



Women's Refugee Commission
Research. Rethink. Resolve.



Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence

Children and Adolescents

February 2016



Research. Rethink. Resolve.

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Acknowledgments

This report is taken from a longer report produced by the Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. The full report, