words related to human sexuality can fit in one or more of these circles. Use the definitions/explanations below to explain each circle.

- **Sensuality:** Sensuality is about how our bodies derive pleasure. It involves our five senses: touch, sight, hearing, smell, and taste. Any or all of these senses can be part of our sexual pleasure. Examples of sensuality: giving or receiving a massage; deriving pleasure from seeing your partner's naked body; kissing; or expressing sexual desire/pleasure with words or sounds.
- **Intimacy/Relationships:** Intimacy is the part of sexuality that deals with relationships. It has to do with our ability to love, trust, and care for others. How we communicate with and feel about our partner is part of intimacy. Examples of intimacy include being able to openly communicate your sexual desires to your partner; being able to share your feelings together; and being able to trust one another.
- **Sexual Health:** Sexual health involves our behaviors and attitudes related to having children, having and enjoying sex, and maintaining the physical health of our sexual and reproductive organs. Examples include practicing safe sex to avoid contracting HIV and other STIs; seeking medical attention when you suspect that you have a genital infection; getting tested regularly for HIV; maintaining good personal hygiene; being able to plan your family size with your partner; and being able to experience sexual pleasure with your partner.
- **Sexual Identity:** This is how we perceive ourselves as a sexual being. Its components are biological sex, gender identity, sexual orientation, and gender roles.
- **Sexuality to Control Others:** Unfortunately, many people use sexuality to abuse someone else or to get something from another person. Using sexuality to control others means using sex or sexuality to influence, manipulate, or control other people (for example, seduction, flirtation, harassment, sexual abuse, or rape). These sexual behaviors harm physical, moral, and/or psychological integrity. It is removed from the other circles because it is a negative aspect of sexuality. It includes, for instance, sexual violence.



Do:

- Once the definitions of the circles have been explained, review each sticky note and ask participants which circle they think it belongs in. Note that a word can be associated with multiple circles.
- Arrange sticky notes according to categorization. Where a word is applicable to two or more circles, the facilitator should make multiple sticky notes with the same word.
- Invite participants to suggest new words if they think of any others and add them to the circle on sticky notes.
- Review each circle list as a group.
- Facilitate a discussion by asking participants if there are any words missing for each circle.
- Divide participants into five/four groups. Allocate one circle to each group/Allocate sexuality, sexual health, intimacy/relationships, sexuality to control others to groups.
- In groups, participants should discuss the following questions:
 - o How do the sexuality circles apply to adolescent girls?
 - o What challenges do adolescent girls face in having positive experiences as part of their sexuality circles? Note that this question will be different for sexuality to control. Instead ask this group: What risks do girls face relevant to this circle?
 - o How does early marriage impact a girl's experience of their sexuality circles?

- Give participants fifteen minutes to discuss. Invite each group to summarize their group's discussion and facilitate a group reflection on each.
- Read Sexual and Reproductive Health Rights Definitions to the group.

Sexual and Reproductive Health Rights Definitions

Sexual health is "...a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.²⁹"

The working definition of sexuality is that it is "a central aspect of being human throughout life [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.³⁰"

Working definition of sexual rights: There is a growing consensus that sexual health cannot be achieved and maintained without respect for, and protection of, certain human rights. The working definition of sexual rights given below is a contribution to the continuing dialogue on human rights related to sexual health.

"The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.

Rights critical to the realization of sexual health include:

- the rights to equality and non-discrimination (UDHR)
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment (UDHR and CRC)
- the right to privacy (UDHR and CRC)
- the rights to the highest attainable standard of health (including sexual health) and social security (UDHR and CRC)
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage (UDHR)
- the right to decide the number and spacing of one's children (UDHR)
- the rights to information, as well as education (UDHR)
- the rights to freedom of opinion and expression (UDHR)
- the right to an effective remedy for violations of fundamental rights (UDHR)

The application of existing human rights to sexuality and sexual health constitutes sexual rights. Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.³¹"

29 (WHO, 2006a)

30 Ibid

31 WHO, 2006a, updated 2010

Key Messages

Say:

- During adolescence our sense of our own sexuality grows and develops. During this time, girls may start to explore different parts of their sexuality. Sexuality is a complex and central aspect of our lives that encompasses different aspects that affect many different areas of our life: health, personal identity, relationships, intimacy, pleasure, enjoyment, reproduction, beliefs, attitudes, values, and behaviors.
- Positive experiences of our own sexuality are closely linked with positive sexual and reproductive health outcomes. There is a growing consensus that a range of rights constitute sexual rights, in that they must be respected in order for good sexual health and positive sexuality to be enjoyed. This includes but is not limited to the right to bodily integrity, the right to live free from violence, the right to access healthcare and decide the number and spacing of one's children, and the right to marry with free and full consent, which excludes the marriage of children.
- Early marriage violates adolescent girls' rights and in doing so, contributes to poor sexual and reproductive health outcomes. Early marriage denies adolescent girls the opportunity to exercise and express their own sexuality and is often justified on the basis of the need to control girl's and female sexuality. Facilitators/mentors should recognize and foster girls' right to sexuality, not only the right to be free from harm and violence but their agency to make positive decisions and have safe and positive experiences regarding their sexuality.

MODULE

GBV (in-depth)

Session Objectives:

- ▶ Participants will have the opportunity to dive deeper into issues related to the GBV topics in the Girl Shine Life Skills Curriculum.
- ▶ Participants will reflect on their attitudes towards adolescent girls.
Participants will feel better prepared to address issues of GBV.



Activity I: I Am Comfortable (1 hour)

Materials: Flip chart paper, markers

- Ask participants to make a circle. Explain that you will ask a question and they must answer with one word that first comes to their mind.

Question

- How do you feel when you think about talking to adolescent girls about violence?
- When everyone has answered, ask participants if they are willing to share in more detail why they feel that way (for example, they are nervous because they don't know all the information themselves, or they feel happy as they feel comfortable with the information etc.).
- Write down the topics from the Safety Sessions in Girl Shine Life Skills Curriculum on a flip chart paper. Ask participants to score these topics according to comfort level (1=comfortable, 2=somewhat comfortable, 3=uncomfortable).

- What Makes a Girl?
- Comfortable and Uncomfortable Touch (younger adol.)
- Healthy Relationships
- When Girls Are Hurt
- Who Is to Blame?
- How Can Girls Respond to Violence?

- Setting Boundaries
- Early Marriage (specific groups)
- Female Genital Mutilation (specific groups)
- * My Safety Map to be repeated in this module

- Identify the sessions participants feel least comfortable with. Select three to four sessions and split participants into groups (they can choose which group they want to be in based on the session). Ask them to think about the following:
 - » What is it about that particular session that makes people feel uncomfortable?
 - » What personal steps can participants take to feel more comfortable in that particular session?
 - » What support can participants get from others that will help them feel more comfortable?
 - » What information/skills would be useful to have to help participants feel more comfortable?
- Ask participants to share their discussions back to the group (this exercise should help participants to develop strategies for dealing with some of the issues they may face in relation to comfort levels). Trainers should follow up on the points raised that participants will need support on (questions 3 and 4).

Activity 2: Girls - Who Decides What's Best? (1 hour)

Materials: N/A

Opening Scenario

- Ask participants to walk around the room; tell them to focus on the story that will be told to them. Tell them to take their time to think about what they would do in this situation.
 - » A girl comes to you and tells you that she wants to get married to a boy she met a few weeks ago. She is 14 years old and in school. She tells you that the boy wants her to leave school and marry him. She is in love and thinks this is a great idea! She comes to you for help with how to tell her female/male caregivers.
- Tell participants to keep walking, or stand still, whatever they feel comfortable with. Ask them to take a few minutes to think about how they would respond in this situation.
- When they are ready, ask participants to share their thoughts with the group (give some time for the discussion as participants may have varied responses).
- Once they have finished, explain the messages below.

Key Messages

- Do not tell a girl what she should and shouldn't do.
- Explain the pros and cons of each situation and provide the girl with the facts (for example, the information included in the Early Marriage session of the Girl Shine Life Skills Curriculum).
- Don't be judgmental. Make the girl feel comfortable enough to talk openly about her thoughts on this issue and the reasons why she has come to this decision.
- Recommend that she speaks to a caseworker who will be able to provide her with more support and guidance.
- Do not intervene with female/male caregivers, but do not support the idea of the marriage.
- Now that participants have this information, split them into pairs. Ask each participant to take turns being the girl and the mentor/facilitator. They should practice the points discussed.
- As the trainer, go around the room and listen to some of the pairs.
- Ask some pairs to volunteer to show what they practiced to the wider group.
- Highlight which techniques are better suited to this situation.



Activity 3: Blame and Judgment (1.5 hours)

Materials: Pens, paper, flip chart, markers

Explain to participants that the next few scenarios will be presented and they will be asked to explore their beliefs and opinions about what is happening in each scenario.

Scenarios

Split participants into three groups and give them each a scenario. Ask them what they think about the girl in the situation and how they think the person in the scenario should respond to the girl. Once finished, the participants should share their thoughts with the group. The trainer should ask each group the questions below.



Scenario 1: A girl comes to speak to her mentor/facilitator about something that happened to her over the weekend. She says that she went to a party with a friend of hers, where she met a boy. They were drinking and she was a little bit drunk. She said the boy raped her. The girl does not seem visibly distressed or upset by the situation. In fact, before she came in to talk to the mentor/facilitator, she was outside laughing with her friends.

Questions

- Is the girl telling the truth?
- Is she to blame for the rape?
- What about the fact she was drinking?



Scenario 2: A girl comes to speak to her mentor about her older brother. She is very upset about the way her brother treats her. He is not physically violent towards her, but he teases her, takes the pocket money that her parents give her, and threatens to tell lies to her parents about her if she doesn't do as he says.

Questions

- Are her concerns serious even if her brother isn't being physically violent?
- Is it normal for an older brother to treat his sister in this way?



Scenario 3: A girl comes to speak to her mentor/facilitator about something that happened with her boyfriend. They recently started dating and she likes him a lot, but he has been putting pressure on her to have sex with him. She does not want to, but he makes her feel guilty, saying that if she liked him, she would do what he wanted. One day they were at his house and he tried to have sex with her again. She refused and he got annoyed and asked her to leave. He said to her, "Why did you come here if you were not going to have sex with me?" She wants to know from her mentor if she did something wrong.

Questions

- How do mentors/facilitators feel about the girl going to his house?
- Does the girl deserve to be treated in that way?

Key Messages

In all situations, mentors/facilitators are expected to treat girls with respect, kindness, without judgment and reassure girls that what she is experiencing is not her fault (regardless of how she is behaving, whether or not the girl thinks it is her fault, and regardless of the circumstances surrounding the violence). All situations are important and should be treated equally. A mentor/facilitator should take the girl's concerns seriously and listen to her. They should make the necessary referrals if girls consent to this. A mentor/facilitator's role is not to make judgments about girls, but to ensure that girls receive the support they need.



*** Trainer Note:** It is important to take note of attitudes and perceptions of participants that need to be followed up on. If participants are demonstrating behaviors and attitudes that are not in line with the Girl Shine Principles, they should be flagged for further follow-up by their supervisors.



Activity 4: Dealing with Violence from Family Members and Intimate Partners (30 minutes)

Materials: N/A

Stand Up, Sit Down

- Explain to participants a series of sentences will be read. If they disagree with the sentence, they should stand up, if they agree, they should remain seated.
 - » It is ok for a husband to hit his wife if she burns his food.
 - » It is ok for a caregiver to beat their child if the child argues back.
 - » It is ok for a teacher to beat a child if the child misbehaves in class.
 - » It is ok for a husband to hit his wife if she goes out and doesn't tell him.
 - » It is ok for a stranger to beat a child if they see the child is misbehaving.
 - » It is ok for a neighbor to beat a girl if she is being noisy and disruptive.
 - » It is ok for a husband to hit his wife if she argues with him.

Questions

- In which situations was it more acceptable for someone to beat a child or partner?
- In which situations was it not acceptable for someone to beat a child or partner?
- Are there alternatives that can be used to resolve situations instead of violence?

Key Messages

Any type of violence, whether perpetrated by a stranger, family member, or intimate partner should never be justified by the mentor/facilitator. If a girl comes to explain that she has experienced violence, never justify the use of violence or say that it is her fault, or that violence is permissible in some situations.

Activity 5: Yes/No Line (1 hour)

Materials: Masking tape

- Using masking tape, make a long line on the floor from one side of the room to the other. One end of the line represents 'no,' the other end of the line represents 'yes.' Explain to participants that a story is going to be read, followed by a series of questions. They should go and stand on the end of the line that reflects their answer (and in the middle if they are not sure). Ask a few so they explain their reasoning after each question.
- A girl comes to speak to her mentor/facilitator about her caregiver(s). Her caregiver(s) beat her regularly. The beatings get worse when she doesn't do the household chores, when she argues back, and when she comes home late from school. She thinks the beatings are her fault, because that's what her caregiver(s) tell(s) her, and she knows many girls who get beaten. But now her caregiver(s) is/are threatening to remove her from school, which is why she is going to her mentor/facilitator for advice.

Questions

- Is it normal for her caregiver(s) to beat her? (no)
- Does she deserve to be beaten when she 'behaves badly'? (no)
- When giving her advice, should the focus only be on the threat to remove her from school? (no)
- When giving her advice, should one talk about the beatings? (yes – explain that it is not her fault)
- Should she be referred to a caseworker? (if she wants to be referred)

Group Discussion

- What thoughts, feelings, and opinions are there from the group about the example in the story?
- What would each participant say to the girl in the story?

Key Messages

Girls may blame themselves when it comes to violence perpetrated by family members or intimate partners. They may also not see this is a form of violence because the violence is coming from people they trust. It is important to remember that:

- It is never the girl's fault. The person who is violent towards the girl has a choice and decided to be violent. This is important to remember, because the person who is being violent will often tell the girl that the reason the violence is happening is because of something she did. But it is only the person who is violent that can control their behavior, not the girl.
- Girls may have many different feelings when they are being treated in a violent way by their female/male caregiver or intimate partner. The different feelings, including love, are confusing and hard to understand. They might feel opposite feelings at the same time. It is ok for them to have a lot of different feelings about it, especially if the violence is perpetrated by someone they trust. These feelings can be really difficult.
- It is not the role of the mentor/facilitator to tell girls how they should feel. It is the role of a mentor/facilitator to reassure them that it is not their fault, not make judgments, and to make sure girls are referred to the caseworker if they wish to be.



Activity 6: Dealing with FGM (2 hours)

Materials:

- ☐ Flip chart paper
- ☐ Markers
- ☐ A4 paper
- ☐ Pens

✳ **Trainer Note:** This session should only be conducted where FGM has been identified as an issue.

It is important to understand what the law is in relation to FGM. Where it is illegal, it may be easier to discuss this topic, as awareness may have already been raised nationally and even locally, so participants may already be sensitized. However, where the practice is still legal, it may be more difficult to discuss this openly.

- Check in with national staff on the sensitivity of the topic and review this session prior to implementing with the participants.
- Participants may fully support FGM and may have undergone the procedure themselves. It is important that they feel it is a safe space to freely express what they think about this, even if they are in opposition to the information provided. The idea here is to come to an agreement whereby participants are willing to provide information to girls in a way that does not cause harm, and that they are providing accurate information based on facts. It is important to use the local terms for FGM that participants feel comfortable with.
- Be sure to start the session by explaining to participants that the discussion will be around something that is quite sensitive. Remind them of the group agreements and ask them if they would like to include any additional agreements for this session (for example, not share their own personal experience, etc.).

Question

- Has anyone ever heard of the term FGM (or insert local equivalent)?
- What does the group know about it?

✳ **Trainer Note:** At this point, it would be good to ask participants how they would like to refer to this throughout the session. They may not be comfortable with the term FGM and may prefer one of the locally used terms instead.

- Explain to the group that female genital mutilation or cutting involves the removal of the external female genitalia (some or all of it), or other injury to the female genital organs for non-medical reasons. There are four main types of FGM, which involve full or partial removal of the clitoris or labia minora/majora, pricking, stitching or other invasive procedures. (You can show them a diagram to make it clearer.)
- Is FGM something that is practiced in this community? Who usually carries out FGM (no need to identify specific individuals, but more more generally: traditional cutters, nurses, etc.)?
- What are some of the reasons for practicing FGM? (Cultural reasons, traditions, etc. Some may argue that it is a religious requirement.)

Part of the following is adapted from Human Rights Watch:³²

- Many people from communities that practice FGM say that it is rooted in local culture and that the tradition has been passed from one generation to another. Culture and the preservation of cultural identity are key motivations for continuing the practice.
- Other common reasons are closely related to fixed gender roles and perceptions of women and girls as gatekeepers of their family's honor, which in many cases is closely linked to strict expectations regarding women's sexual 'purity' and lack of desire. Some societies think that the girls' sexual desires must be controlled early to preserve their virginity and prevent immorality. In other communities, FGM is seen as necessary to ensure marital fidelity and to prevent deviant sexual behavior.
- Some of those who support FGM also justify it on grounds of hygiene and aesthetics, with notions that female genitalia are dirty and that a girl who has not undergone the procedure is unclean. Where such beliefs exist, a girl's chances of getting married are materially reduced if she has not undergone the procedure.
- FGM is not linked to any particular religion. It is practiced by certain groups within different religions, including Muslim, Christian, and Jewish faiths. It is not particular to any religious faith, but some people linked to those religions believe the practice is compulsory for followers of the religion. Because of this flawed link to various religions, and specifically to Islam, religious leaders have an important role to play in dissociating FGM from religion.
- For example, while FGM is practiced in Egypt, which is predominantly Muslim, it is not practiced in many other countries with predominantly Muslim populations, such as Saudi Arabia and Pakistan.

- In pairs, ask participants to think about and discuss the information shared. (For example, do participants agree/disagree with some or all parts of the information shared, was there anything that was a surprise?) Ask some pairs to volunteer to share their thoughts with the group. If they are not comfortable, they can write down their thoughts on paper for the trainer to read out.

Key Messages

- FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security, and physical integrity; the right to be free from torture and cruel, inhuman, or degrading treatment; and the right to life when the procedure results in death.
- FGM has no health benefits, only harm. FGM can have detrimental, lifelong health consequences, including chronic infections; hemorrhage; severe pain during urination, menstruation, sexual intercourse and childbirth; psychological trauma; infertility; and in some cases even death. It is estimated that more than 125 million girls and women globally have undergone FGM, and 30 million are at risk over the next decade.
- In Girl Shine, mentors/facilitators are expected to raise awareness of FGM in contexts where this practice is common. It is important that participants commit to giving this information to girls in an unbiased, factual way.

32 Human Rights Watch (2010), *Q&A on Female Genital Mutilation* <https://www.hrw.org/news/2010/06/16/qa-female-genital-mutilation>

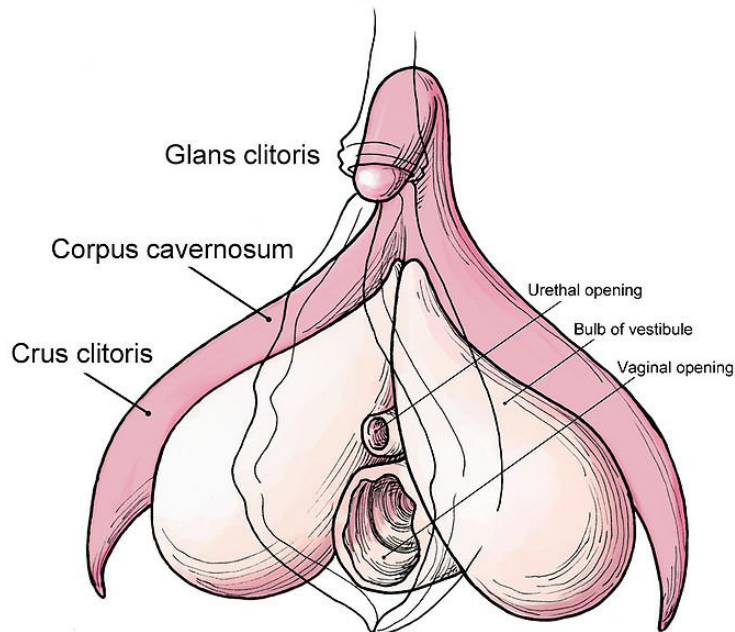
Talking about FGM

- Pass out papers to the participants and explain that they should take a few minutes to think about what has been discussed. Ask participants: “How does it feel, knowing that it may be expected of mentors/facilitators to talk to girls about the consequences of FGM and their rights related to FGM?”
- Ask them to write their answers down anonymously, but explain some may be read out loud.
- Read a range of the answers to the group.
- Split participants into small groups or pairs and ask them to think of strategies that will help them (or others) feel more comfortable/safe to give this type of information to girls, based on the answers that were read out. Ask them to share their ideas back with the larger group. Add from the list below if they have missed anything.
- Strategies to make them feel safer and more comfortable in delivering this information could include:
 - » Getting support with community outreach through the country team.
 - » Making sure female/male caregivers are also being approached concerning this issue by the organization.
 - » Being aware of the referral mechanisms in place that can support girls (case management, health professionals, etc.).
 - » Getting support from a supervisor.
 - » Preparing in advance what information will be shared with girls.

Group Discussion

What are ways to talk about FGM to girls who have already gone through the procedure?

- Girls who have already been through the procedure shouldn't be given messages about prevention. It can be talked about more broadly, in relation to their younger family members (sisters, cousins, future daughters, etc.).
- Focusing on the consequences may also be difficult for girls to hear, but acknowledging what they may have experienced is valid. Girls should not be shamed for undergoing FGM.
- What could be helpful for girls is to understand the risks they may face as a result of FGM (for example, recurrent urinary and vaginal infections, chronic pain, infertility, cysts, and complications during childbirth) and how they can seek health support to mitigate them. Refer to Part 1 of Girl Shine (Chapter 8) for more information.
- It is important to explain to girls that many women/girls who have had FGM do enjoy a happy and satisfying sex life, and it is possible to have an orgasm even though the clitoris was removed. It is important to understand the biology of the clitoris and understand that it is not limited to the clitoris gland that is visible externally.
- Show the participants the following diagram, explaining that the clitoris extends beyond what is seen externally, with the entire organ being full of nerve endings.



Question

- What are ways to talk about FGM to girls who have not been through the procedure?
 - » The messaging in the curriculum is relevant for girls who haven't been through the procedure. Girls who express an interest in the procedure should not be shamed. Mentors/facilitators should acknowledge that this is not a decision that girls make on their own. Therefore, it is important to readdress specific skills learned in decision-making sessions and on negotiation skills to support girls. Information about case management is critical during this session.

Celebrating our Culture!

- While culture and tradition is important, girls should be able to celebrate transitions to womanhood and learn about their cultural and community values without the harmful effects of FGM.

Imagining an alternative to FGM

- Have the girls heard of other ways to celebrate transitions to womanhood that do not involve FGM?
- Split participants into small groups and ask them to think about the following questions:
 - » What usually happens on the day (and the lead-up to the day) a girl undergoes FGM? Apart from the actual cutting, what does the rest of the day look like? (for example, celebration, dancing, food, etc.)
 - » What alternatives could be suggested to replace the part of the girl undergoing FGM, while keeping the rest of the celebrations from the day? (for example, symbolic ritual such as pouring milk over the head, etc.)
- Ask participants to share their suggestions with the group.

Group Discussion

- Is it safe for mentors/facilitators to talk about this issue in the community? If yes, what do mentors/facilitators and the organization need to do to encourage the community to think about and adopt alternative rites of passage?
 - » Raise awareness of the issue with girls and female/male caregivers.
 - » Community outreach and buy-in from village elders and religious leaders.
 - » Encourage the community to make public declarations against the practice of FGM.
 - » Encourage boys and men to publicly declare that they will marry girls who have not undergone FGM.

³³ Women on Waves, *Sexual Pleasure After FGM* <https://www.womenonwaves.org/en/page/4715/sexual-pleasure-after-female-genital-mutilation>

- » Distribute information on the rights of girls.
- » Educate the community about the harmful effects of FGM.
- » Encourage community members to discuss what alternative rites of passage could be – involve them in the process.



Girl 1: A 14-year-old girl (you can give her a name) tells you that her caregivers plan to get her married in the next year to a man much older than her. She doesn't want to get married, she wants to finish school. But her caregivers say that as she is getting older, it is better for her to get married and start a family. They explain that being unmarried for too long can cause complications for the family.

Girl 2: An 11-year-old girl (you can give her a name) tells you that her mother asked her permission to get her married. Her mother cannot afford to take care of all her children alone and so wants to marry her off to ease the financial burden on the family.

Girl 3: A 17-year-old girl (you can give her a name) is very excited and telling everyone in the group that she is finally getting married! She is so excited about her wedding day, the nice clothes she will wear, and having more freedom that will come with being married.

- If it is not safe to talk about this issue in the community, what else can be done to address this issue?
 - » Identify who would be better placed to address this issue (health worker/caseworker?).
 - » Bring the issue to the attention of a supervisor and develop an action plan that is appropriate to the context.
 - » Simply focus on providing information to girls, ensuring referral pathways are in place and that girls know the risk and consequences.

Concluding Remarks

- Girl Shine makes all programmatic decisions related to participation based on the best interest and safety of the girls recruited for the program.
- A girl can be in the program if she has already undergone FGM in any of its forms.
- However, Girl Shine sees FGM as an act of gender-based violence that can cause immediate and long-term harm to girls and women.
- Girl Shine will provide each girl with support and access to the group regardless of her experience with FGM at the beginning of the program cycle or if she unfortunately undergoes FGM while enrolled in the program.
- Girls who are forced or coerced to undergo FGM during their participation in Girl Shine deserve support, respect, and continued access to group activities. This also applies to girls who are perceived to undergo the procedure by 'choice.'
- While Girl Shine does not support the practice of FGM, the program will remain engaged with families who participate in the practice, while remaining clear about the violent and harmful nature of the practice on the lives of girls.
- Continued support for girls forced to undergo FGM during the program is integral to reducing risks associated with the practice and avoiding the creation of further physical and psychological vulnerabilities in the future.

MODULE

Early Marriage

Session Objectives:

- ▶ Be familiar with the root causes and contributing factors that drive early marriage and recognize its complexity.
- ▶ Be familiar with the relationship between notions of women and girls' sexuality 'purity', family honor and early marriage.
- ▶ Be familiar with the needs of girls who are engaged, married, divorced, or widowed girls.
- ▶ Have the skills to adapt Girl Shine content to their distinct needs and capacities including referral for specialized services.

Activity I: Drivers of Early Marriage (30 minutes)

Materials:

- ☐ flipchart paper
- ☐ markers
- ☐ Early Marriage Tree on flipchart paper
- ☐ sticky notes (two different colors)

 **Ask:** What is early marriage?

Explain:

- A child or early child marriage is defined as a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, early marriage is also a form of forced marriage as children are not legally competent to agree to such unions.³⁴
- Definitions of child and early marriage are often used interchangeably to refer to the marriage of a girl or boy under the age of 18. We are using the term "early marriage" because:
 - There are multiple factors to consider when talking about marriage that extend beyond just the age factor of being under or over 18. Early marriage allows us to include girls who may for example, be married at 19 through their own choice, but who are not physically or emotionally mature or don't have enough information to make a fully formed decision.
 - In some countries, the age of majority may be reached before 18 or the status of adulthood is achieved upon marriage—especially for girls (irrespective of age)—and in those cases, when we talk about child marriage, it may be confusing for communities, or they may not see that this applies to them because adulthood and childhood are not perceived in the same way as they are by the international community.
- So, when we talk about early marriage, it includes child and forced marriage but also encompasses contextual differences we may encounter. It also allows us to consider other reasons why a girl or woman may not be ready for marriage, beyond age.

 **A forced marriage** is where one or both people do not consent to the marriage and pressure or abuse is used. This can happen at any age. **All child marriages** are forced because a child cannot provide informed consent to marriage due to their age.

³⁴ Interagency GBV Case Management Guidelines 2017 https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

Ask:

- What is the common age for women and girls in your community to get married? What about men?
- What are some of the reasons why a girl or woman in your community might get married?
- What is a common age for women/girls to get married in the refugee/displaced communities you work in? What about the men?
- What are some of the reasons why these women/girls from the refugee/displaced communities marry?
- What would this look like for girls with disabilities? What about for girls who are already divorced? Or girls who are lesbian?
- How do these different social categorizations impact women and girls' experience of marriage?
- Is early or child marriage a protection concern?
- Is marriage of a girl under 18 a human rights violation?
- What might happen to a girl who gets married before 18?

Do:

- Facilitate short discussion to explore participants' perception of early marriage.
- Break participants into groups of four. In these groups, participants should discuss the following:
 - What are the root causes of early marriage in your context?
 - What are the contributing factors for early marriage in your context?
- Ask groups to write their answers on sticky notes; root causes on one color and contributing factors on the other. Once finished, they should place them on the Early Marriage Tree.
- Give participants ten minutes to do this.
- Once finished, the facilitator should review groups' answers. For each answer, the facilitator should ask groups why they think it is a root cause or contributing factor and invite other participants to comment, agree, or disagree. Facilitators should use this to facilitate a discussion on the complex dynamics around early marriage.
- Highlight key messages.

Key Messages

Say:

- Early marriage is a complex issue, but at its heart, early marriage as with other forms of GBV is rooted in gender inequality and the belief that girls and women are somehow inferior to boys and men. Early marriage is a result of systems of oppression which value girls as lesser than boys, and it further entrenches this discrimination over their lifecycle.
- There are also drivers/contributing factors which vary between contexts and may change over time, but often include (especially in humanitarian settings)³⁵:
 - **A lower value placed on girls, economic hardship, and poverty:** A lesser valuing of girls compared to boys can lead families in economic hardship to view girls as an economic burden. Early marriage can be seen as a way to shift this "burden" to the husband's family and reduce their family's expenses. Early marriage may also be a way to repay debts, manage disputes or settle social, economic, or political alliances. This is especially true in communities where money is given as part of the marriage, either in the form of a dowry—meaning, money given from bride's family to groom's—or in the form of a "bride price"—meaning money given from the groom's family to the bride's. In those where the bride's family pays a dowry, they often have to pay less money if the bride is young and uneducated.
 - **Patriarchal values and the desire to control women and girls' sexuality:** This is often expressed by control over an adolescent girl's behavior, dress, relationships, and who she sees as well as who she marries. "Failure" to control a girl's sexuality is often perceived as a threat to the family and community status, cohesion, and stability. This leads families to closely guard their daughter's sexuality and virginity in order to protect family honor; failure to do so (e.g., a girl becoming pregnant outside of marriage) is perceived to have brought shame and dishonor on the family.

- **Puberty and the limiting of girls to their reproductive role:** Puberty and the first menstruation signify the beginning of a girl's reproductive capacity. Patriarchal norms that value female reproductive capacity above other aspects of women's and girls' personhood result in social expectations and obligations that place pressure on women and girls to have children and assume primary caregiving roles. Early marriage may be viewed by families and communities as a step towards ensuring that girls fulfill this perceived reproductive responsibility and caregiver role.
- **Instability and violence:** Early marriage may be viewed as a negative coping mechanism to ensure a girl's safety in areas where they are at high risk of harassment and sexual assault, particularly in humanitarian settings where these risks can be exacerbated.
- **Traditional or customary practice:** In many places, early marriage is a practice that has happened for generations and/or is highly normalized within a community.
- **Legal frameworks that explicitly or implicitly sanction early marriage**
- **A lack of awareness regarding national laws,** human rights, and the potential consequences of early marriage on the girl's health and wellbeing
- **Girls "choosing" to get married early:** Some girls may think they will have more freedom once they are married, or they might not fully understand the responsibilities that come with marriage.
- **Men's (and often their families') preference for control:** Many families might want a girl as a wife based on perception that they are easier to control and/or less likely to question his and their authority due to power imbalance based on age difference.
- Caregivers in humanitarian settings may feel they have no choice but to marry their daughters due to the contributing factors and wanting to do what's in the best interest of their daughter. It is important to be sensitive to the situation caregivers in humanitarian situations are in and be supportive in helping them find solutions in a complex situation where they are trying to do the best for their children with limited resources.

Activity 2: Adolescence, Sexuality and Control (45 minutes)

Materials:

- ☐ flipchart paper
- ☐ color markers/pens

Say:

- The beginning of menstruation is a significant time in a girl's life. It is often viewed as the start of "being a woman." It means her body is capable of getting pregnant. Around the same time, girls may start to develop romantic interest and/or sexual feelings.
- Often expectations regarding a girl's behavior, dress, relationships, roles, and responsibilities change during this time.

Do:

- Break participants into groups of four.
- In these groups they should reflect on the changed expectations placed on girls in their community following their first menstruation. Ask participants to think of example messages girls receive from family, friends, and the community about:
 - How they should dress
 - How they should act (what they can/can't do)
 - With whom they should spend their time
 - New responsibilities or roles
- Give participants ten minutes to discuss.
- Once finished, invite participants to write their answers on the shared paper.
- Summarize responses and invite participants' reflections.
- Facilitate a discussion around the key questions, then summarize by highlighting key messages.

Questions

- What are the similarities or shared ideas amongst responses?
- What happens to girls if they do not conform to these new expectations, roles, and responsibilities?
- Why is menstruation often associated with greater restrictions on girls' freedom and opportunities?
- What are the links between menstruation and early marriage?
- What can we do as mentors/facilitators to support girls through this stage of life?

Key Messages

Say:

- Menstruation marks the advent of a girl's reproductive function. During adolescence, this is often followed by pressure to conform to "natural" childbearing and caregiver roles including through early marriage³⁶.
- Social norms which value and prioritize women and girls for their reproductive capabilities rather than in their own right justify male control over women's and girls' bodies and sexuality.
- Practices that control women and girls' sexuality, such as early marriage, uphold gender norms and roles that limit girls' and women's bodily autonomy and aspirations including sexuality. Deviations from this—through women and girls' choice, consent, and/or pleasure—challenge these norms and are stigmatized and punished in response.³⁷
- It's our job to ensure girls have a space where they can express themselves and ask questions, knowing that what they share will be kept confidential and they will not be judged.
- As mentors/facilitators we are not there to police girls' actions or to reinforce the systems that discriminate against them, we are there to listen, offer information and provide support based on girls' requests.

Activity 3: Virginity, Honor and Shame (45 minutes)

Materials: Virginity, Honor, and Shame Case Studies and Questions (Handout 4)

Do:

- Break participants into three groups.
- Distribute one story to each group. In groups, participants should read through the story and discuss the set questions.

³⁶ UNICEF (2005). Early Marriage: A Harmful Traditional Practice

³⁷ Child, Early and Forced Marriage (CEFM) and Sexuality Programs Working Group (2019) Tackling The Taboo: Sexuality and Gender Transformative Programmes to End Child, Early and Forced Marriages and Unions.

Lara's Story (Group One)

Lara is 14 years old. Her mother and father do not let Lara have male friends. However, Lara has recently started texting a boy in her neighborhood. They often talk secretly. One day, the boy asks Lara to send him photos of her. She does not feel comfortable with this. He tells her to send photos, otherwise he will tell everyone that they are boyfriend and girlfriend and that they have been intimate. Lara still does not want to send him photos. The boy tells all his friends that he and Lara were intimate. Lara's older brother hears about this, and he shares it with Lara's mother and father. Her parents are very angry with Lara and yell at her that she has brought shame on the family. Her parents are very concerned that many people in the community think Lara is a "bad girl."

Discussion Questions:

- Why did her parents not want Lara to have male friends?
- Why is it important for her family that Lara is a virgin and does not have a boyfriend?
- What might be some consequences for:
 - o Lara?
 - o Her family?
 - o The boy?

Aliyah's Story (Group Two)

Aliyah is 15 years old. She was recently married to a 25-year-old man. Before she was married to him, her parents told him she was a virgin. However, her husband recently heard rumors that she had had a boyfriend before she got married. After they had sex, her husband told her she could not have been a virgin because she did not bleed. Her husband was very angry and sent her back to her parents' house. He has told them he is going to divorce her. Her parents are very angry with her and worried about her future, as it is very difficult for a divorced girl to marry again.

Discussion Questions:

- Why is it important to her husband that Aliyah is a virgin?
- What might be some consequences for:
 - o Aliyah?
 - o Her family?
 - o Ex-husband?

Samara's Story (Group Three)

Samara is 12 years old. She has recently noticed changes in her body. She has started to put on weight, and her chest is starting to change. Her brothers tease her about her changing appearance. On a walk to the market with her mother, she noticed boys looking at her strangely and making comments about her body. This made her feel very uncomfortable. Her mother noticed the boys' behavior as well. The other day, Samara had her first menstruation. Her mother said she was now a woman, and she will have to think about finding a husband. Samara told her mother she does not want to get married, but her mother said it is normal for girls to marry after they start menstruating. She told Samara that she noticed how boys were looking at her, and it is not good for a woman to be unmarried as it could lead to trouble for Samara and look bad on the family.

Discussion Questions:

- What does Samara's mother mean by that comment?
- What is Samara's mother fearful of?
- What might be some consequences for Samara and her family if she does not get married?
- What might be some of the consequences on Samara if she does get married at 12?

- Give the groups twenty minutes to discuss their stories.
- Once finished, ask each group to read their case study for the other group and summarize their discussion.
- Facilitate reflection using key questions and summarize highlighting key messages.

Questions:

- There are many ways sexuality can be explored and expressed; a person might show sexual desire in another person through verbal or non-verbal signs (e.g., extended eye contact, physical closeness), or they might explore different ways of dressing, and/or explore their own bodies and its feelings of pleasure. In your context, what might happen to a girl if she publicly expressed her sexuality in these or other ways? What might be some consequences for her and her family?
- Is it important that girls hide their sexuality? Who considers it important and why?
- Is it important that girls are virgins in your context? Who considers it important and why?
- How might early marriage be seen as a way to conceal or control girls' sexuality?
- What is the role of the mentor/facilitator in supporting girls despite restrictions on girls' sexuality? For example, if a girl who is unmarried comes to you for information about how to access reproductive health services, will you give it to her or refuse?

Key Messages

Say:

- Like all adolescents, during adolescence, girls' sexuality develops. This includes physical changes like the beginning of menstruation, which for many girls marks the beginning of their reproductive capacity. It also includes a growing awareness of their own sexuality and a desire to explore and express this.
- Patriarchal social norms often severely restrict or deny a girl's sexuality and sexual rights. These norms value women and girls' sexual "purity." Often, it is seen as inappropriate for a girl to express her developing sexuality, as this is considered shameful both to her and her family.
- The importance of women and girls' sexual "purity" to family status can lead parents to marry girls in order to "protect" her and her family's honor. Early marriage is seen as a way to confine the girl's sexuality to her relationship with her husband. In this sexual relationship, the girl's sexuality is limited to being sexually available to her husband and for the purposes of childbearing.
- Early marriage may also be seen as a way to "protect" girls from sexual violence. As girls' sexuality develops, the risk of sexual violence may also increase—for example, she may be subject to greater targeting as she physically develops. This risk is often used to justify restrictions on girls, for example denying girls the right to leave the home unaccompanied after their first menstruation.
- In reality, girls who are married face even higher risk of physical, emotional, economic, and sexual violence from their husbands and in-laws.³⁸ A power imbalance between girls and their husbands means that girls often do not have the ability to choose when and how they want to have sex. This denies them the right to bodily autonomy and erodes their capacity to protect themselves from poor health, for example, from the transmission of STIs and high-risk pregnancies. The sexual relationship between a girl and her husband is often characterized by violence and long-term physical and emotional harm.
- Efforts to "protect" girls' sexual "purity" and control their sexuality also deny them the same rights and opportunities as boys. For example, once girls start menstruation they may be taken out of school, restricted to the home, and/or have their friendships broken off. This increases girls' vulnerability to abuse and violence by removing their social support network, denying them the chance to foster their own power and resilience, and depriving them of the ability to make informed decisions regarding their wellbeing.³⁹

³⁸ Ibid.

³⁹ UNFPA (2012). *Marrying Too Young: End Child Marriage*

Activity 4: Engaging with Early Marriage (30 minutes)

Materials:

- flipchart paper divided into columns: “Engaged Girls,” “Married Girls,” “Divorced Girls,” “Widowed Girls,” “Girls who are Mothers/Primary Caregivers” and others as relevant to context
- packet of small decorative stickers (each participant should be given as many stickers as there is columns)

✓ Do:

- Distribute stickers to each participant. Each participant should be given as many stickers as there are columns.
- Ask participants to think about their work with adolescent girls. Those who work with a large number of married girls, should place a sticker in this column. Those that work with a large number of divorced girls, should place a sticker in this column, and so forth. Invite participants to place stickers in as many columns as necessary.
- Once completed, summarize responses, highlighting which column has the most stickers and which has fewer or the least.

✱ **Trainer Note:** During this module, participants may ask for guidance on managing mixed groups of engaged, married, widowed, and/or divorced girls in light of their distinct needs and risk profiles. Guidance on this has been included as **Appendix 13B**. In addition, discussing the consequences of early marriage may be stigmatizing and/or re-traumatizing for girls subject to their marital status. Facilitators/mentors should be familiar with approaches for discussing the consequences of early marriage with girls of diverse marital statuses in a way that is safe and tailored. Guidance on this has been included as **Appendix 13C**.

Questions

- As facilitators, what are your reflections on working with each girl group? (e.g., what are their experiences, any successes or difficulties, changes over time, etc.)
 - As facilitators/mentors, what are some challenges or concerns when working with each group of girls?
 - Why do you think the responses turned out like this? What might be some reasons behind the numbers? (Why do many participants work with married girls, whereas only a few work with divorced girls?)
- ✱ **Note:** Prompt participants to go beyond “they do not exist in my community” to explore potential barriers.
- What are some actions we can do to better reach these groups of girls, make sure they feel comfortable accessing our space and understand that our support is tailored to their needs?

Key Messages

🗨 Say:

- All girls can benefit from the Girl Shine program regardless of marital status. Girls who marry during participation in Girl Shine deserve support, respect, and continued access to group activities.
- Girl Shine engages with girls at various stages of early marriage, including:
 - Girls at risk of getting married while enrolled in the program
 - Girls forced to marry while enrolled in the program
 - Girls already married when they enter the program
- While Girl Shine can support the delay of marriage—by equipping girls with information about early marriage, supporting them to build on their decision making and negotiation skills, informing them of their rights, and engaging their female and male caregivers—there are still opportunities to support married girls and influence their immediate and future well-being. Continued support for married girls is integral to reducing risks associated with early marriage, including early pregnancy, sexually transmitted diseases, and domestic or interpersonal violence.

- Sessions and content should be tailored to the needs of girls and group composition. Throughout the Early Marriage Curriculum, facilitator/mentors should ensure that content is adapted to the contexts and situations the participants experience. The facilitators should also be sensitive to the participants' reception of the material. While separate groups for married and unmarried girls are usually preferred by the girls themselves, group composition may change throughout the sessions (i.e., girls do get married while participating in Girl Shine). Always check what girls' preferences are and don't make assumptions about who they do or do not feel comfortable with.

Activity 5: Needs of Girls Who Are Young Mothers, Engaged, Married, Divorced, and/or Widowed (30 minutes)

Materials:

- ☐ flipchart paper
- ☐ markers

✓ Do:

- Break participants into four groups:
 - **Group One** will think about working with a mixed group of young mothers and married girls.
 - **Group Two** will think about working with a mixed group of unmarried and engaged girls.
 - **Group Three** will think about working with a mixed group of married and divorced girls.
 - **Group Four** will think about working with a mixed group of married and widowed girls.
- In groups, participants should think about the daily lives and needs of girls in their group and reflect on the goals of Girl Shine:
 - What are the different needs of girls in your group based on their marital status? How might Girl Shine address these needs?
 - How might girls' different marital status influence the dynamics of the group?
 - What challenges might arise from having a mixed Girl Shine group? What could you do as a mentor/facilitator to address or manage these challenges?
- Give participants 15 minutes. Once completed, ask each group to share.

Key Messages

☞ Say:

- For married girls, facilitators/mentors should avoid focusing on prevention and consequences of early marriage as this may be alienating. Instead, they should focus on response. Providing information including on how to negotiate difficult situations, how to strengthen support networks, how to set up a safety plan, or how to seek family planning could be more valuable for girls that are already married and especially valuable for recently married girls.
- For engaged girls, facilitators/mentors should include messages on how to negotiate the delay of a marriage, as well as communication skills to enable them to speak to their decision-makers about the issue. Information on the prevention or delay of marriage and the consequences of early marriage may be useful and relevant to engaged girls. Recognizing that some girls may "choose" to get married, or share a desire to get married, facilitators/mentors may also work through the pros and cons with engaged girls to support their informed decision-making.
- For divorced girls, facilitator/mentors should include messages on setting up a safety plan responsive to the specific risks they face as girls who are divorced (e.g., targeted violence), information on caring for children if they are primary caregivers, as well as how to seek sexual and reproductive health services, as they may have SRHR needs as a consequence of their experience of being married. Information including how to prevent or delay another marriage and how to communicate with decision-makers on the issue is also valuable if the girl wants that. Information on accessing opportunities, skills, and resources in the community and how to strengthen support networks could also be helpful for divorced girls.

- For widowed girls, facilitators/mentors should include messages on setting up a safety plan responsive to the specific risks that face girls who are widowed (e.g., targeted violence), information on caring for children if they are primary caregivers, as well as how to seek sexual and reproductive health services as they may have SRHR needs as a consequence of their experience of being married. As widowed girls may live with their in-laws, information including how to negotiate difficult situations, how to prevent or delay another marriage, and how to communicate with decision-makers on the issue is also valuable if the girl wants that. Information on accessing opportunities, skills, and resources in the community and how to strengthen support networks could also be helpful for divorced girls.
- For young mothers, facilitators/mentors should include information on caring for children if they are primary caregivers, as well as how to seek sexual and reproductive health services. It is important to recognize a girl's specific situation as someone who may have a child but may not be married, engaged, divorced, or widowed; perhaps the relationship she is in does not fit into these categories. She should be treated without judgement or discrimination.
- Case management may be of benefit for engaged, married, divorced, and widowed girls. As in all cases, a survivor-centered approach should be maintained, with referral to the caseworker for case management, done only in accordance with the girl's consent (further guidance on referral in following activity).
- For mixed groups, it is important not to alienate the girls with different marital statuses in the group. You can offer some separate sessions to married/unmarried girls if they request this and let them know this is an option available to them. Think about splitting the girls and providing the information separately. For example, consider providing health information for married girls, and information on the responsibilities involved in marriage and potential health effects for engaged girls separately. You should check that the information you are giving to girls is suitable for the whole group. For example, if you have a mixed group of married and unmarried girls, a session on early marriage prevention would not be appropriate. If you are using a session for unmarried girls with a mixed group, make sure the key messages are relevant to other girls in the group, and make sure stories are adapted so that all girls can relate to them.
- The Early Marriage Curriculum helps to address some of these issues identified by providing tailored content for girls who are married, divorced, etc. and girls who are unmarried.

 **Trainer Note:** Providing information on the health consequences of early marriage to girls who are already married may be alarming or distressing. Health information relevant to their current circumstance and experience should be provided in a way that supports them to make positive decisions regarding their health, and in a manner that does not risk further harm. For further guidance on this, see Married Girls and Health Information Guidance Note.

- For unmarried girls, provide information on the responsibilities involved in marriage and potential health effects.
- Female/male caregivers of girls who marry or are at imminent risk of marriage should remain engaged in the parent and caregiver groups as well. Husbands cannot participate in the Girl Shine Caregiver Curriculum, but they can be approached during outreach efforts to secure the participation of married girls. However, mothers-in-law can participate in the Early Marriage Curriculum if the girl so chooses.

Activity 6: Responding to the Needs of Adolescent Girls (45 minutes)

Materials: Responding to Needs Scenarios (below)

Do:

- Split participants into four groups.
- Each group will be given a scenario. Groups should create a role play based on the scenario. The role play should try to show how a facilitator/mentor could respond to the situation. Participants should think about the following questions:
 - What is the role of the facilitator/mentor in responding to the girl's needs?

- o How might the facilitator/mentor respond to the girl's needs safely during a session? After a session?
- o What is the group dynamic like? What can the facilitator/mentor do to re-establish a safe and supportive group dynamic?
- o How might the mentor/facilitator foster solidarity and group cohesion between the girls?



Group One

You are facilitating a Girl Shine session on healthy relationships. A girl is sharing a story about herself which involves her partner. At first she refers to her partner as "they," however, after a while she refers to her partner as "she." The girl stops speaking suddenly and looks around. A few other girls are looking at her and whispering to each other. You know that lesbian relationships are not accepted in her community and that people of diverse SOGI face stigma and violence.

Group Two

Your Girl Shine group includes a mix of girls with different ethnic affiliations. There is often tension in the community between the different ethnic groups, but you try to make sure this does not happen in the Girl Shine group. During a session on health, a girl affiliated with one ethnic group shares she is about to be married. Upon hearing this, another girl affiliated with a different ethnic group says, "Early marriage is so common amongst your community. That's why you have so many children, even though you often do not have enough money to support the family."

Group Three

You are facilitating an activity about victim-blaming. A girl shares that her husband often tells her she is a bad wife and sometimes hits her. She is his third wife, and the other wives also treat her poorly. She says she wishes someone would speak to her husband for her to get him to treat her better and tell his other wives to be nicer to be her.

Group Four

You are facilitating a session on decision making. One girl in the group has a physical disability; she has trouble walking without support. The group is discussing girls and decision-making and exploring how girls can influence their parents' decisions regarding their life. The girl with a disability offers a suggestion. Another girl responds that because she is dependent on her parents, she's not like the rest of them, and so her input is not useful.

Group One	Group Two
<i>During the session:</i> • Thank girl for sharing. • Remind participants that this is a safe space. • Remind participants of all pertinent group agreements. • Share that all girls have different roles, responsibilities, and experiences, yet what brings us together is our shared identity as adolescent girls. • Note that all girls have the same right to sexual reproductive health regardless of our sexual orientation and gender identity. • Do not ignore what the girl said or change the conversation abruptly. • Remind participants that they can speak to you one-to-one after the session or at any stage if they would like to discuss anything further. Do not assume that the girl requires one-to-one follow up based on her diverse SOGI, however, invite all participants so she may feel comfortable doing so if/when she requires. <i>After the session:</i> • Build time in at the end of the session to allow girls to privately share. • Be available and open for discussion (this includes body language and facial expressions). • Be prepared in advance to deal with any issues that may arise. • Explain that there is someone available for her to talk to. • Facilitate the referral process by introducing her to the caseworker if the girl agrees. <i>During subsequent session/s:</i> • Monitor the group dynamics and the girl's welfare, paying particular attention to her potential social exclusion. • Remind participants of all group agreements. Encourage girls to lead solidarity by reminding them about the goal of the group and the importance of accepting and supporting each other. • Facilitate activity/ies to reestablish group cohesion. • If exclusion continues, consult with your supervisor about how best to respond.	<i>During the session:</i> • Thank the first girl for her sharing. • Privately ask the first girl to come and see you after the session, e.g., during a session break, during an activity, one-on-one. • Remind participants of their safe space agreements and goals, especially around confidentiality and their commitments to support each other in solidarity. • Normalize the first girl's experience. • Redirect conversation from the specific to the general. • Check if the girls are happy to move on with the session. • Consider a bonding exercise to re-establish safety, comfort, and group cohesion. • Follow up with the first girl after the session. <i>Immediately following the session, mentors/facilitators should:</i> • Thank the first girl for sharing. • Inform the girl of the option to access case management, explain it to the girl in a simple way and how it is relevant to her situation. • Be available to answer questions related to services. • If she is resistant to case management, explain that she can change her mind at any time, and you can help her access the service. • Explore her feelings towards the group to see if she still feels comfortable and safe. • Where they exist, provide information on other activities tailored for girls who are married girls. Emphasize that she may access these in addition to her existing participation in the Girl Shine group. Take care not to isolate her due to her changed circumstance by suggesting or implying it makes her unsuited for the existing group. • Adapt content to ensure it is relevant and appropriate for all girls especially when girls' marital status changes during the course of the curriculum.

Group Three	Group Four
<i>During the session facilitators should :</i> • Thank the girl for her sharing. • Privately ask the girl to come and see you after the session, e.g., during a session break, during an activity, one-on-one. • Remind participants of their safe space agreements and goals, especially around confidentiality and their commitments to support each other. • Normalize the girl's experience. • Redirect conversation from the specific to the general. • Check if the girls are happy to move on with the session. • Follow up with the girl after the session. <i>Immediately following the session, facilitators should:</i> • Thank the girl for sharing, reassure her and make sure she knows it is not her fault. • Inform the girl of the option to access case management. Explain it in a simple way. • Explain confidentiality and the role of the caseworker. • Explain that their role as a mentor/facilitator is to run Girl Shine sessions. This is how you support girls. Tell her you are sorry, but you cannot mediate or talk to her husband for her. This can be risky for her as well as you. Tell her that the caseworker can provide her more support; however, avoid suggesting or implying that the caseworker will mediate. • Be available to answer questions related to services. • Do not discuss details of the girl's disclosure. Do not ask questions to find out more about the incident; this is the role of the caseworker, not the mentor. • Do not force or pressure the girl to access services if she does not want to. If she is resistant to the idea, explain that she can change her mind at any time, and you will connect her.	<i>During the session:</i> • Recognize and thank the girl with the disability for her suggestion. Validate her contribution. • Highlight group agreements and remind participants of commitments to respect and solidarity. • Reflect that everyone is unique and that all the girls in the session will have different interests, ideas, needs, and wants, emphasizing that their experience as adolescent girls is what brings them together. <i>After the session:</i> • Follow up on the girl with a disability after session to check on her welfare in a sensitive and private manner. Avoid further "othering" or stigmatizing her. <i>During subsequent session/s:</i> • Monitor group dynamics and girl's welfare, paying particular attention to her potential social exclusion. • Remind participants of group agreements. Encourage girls to lead solidarity by reminding them about the goal of the group and the importance of accepting and supporting each other. • Facilitate activity/ies to reestablish group cohesion. • If exclusion or stigma continues, consult with your supervisor about how best to respond.

- Give participants fifteen minutes to do this, then ask each group to present.
- Facilitate short discussion after each role play highlighting suggested responses.

Questions:

- How can GBV actors prevent early marriage?
- What is our role as mentors/facilitators in:
 - o Preventing or delaying early marriage?
 - o Responding to early marriage?
 - o Should we mediate cases of early marriage?

Key Messages

Say:

- As mentors/facilitators, it is critical that we monitor and manage group dynamics to ensure it remains a safe and supportive space for all girls to build solidarity with each other. Holding girls accountable to group commitments and including activities to re-establish trust can help ensure this.
- As mentors/facilitators, our role is to support girls through the Girl Shine sessions so that they have the information, skills, and social support network to make positive decisions regarding their health and wellbeing. Mentors/facilitators should not directly intervene in cases of early marriage. This includes preventing it, mediating between a girl and her husband or intervening with the female/male caregivers directly, as this could put both the girl and you as mentor/facilitator at risk. In these cases, it is the role of the mentor/facilitator to provide a girl with information on case management services and support her in accessing them in line with her wishes.
- It is important that in all cases, the mentor/facilitator ensures that they maintain a survivor-centered approach, i.e., they let the girl decide what action she wants to take next, and they do not inform anyone of the incident without getting the consent of the girl. Fully explain case management and its benefits to girls, including as a source of support after girls are married.
- Do not break confidentiality. Approach the girl privately after the session to explore options for additional support.
- When a girl discloses an incident of violence in the context of marriage, thank her for sharing, shift the conversation from a specific to the general discussion of girls' experiences, normalize the girl's experience and feelings without downplaying its importance, remind participants of their safe space commitments including on confidentiality and privately suggest the girl comes to see you following the session.
- Do not shame, judge, or punish a girl who expresses interest in or positive feelings towards being married. While the Girl Shine Life Skills Curriculum aims to prevent early marriage, it recognizes there are many complex drivers behind early marriage. Passing judgment about girls who express interest in marriage is stigmatizing and deters them from seeking the further support they require.
- Understand what your role and the caseworker's role is.
- Support the girl in accessing the appropriate services. If the girl is in immediate danger, inform your supervisor and explain this to the girl as there may be mandatory reporting issues to consider.

Activity 7: What Is The Role Of A Mentor/Facilitator When It Comes To Early Marriage? (1 hour)

Materials:

- ☐ Flip chart paper
 - ☐ Markers
 - ☐ Colored pens/pencils
-
- Split participants into three groups and give each group a description of an adolescent girl. They must draw the story on flip chart paper. When they have finished, do a walking gallery.
 - Ask participants to visit each group. The groups will present their pictures and the description of the girls that they have and discuss what they would do if they were presented with this situation.



Girl 1: A 14-year-old girl (you can give her a name) tells you that her caregivers plan to get her married in the next year to a man much older than her. She doesn't want to get married, she wants to finish school. But her caregivers say that as she is getting older, it is better for her to get married and start a family. They explain that being unmarried for too long can cause complications for the family.

Girl 2: An 11-year-old girl (you can give her a name) tells you that her mother asked her permission to get her married. Her mother cannot afford to take care of all her children alone and so wants to marry her off to ease the financial burden on the family.

Girl 3: A 17-year-old girl (you can give her a name) is very excited and telling everyone in the group that she is finally getting married! She is so excited about her wedding day, the nice clothes she will wear, and having more freedom that will come with being married.

Key Messages

- In each situation, it is important for the mentor/facilitator to explain case management to the girl and support her in accessing this service.
- They should approach each girl in the same way, without judgment or bias.
- They should not give their opinion to the girl, they should simply listen and explain her options to her in a reassuring way.
- If the girl does not feel comfortable talking to a caseworker, facilitate this process by helping introduce the girl to the caseworker and spending time with both of them until they build up enough trust to start case management.

MODULE

Self-Harm & Suicidal Ideation

Session Objectives:

- ▶ Participants will understand the difference between self-harm and suicidal ideation.
- ▶ Participants will know how to deal with issues of suicidal ideation and how to help girls put a safety plan together.
- ▶ Participants will have the knowledge and skills to identify risk factors and warning signs of suicide ideation.

✱ **Trainer Note:** This is a very complex and sensitive topic and should be carried out by someone who has skills and knowledge in this area.

Activity I: Introducing the Concept (20 minutes)

Materials: N/A

- Explain that today the discussion topic is very sensitive but important. This session will focus on the feelings people have about harming or killing themselves.

Questions

- Are there terms for these two concepts? (self-harm and suicidal thoughts)
- What is the difference between self-harm and suicidal thoughts?

Self-harm is when someone deliberately causes injury to themselves. It is usually a way of coping with or expressing emotional distress.

Suicidal thoughts are thoughts that involve how someone would kill themselves. The thoughts can range from a very detailed plan of how they would do it, to just one-off thoughts. Not all suicidal thoughts are the same, and how to assess this will be discussed later.

- Sometimes people think that self-harm is directly linked to suicide, but this isn't the case. The two oftentimes get grouped together because both are inflictions of pain, and sometimes people who begin with self-harm may later commit suicide. Generally, people who self-harm do not wish to kill themselves, whereas suicide is a way of ending life.
- If someone has suicidal thoughts, does this mean they will kill themselves?

Sometimes, people might not try to kill themselves, but they may have thought about doing this.

- Why is it important to talk about this topic, and why is it important to think about this in relation to adolescent girls?

Suicide is one of the leading causes of death for adolescent girls globally (particularly for those between 15 and 19 years).⁴⁰ Many people in the community experience challenges and stresses, including girls. While it might be unlikely that mentors/facilitators will have to deal with this issue, it is important to be prepared in case the issue arises.

40 WHO (2014), *Preventing suicide: A global imperative* http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Key Messages

- It is a mentor/facilitator's responsibility to be watchful for warning signs that a girl is having suicidal thoughts.
- It is important to be able to determine if this feeling is simply just a feeling or whether it is a feeling with intention to act (for example, the intention to actually take one's life). If there is concern that a girl is feeling so badly they are thinking about suicide, it is important to begin to assess the potential seriousness of such feelings and thoughts immediately.

Activity 2: Self-Harm (25 minutes)

Materials: Flip chart paper, markers

Ask participants to make a circle and explain that during this activity a question will be asked before a ball is thrown to participants. They should provide an answer. If they don't know, they can pass and throw the ball to the next person.

- What is an example of self-harm?
- If they don't mention any of the following, make sure to write the following down:
 - » Cutting
 - » Burning
 - » Hitting
 - » Picking at the skin
 - » Pulling hair
 - » Biting

Question

- How can one tell if someone is self-harming? What are the warning signs?

Physical:

- Many cuts/burns, bruises on the wrists, arms, legs, back, hips, or stomach
- Always making excuses for having cuts, marks or wounds on the body
- Finding razors, scissors, lighters or knives
- Bald patches from pulling out hair

Emotional:

- Depression, tearfulness, and low motivation
- Becoming withdrawn and isolated - for example, wanting to be alone
- Sudden weight loss or gain
- Low self-esteem and self-blame
- Drinking or taking drugs

 **Trainer Note::** It is important to stress that just because girls display some of these emotional or physical characteristics, it does not mean they are self-harming. These can be related to other things, but they could be a sign of self-harm.

Question

- If a mentor/facilitator suspects that a girl is self-harming, what should they do?

Key Messages

- Discovering a girl is self-harming can have a big emotional effect. But however it makes one feel, it is very important to stay calm and let the girl know that she can get help and support.⁴¹
- Try not to jump to immediate conclusions or to find instant solutions. Always remember, something has caused the girl to self-harm – so it is always helpful to be sensitive. Saying things such as “the injuries aren’t that bad” or “what have you done to yourself?” could make things worse and should be avoided.
- Concentrate on showing an understanding and a desire to help, and try to refer the girl to a caseworker. Seek support from a supervisor on how to support the girl further.
- If a mentor/facilitator believes a girl is at imminent risk, inform a supervisor IMMEDIATELY.

Activity 3: Suicidal Risk Factors (25 minutes)

Materials: Post-it notes, pens

- Give participants post-it notes and ask them to take a few moments to think about the factors that could put girls at risk of suicidal thoughts.
- They can write their answers down on the post-it notes (one answer per post-it).
- Ask them to put them up on a wall. Once they have finished, ask them to do a gallery walk. The trainer can read out the answers participants wrote, or participants can read them out if they feel comfortable.
- Clarify any misconceptions (refer to the handout below for a list of risk factors).

Questions

- What are thoughts about the risks that have been identified?
- Does this mean that a person who experiences one of these things is likely to have suicidal thoughts?

Just because girls may be exposed to the factors mentioned does not mean she will have suicidal thoughts or try to end her life. The factors mentioned can put girls at an increased risk of suicide, but girls are resilient and there are a number of coping mechanisms or protective factors that can reduce the likelihood of her trying to end her life.

Activity 4: Warning Signs (30 minutes)

Materials: N/A

Questions

- What are the things that mentors/facilitators need to be aware of that will alert them to the fact that girls may be having suicidal thoughts? (Certain behaviors the girls display.)

These are warning signs. It is important to be aware of what the warning signs are and recognize them if a girl is displaying them.

- What do these signs look like?

Ask participants to make a circle. Throw the ball so everyone has a chance to participate. Each person can answer what they think is a warning sign that might alert them to the fact that a girl is having suicidal thoughts.

Explain that warning signs present concrete evidence that a person is at heightened risk of suicide in the short-term. Suicide risk increases with the presence of warning signs, as well as with the number and intensity of warning signs. The presence of risk factors may predispose a person to higher risk of suicide, but this risk is established by the presence of warning signs.

41 NSPCC, Self-Harm <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/>

Key Message

It is the combination of warning signs and risk factors that increases a person's risk of suicide.

Explain the following diagram to participants. Print it out and give them individual copies.



Illustration of the Accumulation of Potentiating Risk Factors and Warning Signs on Risk of Suicide (Warning Signs adapted from Rudd et al., 2006).

Activity 5: Protective Factors (30 minutes)

- Explain that while there are risk factors and warning signs, there is also something called 'protective factors.'
- Protective factors enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk. Protective factors include skills, strengths, resources, supports or coping strategies in individuals, families, and communities that help people deal more effectively with stressful events.
- Split the participants into three groups. Give each group a scenario. In their groups, they should think about what the protective factors were that could have prevented girls from having suicidal thoughts.

Group 1	Group 2	Group 3
Alice went through a very difficult time recently. Her parents separated and she is living with her father. He recently lost his job, so they are really struggling, they have no money and Alice is really worried. It has been a very stressful time for her and she misses her mother. Alice plays sports. This is really important to her and helps to keep her focused on something positive. Alice knows that this will not last forever, she has big aspirations for herself, she wants to be a pilot! Focusing on studying hard and achieving her goal motivates her.	Victoria had a terrible accident recently and it has been a challenging time for her. The doctor told her it will take a long time to recover. Victoria feels really sad sometimes as she misses going to school and playing with her friends. But Victoria has a very supportive family that shows her a lot of love. Her friends have also been very supportive and always come to visit her. This makes things a little easier for Victoria. There is also a healthcare worker who comes to see her regularly to check that she is recovering well.	Maha is a very smart girl! She loves going to school and loves learning. But Maha doesn't have many friends in school. In fact, many of the other student bully Maha. Sometimes this makes Maha feel very bad and lonely. But Maha has a very good relationship with her brothers and sisters. Her caregivers always tell her how smart she is. Maha has managed to deal with some of the problems in school by trying to talk to the students and using her problem-solving skills. It has not been an easy time for Maha.
Protective Factors (clarify with participants using the information below)		
1. Constructive use of leisure time (enjoyable activities) 2. Identification of future goals	1. Strong connections to family and community support 2. Support through ongoing medical and mental health care relationships	1. Strong connections to family and community support 2. Skills in problem-solving, coping, and conflict resolution 3. Sense of belonging, sense of identity, and good self-esteem

Group Discussion

- Why are protective factors so important? (They can decrease the risk of suicidal thoughts and suicide.)
- Explain that as mentors/facilitators, dealing with this situation may be difficult and challenging. Now the group has a better understanding of warning signs and what to look for, so if girls are displaying the warning signs, it is important to learn more about the situation to see if the girl is at immediate risk.
- The first thing to do is find out about the girl's current or past suicidal thoughts. If someone is displaying warning signs, a further assessment of their suicidal ideation may be needed. But if they directly disclose, this situation should be handled differently.

Activity 6: Direct Disclosure (30 minutes)

Materials: N/A

- If someone directly discloses that she has suicidal thoughts or had a suicide attempt, what are the things that a mentor/facilitator should do?
 - If someone discloses that she has suicidal thoughts or had a suicidal attempt:
 - » Thank her for her trust.
 - » Don't try to criticize her in any way.
 - » Tell her that there are always ways to get help.
 - » Tell the girl about the options she has.
 - » Support her to access this help.
- ✱ **Trainer Note:** If there are situations where there is no specialized support that girls can access, refer to the steps below.
- Split participants into pairs and ask them to take turns practicing how they would respond to a direct disclosure, using the techniques described above. Ask a few participants to volunteer to share their practice with the group.
- ✱ **Trainer Note:** It is important that participants practice what they would say in these situations and not just describe what they would do.

Activity 7: Without a Direct Disclosure (30 minutes)

Materials: N/A

- If there is a high chance that a girl is having suicidal thoughts (due to the warning signs), but she doesn't make a direct disclosure, what are the things that a mentor/facilitator should do?
 - » Choose the right time and place (for example, after a session, where there is a private place to talk).
 - » Check that it is a good time for the girl to talk and that she is feeling comfortable.
 - » Ask if there is anything the girl feels is bothering or worrying her that she would like to talk about. For example, "I wanted to talk to you to see how you are feeling. I am concerned about you, so I want to know whether you are feeling ok."
 - » Move on to more specific questions that can help assess her suicidal thoughts.
- What are questions that would be good to ask girls to help understand whether they are having suicidal thoughts?
- Some sample questions include:
 - » Do you think about physically harming/hurting yourself?
 - » Have you thought about hurting yourself recently?
- With a different person now, ask participants to practice how they would deal with an indirect situation using the techniques outlined above. Ask a few participants to volunteer to share their practice with the group.

Activity 8: Assess the Urgency (25 minutes)

Materials: N/A

- Explain that next steps are determined by the response of the girl.
 - » If the girl says she does not want to continue, stop there and explain to her that she can always return to talk if she needs to. There is always hope, there is always help, and she shouldn't hesitate to talk about it and seek support at any time. Explain that speaking about your feelings gives you a different perspective and helps you find different solutions.

Question

- What should a mentor/facilitator do if a girl tells you she is harming herself or has a suicide plan?
 - » If the girl says she does think about hurting herself, try to get more information to better understand the situation. Ask her to talk more about the thoughts she is having.
 - » It is critical to stay calm if a girl expresses suicidal thoughts and a plan. Do not try to talk the girl out of harming herself, nor offer advice about what she should do.
 - » Encourage her to talk to a qualified professional immediately (for example, mental health worker or a caseworker who can help with a safety plan).
 - » If the risk of the girl harming herself is very high (and she has a suicide plan), talk to a supervisor IMMEDIATELY and make a plan with the girl before she leaves. Supervisors and caseworkers can support girls in making a plan and will follow up with this situation. Due to child safeguarding policies, it is important to seek advice and guidance from a supervisor related to any policies or guidance that needs to be followed in-country.
- With a different person now, ask participants to practice how they would deal with a situation where the girl was at immediate risk of harming herself. Ask a few participants to volunteer to share their practice with the group.

Activity 9: When No Specialized Support Exists (20 minutes)

- There may be cases where there are no specialized services or support available for girls experiencing suicidal ideation. In these cases, what are ways to support girls?
 - » Where possible, a referral to a caseworker may be appropriate, as they may be able to support girls better with making a safety plan.
 - » Remember that Girl Shine will not be implemented in locations where there are no GBV caseworkers available. Although they may not be specialized to deal with this, they will be able to support girls to make a plan.
 - » If a girl does not want to talk to a caseworker, offer to support the girl in getting to know the caseworker first, to help the girl feel more comfortable.
 - » If this is not an option, support the girl with her safety plan, with the support of a supervisor or a caseworker.

Activity 10: Suicide Ideation Scenarios (30 minutes)

- Split participants into three groups, and give each group a scenario. They should develop an action plan and role-play on how they would deal with the situation, using the tips and phrases they learned above.

Scenario 1: Vera tells you that sometimes she wants to fall asleep and never wake up again.

Scenario 2: Sophia tells you that she brought the pills with her today and is going to take them. She asks you if you think it will hurt.

Scenario 3: You notice that Sara has cuts across her arm. They look like she could have cut herself on purpose.

Question

- On a scale of one to five (five being really comfortable) how comfortable do participants feel in dealing with suicidal ideation?
 - » Ask participants to write a number anonymously and put it in a bowl/box, etc.
 - » Assess how comfortable the group is feeling. Probe for those who put lower numbers on why they might still not feel comfortable and what they can do to address their discomfort. (Get more training, support, talk to supervisor, caseworker etc.)

Key Messages

- Anyone can experience suicidal thoughts.
- Any self-harm act can be fatal.
- There is always hope, there is always help, encourage girls to seek support.
- When approached by someone with suicidal ideation, don't leave her alone, listen to her and link her with a mental health specialist.
- Mentors/facilitators should not be judgmental about girls' experiences.
- Try to make sure girls receive appropriate help.
- If in doubt, talk to a supervisor.

MODULE

We Make a Difference

Session Objectives:

- ▶ Participants will understand the impact they are having on girls' lives, and therefore they will understand the importance of their role.
- ▶ This session has been designed to raise motivational levels of mentors/facilitators.
- ▶ This session should not be done as part of the initial training, but once Girl Shine has already started being implemented - for example, at the closure of every refresher session or quarterly mentors' meeting.



Activity 1: What Difference Have We Made? (1 hour)

Questions

- What do girls say about their experiences of the sessions?
- What changes are noticeable in the girls since they have started attending the sessions?

Key Messages

Mentors/facilitators play a critical role in shaping the experience of adolescent girls in the Girl Shine Life Skills Curriculum. Not only do mentors/facilitators give information to girls from the curriculum, they have an impact on how girls continue to navigate their way through life.

They are role models to girls and impact their life in immeasurable ways, but there are some things that can be known about the impact of mentors/facilitators.

- Split participants into small groups, and in their groups ask them to think about the changes noticed so far in the girls and communities you work in.
- Ask them to first discuss in the group and then to group similar ideas and themes together and put them on a flip chart paper. For example, if a number of mentors/facilitators saw girls re-enroll in school, they can add this as a heading, or girls who postponed marriage, girls making friends, etc.
- Once finished, do a walking gallery where participants can see the impact they have all had.
- Summarize all of the different things participants have shared, emphasizing how their involvement has directly led to this impact on girls' lives.

Activity 2: I Know A Girl (30 minutes)

- Ask participants to make a circle. Explain to participants that now having discussed the broader impact that they have had, it is time to share some stories on a more individual level.
- Ask them to think of a small achievement - maybe a girl gave them some feedback, they noticed a shy girl participate more in a specific session, they know a girl who tried some techniques she learned in the session and used them and they worked, etc. Ask participants to keep their stories anonymous (for example, not giving the name of the girl or specific details of what happened to her) but focus on the change and the impact this had.
- Give them time to think about it and tell them that when they are ready, they can request the ball. When they have shared their experience, someone else can request the ball.
- Keep throwing the ball around until everyone has had the chance to share.
- Explain to participants that on an individual level, they have had a meaningful impact on the lives of girls and it is important to remember these things on a daily basis, as it will remind you why you are doing the work you do.

Activity 3: The Difference in Me (45 minutes)

- Explain to participants that doing this kind of work can be hard, require a lot of time and effort, and can be very difficult at times. While there are many challenges with the work, there may also be some changes participants have noticed in themselves. Ask them to take a few moments to reflect on this.
- Ask participants to take a piece of paper and some colored pencils/pens. Ask them to draw a 'before and after' picture of themselves.
- The pictures should reflect how they felt before they started facilitating the sessions and how they feel now. If they are struggling for ideas, explain for example that maybe at the beginning were nervous or lacking confidence, or happy. Now they feel more confident, or more stressed, for example.
- Once they have finished, they can present their drawings back to the wider group.
- Summarize all of the positive differences they have noticed in themselves and emphasize that implementing the sessions not only has an impact on girls but the mentors/facilitators and the wider community.
- For the differences that are not so positive, ask participants to think about what they can do to manage this and what support the group can offer each other. Write down key action points to follow up on.

Activity 4: Congratulating Each Other (15 minutes)

- Thank mentors/facilitators for all of their hard work and ask them all to start walking around the space.
- Say "STOP" and ask them to find the person closest to them and give them a hug or pat them on the back or shake their hand and congratulate them on doing a fantastic job.
- Do this three to four times so that they get to congratulate as many people in the group as possible.

Appendix I

Values Clarification Survey



► Values Clarification Survey (20 minutes)

1. This survey should be carried out at the beginning and end of the Girl Shine Mentor/Facilitator Training. It can also be used in subsequent refresher trainings to keep track of participants' attitudes and values towards adolescent girls. Encourage participants to respond honestly. Explain that the survey is to help the country team and them to have a deeper understanding of their values, attitudes, and beliefs towards adolescent girls. It will allow participants to track any change in their values, attitudes, and beliefs as they move through the program.
2. Pass out the survey and read the questions one by one if there are any literacy issue.

		 Strongly Agree (YES!!)	 Agree (Yes)	 Disagree (No)	 Strongly Disagree (NO!!)
1	Adolescent girls' problems are not as serious as women's problems.				
2	Adolescent girls sometimes make up stories to get attention or to get someone in trouble.				
3	Adolescent girls do not have enough experience to make good choices.				
4	Adolescent girls need an adult to make important decisions for them.				
5	Unmarried adolescent girls do not need to know about sex.				
6	When adolescent girls have access to sexual and reproductive health information, it encourages them to be sexually active.				
7	Sometimes violence towards adolescent girls is justified, if the girl has done something wrong.				
8	Boys experience risks and dangers in humanitarian settings as much as girls do.				
9	Giving adolescent girls information about sex encourages irresponsible sexual behavior.				

		 Strongly Agree (YES!!)	 Agree (Yes)	 Disagree (No)	 Strongly Disagree (NO!!)
10	Adolescent girls do not understand what is best for their future.				
11	Parents always know and do what is best for their daughters.				
12	It is better to invest in the future of boys than girls, as boys are the ones who will support their family and the community.				
13	Adolescent girls have the right to access information about reproductive health and other issues that directly affect them.				
14	When unmarried adolescent girls are sexually active, it breaks down society.				
15	There is no good reason for a girl to get married under 18.				
16	It is better for girls to get married than to continue with education.				
17	Only married girls should have access to information about sexual and reproductive health.				
18	It is ok to make an adolescent girl feel ashamed if it helps change her behavior.				
19	If an adolescent girl is sexually harassed, it is usually because of how she dressed.				
20	If an adolescent girl is sexually assaulted, it is usually because of her behavior.				
21	If an adolescent girl is raped, it is usually because she made a bad decision.				
22	It is good for an adolescent girl to get married if she has dropped out of school.				
23	The community should hold those to account who commit violence and abuse towards adolescent girls.				

		 Strongly Agree (YES!!)	 Agree (Yes)	 Disagree (No)	 Strongly Disagree (NO!!)
24	FGM/Bush School is an important tradition that should be followed by all girls.				
25	Married adolescent girls have the right to say no to sex with their husbands.				
26	Adolescent girls have the right to make informed choices about their sexual and reproductive health.				

Name: _____

Appendix 2

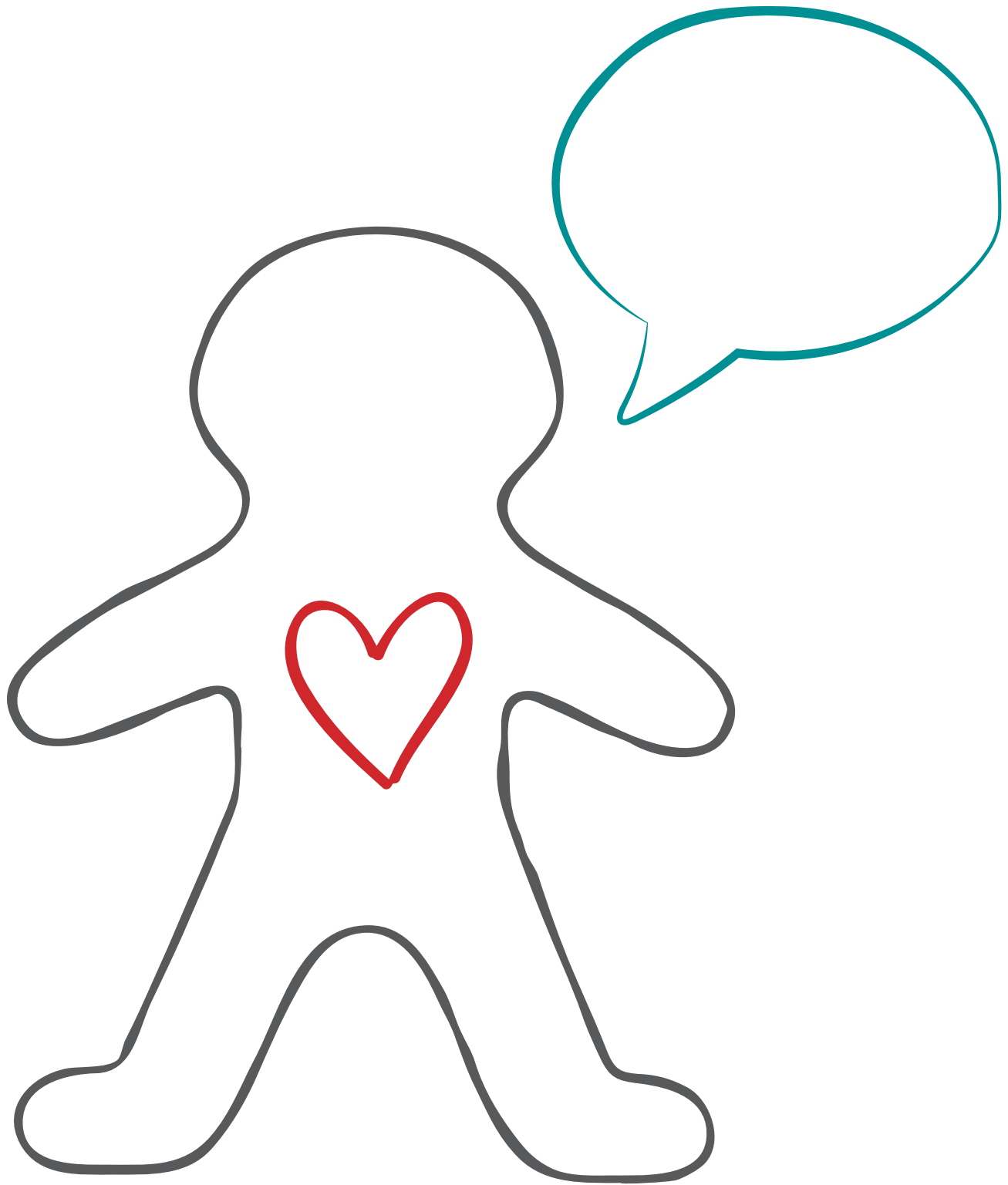
Bingo



Can speak more than 2 languages	Doesn't have a Facebook account	Has an older sister	Likes cats	Is right-handed
Is left-handed	Has ridden a horse	Plays a sport	Doesn't like chocolate	Met someone famous
Is a vegetarian	Is an only child	Free space	Is good at art	Can play a musical instrument
Favorite color is blue	Likes dogs	Doesn't know how to swim	Has ridden a motorcycle	Loves pizza

Appendix 3

Who Am I?



Appendix 4

Power Walk Character Cards⁴²



Female, 11 years old, married	Male, 11 years old	Female, 16 years old, mother of two chil- dren	Male, 16 years old, father of one child
Female, 14 years old, divorced, mother of one child	Male, 14 years old, gay	Female, 13 years old, pregnant	Male, 13 years old, physical disability
Female, 13 years old, intellectual disability	Female, 17 years old, head of household	Male, 17 years old, head of household	Female, 15 years old, widow, low literacy
Female, 17 years old, affiliated with religious group that faces discrimination	Male, 17 years old, affiliated with ethnic group that faces discrimination	Female, 14 years old, transgender	Female, 14 years old, low literacy, works in small shop

⁴² Adapted from Women's Refugee Commission (WRC) and IRC (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 4: A training module for GBV practitioners in humanitarian settings.

Appendix 5

Intersecting Oppressions Case Study



Miriam's Story

Miriam just turned 14 years old. She lives with her family in a refugee camp. Since she got her first period about a year ago, her mother stopped letting her go outside to play. Her parents told her she must only travel outside the home when accompanied by her father or older cousin, and she must dress more modestly. Sometimes they are busy, so she cannot go to school. Her parents say school doesn't really matter for her anymore. It's more important that she stays at home to help her mother around the home.

Appendix 6

Seeds of Success



Day 1	I feel confident I can...	I need support to...
Day 2	I feel confident I can...	I need support to...
Day 3	I feel confident I can...	I need support to...
Day 4	I feel confident I can...	I need support to...
Day 5	I feel confident I can...	I need support to...

Appendix 7

Daily Evaluation of Training



		Agree	Neutral	Disagree
1	I found the day enjoyable.			
2	The day fit my expectations.			
3	There was great opportunity to share views and experiences.			
4	My questions have been answered convincingly.			
5	The training hall was suitable and comfortable.			
6	The breaks/lunch were satisfactory.			

General Remarks:

Appendix 8

Facilitating ASRH Sessions



► Before the Session

- **Trust:** Building trust before these sessions is crucial.
- **Plan ahead:** What do you want to achieve during the session? Are you confident about the information you are presenting?
- **Set your limits:** You may feel embarrassed answering some of the questions girls ask. Be honest and tell them if you are unable to answer their questions.
- **Get advice:** Talk to your colleagues or supervisor to get their advice on how to tackle these topics. Ask for their help if you need to. When seeking advice, remember to respect girls' privacy and abstain from sharing information about them with others.
- **Language:** Think about how you will explain sensitive terms to the girls, such as sex and pregnancy.

► During the Session

- Be prepared to deal with shyness.
- Remind girls of the group rules and confidentiality.
- Establish what they know first, before giving them information (they may be able to explain it in a way that other girls understand better).
- Provide girls with accurate and factual information.
- Ask them at each stage if they are happy to continue to the next topic - get their consent.
- If you do not know the answer, be honest. Try to find the answer for the next session.
- Do not push the girls to answer questions they are not comfortable with.
- Do not ask them direct questions related to their personal experience.
- If they share their personal experiences, thank them for sharing.

► After the Session

- Ask girls if anything remains unclear.
- Give them the opportunity to write their comments/feedback/suggestions in a confidential way (for example, give them paper that they can write on and hand in if they are not comfortable verbalizing certain issues).
- Remind them of confidentiality.

If you do not feel comfortable giving information on these topics due to your personal beliefs, values, etc., please talk to your supervisor. It is essential that information provided to girls is factual, not biased, and given in a sensitive and non-judgmental way.

Appendix 9

Action Plan



Imagine that you will begin your first Girl Shine session tomorrow. Think about the following:				
What are the things that you still don't feel comfortable with in relation to the Girl Shine groups?	What skills would you like to practice more?	What topics from the training do you still need more information on?	What new topics or information do you need that weren't covered in the training?	Any other comments?
1				
2				
3				
4				

Appendix 10

Final Evaluation



Trainee Name: _____

Date: _____

Circle the number that best represents your reaction to the training.

a. I feel that I will be able to use what I have learned.

(Often) 5 4 3 2 1 (Never)

b. The training was presented in an interesting manner.

(Often) 5 4 3 2 1 (Never)

c. The program covered the promised objectives.

(Often) 5 4 3 2 1 (Never)

d. The trainer encouraged participation and questions.

(Often) 5 4 3 2 1 (Never)

	What was the most interesting subject for you?	
	What have you learned that you can put to use in your work?	
	What would you suggest to improve the training?	
	Feel free to make any additional comments.	

Appendix II

Participants Attendance Sheet



	Name	Position	Email/Phone	Location	Day 1	Day 2	Day 3	Day 4	Day 5
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Appendix I2

Unpacking my Knapsack Privilege Lists⁴³



Examples of Socio-Economic Privilege

1. I assume I will be able to meet my basic needs. I take having necessities for granted.
2. I buy what I need and want without worry.
3. I do not fear being hungry or homeless.
4. I can manage to know only people of similar class background by exclusively frequenting places where such people gather—neighborhoods, schools, clubs, workplaces, etc.
5. I evaluate others and recognize those of similar class background because I was taught to do that kind of evaluation.
6. I can avoid spending time with people whom I am trained or have learned to mistrust and who may have learned to mistrust my kind.
7. I can hide family secrets and family failures behind the doors of my home.
8. I am in control of how I spend my time.
9. I can be charitable or not as I choose.
10. I can live where I choose and can move when and where I choose and expect that I will be welcomed there.
11. When I am in the company of people of high socioeconomic status in my community, I have little discomfort.
12. In higher socioeconomic status communities, I am trusted and not perceived as a threat.
13. If I break or lose something, I can afford to replace it.

Examples of Ability Privilege

1. I can, if I wish, arrange to attend social events without worrying if they are accessible to me.
2. If I am in the company of people that make me uncomfortable, I can easily choose to move elsewhere.
3. I can easily find housing that is accessible to me, with no barriers to my mobility.
4. I can go shopping alone most of the time and be able to reach and obtain all of the items without assistance.
5. I can see people of my ability level widely and accurately represented in images, book, media, etc.
6. If I ask to speak to someone “in charge,” I can be relatively assured that the person will speak directly to me and not treat me like I am stupid.
7. I do not have to fear being assaulted because of my ability status.
8. I can be reasonably assured that I won’t be late for meetings due to mobility barriers.
9. As I grow up from childhood, I will not feel that my body is inferior or undesirable, and that it should be “fixed,” allowing me to feel confident in my current and future relationships.
10. When speaking with medical professionals, I can expect them to understand how my body works, to answer my questions, and respect my decisions.
11. My neighborhood allows me to move about on sidewalks, into stores, and into friends’ homes without difficulty.
12. People do not tell me that my ability level means I should not have children. They will be happy for me when I become pregnant, and I can easily find supportive medical professionals and parents like me.

43 Adapted from Wiseman, Ashley (2017) Invisible Knapsacks Activity Facilitation Guide, LSA Inclusive Teaching Initiative, University of Michigan

Examples of Religious Privilege

1. I can expect to have time off work to celebrate religious holidays.
2. Music and television programs pertaining to my religion's holidays are readily accessible.
3. It is easy for me to find stores that carry items that enable me to practice my faith and celebrate religious holidays.
4. I am not pressured to celebrate holidays from another faith that may conflict with my religious values.
5. Holidays celebrating my faith are so widely supported I can often forget they are limited to my faith.
6. I can worship freely, without fear of violence or threats.
7. I can practice my religious customs without being questioned, mocked, or inhibited.
8. When swearing an oath, I will place my hand on a religious scripture pertaining to my faith.
9. Positive references to my faith are seen dozens of times a day by everyone, regardless of their faith.
10. Politicians can make decisions citing my faith without being labeled as heretics or extremists.
11. I can reasonably assume that anyone I encounter will have a decent understanding of my beliefs.
12. I will not be penalized (socially or otherwise) for not knowing other people's religious customs.
13. My faith is accepted/supported at my workplace.

Examples of Citizenship Privilege

1. If a police officer or person in authority asks to speak to me, I can be sure I haven't been singled out because of my perceived citizenship status.
2. I can be reasonably sure that if I need legal, medical advice, or help, my citizenship status will not be a consideration.
3. I can easily enroll my children in school with the necessary paperwork.
4. I can be sure that if I seek justice for a crime committed against me, my rights will be recognized and respected by the courts.
5. I can take the liberty of changing people's names if they are hard for me to pronounce.
6. Most if not all of the time I am able to surround myself with people who share a common or collective history, who understand the norms of my society, who speak the same language that I do, and who understand my culture.
7. My freedom of movement is not hindered or limited on account of my citizenship status.
8. I do not worry about a crime being committed against me or my family on account of our citizenship status.
9. I have no concerns about speaking in my own language in public. My children can learn in their own language at school.
10. I can see my nation as "default"—it is normal, everybody else is "different".
11. I can view my cultural norms as universal.
12. I can easily get identification documents as long as I follow the correct process.

Examples of Cisgender Privilege

1. I can use public restrooms without fear of verbal abuse, physical intimidation, or arrest.
2. Strangers don't assume they can ask me what my genitals look like and how I have sex.
3. I have the ability to walk through the world and generally blend-in, not being constantly stared or gawked at, whispered about, pointed at, or laughed at because of my gender expression.
4. Strangers call me by the name I provide, and don't ask what my "real name" [birth name] is and then assume that they have a right to call me by that name.
5. I can reasonably assume that my ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of my gender identity/expression.
6. I have the ability to flirt, engage in courtship, or form a relationship and not fear that my biological status may be cause for rejection or attack, nor will it cause my partner to question their sexual orientation.
7. If I need medical treatment, I do not have to worry that my gender will keep me from receiving appropriate treatment.
8. My gender identity is not considered a mental pathology or mental illness.
9. If I have any crime committed against me, my gender expression will not be used as a justification for this crime.
10. I can easily find role models and mentors to emulate who share my identity.
11. I am able to assume that everyone I encounter will understand my identity, and not think I'm confused, misled, or hell bound when I reveal it to them.
12. I am able to purchase clothes that match my gender identity without being refused service/mockled by staff or questioned on my genitals.

Appendix I3

Girl Shine Mentor and Facilitator Training Guidance for Facilitators



Appendix 13A: Guidance for Trainers: Discussing Intersecting Forms of Oppression and Managing Risks and Resistance

Appendix 13B: Guidance on Inclusion and Managing Group Dynamics Amongst Engaged, Married, Divorced, and Widowed Girls, and Young Mothers

Appendix 13C: Guidance on Discussing the Health Consequences of Early Marriage with Engaged, Married, Divorced and Widowed Girls

Appendix I3A:

Guidance for Trainers: Discussing Intersecting Forms of Oppression and Managing Risks and Resistance



Managing Risks

The session on “Understanding Privilege, Discrimination, and Systems of Oppression” recognizes our responsibility as humanitarian and GBV service providers to ground our work in an understanding of intersecting forms of oppression and to seek to address them, including by providing tailored support to all girls equally.

In some contexts, discussions on intersecting forms of oppression may be associated with risks to girls, facilitators/mentors, staff, and the organization. Trainers are asked to commit to maintaining confidentiality during and after training on discussions had during the sessions. However, in certain circumstances if/when a participant shares sensitive content and discussions with non-participants, it may result in pressure to change or stop activities, as well as the potential blowback of violence against the girls themselves. This is particularly relevant to contexts where there is especially strong discrimination and oppression of certain groups, for example where homosexuality is illegal.

For this reason, prior to delivery, trainers should have an understanding of the context-specific risks associated with discussing intersecting forms of oppression. Key questions to consider include:

- What is the current protection context and risks for girls who face intersecting forms of oppression, in particular girls with diverse SOGI?
- What might be some consequences for girls if the community and/or formal authority learns about the training content?
- What might be some consequences for trainers/facilitators if the community and/or formal authority learns about the training content?
- What might be some consequences for the organization if the community and/or formal authority learns about the training content?
- Have I discussed possible organizational risks with my supervisor/the head of country teams?

Where risks are identified, trainers may choose to narrow the scope of the session. However, it should be clear that understanding intersecting forms of oppression and ensuring inclusive, non-discriminatory service is a professional obligation of all humanitarian actors. Trainers should consider adaptations where there are clear risks involved, rather than when the content is unfamiliar or uncomfortable for them or participants.

Managing Resistance

In addition to the risks covered above, trainers may encounter resistance to discussions on intersecting forms of oppression due to the participants' unfamiliarity with the concept/s presented, a lack of clarity on the concepts' relevance to the Girl Shine curriculum, the implications for facilitators/mentors, their personal values and attitudes, and the broader social acceptance and legal status of those forms of diversity within their contexts. The following is suggested guidance for training facilitator/s to effectively manage possible resistance.

"Why are we learning about intersecting forms of oppression in a training about working with adolescent girls through the Girl Shine Life Skills curriculum?"

Possible Trainer Response:

- Girls face intersecting forms of oppression which compound to place them at greater risk of experiencing discrimination, harm, and violence. These forms of oppression target girls based on their age and gender, as well as ethnicity, religion, sexual orientation and gender identity, marital status, ability, primary caregiver responsibilities, socio-economic status, citizenship and displacement status, and/or health status.
- As mentors/facilitators, we are committed to the humanitarian principles of do no harm and non-discrimination. As GBV actors, we have a responsibility to try to understand how these intersecting forms of oppression impact girls' lives, and to address the full diversity of girls' needs that arise from them. This includes making sure that our support is accessible to all girls equally and is responsive to their individual needs.

"There are no/only a few _____ (e.g., lesbian/disabled) girls in my community."

Possible Trainer Response:

- Facing intersecting forms of oppression places them at greater risk of experiencing violence and also increases barriers to services. There will be good reasons why a girl does not access a service. Girls may be unable to physically access services due to lack of adequate structures (e.g., ramp) or because of community perceptions about girls going unaccompanied. Girls may not have access to the resources needed to get support due to discrimination against them based on one aspect of their identity, or face barriers to accessing support that arise from stigma and judgment against specific groups. It is our responsibility to recognize and address these barriers to quality, tailored services for all girls.

"As a service provider, it is unsafe for me to work with adolescent girls because _____ (e.g., homosexuality is illegal)."

Possible Trainer Response:

- As humanitarian service providers, we are committed to the principles of impartiality or non-discrimination and do no harm. As GBV actors, we have a responsibility to treat all girls with dignity and respect and to prioritize their safety and wellbeing. Inclusion requires us to reflect on the intersecting forms of oppression that affect the lives of girls and asks us to make efforts to address barriers to respond to the diversity of girls' needs.
- Where there are potential risks associated with working with diverse girls as part of broader programming/service delivery for adolescent girls, staff should consult with their supervisors to determine an approach that supports staff safety while fulfilling obligations to girls' safety and wellbeing.

"I do not feel confident working with girls from this community/with this identity."

Possible Trainer Response:

- Each girl's experience of adolescence is unique. A range of factors influence this, including the different forms of discrimination a girl faces based on aspects of her identity. Sometimes a girl may be open about her experiences or aspects of her identity that may be visible to others around her. For example, a physical disability. Other times, her experiences or aspects of her identity may not be visible, or she may choose not to share them publicly, often because of fear of stigma, judgement, or harm. For example, affiliation with a religious group that is persecuted against may cause a girl not to share that aspect of her identity.

- Whether you realize it or not, you will already be working with girls who have a wide range of experiences. As facilitators/mentors, it is our job to understand the individual needs of all girls and adapt our support to meet their needs. We do this by trying to understand how intersecting axes of oppression affect the lives of girls and making efforts to address barriers to respond to the diversity of girls' needs. Facilitators/mentors do not need extra skills for this. It is about doing the job you are already doing - ensuring quality services are accessible to all girls in response to their needs.

"I do not feel comfortable working with girls with this identity because it goes against my/my community's values or beliefs."

Possible Trainer Response:

- As humanitarian service providers, we are committed to the principles of impartiality or non-discrimination and do no harm. As GBV actors, we have a responsibility to treat all girls with dignity and respect; we are committed to providing care in line with the Guiding Principles of safety, confidentiality, non-discrimination, and self-determination, and with a survivor-centered approach. We have a professional obligation to ensure our services are inclusive and responsive to adolescent girls as a distinct group and are inclusive and responsive to all adolescent girls equally in their full diversity. Where you have concerns regarding your capacity to provide services in line with these principles and quality standards, consult with your supervisor for their guidance. The girl's safety and wellbeing should always be prioritized.

Where no resolution is feasible within the confines of the training, facilitators may wrap up discussion by saying, "This is a complex topic which requires space beyond what is available in this training to discuss. At this point, the main points are:

- Girls face intersecting forms of oppression which compound to place them at greater risk of experiencing discrimination, harm, and violence. These forms of oppression target girls based on their age and gender, as well as ethnicity, religion, sexual orientation and gender identity, marital status, ability, primary caregiver responsibilities, socio-economic status, citizenship and displacement status, and/or health status. This places them at greater risk of experiencing violence and also increases barriers to services.
- As humanitarian service providers, we are committed to the principles of impartiality or non-discrimination and do no harm.
- As GBV actors, we have a responsibility to treat all girls with dignity and respect; we are committed to providing care in line with the Guiding Principles of safety, confidentiality, non-discrimination, and self-determination, and with a survivor-centered approach.
- Girls' safety and wellbeing is our priority. Where you feel unable to provide for this, you should work with supervisors and colleagues to ensure girls have access to quality services."

Appendix I3B:

Guidance on Inclusion and Managing Group Dynamics Amongst Engaged, Married, Divorced, and Widowed Girls, and Young Mothers



Facilitators/mentors should work to ensure Girl Shine groups remain safe, supportive, and tailored to the needs of all girl participants. Engaged, married, divorced, and widowed girls, and young mothers will have shared as well as distinct needs subject to their marital status. Girls' marital status may influence group dynamics and increase the risk of a girl experiencing stigma and discrimination during and following Girl Shine sessions. While some girls may feel more comfortable being in separate groups (e.g., unmarried or recently married girls), this may be stigmatizing and risk further harm and violence for other girls (e.g., divorced girls, girls with disabilities, girls with HIV, and girls of diverse sexual orientation and gender identity). To avoid this and ensure a safe and supportive environment for all girls, facilitators/mentors should:

- Always check with the girls themselves to see what their preference is and assess whether having discussions that bring together specific groups of girls could stigmatize them or put them at risk of violence or backlash.
- Adapt curriculum to the needs of the girls. When working with a mixed group of girls (e.g., girls who are married and unmarried) consider the key information and messages that are relevant to each group based on their needs and lived realities. Consider if it is safe to deliver this information and these messages to a mixed group at the same time, or if it risks stigmatizing or traumatizing girls. For example, if the facilitator discusses the severe health consequences of early marriage to a mixed group of unmarried and married girls, the latter group may already be experiencing these consequences, and the information may be traumatizing, disempowering, and stigmatizing when delivered to them in the context of a mixed group. Where curriculum adaptation is needed to ensure safe and tailored sessions, consider alternative approaches. This may include dividing girls into two groups for one session and delivering distinct content to each, holding an additional session for married girls only at another time, and/or sharing key information and messages with them through an alternative means. As above, facilitators/mentors should always check with the girls themselves to see what their preference is and assess associated safety risks, and where identified, adapt approaches.
- Diverse caregivers may also prefer separate or parallel groups. It may be helpful to run separate or parallel discussions for caregivers who may find it difficult to attend all set sessions (e.g., caregivers with a disability). Similarly, discuss this with caregivers to determine the approach.

Appendix I3C:

Guidance on Discussing the Health Consequences of Early Marriage with Engaged, Married, Divorced, and Widowed Girls



All adolescent girls have a right to sexual and reproductive health and rights services, including information.⁴⁴ While it is critical that unmarried girls have the knowledge to prevent or mitigate these consequences, mentors/facilitators should provide this information in a manner that does not alarm, distress, or stigmatize girls who are or who have been married and may already be experiencing its health implications (e.g., high-risk pregnancy).

Mentors/facilitators must consider group composition and dynamics to ensure sessions remain safe, comfortable, and relevant for all girl participants. If implementing the Girl Shine Curriculum instead of the Early Marriage Curriculum, teams should carefully consider which sessions and content to include regarding the consequences of early marriage, while striving to keep the core messages and information that girls will need for their protection. Where mentors/facilitators are working with a mixed group of both unmarried/engaged girls and never-married girls, adapting sessions to allow for the delivery of distinct messages to each—for example, through separate break away groups—should be considered. Other suggestions include:

Before Sessions

- Consider the relevance and appropriateness of content for girls of diverse marital status. Consider how the content and its delivery may impact girls' sense of safety and empowerment, particularly for girls who are already married or who have been married. Reflect on language to ensure it is sensitive to the needs and realities of girls of diverse marital status.
 - Engaged girls may benefit from information about the health risks associated with early marriage. While this may support them to weigh the pros and cons of early marriage, for many engaged girls, marriage is not their choice. Accordingly, mentors/facilitators should ensure engaged girls are aware of the health and wellbeing risks associated with early marriage, while also having the knowledge on how to prevent or mitigate these possible consequences. In many contexts, these topics are considered inappropriate for unmarried and/or engaged girls. As above, mentors/facilitators should carefully consider content for appropriateness and safety, while striving to keep the core messages and information that girls will need for their protection.
 - For married, divorced, or widowed girls, mentors/facilitators should avoid focusing solely on the negative consequences of marriage on girls' health and wellbeing. Doing so may alarm or distress girls who are or have been married and trigger a sense of hopelessness for girls who may already be experiencing some of these consequences. Instead, mentors/facilitators should focus on providing information that will support these girls to effectively manage their health and wellbeing, including preventing and mitigating the risks associated with early marriage, and fostering these girls' sense of agency, for example through validation of their decision to participate in Girl Shine.
- Adapt content and session design to ensure that girls are given the information required for them to make positive decisions regarding their health and wellbeing, and that sessions remain relevant and safe for all girls, regardless of their marital status. For example, in mixed groups (e.g., of never-married and engaged girls) where safe and comfortable to do so, consider splitting participants into two separate groups to allow tailored messages for each.
- Consult a supervisor to get advice on how best to provide sensitive information about the consequences of early marriage to engaged, married, divorced, and widowed girls. When seeking advice, remember to respect girls' privacy and abstain from sharing information about them with others.

44 See Convention on the Elimination of All Forms of Discrimination Against Women and Convention on the Rights of the Child

During Sessions

- Before giving information, first establish what girls know (they may be able to explain it in a way that other girls understand better). Provide girls with accurate and factual information.
- Explore the health risks and consequences associated with early marriage in a sensitive way; be responsive to the needs and marital circumstances of girls.
- Avoid deterministic language or implications, e.g., because many married girls experience X, you will too.
- Foster girls' connection with each other, sense of empowerment, and capacity to make positive decisions regarding their health and wellbeing.
- Monitor group safety (e.g., through safety temperature check) and group dynamics. Remind participants of their commitment to confidentiality, especially in mixed groups where never-married girls may share experiences related to being married.

End of Session

- Do not ask the girls direct questions related to their personal experience. If they share their personal experiences, thank them for sharing.
- Ask girls if anything remains unclear.
- Give them the opportunity to give feedback and suggestions in a confidential way (for example, ask them to write down their feedback anonymously if they are not comfortable verbalizing certain issues).
- Remind them of confidentiality and the group agreements.

Training Materials



170

Day	Materials
Day 	• Attendance Sheet (Appendix 11) • Markers, pens • Flip chart paper and A4 paper • Seeds of Success Tool (Appendix 6) • Daily Evaluation (Appendix 7)
Day 	• Attendance sheet (Appendix 11) • Flip chart paper • Markers, pens, colored pens • Paper • Post-it notes • Ball of string/yarn • Info sheet on local services for adolescent girls • M&E Tools relevant to your program • Seeds of Success Tool (Appendix 6) • Action Plan Handout (Appendix 9) • Who Am I Handout (Appendix 3) • Final Training Evaluation Tool (Appendix 10) • Any other materials requested by participants

b. Videos could include IRC's video on adolescent girls <https://www.youtube.com/watch?v=FVspVC6EEvk&t=1s> or Girl Effect <https://www.youtube.com/watch?v=1e8xgF0JtVg>

Girl Shine Training for Service Providers Working with Adolescent Girls



Introduction to This Training

This training aims to equip service providers with the required knowledge and skills to provide tailored, quality, and accessible support to adolescent girls. It aims to ensure service providers recognize the intersecting systems of oppression faced by adolescent girls in emergency settings and their distinct needs arising from this. It supports service providers in adapting their services to meet these needs, particularly the needs of girls who face multiple, intersecting forms of oppression. It incorporates participants' reflections on their individual power, on their positionality with regards to the girls they support, and on their biases, attitudes, and perceptions; this critical self-reflection better enables service providers to provide survivor-centered support for adolescent girls. It promotes adolescent girls' empowerment by supporting service providers in recognizing and fostering girls' capacity for decision-making and resilience. The training responds to a need for tailored training for gender-based violence (GBV), child protection (CP), and sexual and reproductive health and rights (SRHR) service providers on working with adolescent girls.

The training sits within a broader capacity building effort, with ongoing remote learning modules, to be made available for continued learning about working with adolescent girls. While Module One and Module Two can be conducted as a standalone training, Module Three is only suitable for GBV-trained practitioners. The training may also be added to or may complement other related trainings, including but not limited to GBV Core Concepts Training or refresher trainings to strengthen their focus on helping GBV, CP, and SRHR service providers to better support adolescent girls.

Modules One and Two of the training are suited for all said service providers. Module Three focuses on case management for adolescent girls and is recommended for service providers with experience in case management for adolescent girls or those who play a role in case management for adolescent girls, to avoid conflation of responsibilities.

Learner Profile

The following modules are intended primarily for gender-based violence (GBV) service providers but may also be relevant to child protection (CP), and sexual and reproductive health (SRH) service providers (especially Modules One and Two). The modules assume participants have experience in direct service provision for women and adolescent girls, including in case management and/or health and clinical services. The modules assume that GBV and CP service providers have been trained on the [Caring for Child Survivors Guidelines](#)^{45,46} and that GBV service providers have also been trained on the [Interagency Gender-based Violence Case Management Guidelines](#)⁴⁷.

Preparation

Trainers should have supportive attitudes towards the provision of stigmatized services for adolescents and feel comfortable discussing these topics openly. Where trainers feel hesitant or uncomfortable to do so, they can share this with their supervisor. Trainers and their supervisors can discuss any reservations and determine the best way forward to ensure the training is delivered in line with these core attitudes. Trainers should be familiar with the training content prior to commencing training. Trainers can contextualize activities and content to their context where relevant. Suggested areas for contextualization have been noted under 'Trainer Notes' in each session to support this.

45 CCS Guidelines: <https://gbvresponders.org/response/caring-child-survivors/>

46 CCS Operational Guidance: https://drive.google.com/drive/folders/116tJSjggOun5RS4evlqHi4bXkNX_XP8u?usp=sharing

47 GBV Case management Guidelines <https://gbvresponders.org/response/gbv-case-management/>

A Note on Early Marriage

“A child, early or forced marriage (CEFM) is defined as a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, early marriage is also a form of forced marriage as children are not legally competent to agree to such unions.”⁴⁸

Definitions of child and early marriage are often used interchangeably to refer to the marriage of a girl or boy under the age of 18. For the purpose of this document, we are using the term “early marriage,” which encompasses child marriage and forced marriage because:

1. There are multiple factors to consider when talking about marriage that extends beyond just under or over 18. Early marriage allows us to include girls who may, for example, be married at 19 but who are not physically or emotionally mature or don’t have enough information to make a fully formed decision.
2. In some countries, the age of majority may be reached before 18 or adulthood is achieved upon marriage—especially for girls (irrespective of age)—and in those cases, when we talk about child marriage it may be confusing for communities, or they may not see that this applies to them as adulthood and childhood are not perceived in the same way as they are by the international community.

A forced marriage is where one or both people do not consent to the marriage and pressure or abuse is used. This can happen at any age. **All child marriages are forced**, because a child cannot provide informed consent to marriage due to their age.

So, when we talk about early marriage, it includes child and forced marriage but also encompasses contextual differences we may encounter. It also allows us to consider other reasons why a girl or woman may not be ready for marriage, beyond age.

Module Overview

Module One	Topic/Activity
Introduction to Adolescent Girls and the Life Cycle of Violence	• Introduction to Adolescence • Adolescent Girls and Power • Adolescent Girls, the Life Cycle, and Violence
	• Diverse Girls and Intersecting Oppressions • Power and Positionality
Module Two	Topic/Activity
Addressing Barriers to Care for Adolescent Girls	• Addressing Barriers to Care
	• Sexual and Reproductive Health and Rights • Communicating with Adolescent Girls
Module Three	Topic/Activity
GBV Case Management of Adolescent Girls	• Welcome • GBV Case Management Refresher • GBV Case Management in Your Context
	• Adolescent Girls and GBV Case Management • Training Close

 **Note:** There is accompanying presentation slides for the training. They can be found [here](#)⁴⁹.

48 GBV Responders. (2017). Interagency GBV case management guidelines. PDF file. Accessible at https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

49 Training presentation slides: <https://rescue.box.com/s/88oe7zyoco5fso5pwhqq08c4wfw9ize>

MODULE I

Introduction to Adolescent Girls and the Life Cycle of Violence

Module One	Topic/Activity
Introduction to Adolescent Girls and the Life Cycle of Violence	• Introduction to Adolescence • Adolescent Girls and Power • Adolescent Girls, the Life Cycle, and Violence
	• Diverse Girls and Intersecting Oppressions • Power and Positionality

INTRODUCTION TO ADOLESCENCE (60 minutes)

Session Objectives: By the end of the session, participants will:

- » Understand the meaning of the term adolescence and are familiar with key characteristics of this developmental period.

✳ **Trainer Note:** None.

Activities: What is Adolescence? Adolescence and the Brain⁵⁰

Materials:

- ☐ 3x flipchart papers on training walls, entitled “Physical,” “Cognitive/Thinking,” and “Social/Emotional”
- ☐ flipchart paper
- ☐ markers
- ☐ Slides 2–9

► Activity I: What is Adolescence? Outline (30 minutes)

💬 **Say:** In this activity we will learn about adolescence. First, we will do this by remembering what adolescence was like for us.

✅ **Do:** Invite participants to close their eyes if they are comfortable with this, otherwise they may leave them open.

❓ **Ask** participants to think back to when they were 14 years old. ASK them:

- How did they feel at that time in their life?
- What were the most important things in their life? Who were the most important people?
- What important changes were happening – in their bodies, relationships, lives?

50 Adapted from International Rescue Committee (2016). Safe Healing and Learning Spaces Toolkit ‘Parenting Skills Intervention: Curriculum for Caregivers of Adolescents’

✓ **Do:**

- Give participants a few minutes to reflect on this silently.
- Once finished, ASK participants to open their eyes again and rejoin the room.
- ASK participants to share some of their reflections. Emphasize that they should only share their reflections if they are comfortable to do so.
- Take several reflections.

Summarize:

- Adolescence occurs from 10 to 19 years of age. It is a period of great change, when a child is crossing from childhood to adulthood. It is a time of significant and often rapid physical, cognitive, emotional, and social development.⁵¹ Everyone experiences adolescence differently, with these changes happening at different times, paces and for different reasons for everyone. Adolescence can be an exciting but also sometimes scary time in our lives.

✓ **Do:**

- Break participants into three groups. Allocate a type of change (Physical, Cognitive/Thinking, Social/Emotional) to each group and ask participants to stand around their flipchart paper.
- Explain that on “Go!” participants should list as many changes as possible relevant to their type of change that occur during adolescence to boys and/or girls. Groups will be given 20 seconds to do this, and then the facilitator will ring the bell. Groups should then move on to the next flipchart paper and add to the list for that type of change. This should continue for three rounds so that each group has three turns to consider the different types of changes, or until participants have listed adequate examples.
- Once finished while participants are still standing, review the three lists. Lists should include the following (see chart). Invite participants to add any other examples during the review. Facilitators may add examples that are missing.

Physical Changes⁸

- Hormonal changes
- Hair grows
- Breasts begin to grow (girls)
- Menstruation begins (girls)
- Testicles and the penis become bigger (boys)
- The voice becomes deeper
- Height and weight gain
- Bigger appetite
- The brain develops

Social/Emotional Changes⁹

- The sense of identity develops
- Greater self-interest
- Improved capacity to express feelings
- Stronger emotions
- Relationship with parents become less important/desire for independence from parents
- Close friendships become more important
- More concern for others
- Social anxiety can grow
- Romantic interest and sexual desire develop
- Sexual and gender identity develop/becomes stronger

51 International Rescue Committee (IRC) (2017) Girl Shine, Part One: Advancing the Field, Designing Girl-Driven Gender Based Violence Programming in Humanitarian Settings.

52 Adapted from UNFPA (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, International Rescue Committee (IRC) (2017) Girl Shine: Part Three. Girl Shine Caregiver Curriculum, and World Health Organization, Topics at Glance: Adolescent Health

53 Ibid.

Cognitive Changes⁵⁴

- Growing capacity to think abstractly
- Capacity to consider several options and possibilities
- Possible emergence of risky behaviors and impulsivity
- Capacity to consider what they feel and what they think
- Growing capacity to set goals and pursue them
- Growing capacity to anticipate consequences of actions
- Ability to think ideas through
- Ability to express ideas in words
- Ability to make independent decisions
- Greater concern for others/deeper moral thinking

Ask

- What factors influence when and how an adolescent will experience these changes? (ADD if not mentioned: gender, hormones, social and cultural norms, family and community relationships, broader context including emergency settings, etc.)
- Which changes generally occur earlier in adolescence (10–14 years old), and which generally occur later in adolescence (15–19 years old)?
- Which of these changes are specific to girls? Which are specific to boys?

Say:

- Many factors will influence a person's experience of adolescence. Age is one of them.
- In general, we consider younger adolescents to be 10 to 14 years old and older adolescents to be 15 to 19 years old, however there is diversity of capacity and maturity even within these categories. Present younger adolescent and older adolescent changes summary from Slides 2–3.

Key Messages

- The term adolescence refers to a developmental period from the ages of 10 to 19. It is a period of change when a child is crossing from childhood to adulthood. It is a time of significant and often rapid physical, cognitive, emotional, and social development.⁵⁵
- Adolescents are not homogenous. Age greatly influences an adolescent's emotional, social, and cognitive maturity and capacities. As adolescents age their perspectives, attitudes, relationships, roles, and capacities develop and mature.
- Younger adolescents are considered to be from 10 to 14 years old, while older adolescents are considered to be between 15 to 19 years old. In general, these age groups help mark important developmental milestones and highlight the evolving capacities of adolescents.
- Other factors also influence a person's experience of adolescence. This can include their gender, hormones, social and cultural norms, family and community relationships, and environmental context including emergency settings.
- Girls begin puberty on average 12–18 months earlier than boys. Adolescence is a critical time for them; their experience of adolescence is very different from the experience of boys⁵⁶.

⁵⁴ Ibid.

⁵⁵ International Rescue Committee (IRC) (2017) Girl Shine, Part One: Advancing the Field, Designing Girl-Driven Gender Based Violence Programming in Humanitarian Settings.

⁵⁶ Ibid.

► Activity 2: Adolescence and the Brain Outline⁵⁷ (30 minutes)

Say:

- During adolescence, chemical messengers in adolescents' bodies called hormones fluctuate. These hormones affect things like adolescents' mood, sexual function and desires, and physical growth. They also affect adolescents' brain development.
- Even though all teenagers' brains develop in roughly the same way at the same time, there are differences among individual teenagers. For example, if a child started puberty early, this might mean that some of their brain changes started early too.
- All adolescents, both boys and girls, have the brain capacity to learn, be smart, be kind, be gentle. Their capacity will depend on the ways their development is encouraged by their caregivers and communities, including us as service providers.

Do:

- Play brain architecture video in Slide 4.
- Present Slides 4–6.
- Show "The Child's Developing Brain" from Slide 7–8 (refer to presentation notes).
- Present Slide 9.

Ask: What are the implications of this on how we, as service providers, engage and communicate with adolescent girls?

Say:

- Adolescents respond best to clear and age-appropriate, respectful, and honest communication that recognizes and respects their age and development stage to make decisions and problem-solve. As service providers, we should engage with adolescent girls in a way that respects their existing capacities, recognizes their lived realities, and fosters their further development.
- Summarize key messages.

Key Messages

- During adolescence, our brains continue to develop. While some adolescents may physically resemble adults, their decision-making and problem-solving skills are still maturing. This is because their prefrontal cortex—the area of the brain that is responsible for planning, focus, attention, and multi-taking—is still developing.
- As service providers, we play an important role in helping adolescents' cognitive development, by supporting and guiding them in problem-solving and positive decision-making. We can also help parents and other community members better understand the reasons behind adolescents' behavior so that they may also support their cognitive and emotional/social maturation.
- In emergencies, many adolescents are involved in adult activities such as labor, marriage, primary caregiving, and combat. They take on roles that rob them of their childhood and adolescence. Emergencies such as conflicts and wars or natural disasters can increase this reliance on adolescents to fulfill these adult responsibilities. This is particularly true for adolescent girls. When working with adolescent girls in emergencies, it is critical that service providers recognize and respect adolescent girls' evolving capacities in line with their age, development stage, capacities, and maturity and that is reflective of their experience and context.
- Adolescents respond best to clear and age-appropriate, respectful, and honest communication that recognizes and respects their evolving capacity to make decisions and problem-solve. As service providers, we should engage with adolescent girls in a way that respects their existing capacities, recognizes their lived realities, and fosters their further development.

⁵⁷ Adapted from International Rescue Committee (2016). Safe Healing and Learning Spaces Toolkit 'Parenting Skills Intervention: Curriculum for Caregivers of Adolescents'

ADOLESCENT GIRLS AND POWER (60 minutes)

Session Objectives: By the end of the session, participants will:

- » Understand the different types of power.
- » Understand the link between power and status.
- » Start to reflect on power relations in their context and their own power as service providers.

✱ **Trainer Note:** Keep group safety in mind when distributing Character Cards. If the group is mixed and it is safe for participants to do so, hand out some female character cards to men, and some male character cards to women. If unsure, distribute female cards to female participants, and male cards to male participants. Alternatively, lay Character Cards out on the floor and let participants choose their own.

Activities:

- **Activity 1:** Types of Power⁵⁸ (30 minutes).
- **Activity 2:** Power Walk⁵⁹ (30 minutes).

These can be found in Day 1, [Session 7 of the Mentor and Facilitator Training Manual](#).

ADOLESCENT GIRLS, THE LIFE CYCLE AND VIOLENCE (45 minutes)

Session Objectives: By the end of the session, participants will:

- » Recognize that women and girls experience oppression and discrimination on account of their gender throughout the lifecycle.
- » Recognize that adolescence is a critical time for girls, a time when this oppression and discrimination is exacerbated to place them at greater risk of harm and violence.
- » Be familiar with the types of GBV experienced by adolescent girls and the consequences.
- » Begin to explore how multiple, intersecting forms of oppression and discrimination place girls at greater risk of violence.

✱ **Trainer Note:** Contextualization required on case study details including name, displacement context, and social norms and practices.

Activity: Miriam and Ahmed ⁶⁰

Materials:

- ☐ flipchart paper
- ☐ markers

⁵⁸ Adapted from IRC (2008). GBV Core Concepts Facilitators Manual.

⁵⁹ Adapted from Women's Refugee Commission (WRC) and IRC (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 4: A training module for GBV practitioners in humanitarian settings.

⁶⁰ Contextualize names and case study details.

► Activity I: Miriam and Ahmed Outline (45 minutes):

CONTEXTUALIZATION: Required on case study details including name, displacement context, and social norms and practices.

✓ **Do:** Tell participants you are going to share the story of Miriam with them. The story spans Miriam's adolescence. At different stages, the facilitator will stop and ask for participants' reflections so they should be ready!

= **Say:** Miriam and her twin brother, Ahmed, are 9 years old. They live in a refugee camp with their mother and father. They both go to school. Miriam likes to play soccer after school, but sometimes has to come home to help look after her little brother.

? **Ask:**

- Would this happen in your context?
- How is Miriam's and Ahmed's life different from each other?

= **Say:** Miriam and Ahmed turn 12 years old. After she turns 12, Miriam gets her first menstruation. Her mother says she cannot play outside anymore, and especially not play sports. Her parents tell her from now on, she must only travel outside the home when accompanied by her father, brother, or older cousin, and she must dress more modestly. Sometimes they are all busy, so she cannot go to school.

? **Ask:**

- Would this happen in your context?
- How has Miriam's life changed?
- What are the consequences of these changes for Miriam?
- What might Ahmed's life look like at the same age?

= **Say:** Miriam and Ahmed turn 15 years old. Miriam does not go to school anymore. Her parents stopped her going when she turned 15. They said she had to stay home to help her mother around the house and care for her younger siblings. Her parents have little money, so only Ahmed can attend. Recently, she heard her parents discussing marrying her to a man in the neighborhood.

? **Ask:**

- Would this happen in your context?
- How has Miriam's life changed?
- What are the consequences of these changes for Miriam?
- What might Ahmed's life look like at the same age?

= **Say:** Miriam and Ahmed turn 17 years old. Ahmed is still in school. Miriam has been married for a year. She is 3 months pregnant. She lives with her in-laws now and doesn't see her family very often. She has lost contact with her old friends. She didn't want to get pregnant so soon, but she didn't know how to stop it. Her pregnancy is making her tired. Her husband found her sleeping when she was expected to be cooking dinner the other day, and he slapped her.

? **Ask:**

- Would this happen in your context?
- How has Miriam's life changed?
- What are the consequences of these changes for Miriam?
- What might Ahmed's life look like at the same age?

- What might Miriam's life look like in 2, 5, and 10 years?

Summarize reflections. **ASK** participants:

- What were the main changes in Miriam's life over her adolescence?
- Why did these changes take place?
- What might be the short to long-term consequences of these changes for Miriam?
- What were the differences between Miriam and Ahmed's experiences of adolescence? Who has more power? Who faced discrimination and when did it start?
- How would Miriam's life have been different if she had a disability? Was lesbian? Was affiliated with a specific group that experiences discrimination?

 **Ask:** What types of violence do adolescent girls experience in your context?

 **Do:**

- List all the types of violence on flipchart paper at the front of the training room.
- Summarize key messages.

Key Messages

- Women and girls experience discrimination throughout their lifecycle. It starts prior to birth, for example, through pre-natal sex selection. It continues throughout childhood, for example, through female genital mutilation (FGM), and carries over into their adolescence and then to adulthood.
- During adolescence, discrimination against girls is exacerbated as they approach adulthood and mature to become women, and it is grounded in the perceived lower value of girls compared to boys.
- It takes the forms of additional responsibilities and burdens; stricter expectations regarding dress; expectations regarding gender roles—particularly with regards to gendered caregiver obligations; increased control over girl's behavior, actions, and relationships (including marriage); and restrictions on movement, and denial of opportunities, including education.
- Girls also experience greater social marginalization and exclusion from protection and health services. For example, married adolescent girls face the same responsibilities, burdens, and protection risks as married adult women; however, those girls may be excluded from protection services responsive to these realities on account of their age. Additionally, adolescent girls are often excluded from accessing SRHR services, including information by healthcare providers who perceive it to be irrelevant or inappropriate for girls due to their age.
- These practices constitute violence against girls while also increasing their risk of experiencing all other forms of GBV.
- While boys also experience sexual violence, the nature of this violence is different from that committed against girls. For example, the risk of sexual violence against boys decreases with age and is usually concentrated in specific times/settings (e.g., conflict, detention), whereas the risk of sexual violence against girls continues and may increase with age, and it occurs across all contexts and settings.
- The consequences of this violence are both severe and long-lasting. For example, girls who are married are at higher risk of experiencing Intimate Partner Violence (IPV) due to a greater power imbalance between the girls and their husbands, and a greater dependency on their husbands.
- Sexual violence against adolescent girls, including the context of marriage, is associated with high-risk pregnancies, increased rates of maternal death, morbidity, and severe physical injury, greater risk of STI including HIV transmission, and poor mental health.
- Multiple forms of discrimination also impact girls' experiences of adolescence, placing them at greater risk of harm, and further challenging their access to quality services. For example, girls who are refugees may be unable to access services or report violence due to lack of civil documentation and/or the precariousness of their citizenship.

DIVERSE GIRLS AND INTERSECTING OPPRESSIONS (120 minutes)

Session Objectives: By the end of the session, participants will:

- » Recognize how multiple, intersecting systems of oppression and discrimination place girls at greater risk of harm and violence.
- » Understand adolescent girls' rights, recognize their professional obligations to equally support all girls to uphold said rights, and know how to ensure their services are responsive to girls' diversity of needs.
- » Reflect on their own power and positionality with regards to adolescent girls and how this influences service provision.
- » Understand the need for service providers to consciously create equal power relations with girls in order to support their access to quality care.

 Trainer Note: ⁶¹

It may be necessary to explain sexual orientation and gender identity and allow time to explore key concepts with participants. Guidance on key terms is included below. Additional guidance on managing resistance and risks associated with this discussion is also included as **Annex 3**.

Facilitators should recognize that this topic may be extremely sensitive. It is important that the facilitator be accepting of and comfortable with the topic. It might be helpful to first identify common myths and misunderstandings about sexual orientation and gender identity that can be integrated into the discussion. Prior to the session, the facilitator should research local laws and movements that promote the rights of gay individuals and couples, as well as web sites related to sexual orientation and local organizations supporting their rights. They should then share this information with the participants.

Participants may often want to spend a lot of time talking about sexual orientation and sexual identity because these topics spark curiosity or because they want to defend their point of view. Try to limit the discussion on this issue. In order not to spend too much time on this discussion, explain to participants that you appreciate their interest, but that time is limited. Offer to continue the discussion on sexual orientation and identity at the end of the session with participants who wish to ask all the questions they want.

Biological Sex

Biological sex refers to the sex assigned to a person at birth based on their genitalia and chromosomes. Most children are born with male or female genitalia, but some people are born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with unusual hormone combinations. This is the meaning of "intersex." People can use surgery and hormonal injections to change their biological sex.

Key Term

Intersex: People born with full or partial genitalia of both sexes, or with underdeveloped genitalia, or with unusual hormone combinations which do not fit with typical male or female biological classifications.

Gender Identity

Gender identity refers to the gender you feel inside and how you express this identity to those around you, for example through dress, behaviors, or speech. A person's gender identity is not always the same as their biological sex. For some people, their gender identity does align with their biological sex. This is referred to as cisgendered. For example, a person born with male genitalia and/or chromosomes feels like a man or masculine, or a person born with female genitalia and/or chromosome feels like a woman. For other people, they feel their inner self or gender identity is different from their biological sex. This person may be referred to as "transgender". For others, their gender identity is neither masculine OR feminine; they may identify as neither, a mix or a third gender. These people are sometimes referred to as non-binary.

⁶¹ Adapted from AgirPF Project. (2015). Training manual on adolescent and youth sexual and reproductive health and adolescent and youth-friendly services. Togo: 2015. EngenderHealth/AgirPF Project, and International Rescue Committee (2019) Building Local, Thinking Global Inclusive GBV Programming in Emergencies: Workshop Curriculum.

Key Terms

- **Transgender women and girls:** Women and girls whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. Transgender women and girls have transitioned from male to female.
- **Transgender men and boys:** Men and boys whose gender identity and/or gender expression diverges in some way from the biological sex they were assigned at birth. Transgender men and boys have transitioned from female to male.
- **Cisgender women and girls:** Women and girls whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth.
- **Cisgender men and boys:** Men and boys whose gender identity and/or gender expression is the same as the biological sex they were assigned at birth.
- **Non-binary:** People whose gender identity does not fit into the male-female binary. May not identify as either female or male.

Sexual Orientation

Sexual orientation refers to the sex we are attracted to sexually and romantically. We can be attracted to the same sex (homosexual), the opposite sex (heterosexual), both sexes (bisexual) or no one (asexual). In general, sexual orientation can be seen as a continuum from homosexuality to heterosexuality and most individuals' sexual orientation falls somewhere along this continuum. While many people's sexual orientation does not change over time, for some people it does. A person's sexual orientation is often linked to but is not the same as their sexual behavior. For example, a woman may have sex with another woman once in her life but otherwise be attracted to men and identify as a heterosexual. A person's sexual behavior does not always indicate his or her self-identified sexual orientation.

Key Terms

- **Heterosexual:** People who are intimately, emotionally and/or sexually attracted to someone of the opposite sex.
- **Homosexual (lesbian, gay):** People who are intimately, emotionally and/or sexually attracted to someone of the same sex.
- **Bisexual:** People who are intimately, emotionally and/or sexually attracted to people of both sexes.
- **Asexual:** People with a lack of sexual desire or sexual interest in others.

Other Key Terms

- **Diverse Sexual Orientation and Gender Identity:** In general, this refers to people who have a sexual orientation and/or gender identity which may be perceived to be or is different from that of the majority of people in a community and/or from what is considered the 'norm'. This commonly includes people who are homosexual, transgender, non-binary, asexual or bisexual.

Activities: Privilege and Discrimination; Systems of Oppression; Intersecting Oppression and Its Consequences; Unpacking Our Knapsack

These can be found in [Day 2, Session 2 of the Mentor and Facilitator Training Manual](#).

1. **Activity 1:** Privilege and Discrimination⁶² (30 minutes)
2. **Activity 2:** Systems of Oppression⁶³ (45 minutes)
3. **Activity 3:** Intersecting Oppressions and its Consequences (30 minutes)
4. **Activity 4:** Unpacking Our Knapsack⁶⁴ (40 minutes)

This can be found in '[Additional Modules: Communicating with Adolescent Girls- Our Role as Mentors and Facilitators](#)'. [Activity 1](#).

62 Adapted from Canadian Centre for Diversity and Inclusion. (2017). Exploring my power and privilege: Toolkit 2.

63 Adapted from Adams, M., Bell, L., & Griffin, P. (Eds.). (2007). Teaching for diversity and social justice (2nd ed.). New York, NY: Routledge.

64 Adapted from Wiseman, Ashley. (2017). Invisible knapsacks activity facilitation guide. LSA Inclusive Teaching Initiative, University of Michigan.

MODULE 2

Addressing Barriers to Care for Adolescent Girls

Module Two	Topic/Activity
Addressing Barriers to Care for Adolescent Girls	• Addressing Barriers to Care
	• Sexual and Reproductive Health and Rights
	• Communicating with Adolescent Girls

ADDRESSING BARRIERS TO SERVICES (105 minutes)

Session Objectives: By the end of the session, participants will:

- » Be familiar with the key barriers adolescent girls face in accessing services, including additional barriers faced by girls who experience multiple systems of oppression.
- » Know how to address these barriers to support girls' access to services, including through the adaption of services for girls facing multiple systems of oppression.
- » Recognize their own values and attitudes towards adolescent girls and reflect how these impact girls' access to quality services.

Activities: Mapping Barriers to Services⁶⁵ ; Addressing Barriers to Services; Our Values and Attitudes⁶⁶

Materials:

- ☐ flipchart paper
- ☐ markers
- ☐ Slides 11–14

► Activity I: Mapping Barriers to Services Outline (45 minutes)

 **Say:** Today we will look at the barriers adolescent girls face in accessing services after experiencing gender-based violence.

Do:

- Introduce the types of barriers from Slide 11⁶⁷.
- Read barrier case studies from Slides 12 to 14.
- After each case study, ASK participants:
 - o What barriers did the girl in the scenario face to accessing services?
 - o What category did these fall under: physical, information, attitudinal, institutional?
 - o How does experiencing multiple systems of oppression impact girl's access to services?

65 Adapted from WRC and IRC (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 4: A training module for GBV practitioners in humanitarian settings.

66 Adapted from IRC (2010). Caring for Child Survivors: Module 3 - Child Friendly Attitudes, and UNFPA, Save the Children (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

67 Barrier typology adapted from WRC and IRC (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 4: A training module for GBV practitioners in humanitarian settings.

✓ **Do:**

- Divide participants into four groups. Allocate one type of barrier to each group.
- In these groups, participants should list on flipchart paper as many examples of their type of barrier that adolescent girls face.
- PROMPT participants to think through the specific barriers girls who experience multiple forms of discrimination may face (e.g., married, divorced, widowed, mother, primary caregiver, girl with a disability, girl with diverse SOGI, girl affiliated with different ethnic or religious groups, poor, etc.)
- Give participants fifteen minutes to do this.
- Once finished, have participants stick their flipchart paper on the wall in a row and have participants stand around them.
- Have each group present their examples. Invite participants to add examples.

? **Ask:** What are their reflections on the barriers faced by adolescent girls to services?

✓ **Do:** Have participants remain standing for the next activity.

Key Messages

- During the immediate aftermath of a natural disaster or conflict, adolescent girls are at greater risk of experiencing GBV, while at the same time facing additional barriers to accessing care compared to male peers and adults. They have less access to resources to support their access to services, including financial resources, transportation, and information about services.
- This is particularly true for girls who face multiple forms of discrimination, for whom loss of community support networks is associated with higher risk of violence, and for whom increased dependency on a parent or caregiver exacerbates dynamics of control and abuse.
- Key barriers include:
 - **Physical barriers** include imposed restrictions on girls' movement often justified for their "protection," or self-imposed movement restrictions in unstable contexts. Girls with disabilities often experience greater mobility restrictions and physical barriers (e.g., narrow doors, stairs, steep slopes, etc., also limit physical access for girls with physical disabilities who may need wheelchair access).
 - **Information barriers** include the denial of information on GBV and SRHR. Married girls' marital status may allow them more access to information; however, they may face additional movement restrictions or be excluded from outreach communication targeted at male heads of households. Girls often have less knowledge about services and how to access them. Girls with visual or hearing disabilities, girls who speak diverse languages, and girls who don't read, may all face significant challenges to accessing information on services. Information may also exclude some girls (e.g., girls with diverse SOGI) or fail to take into account their information needs; this discrimination creates a barrier to service uptake by making some girls feel unwelcome or unsure about whether services are applicable to them.
 - **Attitude barriers** including judgement, stigma, unconscious bias, and direct discrimination deters girls from accessing services and restricts their agency to seek support. The marital status of girls' greatly influences attitude barriers; Unmarried girls commonly facing stigma, judgment and explicit denial of services based on the perception that SRHR services are not relevant or appropriate for them. It limits the existence of tailored services for adolescent girls, as girls are not recognized as a distinct group or prioritized in humanitarian response. This is particularly pronounced for girls who experience multiple forms of discrimination (e.g., girls with a disability, girls who are HIV positive).
 - **Institutional barriers** discriminate against adolescent girls by denying and restricting their agency to seek services for themselves (e.g., requiring a husband's or parents' consent). This may be formally required through legislation. However, it commonly arises from misinformation, from lack of clarity on legal frameworks, and from the dominance of customary practices in its absence. Girls who face multiple forms of discrimination often experience additional institutional barriers; for example, they may lack or have inaccurate civil documentation, restricting their access to care, or they may lack legislative protections, thus sanctioning violence towards them and undermining their right to care (e.g., criminalization of homosexuality). Cost barriers are also a common concern for adolescent girls. Even if services are free, there are often indirect costs such as transportation, and associated costs (e.g., medicine). Adolescent girls often have limited access to funds, which creates significant barriers to accessing services.

► Activity 2: Addressing Barriers to Services Outline (30 minutes)

✓ Do:

- Allocate each group a different type of barrier from the last activity.
- As a group, they should review the examples listed and come up with actions that would address these barriers. Again, groups should note these on flipchart.
- Give participants fifteen minutes to do this.
- Once finished, again have each group stick their flipchart paper on the wall in a row and have participants stand around them. Have each group present their examples.

? Ask:

- What are some immediate steps you can take to address these barriers and help make girls feel welcome and/or ensure diverse girls know these services are also for them?
- What are their reflections on the other suggested actions that can be done in a short to medium term?
- What would they need in order to do them? (e.g., financial and human resources, organizational support, technical guidance, etc.)
- What actions would support girls who face multiple systems of oppression access services? How would they do this?
- How can service providers know that their actions are going to or have helped girls have access to services?

✓ Do:

- Read through tips for quality, tailored and accessible services from Slide 15 to 16.
- Summarize key messages.

Key Messages

- Service providers should engage adolescent girls from the outset of service delivery including during service design to ensure services are tailored to the needs of all girls. Key actions include:
 - Proactively engaging adolescent girls in the design of the space where services are delivered (e.g., Women and Girl Safe Space [WGSS], health clinic, child friendly space).
 - Consulting regularly with a range of adolescent girls of different ages and with different lived experiences to ensure services and space where they are delivered are accessible, safe, comfortable, and supportive. This includes establishing feedback mechanisms that adolescent girls can access and feel comfortable using.
 - Engaging girls actively through informed outreach strategies to mitigate identified access barriers which hinder diverse women and girls' equal and meaningful access to services.
 - Linking adolescent girls with other activities taking place and exploring how they can participate in these activities, including aligning their delivery with girls' wishes. In the delivery of service, explore options for them to run activities (e.g., WGSS activities, community outreach).
 - Disaggregating monitoring data on services by age, disability, and other locally relevant categories. This includes response service data collected through the CPIMS and GBVIMS.
 - Providing training to staff and volunteers on adolescent girls and engaging staff and volunteers in continuous reflection and self-awareness of implicit bias, power dynamics, and privilege that affects girls.
 - Conducting joint service mapping, shared referral pathways, and service protocols between GBV, CP and SRH service providers working with adolescent girls to help ensure well-coordinated, accessible, and quality services.
- Being inclusive does not require specialized skills. It requires us to understand how intersecting systems of oppression affect the lives of girls and make efforts to address barriers and adapt our services based on girls' requests. As humanitarian service providers and GBV actors, we will already be working with "diverse girls," whether we are aware of it or not.
- As service providers we must ensure services do not further marginalize, stigmatize, or place at further risk girls who experience multiple systems of oppression:

- o Avoid “othering” girls (e.g., **assuming** girls with a disability should have their own group or that they cannot attend a group session with girls without a disability).
- Working with other organizations with complementary specializations enables referrals for their services if and when they are requested by girls. To support this, service providers should provide information on other specialized services for girls to enable them to make an informed choice regarding their preferred service provider (thus avoiding pressuring or forcing them to see a certain provider).

► Activity 3: Our Values and Attitudes (30 minutes)

 **Ask:** participants to stand up.

 **Say:** I will read a series of statements. If you agree, you should move to one end of the line. If you disagree, you should move to the other end of the line. If you are unsure or agree/disagree somewhat you should move to the middle.

After each statement, **ASK** a few volunteers:

- Why did you choose your answer?
- How might your perspective impact a girl’s access to services?

Value Statements (to be read to participants):

1. If unmarried adolescent girls learn about sex, it will encourage them to have sex
2. It is usually better if adolescent girls have an adult to make important decisions for them.
3. The decision to use contraception should be made together by a girl and her husband.
4. A girl with a disability will need additional SRHR or GBV care.
5. Younger adolescent girls usually do not have the maturity to make decisions by themselves about their care.
6. It is better if girls who are transgender or lesbians have their own services.

Once completed and while participants are still standing, **ASK** for reflections on the activity:

- What did they think of the activity?
- What were the main points of agreement/disagreement? Was this surprising?
- What was the purpose of the activity? What messages/learning did they take from it?

 **Explain:** All girls have the right to:

- Protection from all form of physical or mental violence, injury, or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse (CRC Article 19)
- The highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health (CRC, Article 24)
- Education on the basis of equal opportunity (CRC, Article 28 & UDHR 26)
- Freedom of expression and access to information (CRC, Article 13)
- Be free from marriage (CEDAW, 16)

 **Say:**

- The Convention on the Rights of the Child also recognizes adolescent girl’s evolving capacity (CRC, Article 5 and 14) to form views and participate in decision-making on all matters that concern them. It calls on State Parties to respect children, and in this case adolescent girls’ evolving capacity in line with their age and maturity (CRC, Article 12).
- As service providers, it is important we reflect on how our own values and attitudes impact the support we provide girls in respect of these rights.

✓ **Do:**

- Distribute the Values Clarification Survey.⁶⁸
- Give participants 15 minutes to complete in silence. Note that this is an individual activity meant for self-reflection so participants should do it alone. It will not be reviewed by facilitators.

Key Messages

- All adolescent girls have human rights, regardless of their age, marital status, sexual orientation and gender identity, religion, race, or any form of disability.
- Adolescent girls have:
 - The right to life, survival, and health
 - The right to be free from violence and harmful practices
 - The right to the highest available quality of care
 - The right to respectful services—with privacy and confidentiality, full information, and control over making decisions, recognizing their evolving capacities and in line with their age and maturity.
- Girls with a disability have an equal right to protection from all forms of violence and to services that prevent and respond to this violence. Girls with a disability have an equal right to the highest attainable standards of healthcare without discrimination on the basis of disability.
- Girls with diverse sexual orientation and gender identity may prefer to access specialized SOGI services. As humanitarian service providers, it is our role to ensure they have access to our services and that we can support them to access said specialized services in line with their wishes.
- To honor girl's rights, service providers need to examine their own values and attitudes, which may act as barriers to girls achieving their full rights, including access to services.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS⁶⁹ (75 minutes)

Session Objectives: By the end of the session, participants will:

- » Recognize girl's right to sexual and reproductive health and rights information and services.
- » Feel confident sharing information on sexual and reproductive health and rights information and services with girls.

✱ **Trainer Note:** In some contexts, participants may not feel comfortable doing the “When I Was an Adolescent” activity. An alternative may include having participants write 1–10 on a piece of paper, and write an X or 0 for each question to indicate yes or no. Then a facilitator can count the responses and share them with the group later.

Activities: When I Was An Adolescent; Talking about SRHR with Adolescent Girls⁷⁰.

Materials:

- ☐ flipchart paper
- ☐ markers
- ☐ Slide 15

⁶⁸ Adapted from IRC (2010). Supervision Tool: CCS Attitudes Scale

⁶⁹ Adapted from IRC internal guidance (2017). Adolescent Girl Champions Workshop: Sexual and Reproductive Health.

⁷⁰ Adapted from AgirPF Project. 2015. Answering Difficult Questions activity in Training manual on adolescent and youth sexual and reproductive health and adolescent and youth-friendly services. Togo: © 2015 EngenderHealth/AgirPF Project

► Activity I: When I Was An Adolescent Outline (30 minutes)

 **Ask:** the group to stand in a line, shoulder to shoulder.

 **Say:** that you would like everyone to think about themselves around the age of 15.

 **Say:** I will read some memories and would like you to think about if it was true for you at that age. If the memory is true for you, take a step forward—if not, you can stay where you are. Those who stepped forward can see how many others had the same experience. Please step back in line before each new question. Remember, there is no right or wrong answer, we are just trying to remember what it felt like to be an adolescent!⁷¹

Memories:

1. I felt awkward about my changing body.
2. I felt shy talking to someone who I found attractive.
3. I felt happy when someone found me attractive.
4. I felt too embarrassed to ask anyone about sex.
5. I knew that I had a right to good reproductive health.
6. I knew about sexually transmitted infections like HIV.
7. I was raised to believe that sexual and reproductive health services are only for married women.
8. I was raised to believe that adolescents should not have sex.
9. Someone talked to me clearly about sexual and reproductive health.
10. I knew at least one place where adolescents could safely access contraceptives and other SRHR services.
11. I knew that it was risky for girls to get pregnant at a young age.
12. I knew that I had a right to say no—or yes—to sexual activity.

 **Do:** Summarize the definition of sexual and reproductive health and rights from slide 15.

 **Say:**

- Sexual and reproductive health is a fundamental human right for everyone—including adolescent girls.
- Adolescent girls have a right to information about their sexual and reproductive health and SRHR services.
- Access to quality, confidential, age-appropriate, and compassionate healthcare services is also a critical and life-saving component of a multi-sectoral response to GBV in emergencies.
 - Providing SRH information and services to adolescents does not encourage them to have sex. It only ensures they are protected if they do have sex.
 - As adolescents go through puberty, they may have more desires to have sex. Even if sex between adolescents is taboo in society, some adolescents will choose to have sex. However, though adolescents might look more like adults, they do not have the same level of knowledge about SRH or life experience to always make the best decisions. This is why it is important for service providers to give adolescents correct information that emphasizes that changes in puberty are normal and support them to receive any SRH services they need.

 **Say:** Adolescent girls must have access to:

- Priority reproductive adolescent-friendly and age-appropriate health services as outlined in the Minimum Initial Service Package (MISP) at the onset of an emergency (no needs assessment is necessary)⁷² including timely clinical management of rape, post rape treatments and treatment of intimate partner violence:

71 UNFPA, Save the Children (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings.

72 The Sphere Project, Sexual and Reproductive Health Standard 1, <http://www.spherehandbook.org/en/essential-healthservices-sexual-and-reproductive-health-standard-1-reproductive-health/>

- o First-line support/psychological first aid
- o The provision of emergency contraception and HIV post-exposure prophylaxis
- o Treatment of sexually transmitted infections, Hepatitis B immunization
- o Identification and care of girls who experience intimate partner violence (including assessing the risk of continued and more serious violence, treatment of injuries and other physical care needs)
- o Assessment and management of mental health conditions such as depression, suicidal thoughts or attempts, and post-traumatic stress disorder.
- Comprehensive SRHR services including:
 - o Adolescent-friendly maternal and newborn care
 - o A broad range of contraceptives regardless of age or marital status
 - o Comprehensive abortion care (to the full extent of the law, as well as lifesaving post-abortion care)
 - o Treatment of girls who are subjected to early marriage e.g., high-risk pregnancy, health effects of forced sexual activity) and complications related to female genital mutilation/cutting (e.g., pain, bleeding, urinary and vaginal infections, menstrual problems, childbirth complications, etc.).
 - o Referral for unavailable and/or additional required services.

 **Emphasize/Say:** Girls' positive SRHR is only attainable when she has:

- Access to information
- Access to trusted and confidential services
- Control over decisions about her body

Key Messages

- Adolescent girls have a right to SRHR information and services. SRHR services form a critical part of GBV response. Lack of access to SRHR information and services places adolescent girls at further risk of experiencing harm and violence and worsens the consequences of said violence.
- Healthcare providers are often the first and sometimes only point of contact for girls who experience GBV. They support the identification of protection concerns affecting girls, provide immediate care for their physical and emotional/psychological needs, and provide an entry point to ongoing GBV response and WGSS services.
- Health and social service providers have a responsibility to ensure that adolescent girls can safely and confidentially access information and services that can help them protect their sexual and reproductive health.
- As service providers, our duty is to provide compassionate and non-judgmental information and services, so that adolescent girls can make informed choices about their own sexual and reproductive health.
- It is normal to have strong feelings about these topics—based on our personal and cultural values, and local laws. We should be aware that our feelings about adolescent sexuality can impact the information we provide and can discourage adolescent girls from seeking critical services.

► Activity 2: Talking about SRHR with Adolescent Girls outline (45 minutes)

 **Do:** One question at a time, ASK participants to place their heads down/on the table and to raise their hand if they:

- Do not feel comfortable discussing SRH//sharing SRH information with adolescent girls.
- Feel somewhat comfortable discussing SRH//sharing SRH information with adolescent girls.
- Feel comfortable discussing SRH//sharing SRH information with adolescent girls.

 **Do:** Facilitate a short discussion on why participants do/do not feel comfortable discussing SRH with girls.

 **Say:** Do you have concerns or questions about providing sexual and reproductive health information or services to adolescent girls?

 **Say:** There is no such thing as a bad question, and if you have a concern, it is likely that others have similar concerns.

 Explain:

- Girls have a right to information on SRH. Without SRH information, it is difficult for girls to exercise control over their bodies and make positive decisions regarding their health. Lack of SRH information increases girls' vulnerability to violence and harm.
- As service providers it is important we are prepared to provide adolescent girls with accurate and non-judgmental information they need in order to make healthy, positive decisions about their SRH and to exercise their sexual and reproductive health.

 Do:

- Break participants into pairs.
- Explain that each pair will be given one question. In pairs they should read the question and prepare an answer as though they were giving it to an adolescent girl. Remind participants that adolescent girls react positively to calm, simple, evidence-based, and honest answers and have a right to accurate and non-judgmental SRHR information.
- Ask one person from each pair to select a question from the envelope. Pairs should keep their question confidential and not share with others at this stage. Subject to numbers, two or more pairs may have the same questions although this should be avoided where possible. If there are more questions than pairs, facilitators should preselect most relevant questions.
- Invite participants to find their own space by spreading out around the room.

Talking About SRHR with Adolescent Girls:

Questions:

1. What is sex?
2. What does it mean to be a lesbian?
3. I have a boyfriend. He wants to have sex with me. Is it OK to have premarital sex?
4. My husband always wants to have sex with me. Sometimes I don't want to, but I do because I was told it is my duty. Is this right?
5. How do you know when a girl is pregnant?
6. My breasts are small. Is there a way to enlarge them?
7. Can I get pregnant if I have sex during my menstrual periods?
8. After I had a baby, my husband wanted to have sex straight away. Is this safe?
9. One of my breasts is smaller than the other one. Is it normal?
10. How do you contract sexually transmitted infections (STIs)?
11. What is the recommended age to start having sex?
12. After beginning to date someone, how long do you have to wait to have sex with your partner?
13. The first time you have sex, is it supposed to hurt?

 Do

- Give participants three minutes to prepare their answer.
- Once finished, ASK participants to form groups of six (three pairs). In these groups, they should share their questions and prepared answers. Invite the other participants to give feedback or tips on other information they could provide

Facilitator Tip: During small group feedback and discussion, facilitators should rotate between groups to monitor group dynamics and conversations as well as be available to answer any questions groups might have. Facilitators should pay particular attention to dynamics where participants feel uncomfortable participating, or participants are not actively participating. Where a participant shares a harmful attitude, statement, or stereotype, facilitators should remind participants that it is their responsibility to provide non-judgmental, non-biased supportive information to adolescent girls. Where possible, support other participants to constructively challenge these statements. Facilitators may also wish to address these statements as part of a discussion with the larger group at the next stage of the activity.

✓ **Do:** Give participants 15 minutes to do this. Once finished, ask participants to return to their seats.

? **Ask:**

- In your opinion, which questions were difficult to answer?
- Were there any questions that were easier to answer? Why?
- What would help you feel more comfortable and confident to have these discussions with adolescent girls? This might include supervisor support, learning with colleagues or providers in other sectors, additional information or reading, etc.

✓ **Do:** Summarize key messages.

Key Messages

- While adolescent girls have a right to information about SRH, they often experience disapproval and judgment from adults for seeking out this information. Adults may also feel uncomfortable or not confident providing SRH information to adolescent girls.
- As service providers, it is important we are prepared to provide adolescent girls with the information they need in order to make healthy, positive decisions about their SRH and to exercise their sexual and reproductive health rights.
- Girls have a right to information on SRH. Without SRH information, it is difficult for girls to exercise control over their bodies and make positive decisions regarding their health. Lack of SRH information increases girls' vulnerability to violence and harm.
- Adolescent girls will respond positively to calm, simple, evidence-based, honest, and non-judgmental answers to their questions.

COMMUNICATING WITH ADOLESCENT GIRLS (70 minutes)

Session Objectives: By the end of the session, participants will:

- » Recognize the need for and know how to communicate with all adolescent girls in a clear, respectful, and non-judgmental manner.
- » Recognize the need and know how to use inclusive, non-harmful communication to ensure all adolescent girls, including diverse girls have access to and benefit from quality services.

* **Trainer Note:** None.

Activities: I Am Here to Help Adolescent Girls⁷³; Communication Role Plays; SRHR Information; Sharing Information About Our Services.

Materials: Communication Role Play printouts

73 Adapted from internal IRC guidance (2017). Adolescent Girl Champions Workshop: Talking to Adolescent Girls about GBV Services.

► Activity 1: I Am Here to Help Adolescent Girls! Outline (10 minutes):

✓ Do:

- Give each participant one emotion out of the bag.
- Explain that they should not share it with others.
- Have participants go in front of the group and read the statement, “I am here to help adolescent girls,” using the power of their voice to show their emotion.
- Facilitators can go first to model. The group can yell out their guesses until someone guesses it correctly. Then the next person goes, until everyone has a turn. Keep it quick, lively, and fun!

 **Explain:** Our voice shows our emotions. The aim of the activity was to help us think about our voice characteristics—the way we say things. The sound of our voice communicates how we feel and what we think about something. Voice characteristics include:

- **Tone**—the sound
- **Volume**—loud or soft
- **Pitch**—high or low
- **Speed**—fast or slow

Say:

- As service providers, it is very important to be aware of our voice. The sound of our voice can make a client feel safe, or ashamed. It can make her feel judged—even if our words are not judgmental.
- There are other types of non-verbal communication like body language and facial expression that are sometimes even better at communicating our messages or showing how we feel or what we think. We need to be equally aware of these non-verbal communication styles. We will explore these more in the next activity.

Key Messages

- As service providers we should communicate with adolescent girls in a supportive, non-judgmental way. Being aware of how we express ourselves, our emotions, meaning, and the tone we use can help ensure this.
- Verbal communication is only one type of communication. It is important we are aware of all the types of communication we can and do use to make sure we are providing a comfortable and supportive environment for girls. This is particularly important for girls who may prefer not to communicate in one way or who have challenges communicating in one way, for example verbally, so that we may communicate clearly with them through other more suitable means.

► Activity 2: Communication Role Plays (30 minutes)

✓ Do:

- Request six volunteers. Distribute Role Play 1, 2 and 3 handouts. Give them a moment to read through the Role Plays. They should decide who is character A and B.
- Have each group perform.
- After each group has performed, ASK participants:
 - What did they think of the service provider’s interaction with the girl?
 - What was good about the service provider’s communication with the adolescent girl?
 - What was not good about their communication?
 - What could be improved?

Trainer Note on Role Plays

Role Play 1:

Strength: C invited them to a private location to discuss in order to protect their privacy and confidentiality. C clearly explained her role, confidentiality, and invited questions from A and her mother to help to (re)build trust.

Weakness: C involved A's mother without consulting with her first. C should have discussed this first with A alone, obtained her assent and her permission to involve her mother or an alternative trusted adult and respected her wishes. C's failure to do this exposed A to victim-blaming from her mother and compromises A's trust in her as a caseworker.

Role Play 2:

Strength: B tries to create a comfortable and supportive environment by telling A she has a right to information and normalizing her concerns or hesitations. B checks with A her preference to keep the door open or closed, and so allows for her confidentiality and privacy.

Role Play 3:

Strength: A is supportive of B's desire to go to school and offers her help.

Weakness: A says disabled girl, instead of girl with a disability. By saying this, A reduces the girl to her disability rather than recognizing her as a person first and foremost. A emphasizes B's difference from others by saying "people like you" and suggesting only girls without disabilities are "normal." A places the burden on the girl rather than service providers and more broadly, society, for addressing barriers to going to school; "It's important for girls like you to put in extra effort so you get the same opportunities as normal girls." In doing so, A risks blaming B for the discrimination she faces.

Say:

- Communication includes our tone of voice, words and nonverbal behavior/body language (eye contact, body positioning, facial expressions etc.).
- Clear, respectful, and non-judgmental communication is a way for service providers to share "power with" adolescent girls to help them to make decisions and provide support no matter what her choices are. In doing so, service providers help girls build their own feeling of power from within, and their power to act.

Ask:

- What are some examples of good communication with adolescent girls?
- What things might we have to consider when communicating with girls who face multiple systems of oppression? (e.g., girls with a disability, girls with diverse SOGI, girls of diverse ethnic and religious affiliation). This may include:
 - Assumptions we make about the girl (e.g., do not assume she is heterosexual).
 - The words we use (avoid harmful, marginalizing terms).
 - Our tone (use non-judgmental, supportive tone).
 - Exploring alternative ways of communicating. This can include asking trusted people in the girl's life how they normally communicate with her in order to replicate preferred means of communicating (e.g. What she likes, doesn't like, etc.).
- Who can help us learn how to best communicate with girls who face multiple systems of oppression?

Say:

- Service providers should use non-judgmental, age-appropriate language and avoid criticizing girls.
- Service providers should seek to build trust with the girl, including through using non-judgmental and tailored language as well as by emphasizing the commitment to maintaining confidentiality.
- Service providers should avoid technical jargon; they should use age-appropriate words and terms that the girls will understand. Service providers should actively invite questions from girls to ensure they understand what is being discussed.

- Service providers should use empowering language, commend the girl's strength, and support her decision-making.
- It is particularly important to be mindful with our language and to use empowering, survivor-centered language that does not further discriminate against or marginalize girls, especially girls who face multiple systems of oppression. Service providers should be aware of potentially harmful terms and language towards girls who face multiple forms of oppression in their context. At a minimum, service providers should ask girls how they like to be identified (e.g., Preferred pronoun, name, etc.) and/or use the girl's own words and terms when communicating with them.
- Local activists or organizations who work on specific technical areas (e.g., disability rights) can help guide service providers on the best terminology. Service providers may also ask girls their preferred terminology.

Key Messages

- Clear, respectful, and non-judgmental communication with girls is critical to ensuring they are aware of services and feel confident to access them. This is a way for service providers to share "power with" adolescent girls to help them to make decisions and provide support no matter what her choices are. In doing so, service providers help girls build their own feeling of power from within, and their power to act.
- Ways to do this can include:
 - Using non-judgmental language.
 - Being supportive and avoiding criticizing girls.
 - Providing ample time to share information and discuss options; providing time for a girl to make a decision.
 - Using age-appropriate language; avoiding technical jargon and using age-appropriate words and terms that a girl will understand.
 - Using clear, open, and supportive non-verbal communication, including facial expressions and body language. This is especially important for girls who have difficulty communicating verbally.
 - Using empowering language:
 - » Commending her strength, supporting her decision-making.
 - » Using person-first terminology (e.g., "women and girls with disabilities," not "disabled woman"; "girl who is blind" or "girl with a vision impairment" rather than "blind girl").
 - » **NOT using** terms with negative connotations, such as "suffer," "suffering," "victim," or "handicapped"; say "wheelchair user" rather than "confined to a wheelchair."
 - Using mindful language:
 - » Using "persons without disabilities," rather than "normal" or "regular" persons and appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual, and psychosocial impairments.
 - » Using supportive, respectful, and inclusive communication with diverse adolescent girls. Use pronouns of their choice to refer to them (she, he, they). If unsure, ask them their preference. It's okay to ask women and girls how they want to identify. Work with local activists and organizations with relevant specialization to learn preferred terminology and words.
 - » **NOT using** harmful and discriminatory words or use acronyms to refer to groups of women and girls (LGBT, PWD) unless preferred by the person themselves. Do not make assumptions (e.g., heterosexism).

► Activity 3: Sharing information About Our Services outline (30 minutes)

✓ Do:

- Break participants into groups of four. Groups should be sector-specific (i.e., separate groups of GBV, CP and SRHR). This may require more/fewer or larger/smaller groups.
- In groups, participants should develop a plan for sharing information with adolescent girls in their context. The aim is to provide information to girls about their services at the WGSS, clinic or Child Friendly Space.
- It should cover:
 1. Key messages: What key information is needed?
 2. Who is the audience? (All adolescent girls, married girls, girls in-school, etc.)
 3. What will it look like? (Written, e.g., brochure; audio, e.g., radio; person-to-person; in which language and with which key images, etc.)
 4. How will it be delivered? (Person-to-person, through schools, through community groups, via radio, by community leaders, etc.)
 5. What other services or organizations could you provide information on so that girls have the full range of options to choose from? (E.g., CSOs that specialize in disability rights, CSOs that specialize in SSOGI rights, etc.)
- Give participants twenty minutes to do this.
- Have each group present their outreach strategy.

? Ask:

- What are the main challenges to sharing information about services to adolescent girls?
- Are these the same or different for girls who experience multiple forms of discrimination?
- How can we address them?

Key Messages

- Adolescent girls face barriers to information about services due to their age and gender. Service providers should first ask girls how they want to access services and how they prefer those services be delivered. Information sharing should be designed in line with this. Service providers should provide girls with relevant information on all available services so that girls can make an informed decision on their preferred service provider and service. Service providers should also make clear through information sharing that their services are open to all girls.
- Ways to do this include:
 - Utilizing existing entry points to share information with girls on other services (e.g., through a girls' community group).
 - Using symbols as a way to communicate that our services are safe and welcoming for all girls, without having targeted communication, and thus avoiding the risk of identification. An example is a rainbow flag⁷⁴. Service providers should work with girls to identify a symbol that is both recognizable to girls it seeks to communicate with and that is safe to use in their context.
 - Representing community diversity through pictures of women and girls from different ethnic groups, with disabilities, different gender identities and expressions, and a range of ages.
 - Depicting a diverse mix of women and girls together, rather than portraying individuals by themselves or separated into groups.
 - Portraying women and girls with disabilities actively participating in activities (e.g., attending safe spaces, engaging in livelihoods).
 - Providing information on other service providers and their services, including those with a specialization in working with girls with a disability, girls with diverse SSOGI, etc.

74 Adapted from IRC internal materials (2019). Women and Girls with Diverse Sex, Sexual Orientations & Gender Identities SSOGI DEEP DIVE

MODULE 3

GBV Case Management of Adolescent Girls (for GBV Practitioners)

Module Three	Topic/Activity
GBV Case Management of Adolescent Girls (for GBV Practitioners)	• Welcome • GBV Case Management Refresher • GBV Case Management in Your Context
	• Adolescent Girls and GBV Case Management • Training Close

CASE MANAGEMENT REFRESHER (45 minutes)

Session Objectives: By the end of the session, participants will:

- » Be familiar with the aims and steps of case management.
- » Begin to explore their application to cases involving adolescent girls.

Materials: Slides 17-18

Pre-Reading:

- **Annex 1:** Adolescent Girls and Case Management Considerations.
- **Annex 2:** Consent, Assent and Mandatory Reporting.
- **Annex 3:** Frequently Asked Questions

► Activity: Adolescent Girls and Case Management (60 minutes)

? Ask:

- What is case management?
- What is the goal of case management?
- What are the steps of case management? (See Slide 17)
- Who is involved in case management?
- What are some key considerations when providing case management to an adolescent girl?

✓ **Do:** Take several answers to each question and summarize

? **Ask:** participants at their tables as a group to review the case management examples (Slide 18) and discuss:

- What type/s of violence has occurred?
- What other service providers outside of GBV (e.g., CP, health) are relevant to the case? What are some key considerations regarding their involvement (e.g., consent, referral pathways, information sharing agreements, etc.)?

✓ **Do:**

- Give participants fifteen minutes to do this.
- Once finished, review each example, and facilitate short discussion based on participants' answers.
- Summarize key messages.

Key Messages

- Adolescent girls are a distinct group; they are neither young children nor adults, and they have different needs from their male counterparts.
- Adolescent girls need tailored and developmentally appropriate support during case management. This requires assessing a girl's age and development stage in terms of making decisions, and then balancing survivor-driven decision making, taking into consideration the best interest of the child principle. For more information, refer to Annex 2 on Consent, Assent, and Mandatory Reporting.
- There are a number of factors which influence whether an incident of violence against an adolescent girl is best served by child protection or GBV case management. Amongst other factors, this can include the nature of the violence, the circumstances of the girl, the girl's existing relationship with a case manager, service entry points, existing services, and capacity and skill of existing service providers. Service providers with specialized training on how to work with girls through the lens of gender equality will be best placed to respond.

The Best Interest of the Child:

A child's best interest is central to good care. A primary best interest consideration for children is securing their physical and emotional safety throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with participation from the child and 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.

*Caring for Child Survivors Guidelines
<https://gbvresponders.org/response/caring-child-survivors/>

CASE MANAGEMENT REFRESHER (45 minutes)

Session Objectives: By the end of the session, participants will:

- » Be familiar with the case management approach to adolescent girls.
- » Be familiar with key actions to ensure quality case management services for adolescent girls.

Materials: flipchart paper, markers

► Activity: Context Mapping (105 minutes)

Say: We now explore adolescent girl case management practices in your context.

✓ **Do:**

- Break participants into groups based on country/location. Groups should have no more than six members, so if required two or more groups for the same location may be formed.
- In groups, participants should discuss and write on flipchart paper
 1. **What types of violence against adolescent girls are common?**—Against whom (age, marital status, disability, diverse SOGI, etc.); By whom (common perpetrators)?
 2. **How do adolescent girls access services?**—How do disclosures happen? What are the main entry points?
 3. **What CM services are available?**—CP, GBV, both, others? What trainings have you received (e.g., CCS, GBV CM, PSS, etc.)? What are some challenges in providing CM for adolescent girls?
 4. **Summarize the referrals process between GBV actors and other actors**—When, how and why do referrals take place?

5. **Summarize any joint case consultation process** (e.g., between GBV and CP)—When, how and why do joint case consultations take place?

- Give participants 30 minutes to do this. Once finished, each group should stick their flipchart paper on the training wall and do a gallery walk, with each group presenting. Facilitate discussion on key points.
- Have participants return to their seats and facilitate reflection on discussion.

 Ask:

- What are your reflections on this exercise?
- What does your mapping mean for supporting adolescent girls through case management in your context? (e.g., Key gaps, strengths, areas for improvement, required resources).

 Do:

- Have participants return to their groups and discuss next steps they may take to strengthen coordination and consultation for better case management for adolescent girls in their context.
- Groups should make brief lists of actions.
- Give participants 10 minutes to do this.
- ASK each group to present their next steps and facilitate short discussion.
- Summarize key messages.

Key Messages

- Factors such as service coverage, staffing technical skills, experience, and capacities, including caseloads, supervision structures as well as the nature of the violence, needs of the adolescent girl, and whether the adolescent girl is already in or has an existing relationship with a case manager all influence the delivery of case management services for adolescent girls.
- Shared case management SOPs, service-level coordination agreements, joint trainings, and shared service mapping and referral pathways all support strong coordination and quality case management.
- Case consultation between CP and GBV actors allows one caseworker to draw on the specialized knowledge and skills of another caseworker and/or supervisor in a different area of expertise that is relevant to the case. This is common in cases involving girls, where one sector (GBV or CP) is working with the girl and her caregiver(s) and the case would benefit from expert consultation that is beyond the scope of the team providing case management, for example:
 - When an indirect disclosure of child sexual abuse is made.
 - When a married adolescent girl is experiencing intimate partner violence (IPV) and prefers to receive services through CP.
 - When a compounding GBV and/or CP issue is disclosed.
 - When the caseworker is unsure of how to best proceed with the case plan; and/or
 - When a caseworker and/or supervisor feels that it would be beneficial to have another professional's input on the girl's situation and service plan.
- Participation in case consultation should be strictly limited to as few people as necessary, including the caseworker supporting the girl, the supervisor and at least one other caseworker from the other sector. There should **NOT** be any individuals invited to or present for the consultation whose input would not be relevant to the case. The amount of detail shared during the consultation is on a "need-to-know" basis so as to maintain confidentiality.
- Strong coordination with local activists and organizations working with girls who face multiple systems of oppression and/or with expertise on inclusion and diversity is essential for continued learning and to support referral of girls to them in line with the girl's wishes.

Who should provide case management for cases of early marriage?

- Children and adolescent girls should have one point of contact during case management, and this should be

the first point of contact. Child protection actors that are likely to receive early marriage cases should ensure that their staff have specialized training on how to respond to girls exposed to GBV. With that training, if a girl discloses violence to a CP actor, they can manage her case plan with support from a GBV actor if needed. If a girl discloses to a GBV actor, they will manage her case plan with support from a CP actor if needed. Exceptions include when there is no female caseworker and/or no staff with specialized training within the CP team; in that case, the case would be referred to a GBV actor with the informed consent/assent of the girl. There may also be cases in which a girl explicitly asks to work with a particular GBV or CP caseworker, in which case she should be allowed to choose.

ADOLESCENT GIRLS AND CASE MANAGEMENT (60 minutes)

Session Objectives: By the end of the session, participants will:

- » Know how to provide case management for girls at risk of imminent early marriage, married girls, married girls who are experiencing IPV, girls who have experienced sexual violence as well as girls with a disability and of diverse SOGI.

Materials: Slides 19-29

Pre-Reading:

- **Annex 4:** Early Marriage Case Management for GBV Practitioners
- **Annex 5:** Adolescent Girls and Intimate Partner Violence

► Activity: Case Management Deep Dive (60 minutes)

✓ Do:

- Summarize key case management considerations and actions for adolescent girls who are at imminent risk of or who are married (Slides 19–24).
- Summarize case management guidance for adolescent girls and sexual violence (Slides 25–26).
- Summarize case management guidance for adolescent girls with a disability (Slides 27–28).
- Summarize case management guidance for adolescent girls with diverse SOGI (Slide 29).
- Summarize case management guidance for adolescent girls and intimate partner violence (Slide 30).

Key Messages

- Case management must be adapted to the specific needs, circumstances, and capacities for the girl. Tailored case management responses for adolescent girls who are at imminent risk of marriage, who are married, who have experienced sexual violence are required. Girls who face multiple, intersecting forms of oppression, including girls with a disability and girls with diverse SOGI, require tailored case management support that recognizes and responds to their experience of violence, strengths, and capacities.

HOT TOPICS (45 minutes)

Session Objectives: By the end of the session, participants will:

- » Have a clearer understanding of key points of confusion or ambiguity.

 **Trainer Note:** Facilitator/s should have a reasonable understanding of which topics participants require more clarity on through discussions had throughout the training and daily feedback. Facilitators should prepare responses and key messages on the topics prior to the activity to support the discussion.

Materials: flipchart paper, markers

► Activity: Hot Topics (45 minutes)

 **Say:** We will now have a chance to return to topics you would like to discuss in more detail and/or which we as service providers may need some more clarity on.

 **Do:**

- Read aloud Parking Lot Comments.
- ASK participants if there are other topics or questions they would like to add to the Parking Lot to use this time to discuss. Add them to the flipchart paper.
- Invite participants to come up to the Parking Lot and choose their top two topics/areas/ questions they would like to spend this time discussing.
- Once every participant has done this, review the tally and select 2 or 3 topics/areas/questions to discuss. Read each and open the floor to further comments or questions and facilitate discussion accordingly.

Annex I: Adolescent Girls and Case Management Considerations



Holistic Approach to Case Management:

When working with adolescent girls, it is essential that the case management plan is comprehensive and holistic, and that it is based on an assessment of how to mitigate the risk factors surrounding the girl and how to increase the protective factors.

Understanding the socio-ecological environment is foundational to providing holistic support to girls. This will allow caseworkers to identify protective factors for the girl at the individual, family, peer, and community level as well as leverage protective laws and access to other services.

Individual Level:

Girls will possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Caseworkers must work to engage girls to play an active role in the case management process.⁷⁵

Family & Peer Level:

Family and peers can have a strong influence over the lives of girls. Families, especially caregivers may have decision making power over girls, whereas peers can influence girls' behavior and choices. A trusted caregiver can be incredibly beneficial to girls during the case management process, offering safety and protection from the risks. Some girls may not have a trusted caregiver, but there may be another adult in their life who they can seek support from, e.g., an older sister, aunt, neighbor, etc. They may also seek the support of peers. While support from peers may not be the same as that from a caregiver or trusted adult, peers can offer moral support and someone for the girls to turn to. When assessing what support networks girls have around them, caseworkers can look beyond just direct caregivers and explore what other types of support people the girl can identify.

Community Level⁷⁶:

Communities can play a significant role in preventing and responding to protection risks—e.g., GBV and CP community-based protection mechanisms (e.g., child protection committee or women's committee), if they exist, can contribute towards the protection of girls and can be drawn upon in the case management process.

Community-based protection programming that engages with active awareness-raising and engagement with communities on protection concerns—e.g., early marriage—can reinforce protective practices and encourage social and behavioral change to address negative or harmful practices. This can create an enabling environment for girls to take certain actions in relation to their case, i.e., if they want to stop their marriage from taking place.

Other community support that can be drawn on for a case management plan could include Child or Women's Protection Committees, parents' groups, traditional justice systems, etc.

⁷⁵ Adapted from the Interagency Guidelines for Case Management and Child Protection: https://resourcecentre.savethechildren.net/pdf/cm_guidelines_eng_.pdf

⁷⁶ Ibid

Enabling Environment:

Existing Services⁷⁷ :

As part of the case management process, girls may need to access a variety of services. The availability and quality of the required range of services will vary depending on the context. The service and capacity mapping should identify both available resources and critical gaps in service provision. Strategies for addressing gaps should be defined, including how their absence will be communicated to the girl and their family/community. Knowing what services are available for referral will enable all girls to have access to assistance and appropriate support.

Supportive Laws, Customs, or Policies:

Many countries with high rates of early marriage have passed legislation to prohibit the practice or have established a legal minimum age for marriage. Knowing what the laws are in your contexts and supporting girls to access their rights can be a critical component of the case management process. In countries where early marriage is legal you can also explore whether there are any local or customary policies or practices you can leverage to advocate for early marriage prevention or delay.

In contexts where early marriage is legal, girls should be informed of their rights related to marriage. For example, in contexts where early marriage is legal and girls have not registered their marriage they could face challenges related to registering the birth of their children, lack of recognition of their rights within a marriage, their right to inheritance upon the death of their husband or rights related to divorce. In these cases, it may be beneficial to have these marriages registered. Each context will be different, and caseworkers should assess with the girl what the pros and cons of marriage registration are.

Introducing Case Management to Adolescent Girls:

We know that adolescent girls experience GBV, but many do not know what they are experiencing is GBV, that they have rights under national and international laws to NOT be treated that way, that services are available to them, or how to access these services.

GBV actors should make intentional efforts to raise awareness about GBV, including early marriage, and focus on GBV prevention efforts in the communities where they work. This can support the prevention of GBV, and it lets girls know where they can access services if they are experiencing GBV, including early marriage.

The Women and Girls' Safe Spaces and programs such as Girl Shine play the critical function of facilitating a safe space for GBV disclosures. These spaces and programs explain girls' rights to them in relation to early marriage and other forms of GBV and provide a supportive space where they can seek help if they are exposed to this.

For many adolescent girls, when they do try to access services, they may face additional barriers to access, such as being asked to get consent of a caregiver, feeling judged, blamed, or treated like a child, with their voice not being heard. These barriers are even more pronounced for diverse girls, e.g., girls with disabilities or religious minorities, etc. Oftentimes, girls' cases may be passed between Child Protection (CP) and Gender Based Violence (GBV) actors, both sectors feeling ill-equipped to handle the age of the girl or the type of violence she is facing.

Other times, girls may not open up about what they are experiencing, and it can take a few meetings with a caseworker for her to fully express what is happening. Caseworkers should be patient and give the girl all the time she needs to feel comfortable and safe to disclose. You can use the tool "What's in Your Heart?" at the end of this guidance to help facilitate that conversation with girls and make them feel comfortable.

Sample Script for Introducing Case Management:

Sometimes, girls wake up in the morning and feel very good. Other times, girls don't feel good or comfortable. These girls might have some concerns or challenges they wish to talk about, but maybe they don't know who they can talk to. In our program, someone is trained to listen to the concerns of girls in a safe space, where any girl can freely express anything bothering her.

Sharing Power with Adolescent Girls:

When we work with survivors, we know it is very important to show them respect. When you're an adolescent girl, you are not always shown the same respect as adults.

The key issue is power. There are four different types of power that can be found between a service provider and survivor:

- **Power Over:** When we use our influence and resources to make ourselves more powerful than a survivor, and do not focus on her needs, wishes, or boundaries.
- **Power With:** When we are aware of our power as service providers and choose to work in equal partnership with the survivor, instead of telling her what to do.
- **Power Within:** When the survivor recognizes the abuse of power in her situation and finds her own internal power to start a process of positive change for herself.
- **Power To:** A survivor's capacity to take action for herself and to contribute toward positive social change.

To show respect to adolescent girls, we have to be aware of our power over them. Our position, status, resources, knowledge, experience, and age all give us power. Blaming and judging girls also gives us more power over them. When we are aware of this, we can focus on building a more balanced relationship to share that power—where we are not the ones in charge, and we do not tell girls what to do. It is important to keep a survivor-centered approach when working with survivors, as the survivor must be at the center of all GBV and case management services.

When we work with adolescent girls, especially older adolescent girls, we should not be telling them what to do or making decisions for them. Just like when we work with adult survivors, we help adolescent girls to understand their rights and their options and to think through risks or consequences. We need to give a girl lots of time to make her decisions and support her no matter what her choices are. Of course, there may be some limitations to this depending on the girl and her development stage (refer to Annex 2 on Consent, Assent and Mandatory Reporting). However, in all cases, by sharing power with her, we are also helping her build her own feeling of power from within, and her power to act.

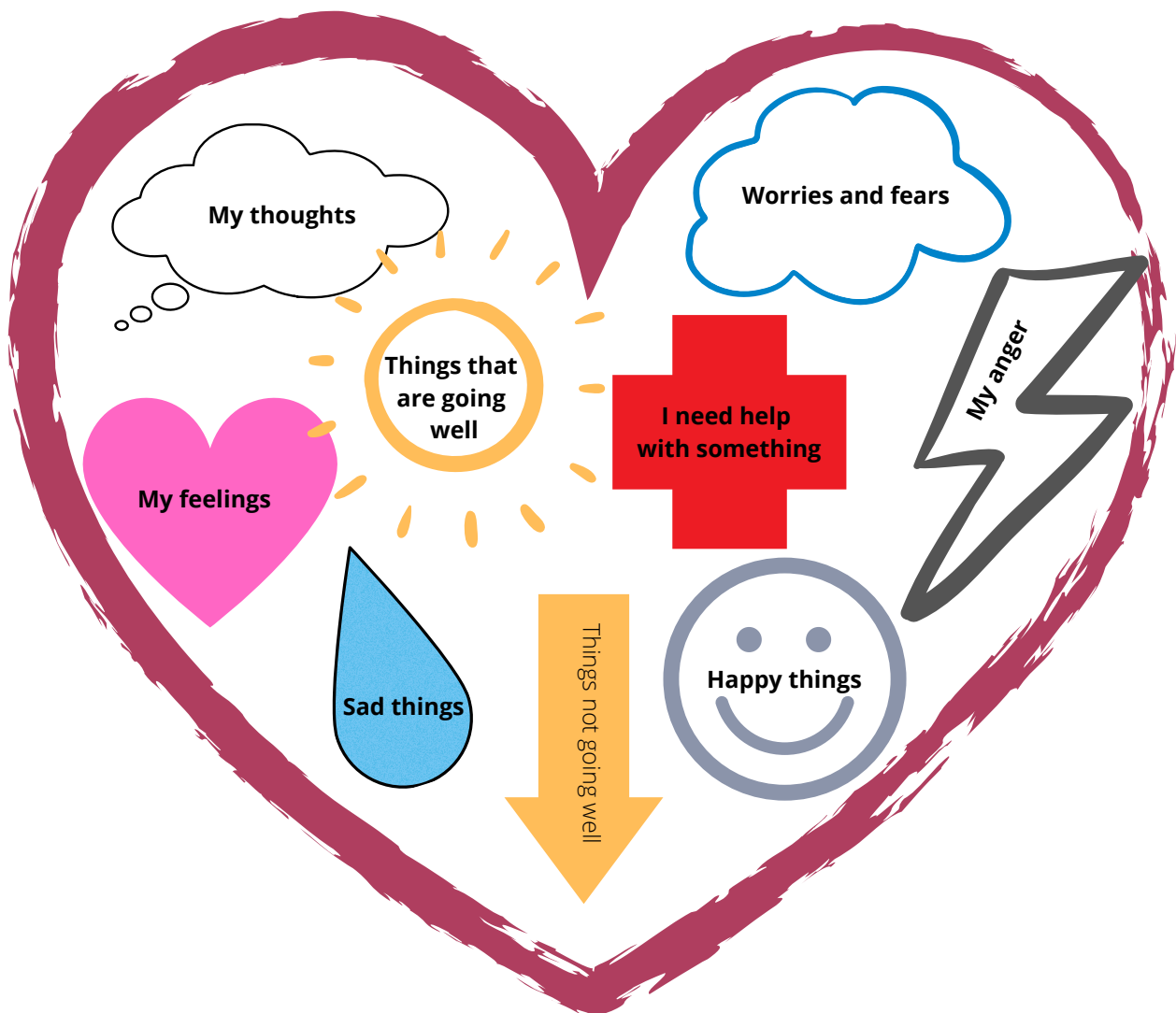
Adolescent girls want service providers to be nice and not criticize them. We can remember four important keys to good communication with adolescent girls:

1. **Build trust with me!** This could mean giving girls space and time to get to know you before discussing their case, going at a pace that is set by the girl, or being clear about your role, limitations, and managing expectations.
2. **Be nice to me!** This includes looking at your approach towards girls, being welcoming and friendly, but not treating them in a childish way. Girls can feel intimidated in the early interactions, so making them feel comfortable and at ease is very important.
3. **Don't judge me!** As a service provider you may have certain beliefs about what is appropriate or inappropriate behavior for adolescents. Girls may share information about their sexual practices, relationships, etc. They should be supported unconditionally and not made to feel guilty for their actions or behavior.
4. **Say it in a way I can understand!** Don't use jargon, speak to the girl using simple language, providing examples or rephrasing if needed. Always check to see the girl understands by asking her to repeat back what she heard or by encouraging clarifying questions.

Resource 1: What's in Your Heart?

- This template can be used as an introductory tool to use with girls who may feel shy or uncomfortable with directly discussing their case. It can also be used to build trust and familiarity with the girl.
- Caseworkers can probe by asking "Would you like to share one 'happy thing' or one of your 'worries or fears?'" If girls don't want to, the caseworker can choose another icon, or girls can self-select.

What's in your heart?



Annex 2: Consent, Assent, and Mandatory Reporting



The table below summarizes the informed assent and consent guidance for adolescents accessing case management services.⁷⁸

✳ **Note:** There may be some legal requirements related to caregiver consent and engagement which are addressed below.

Age Group	Child	Caregiver	If No Caregiver or Not in Child's Best Interest	Means
10 - 11	Informed assent	Informed Consent	Other trusted adult's or caseworker's informed consent	Oral assent, Written consent
12 - 14	Informed assent	Informed Consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of child) outweighs the need for an adult's consent	Written assent, Written consent
15 – 17	Informed Consent	Obtain informed consent with child's permission	Child's informed consent & sufficient level of maturity outweighs the need for an adult's consent	Written consent

Informed Assent and Consent for 12- to 14-year-olds:

STEP 1: Introduce yourself, explain service, confidentiality, and client rights, and invite questions.

STEP 2: Ask for the girl's informed assent.

STEP 3: Ask her permission to seek informed consent of a parent or caregiver.

STEP 4: IF she:

- Gives permission to contact a parent or caregiver, and it can be done without holding or delaying service, **THEN** seek their informed consent.
- Does not give permission, **THEN** ask the girl if there is an alternative trusted adult that may be contacted for their informed consent.

STEP 5: IF she:

- Gives permission to contact an alternative trusted adult, and it can be done without holding or delaying service, **THEN** seek their informed consent.
- Does not give permission or one does not exist, **THEN** assess the girl's capacity to understand her situation, information given to her, and her options, including benefits and possible consequences of actions and services.

⁷⁸ Taken from IRC (2010). Caring for Child Survivors Guidelines. <https://gbvresponders.org/response/caring-child-survivors/>

STEP 6: IF she:

- Can understand her situation, options, and possible consequences of actions, **THEN** consider her informed assent as informed consent.
- Cannot or has difficulty understanding her situation, options, and possible consequences of actions, **THEN** provide informed consent on her behalf as a service provider.

Informed Consent for 15- to 17-year-olds**STEP 1:** Introduce yourself, explain service, confidentiality, and client rights, and invite questions**STEP 2:** Ask for the girl's informed consent.**STEP 3:** Ask her permission to seek informed consent of a parent, caregiver, or trusted adult.**STEP 4: IF** she:

- Gives permission, to contact a parent, caregiver, or trusted adult, and it can be done without holding or delaying service, **THEN** seek their informed consent.
- Does not give permission, **THEN** proceed with services with her informed consent.

Evolving Capacity of the Child:

The concept of evolving capacities was introduced in Article 5 of the Convention on the Rights of the Child (CRC)⁷⁹. It establishes that as children acquire enhanced competencies, there is a reduced need for direction and a greater capacity to take responsibility for decisions affecting their lives. The CRC recognizes that children in different environments and cultures who are faced with diverse life experiences will acquire competencies at different ages, and their acquisition of competencies will vary according to circumstances. It also allows for the fact that children's capacities can differ according to the nature of the rights to be exercised. Children, therefore, require varying degrees of protection, participation, and opportunity for autonomous decision-making in different contexts and across different areas of decision-making.

An **evolving capacities** approach forces us to really see the girl in front of us and not make assumptions about her lack of competence and capacity. It helps us honor her capacity to understand, reason and make good choices as the expert on her situation. In doing so, we are supporting her to reclaim her own power. The concept of evolving capacities also helps balance and align the GBV **survivor-centered approach** and the CP **best interest of the child principle**.

A range of factors influence a girl's maturity, including age, experiences, relationship status, circumstances, roles, and responsibilities. In general, if a girl understands she needs to use a service, has sought services independently and can understand the benefits, potential drawbacks, risks, and consequences of available options she may, with the support of a service provider be considered capable of making decisions regarding her care without parental, caregiver, or trusted adult oversight.

Service providers have a responsibility to support a girl's capacity to provide consent by respecting her level of development and taking time to explain things in a way she can understand.

There are four standards by which decision-making capacity can be defined⁸⁰ :

1. **Expressing a choice:** This standard implies that the person can communicate their preference. You can determine this by asking "what would you like to happen?" "Who would you like to involve?" "Do you want to receive this service?," etc.
2. **Understanding:** This refers to the ability to understand the information provided and comprehend the fact that a choice needs to be made. You can determine this by asking, "Can you summarize what I have told you?" and/or "Can you tell me what type of information I can keep confidential and what I cannot?"
3. **Reasoning:** This refers to the person's ability to reason about benefits and possible consequences of services. You can determine this by asking, "What are the pros and cons of accessing this service?" "What benefit could this service provide?" "What could the consequences of receiving this service be?"

⁷⁹ <https://www.unicef-irc.org/publications/pdf/evolving-eng.pdf>

⁸⁰ <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-017-0869-x>

4. **Appreciation:** This refers to someone not only understanding various options, but also the relevance of these options to their personal situation. This requires abstract thinking which includes being aware that others have a mind of their own. You can determine this by asking “What might happen if I seek your father’s informed consent for this service?” “What might happen if you do not consent to this service?” “What are some consequences of you receiving treatment? For example, you may avoid an unwanted pregnancy.”

Other points to consider:

- Use clear, simple, and age-appropriate words.
- Give girls lots of time to think and make decisions.
- Ask if she needs assistance to communicate, ask “Would you like an interpreter?” and/or “What is your preferred way to communicate?”
- Ask if she has questions and try to be specific. Ask if she has questions on specific things: “Do you have any questions about my role, about the service, or about confidentiality?”
- Help her consider options and their consequences
- Remind her she can change her mind at any time.
- Be friendly, non-judgmental, and supportive.
- Never pressure her.

Parents and Caregivers: A Few Points on Consent and Decision Making⁸¹ :

- Engaging safe and trusted caregivers, with the consent/assent of the girl in the case management process can be really beneficial. They can play a huge role in the healing process for girls who have experienced violence.
- At the same time, in many contexts, there may be domestic laws on minimum age of consent and legal obligations on service providers to involve parents and caregivers. This can become complicated when a girl is unable to identify a trusted caregiver or adult.
- Organizations should set clear protocols for service providers to help them manage legal obligations while adhering to their professional responsibility to respect the rights of girls and ensure their safety and wellbeing, including undertaking life-savings actions. Protocols should, to the extent possible, protect service providers and mitigate the risk of possible legal consequences of fulfilling professional obligations to provide care. Where protocols do not exist or are not clear, service providers should discuss this with their supervisor as soon as possible so that they are clear on their professional obligations and are able to promptly respond without hesitation. Service providers should have a strong understanding of the legal framework to avoid conflating formal legal obligations with customary, non-legally binding practices.

When Consent of a Parent or Caregiver Is Not Possible:

- When offering GBV case management services to girls, the priority is the girl’s safety and wellbeing. Services should not be withheld or delayed. If it is not possible to obtain parental/caregiver consent (or consent of another trusted adult) without stopping or delaying the service, consider the girl’s capacity to provide consent or provide on her behalf for the consultation. During the consultation/discussion, service providers should plan with the girl ways for her to safely inform her parent/caregiver of the services she has accessed and discuss their involvement in future care. Organizations should set clear internal protocols to support service providers to respond to these situations.

A Note on Husbands:

- Husbands of adolescent girls should not be approached for their informed consent in cases where an adult’s informed consent is required. Husbands cannot be considered a safe adult to involve in girls’ care due to them already having perpetrated GBV against the girl (e.g., early marriage as a harmful practice, likelihood of marital rape). Involving husbands in decisions regarding girl’s care risks further entrenching power imbalance and male coercive, abusive control over girls. It also denies girls a chance to exercise their own agency and build resilience. Where a girl suggests her husband’s involvement in her care, service providers should explain to the girl why they cannot involve her husband directly in her care and explore alternative adults. Service providers may also explore opportunities for indirect engagement with husbands, for example, through outreach strategies that collectively target men in communities.

Mandatory Reporting⁸² :

One of the main differences in working with adolescents 17 and under as opposed to adults is the need for health and psychosocial providers to comply with laws and policies regulating response to the suspected or actual abuse of children. These laws and policies are often referred to as “mandatory reporting laws,” and they vary in scope and practice across humanitarian settings. To appropriately comply with mandatory reporting laws, service providers must have a thorough understanding of the mandatory reporting laws in their setting.

In settings where laws and systems exist, service providers should have established procedures in place for reporting suspected or actual abuse before providing services directly to children. The elements of mandatory reporting that actors should agree upon to create the safest and most effective reporting mechanisms include first answering the question:

Does a mandatory reporting law or policy exist in my setting?

If yes, actors should establish procedures based on answering these key questions:

- Who is required to report cases of child abuse?
- Who are the officials designated to receive such reports?
- When is the obligation to report triggered (i.e., with suspicion of abuse)?
- What information needs to be shared?
- What are the reporting regulations regarding timing and other procedures?
- How is confidentiality protected?
- What are the legal implications of not reporting?

Maintaining Children’s Best Interests in Mandatory Reporting Procedures:

Mandatory reporting requirements can raise ethical and safety concerns in humanitarian settings, where governance structures often break down and laws exist in theory but not in practice. In emergency settings, where established and safe mechanisms to report child sexual abuse might not exist and where security can be unstable and dangerous, mandatory reporting can set off a chain of events that potentially exposes the child to further risk of harm, and as such, it may not be in the child’s best interest to initiate a mandatory report.

- For example, investigators may show up to a child’s home, therefore, potentially breaching a child’s confidentiality at the family or community level (and prompting retaliation).
- In addition, services for children may be non-existent, thus creating additional risk (e.g., separation from family, placement in institutions, or confiscation of private records).
- The local authorities may themselves be abusive or they may simply be ignorant of best practice procedures or guiding principles.

If these following criteria are present, even if a mandatory law exists in theory, service providers are advised to use the central guiding principle—the best interests of the child—to guide decision-making in child-centered service delivery:

- Authorities lack clear procedures and guidelines for mandatory reporting.
- The setting lacks effective protection and legal services to deal properly with a report.
- Reporting could further jeopardize a child’s safety at home or within his/her community.

If these criteria are present, service providers should follow a decision-making process that first considers the child’s safety and then the legal implications of not reporting. Supervisors should always be consulted in decision-making to determine the best course of action.

The Caring for Child Survivor Guidelines⁸³ provides more information on how to determine the best course of action in these cases.

82 CCS Guidelines: <https://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf>

83 CCS Guidelines: <https://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf>

A Few Things to Remember⁸⁴ :

- Adolescents have more capacity for analytical thought and reflection, but service providers should remember they are also still developing.
- The level of a girl's participation in decision-making should be appropriate to her level of maturity, developmental stage, and age. This may vary across contexts and depending on the evolving capacities of the girl.
- Service providers are responsible for understanding and assessing a girl's age and development, and based on this information, providing girls with sufficient information to make informed choices.
- The role of the service provider is not to make decisions they think are right for the girl, but rather to support the girl in understanding her rights and her options and create a safe space for girls to express what they would like to see happen.
- Understanding and communication can also look different for girls with disabilities, and caseworkers should be able to adapt to this. It should not be assumed that because a girl has a disability or difficulties with understanding/communication, they do not have the capacity. Guidance for GBV caseworkers on applying the guiding principles when working with survivors of GBV with disabilities [can be found here](#)⁸⁵. Communication tips [can be found here](#).⁸⁶

84 Adapted from GBV Case management Guidelines

85 Guidance for GBV caseworkers: Applying the guiding principles when working with survivors of disabilities: <https://gbvresponders.org/wp-content/uploads/2015/06/GBV-disability-Tool-8-Guidance-for-GBV-caseworkers-Appling-the-guiding-principles-when-working-with-survivors-of-disabilities.pdf>

86 Inclusive communication tip sheet: <https://rescue.box.com/s/3h6r88svz2ddm95n88f78zgakk9fe3>

Annex 3: Frequently Asked Questions



1. Can GBV actors approach or engage parents or caregivers who are involved in early and forced marriage?

One of the steps outlined in the GBV case management guidelines is to help girls determine whether there is a supportive family member or trusted adult in the girl's life. If the girl identifies a parent or caregiver in her family who is supportive, and the caseworker deems it safe to do so, the parent or caregiver may be invited to a joint or one-to-one session. This also applies to a trusted adult a girl may identify. Read the [GBV Case Management Guidelines](#) for detailed steps.

2. What if it's the caseworker's family member or sibling going through early and forced marriage? Can she manage that specific case, and if not, how can she/he support the process?

The caseworker should not handle the early marriage case due to conflict of interest. However, if the girl identifies the caseworker as a trusted adult, they may be brought into the case management process.

3. Can a caseworker involve or engage a "partner" in the case management process?

Partners and husbands are not involved in the GBV case management process. Especially for cases of early marriage, partners are likely to be perpetrators of GBV. In cases where the partner is not the perpetrator of GBV (e.g., a girl is being forced to marry someone who is not her partner), the girl identifies this person on her own, and the caseworker is able to ascertain that this is not being forced upon her, they may engage the partner. Depending on the situation, this might be an opportunity for collaboration with a Child Protection caseworker, who may be able to discuss with the girl's partner issues related to supporting the girl's access to school and other opportunities that they might be restricted from.

4. What can a caseworker do if she is threatened by the partner of the girl?

The safety and security of your caseworkers should be a priority for your organization. You should inform and consult with your supervisor, who will refer to the organizational security protocols, which should be set up to deal with this. Your organizational safety and security team may look into whether it is possible to work with community-based protection mechanisms (e.g., community-based child protection mechanisms, local/community-based women's networks), which can also support with safety by engaging with local leaders. You may also need to report the case to law enforcement depending on the situation; your organization will advise.

5. What if a girl is at imminent risk of early marriage?

When you come across girls in your day-to-day work who may be at imminent risk for early marriage or who are already in such marriages, the best response is to understand their situation and what they want to happen, assess and plan for safety, provide information and support, and connect the girl to people and services that will be supportive and useful. Depending on the context, there may be community or other actors or services that could help to prevent the marriage, if that is what the girl wants. Furthermore, just as with all GBV case management responses, you must always prioritize the girl's safety and also work with her to understand what is in her best interests. If a girl is facing an immediate safety threat because of the marriage or because she is trying to escape the marriage, connect her with services that can provide short-term protection and potentially lead her to a longer-term protective option.

6. What if traditional leaders get involved in an early marriage and decide against the girl's interest and will?

You can connect the girl to legal services so that she is aware of her rights and options. If the traditional leader's decision contradicts a national legislation then there is the option to report this to formal government bodies or police. Existing legal frameworks may be used as an advocacy tool, and a lawyer/legal aid organization could support with advocacy. If the marriage does go ahead, family and leaders can work together to draft a "safe marriage agreement" where the husband and in-laws commit to nonviolence. In some cases, having this mediated agreement can be used as a way to seek protection/remedy if the terms are violated. This may be suitable in informal justice settings, especially where communities are more engaged on rights awareness and protection but are not yet willing to stop early marriage or support access to formal justice. You can also try to understand the formal and informal child protection system that exists and whether they can be a support, as well as local/community-based women's networks, which may also be able to support in these cases.

7. *Does mediation work for early and forced marriage?*

While it may be difficult to accept, it is not the immediate role of a caseworker to directly intervene to stop an early marriage from happening as this could have harmful unintended consequences for the girl they are trying to help:

- It has the potential to escalate violence, causing more harm to the girl.
- There is a high risk of blaming that the girl may face.
- Caregivers may try to marry the girl off secretly or send her away, meaning the girl will be separated from her support network and unable to access services.

However, if deemed safe to do so, and a supportive parent, caregiver, or trusted adult has been identified by the girl, caseworkers may engage this person to intervene in the upcoming marriage. As part of this process, the supportive caregiver or parent is provided with information on the pros and cons of early marriage and the consequences. If it is a trusted adult, they will have a conversation with the decision maker in the family with the girl's consent and if it is safe to do so.

8. *How can CP or GBV actors work with girls with disabilities who encounter early and forced marriage?*

In some cases, early marriage is seen as a good outcome for girls with disabilities because of the belief that they wouldn't be married otherwise. Once married, there are increased risks of violence due to the difficulties they may have doing certain activities which do not meet expectations or due to the stigma attached to disability, where people are seen as having no agency. The case management for girls with disabilities experiencing early marriage is the same as for girls without disabilities, with the addition of some special considerations for certain cases, which are outlined in detail in the GBV Case Management Guidelines⁸⁷. This may be related to making small adjustments for communication in certain cases and related to securing informed consent and going through the decision-making process. Most importantly, caseworkers should be aware of the barriers girls with disabilities face in relation to accessing services such as stigma, discrimination, confidentiality, reliance on caregivers, fear of not being believed and communication barriers. These barriers can all prevent girls from accessing services to begin with. Service providers should⁸⁸:

- **Prioritize the Rights of Girls with Disabilities to Participation and Inclusion:** For service providers, this means recognizing the diversity of the women and girls they serve, identifying the barriers that girls with disabilities face in order to address them and provide reasonable accommodation for their access to and participation in services.
- **See the Girl First:** While girls with disabilities may have difficulties in performing certain activities related to their disability and their disability may influence their risk of early marriage, IPV and GBV, their age, and their gender should not be overlooked by humanitarian actors. Therefore, the approach to early marriage case management will be very similar to the approach with girls without disabilities, accounting for some reasonable accommodation⁸⁹.
- **Do Not Make Assumptions:** Service providers should always first assume the same capacity for girls with disabilities as they would for girls without disabilities. If you are finding that there are difficulties communicating, check to see that you've tried more than one method of communication, that you've tried to determine that the girl understands the information provided, and the girl's decisions are voluntary.⁹⁰ If you have tried everything, you could consider the involvement of a supportive caregiver or trusted adult, and finally (to be confirmed by the girl), you can determine the best interest of the girl. More information is included in GBV Case Management Guidelines.

9. *For girls with difficulties communicating, where there are no infrastructure/services set up (e.g., no sign language or interpretation available), how should the caseworker work with the girl?*

The Convention on the Rights of Persons with Disabilities (CRPD) highlights that persons with disabilities have the same rights to make their own decisions as everyone else, and that appropriate measures must be taken to support them to exercise their legal capacity. An individual cannot lose their legal capacity to make decisions simply because they have a disability.⁹¹

87 <https://gbvresponders.org/response/gbv-case-management/>

88 Adapted from Adolescent Girls with Disabilities in Humanitarian Settings: WRC <https://www.berghahnjournals.com/view/journals/girlhood-studies/9/1/ghs090109.xml#the>

89 Reasonable Accommodation Guidance: <https://rescue.box.com/s/cw4t0qc1t1umojsjw85khq5ufx20ids>

90 Communication tips: <https://rescue.box.com/s/3h6r88svz2ddm95n88f78gzakkg9fe3>

91 <https://gbvresponders.org/wp-content/uploads/2015/06/GBV-disability-Tool-9-Guidance-for-GBV-service-providers-Informed-consent-process-with-adult-survivors-with-disabilities.pdf>

On consent:

Caseworkers should always assume that girls with disabilities have the same capacity to consent as all adolescent girls. Capacity to consent depends on understanding and understanding can vary according to how we communicate information.⁹² If you determine that the girl does not have the capacity to consent, you should consult a supervisor to determine the best way to proceed, using the **best interest principle**. A flow chart has been developed to help service providers navigate this and can be found in the guidance developed by WRC and IRC: Tool 9: Guidance for GBV Service Providers: Informed Consent Process with Adult Survivors with Disabilities. It can also be applied to adolescent girls, with the addition of factoring in caregiver consent (as outlined for all adolescent girls). Information-giving, consent, and assent processes must be disability inclusive and accessible. **It is the responsibility of the caseworker to ensure that information is communicated in an accessible way, adapting their communication skills (refer to the tip sheet) and using alternative methods of communication (braille, sign language interpreters, easy read/visuals).** Enough time must be allowed for girls to make an informed decision. Consent, assent, and dissent can be articulated verbally or non-verbally. Behavior, facial expressions, and body language can be ways to signal preferences. Service providers must decide whether a participant is having trouble articulating a refusal (which may be problematic for girls with physical or communication impairments). If needed, supported decision-making should be used, as opposed to substituted decision-making. (I.e., the girl is supported to make a decision with the help of someone she knows well.)

If an adult is needed to give consent on behalf of a girl, the service provider must decide whether or not the adult is deemed to be protecting the girl's best interests appropriately. If needed, a communication partner/interpreter—ideally chosen by the girl—should be able to accurately interpret the girl's communication.

On engaging girls through the case management process: There are some general recommendations to improve communication and interaction skills when interacting with older people and persons with disabilities, which can be found in this [communications tips sheet](#)⁹³.

Easy to read: You can also engage girls through the use of easy-to-read documents. Easy read is a way of making written information easier to understand, by using simple language and illustrating the information with pictures. The main purpose of an Easy Read document is to facilitate communication with persons with learning/intellectual disabilities and therefore goes beyond a simple translation of existing documents into easier to understand language. More information on Easy Read [can be found here](#)⁹⁴.

Reasonable accommodation: You should also make efforts to provide reasonable accommodation for girls accessing your services. Reasonable accommodation means necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms. More information on accessibility and reasonable accommodation can be found [here](#).⁹⁵

10. What if the girl consented to the marriage even though she is under 18?

In contexts where marriage under 18 is illegal, girls cannot legally consent to the marriage as it is against the law, which is why it is essential to understand the relevant legal frameworks in your context. If a girl has no access to education, employment, skills building, or future opportunities, she may believe her only option is to marry, so although she may “consent” to marriage, it is usually because the alternatives are non-existent. This is also the case for girls where social norms expect girls to marry at a young age; they are not able to freely consent. However, we cannot force a girl to cancel her marriage, but we can provide her with information as outlined in GBV Case Management guidance and explain the pros and cons of early marriage. Girls may consider delaying the marriage until a later date or having a longer engagement, providing the space for her to complete education or participate in other activities which she may not have the opportunity to do once married. It is strongly advised to link girls to opportunities (if they exist) so that marriage is not the only “way out” that she sees available to her.

92 Tool 9: Guidance for GBV service providers: Informed consent process with adult survivors with disabilities: <https://gbvresponders.org/wp-content/uploads/2015/06/GBV-disability-Tool-9-Guidance-for-GBV-service-providers-Informed-consent-process-with-adult-survivors-with-disabilities.pdf>

93 Communications Tips: <https://rescue.box.com/s/3h6r88svz2ddm95n88f78zgzakkg9fe3>

94 Easy to read guidance: <https://rescue.box.com/s/qrcztbnws4dh0u3fpyulzwrewxqsqohj>

95 Reasonable accommodation guidance: <https://rescue.box.com/s/cw4t0qc1t1umojsjw85khhq5ufx20ids>

11. What if the partner is a child himself/under 18?

Similarly, with above, you would follow the early marriage case management steps depending on whether this is an imminent case of early marriage or not. You would provide the girl with information on the pros and cons of early marriage and see if she wants to be linked to any additional services or opportunities that exist. If the girl has reached out to a GBV caseworker, the caseworker could make a referral to a CP caseworker to support the boy with the girl's informed consent/assent. The girl can also inform how this outreach is done to mitigate risk to her safety (if there is possibility of harm).

The ages of the girl and boy involved, as well as the context in which the marriage is happening, should also be considered. For example, if both are in early adolescence and being forced to marry, then that may warrant outreach to the boy without the assent of the girl (but letting her know you plan to do so). There can also be instances where the boys and girls are the same age, or a large age gap even within adolescence. In any of these situations, the question caseworkers should ask themselves is what the ages/developmental stages and risks of harm are for both the girl and the boy and respond accordingly.

12. When do GBV actors collaborate with child protection for cases of girls at risk of marriage or already married?

If the girl is very young and the GBV team is not equipped with the skills needed to support the girl given her development capacity, you could collaborate with CP to get their guidance on working with younger adolescent girls and children. They would also be able to assist you on issues related to determining best interest of the child or navigating the national CP services and legislation should they exist. Bringing in a lens from both GBV and CP can be helpful to provide a girl with a more holistic response.

13. When do CP actors collaborate with GBV actors for cases of girls at risk of marriage or already married?

CP actors should refer to GBV actors when they do not have specialized training on how to work with girls exposed to GBV, even though the case has been referred to a CP actor. In addition, even with appropriate training, seeking guidance from GBV actors on how to handle certain complex aspects of the case can be beneficial. Also, when there is no female caseworker within the CP team, they should refer the case to a GBV actor.

14. Can GBV caseworkers do home visits for early marriage cases?

To the extent possible, GBV caseworkers should not carry out home visits. In most situations, it would be better to identify a safe space in the community that is easily accessible for survivors and would still allow for some privacy and safety. However, recognizing that in some places, due to general security concerns, home visits may be the only way to reach survivors, there are strategies you can put in place to minimize risk to survivors and staff.

If a home visit is the only way to reach a survivor, before carrying out a home visit, it is crucial to have done a safety plan, identifying any perceived or real risks and how to respond to these, both for the caseworker and the girl. It's also important to establish what the purpose of the visit is, and how the visit will be used to support the girl. You must consider the repercussions of home visits to ensure that the child/family is not exposed to harm (for example by drawing the attention of neighbors/community to the child and their family).

15. If the marriage doesn't go ahead, what is our priority?

You can keep girls engaged in programming, and/or refer them to other services, activities, or opportunities (e.g., educational) that may be of interest to them. You could also consider engaging their mothers in programming or activities offered at the Women and Girls' Safe Space. Girls should know that they can continue to access services and support even after their case has been closed.

16. What if there are contradictions between the formal and customary legal frameworks on the age of marriage?

It is important to understand the country's legal framework, how formal and customary law relate to each other, and what the hierarchy is between these laws. Caseworkers can use whichever framework is in the best interest of the girl as an advocacy tool. Caseworkers can also seek advice from a lawyer.

17. What if the girl cannot confirm how old she is?

In many countries, registering births is not the norm or there are barriers to registering or replacing lost birth registration documents, and so the age of girls is hard to determine. However, if a girl's age cannot be confirmed, the caseworkers should assume she is under the age of 18.

Annex 4: Early Marriage Case-Management for GBV Practitioners:



Early marriage carries significant risks for adolescent girls, including increased likelihood of Intimate Partner Violence (IPV), and early pregnancy with the potential to cause serious physical consequences or even death.

The case management response for early marriage cases will vary depending on whether the girl is at imminent risk for marriage, the marriage is likely to go ahead, or the marriage has already occurred. Detailed guidance on GBV Case Management for early marriage can be found in the [GBV Case Management Guidelines](#).⁹⁶

When a girl is at imminent risk of marriage, the caseworker should try to understand how the girl feels about the marriage.

- ***If the girl appears to agree to the marriage:***

The caseworker can help the girl to understand the risks and benefits of marriage as well as what her rights are and work with her to understand whether this is something she wants to do and whether she fully understands the consequences of marrying. The caseworker can also connect the girl to GBV services and other social services which she may need if the marriage goes ahead.

- ***If the girl is opposed to the marriage:***

The caseworker has a role in helping the girl to identify and engage a supportive adult (if one exists), advocating for her rights and needs, as well as getting the girl connected to GBV services and other social services, which she may need if the marriage goes ahead.

When a marriage is not in the girl's best interest (particularly for younger adolescent girls) and caseworkers have not been able to engage with a supportive caregiver, or the decision to marry is still going ahead, the caseworker could engage a child protection caseworker with the consent of the girl. The GBV and CP caseworker could set up regular case conferencing to determine the next steps for case management for the girl.

For girls who are already married, key assessment points for the caseworker include:

- How she is feeling about the marriage in general
- The girl's understanding of SRH and her rights
- Whether IPV is occurring (and what types)
- Whether there is violence being perpetrated by other family members
- Whether she has access to money or resources
- Whether she has a social support system

Caseworkers should carry out safety planning with the girl, identifying her existing responses and resources. They should help her to plan her response in life threatening situations and explore strategies to minimize or avoid harm. For married girls subject to age, maturity and capacity, alternative care arrangements (in consultation with CP) and involvement of trusted adult may be part of a safety plan.

To support girls in the safety planning process, you can refer to the Resources in the Annex 5 on Intimate Partner Violence which provides suggestions on how to approach this topic with girls.

Given how common early marriage is in many contexts globally, it is important to adopt a sensitive and careful approach when handling these cases. We must be sure that any intervention we put in place supports the girl and does not put her at risk of further harm.

96 GBV Case management Guidelines: https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf

Engaging Parents and Caregivers in Cases of Early Marriage⁹⁷

If deemed safe to do so and if the girl consents, a supportive parent, caregiver, or trusted adult identified by the girl can be engaged in the case management process. As part of this process, the supportive person is provided with information on the pros and cons of early marriage and the consequences in an effort to get them to try to stop or delay the marriage.

If the supportive person identified is the parent, and the caseworker assesses it is safe to do so, engage the parent. If the parent with whom the girl speaks has a supportive and caring response, and you assess that it will be safe to do so, you can engage the parent in a joint or one-to-one session. Again, this should be approached with caution by assessing with the girl what would happen if you spoke to her parent.

If you proceed, explain to the parent that you understand that they are planning to marry the girl, and that you want to make sure that you provide information that will help keep her healthy and safe in the future. The conversation must be held in a non-judgmental manner. You want to make the parent feel comfortable so that you can better understand the circumstances influencing their decision to marry their daughter at an early age.

Support the parent in thinking through the pros and cons of the early marriage, as well as explaining what the girl's rights are. For example, in some contexts, the fact that the girl skipped years of school after displacement is often used as a rationale for early marriage. What would be the advantages of her restarting school, even if she missed a few years? Are there advantages for the family (e.g., is she fed at school, or can she learn a skill that can help her earn money for the family)? Are there any success stories in the community of girls who stayed in school that the parent knows or that you can share with them?

Provide information to the parent about the health, safety, and psychosocial consequences of early marriage. Provide information about what is allowable in the law in this location and discuss what rights are present in other legal codes that may apply to the girl and her family. If they find this information useful, work with them to identify the best way to share the information with other members of their family who have decision-making power and influence.

There are limitations to engaging caregivers in this process, especially where they are forcing a girl to marry a perpetrator, e.g., to help the rapist evade punishment. In these cases, caseworkers would not engage with the caregivers, but instead ask the girl to identify another supportive adult in her life should she want to.

If engaging with a trusted adult instead of a caregiver, they may have a conversation with the decision-maker in the family with the girl's consent, and if it is safe to do so. The trusted adult may need some support from the caseworker in determining whether it is safe to open this conversation with the decision-maker and how to approach the subject.

The caseworker can support the trusted adult by:

- Developing a safety plan with the trusted adult outlining specific risks they may face in raising this issue as well as mitigation measures, e.g., how to de-escalate a situation, what to do if the decision maker gets angry/upset, etc.
- Deciding which information related to early marriage may be most relevant to share with the decision-makers—that is, which information they may be most responsive to.
- Practicing with the trusted adult how to approach the decision-maker.
- Deciding when the right time and place for raising this issue may be.

⁹⁷ Adapted from GBV Case Management Guidelines: https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines-Final_2017_Low-Res.pdf

Should I report a case of early marriage in contexts where it is illegal?

The decision whether to report a case of early marriage is an important one, and girls need to have access to full information to think through such a decision. It is important for you to understand whether the girl wants to take legal action, and whether there is legal benefit for her in doing so. Sometimes people working with GBV survivors assume that the person should report to the authorities because they think the perpetrator should be punished. While this may be what you want, you have to understand that there may be great risks for a girl, her children, and her family in reporting to formal authorities.

Often, responses from the police and legal systems can put the person at risk of harm from the perpetrator, family members, or community. Legal action in the formal system may also take a long time and cost a lot of money, or it may subject the girl to considerable social stigma for accessing the formal legal system against the wishes of the community or in the case that her family members are prosecuted for their involvement in the marriage. Depending on the context, if early marriage is illegal, legislation may also include provisions that criminalize the girl herself and expose her to prosecution. Reporting the marriage could then actually create more risk of harm, given that she may face legal penalties or may not be able to access services for her children.

It is thus essential as part of early marriage programming that staff inform the girl of her rights under all applicable sources of law, as well as associated benefits, risks, costs, time commitment, and other factors. This may include details of what to expect from police or informal justice actors (i.e., who will interview them, who determines if it proceeds to court/mediation, what happens if you make a report and the police do not press charges, what happens if it does proceed to court, etc.)—basically, everything you would want to know in order to decide what was best for you. Sharing accurate information about the likelihood that a case reported to the police will actually proceed to court and/or result in conviction is also important, as well as what can reasonably be expected from other available non-state justice processes. This information will help the person analyze the benefits vs. costs or risks of reporting to the police. Note that it is illegal for non-lawyers to offer advice as to what the girl should do (as well as being against the survivor-centered approach), but that caseworkers can and should provide girls with full information about their available rights and legal options.

Some organizations providing GBV case management services have found it helpful to have legal counselors as part of their program, through partnerships with legal aid organizations, which can accurately explain legal options in a survivor-centered way. If it is the survivor's wish, it is important to support survivors in accessing legal services, including attorneys or paralegals, so they can make an informed choice based on their rights and be connected to trained legal professionals who can help them report and pursue their case⁹⁸.

Mandatory Reporting:

If mandatory reporting policies and laws are in place and practiced, service providers are required to explain to the girl and caregiver what their reporting responsibilities are at the beginning of services. Mandatory reporting requirements can lead to service providers believing they have no choice but to report a case of early marriage. However, when determining whether to report a case of early marriage, it is essential to ensure the best interest of the girl is taken into consideration and that reporting the marriage will not cause harm to the girl. If there are concerns that reporting may not be in the best interest of the girl or it could cause harm, it is not advised to report. Use these questions to guide decision-making⁹⁹:

Step 1

- a. Will reporting increase risk of harm for the girl?
- b. What are the positive and negative impacts of reporting?
- c. What are the legal implications of not reporting? (The caseworker should ideally have access to legal counsel to help them think through the legal consequences of this.)

Step 2

- Consult with the program case management supervisor and/or manager to make a decision and develop an action plan.

⁹⁸ https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf

⁹⁹ Ibid

Step 3

- Document with a supervisor or manager the reasons to report the case; otherwise, document the safety and protection issues that rule out making a report.

Registering a marriage in countries where early marriage is legal¹⁰⁰

In contexts where early marriage is legal, girls should be informed of their rights related to marriage. Early, unregistered marriages can bring risks to girls and their families. In some contexts, lack of registration of marriage raises many protection concerns and challenges, especially for adolescent girls in relation to the following:

- **Birth registration:** Women and girls that have children without registering their marriage may face barriers to register the births of their children, which could result in limiting access to services or even statelessness.
- **Obtaining citizenship or regularized legal status for them and their children:** Citizenship in many places is conferred through a husband or a father, and if the marriage is not registered, the woman/girl and her children might not have legal status.
- **Rights within a marriage:** Often, women and girls are entitled to rights within a marriage, including ensuring adequate housing and an adequate standard of living or equal treatment between wives (in polygamous marriages).
- **Rights upon death of a husband:** If a woman or girls' husband dies and there is no formal recognition of the marriage, she may have difficulty in maintaining access to property and/or inheriting property, ensuring ongoing access to services (often connected to the "family book" or other marital documentation), and/or maintaining rights to her children as opposed to in-laws.
- **Rights within a divorce:** Women are almost always entitled to certain compensation upon divorce; however, without registration, a woman may not be able to access this.
- **Custody:** If a marriage ends because a woman's/girl's husband dies or there is a divorce, she may have difficulty retaining custody of the children if the marriage was not registered.
- **Accessing services:** Sometimes, humanitarian or government assistance is contingent on a family unit, and if a woman's/girl's marriage is not recognized she might face exclusion from services for herself or her children.
- **Freedom of movement:** In some places women must be accompanied by a guardian, and if a woman is travelling with her husband but is unable to prove their relationship, there can be risks of detention or inability to cross a check point.
- **Seeking legal support in case of abuse or domestic violence:** Seeking legal support may not be possible in formal or informal justice settings if the marriage has not been registered.

Not providing legal assistance in cases of early marriage may expose girls to some of the risks indicated above. However, each context will be different, and caseworkers should assess with the girl what the pros and cons are of marriage registration.

Registering a marriage is required for official legal recognition. However, that does not mean that if the marriage is not formally registered women or girls forfeit all of their rights; often customary, religious, or even de facto marriages are considered valid marriages. However, claiming these rights without registering the marriage can be much more difficult. **Providing legal services for marriage registration does not imply support for or condoning early marriage; rather, it should be seen as a remedial action in situations where a marriage has already taken place.** Remedial actions should take place alongside prevention and delay efforts.

Registration of a marriage can also come with its own risks and there are specific cases that have been identified as high risk and require special procedures before proceeding to marriage registration. The specific cases are as follows:

- **When there is no accessibility to the girl:** Husbands, in-laws, or other family members approach a legal actor asking for marriage registration, but do not let the legal actor see/approach/talk to the girl. This could apply also in instances where the girl is present, but she is given no opportunity to participate, talk, or engage in the discussion.

¹⁰⁰ Interagency Coordination Lebanon: Providing legal assistance for marriage registration in case of early marriages

- **When there are observed signs of physical violence or distress, or a girl indicates a threat to her life:** Be aware if the girl mentions fear, abuse, violence, cries, or is scared. In some cases, the girl may approach the legal partner alone, having been enlisted by the spouse/in-laws to ask for marriage registration, and during counseling, can report existing or threatened violence, fear, etc.
- **When there are very young spouses involved (below 15, and in particular 9 to 13).**

If you are working with girls who are married but not registered, and they fit into the categories above, you should reach out to relevant protection/legal actors for more guidance on how to assess protection risks before supporting a girl to register a marriage.

Detailed guidance on engaging caregivers in the GBV case management process can be found in the [GBV Case Management Guidelines](#)¹⁰¹.

¹⁰¹ GBV Case management Guidelines: https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf

Annex 5: Adolescent Girls and Intimate Partner Violence (IPV)

What is IPV?¹⁰²



- Intimate partner violence (IPV), which is also often called domestic violence, is a pattern of abusive behavior in an intimate relationship that is used by one person (who is usually male) to gain or maintain power and control over the other person (who is usually a woman or girl). It can be in the form of physical, sexual, emotional, economic, reproductive, spiritual, or psychological actions or threats or stalking/monitoring. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound.
- Because the majority of IPV situations involve a husband or boyfriend abusing their girlfriend or wife, this guidance will focus on providing support to adolescent girls who are experiencing IPV.
- IPV is deeply rooted in social norms, and gender roles and expectations, and it is prevalent worldwide. Longstanding and deeply ingrained social and cultural norms as well as religious beliefs have dictated that it is acceptable for men to control, punish, humiliate, and beat women and girls.
- IPV is about power and control. Abusers find different ways—physical, emotional, psychological, sexual, reproductive, spiritual, and economic—to control and dominate their wives and girlfriends and exploit the power they have as men in society and in the family. An abuser makes threats, uses intimidation, manipulation, coercion, and often physical violence to instill fear in their wife/girlfriend so he can continue to control her.
- IPV is characterized by an ongoing cycle of violence that typically combines several types of abuse (such as physical and emotional) that the abuser uses to achieve control over their partner. It is rarely a one-time event, but rather a continuum of connected incidents.
- There are many factors that contribute to or make it more likely for men and boys to abuse. Abusers make calculated choices about with whom, when, and where they are violent. It is important to remember: (1) these same men and boys know how to control their aggression with other people; (2) there are many men and boys who drink alcohol and who are under stress who do not abuse their partners. Abusers can control their behavior; they choose to be violent.
- Abusers will exploit a survivor's tendency to blame herself by telling her that it is her fault. This is a tactic abusers use to further control the survivor and stop her from getting help.
- Full guidance on IPV is included in the GBV Case Management Guidelines.¹⁰³

GBV Case Management for Intimate Partner Violence (IPV) and Early Marriage

There is growing evidence that demonstrates a link between early marriage and IPV, including sexual, physical, psychological, and emotional violence¹⁰⁴, and that the risk of experiencing IPV is higher when girls marry very early (at or under 15 years of age).¹⁰⁵ In addition to deep-rooted gender inequality, there are a number of potential reasons why early marriages may be characterized by greater violence. Early marriages are characterized by spousal age gaps, power imbalances, social isolation, and lack of female autonomy, all of which are demonstrated risk factors for IPV.¹⁰⁶ The greater the age difference with their husbands, the more likely they are to experience violence.¹⁰⁷

Research suggests that eliminating early marriage today would lead to an estimated decline in IPV of almost three to six percent depending on the age group considered.¹⁰⁸

¹⁰² Adapted from GBV Case Management Guidelines https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

¹⁰³ Ibid

¹⁰⁴ Child marriage and intimate partner violence: a comparative study of 34 countries. Rachel Kidman 2017 <https://academic.oup.com/ije/article/46/2/662/2417355>

¹⁰⁵ <http://documents1.worldbank.org/curated/en/454581498512494655/pdf/116832-BRI-P151842-PUBLIC-EICM-Brief-GlobalSynthesis-PrintReady.pdf>

¹⁰⁶ <https://academic.oup.com/ije/article/46/2/662/2417355>

¹⁰⁷ Reported in Girls Not Brides <https://www.girlsnotbrides.org/themes/violence-against-girls/> cited UNICEF, Hidden in Plain Sight: A Statistical Analysis of Violence against Children, 2014.

¹⁰⁸ Ibid

GBV practitioners should refer to the guidance on how to handle cases of IPV in the GBV Case Management Guidelines. Survivors in IPV situations are at continuous risk of harm. In most humanitarian contexts, there will be very few—likely no—safe and sustainable options for a woman or girl to permanently leave an abusive husband or partner. The legal system may not be safe or supportive for girls, especially if they are trying to seek legal assistance without the consent of adults. Mandatory reporting laws could also put the girl at risk if legal actors are not protective of girls in that area, or if mandatory reporting leads to unwanted charges or detention of male abusers. Lack of resources make it unlikely that there will be a safe shelter or other permanent options for women and girls to relocate to safely, and there are structural and family barriers that make it even more difficult for refugee and displaced women and girls to access these spaces if they do exist. For girls, their age may put further limits on their access due to requiring permission or consent from an adult.

Even if survivors want to leave, there are many barriers to doing so. Escaping an abuser is likely to be extremely dangerous for the survivor and others in her life. Perpetrators often stalk the survivor, track them down, and make threats to anyone who may support them. In some cases, a girl's family members may not accept her leaving her partner and may threaten her, become violent towards her, or force her to stay.

For older girls who are already married, you should never assume or communicate that leaving is going to be better for her; **do not advise her to leave.** As a caseworker, your primary role in working with IPV survivors on safety is to support them in identifying and staying connected to a support network, mobilizing problem solving skills to help them think through what they would do if they had to leave temporarily or permanently, and in the short term, reducing their risk of physical violence. If girls have supportive caregivers, you may be able to work with the girl and the caregiver to strategize how the girl can leave the marriage safely.

For younger adolescent girls who are married: You will need to assess what is in the best interest of the girl and evaluate these considerations carefully—thinking through the safety consequences of each potential action. Consulting with a child protection caseworker may help you to understand alternative care and safety options for the girl and understand the potential repercussions for the girl. Talk these options through with the girl and understand what she feels is best for her in the short and long term.

For girls in dating relationships: think about the associated risks of leaving the relationship and how to mitigate those risks. You can help the girl think about who her trusted person is, and whether she can tell them about the relationship and her plans to leave; How can they support her? Is she able to tell her caregivers about the relationship and her intention to leave, and would there be repercussions?

The resources below have been adapted for adolescent girls to complement the tools that already exist in the GBV Case Management Guidelines. Resource 1 can be used to help girls build out their safety plan as part of the case management process and helps girls to identify their existing responses to danger as well as the resources available to them. Resource 2 goes deeper by helping caseworkers identify the specific circumstances in which the survivor is most in danger. Both resources support the development of a safety plan for girls.

Resource 1: Trust Flower

You can use the Trust Flower to understand a girl's existing responses to danger and what her existing resources are. This can assist you in developing a safety plan with her.

 **Say:** This flower represents your personal strength and the support you have surrounding you. We are going to use it to explore what those are. These colorful petals make up the main part of the flower. This represents you, your personal strengths, and the strategies you use to respond to violence.

1. Identify Her Existing Responses:

What do you do when you are in danger?

Discuss with her if and how this is working. If the girl is struggling to identify her personal strengths/responses you can probe by asking:

- Is there anything you do to try to remove yourself from an unsafe situation or to calm the situation?
- Is there anything you do to protect yourself or to help you recover from the danger?

✓ **Do:** Write these down around the flower where it says “me.”

2. Identify Her Existing Resources (people, money, materials):

☞ **Say:** The leaves and stem of the flower help lift the flower and keep it tall and secure. The leaves and stem represent the support you have around you: the trusted people in your life, any access to money, or other resources that can support you.

Whom do you trust? Think about anyone you can trust: parents/caregivers, family members, an organization or a trusted neighbor, friend, or other members of the community (e.g., community or religious leaders), or an organization representative of diverse groups. If she is unable to think of any family members you can ask:

- Are there family members you have not had recent contact with but with whom you could reconnect?
- Would they be supportive and help protect you if they knew?

What financial resources do you have? Can she save money and hide it somewhere the abuser will never look or keep it in a designated safe place? You should also map out the risks of this approach and plan for what would happen if the abuser found the money.

What material resources do you have? Can any of these be moved out of the abuser’s reach? Can any of them be used to support the survivor if she needs a means of income?

Where could you go? Help her to think of at least one safe place she can get to quickly in an emergency. Could she go to her parents/caregivers or another trusted family member? For adolescent girls, ideally her safe place would be with a trusted family member. She should arrange things with that place ahead of time.

What resources are available in the community? If the girl does not have a support system or existing helpful strategies, discuss what other resources may be available to them in the community for example:

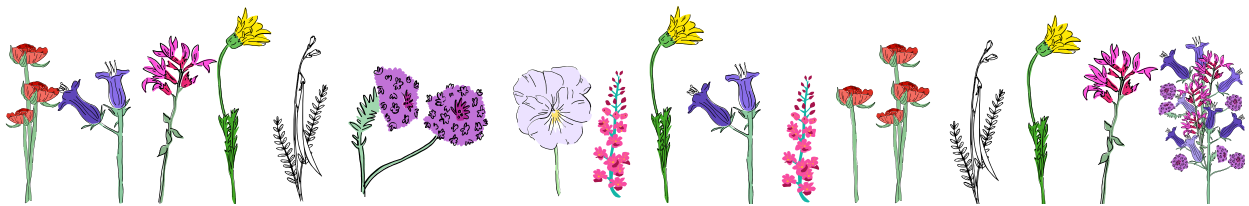
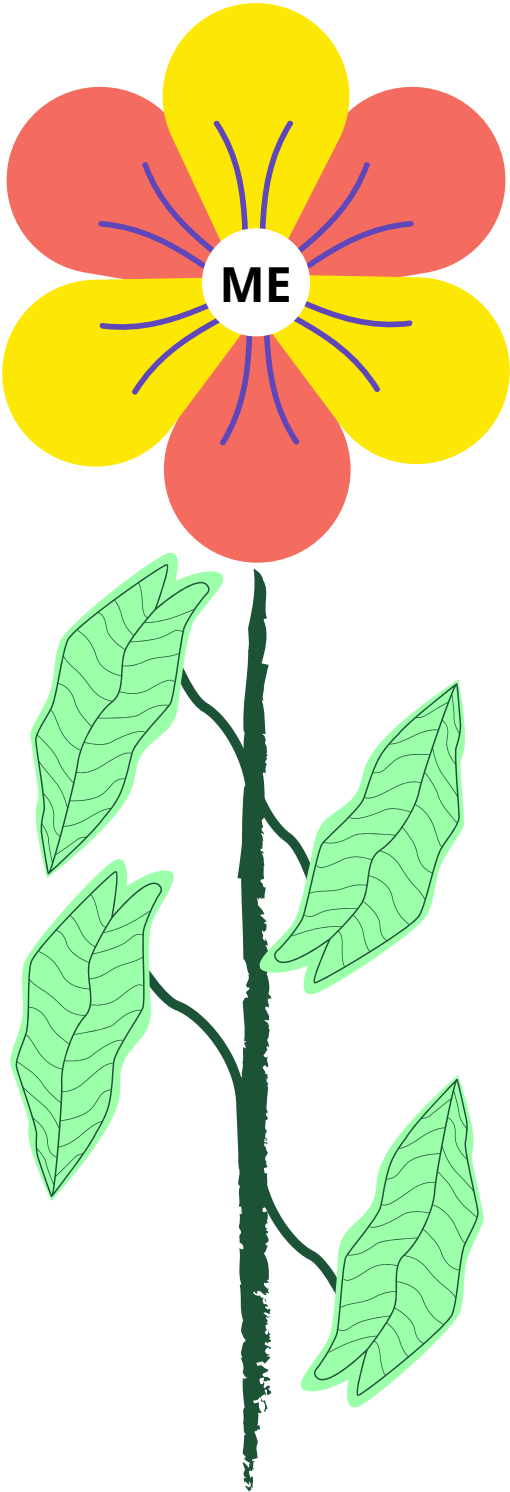
- Is police protection a safe option?
- In an emergency, is there a hospital or health clinic she can easily access as a temporary safe space?
- Is there a public or private place that she can go to as a temporary safe space (e.g., a market, a church)?
- Does she have access to a phone she could use to call someone for help?
- She may want to move out of her home or area. You can work with a CP service provider to explore alternative care arrangements with the girl’s consent, especially if she is a younger adolescent girl.

✓ **Do:** Write these down by the leaves and stem where it says “my resources.”

Once you’ve completed the flower diagram, you can then move into documenting the potential strategies in more detail in the safety plan.

✳ **Note:** Through this activity, you may also be able to determine her best interest based on her exposure to risk and danger. This may prompt you to seek advice from your supervisor and potentially engage a child protection service provider for further coordination.

**MY
RESOURCES**



Resource 2: Identifying the Circumstances in Which the Survivor Is Most in Danger.

Each perpetrator has different patterns of abuse. Part of your safety assessment should be to identify and understand those patterns. Doing so can help the girl better plan, avoid, or respond to them. Some girls will already know what the patterns are, and others will need your help to think through the situation and uncover them; the latter may be particularly true for adolescent girls who are recently married and who are still trying to understanding their partners' patterns.

To get a sense of the danger girls may be facing and/or how it may be making girls feel, you can use the weather symbols below; communicating through the symbols is a way to unpack the circumstances and understand which situations put the girl in most danger.

 **Explain:** Here is a set of drawings that indicate the weather. We have sunny, cloudy, rainy, windy, and thunder and lighting.

 **Say:** We are going to assign different types of weather to a feeling.

 **Ask:** Which weather do we want to use for feelings of (they can select from the images below):

- A) Safety
- B) Worry
- C) Sadness
- D) Being scared
- E) Being in danger

 **Do:** Assign each weather category to the description above.

 **Note:** Some girls may feel a combination of things, and they can select more than one type of weather to describe the situation. For some, sunny weather may be calm and relaxing, and make them feel safe whereas others may prefer rain or cloudy weather depending on their contexts and associations they have with weather. The descriptions can be swapped depending on how girls perceive the different types of weather and can be contextualized. If there are some weather types that they are not familiar with, or that could be triggering (e.g., thunder & lightning), you can leave these out, and/or mark them with an X.

For example:

- A) Safety = Sunny
- B) Worry = Cloud
- C) Sadness = Rainy
- D) Being scared = Windy
- E) Being in danger = Thunder & lighting

 **Do:** Use the following open-ended questions (such as those below) to encourage the girl to carefully think through past instances of violence. You can ask the questions in the following way:

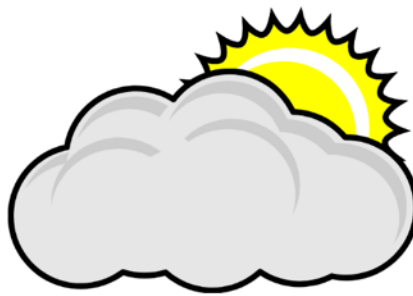
- Can you tell me about some of the times you have felt most unsafe around your husband/partner, where the weather has been windy or thunder/lighting? (You can point to these images on the paper.)
- When the weather is windy or thunder/lighting, what have you noticed about your husband/partner during those times? (What is he doing? What is his state of mind like?)
- What is happening around you during those times when you feel unsafe? (Are you in a particular place? Is it a certain time of day? Are you alone with him? If not, who is with you?)
- Have you noticed anything in particular that changes the weather from sunny or cloudy or rainy to windy and thunder/lighting?
- Have you noticed anything in particular that comes before the violence?

Explain: This information can help us to understand patterns of behavior. We can then work together to develop a plan when these behaviors are present.

The Weather



Sunny



Cloudy



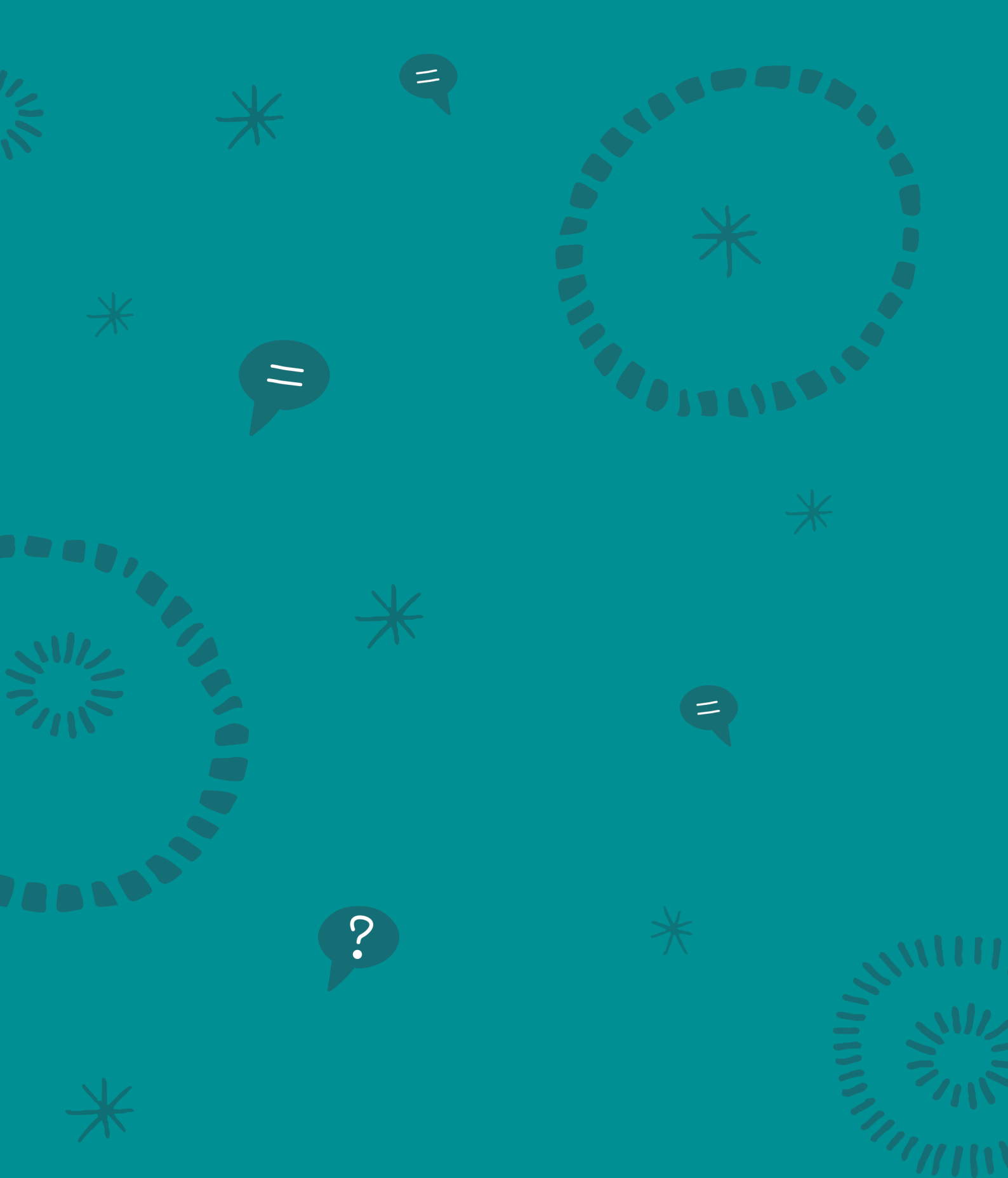
Rainy



Windy



Thunder & lightning



PART 4
Girl Shine
Training Manual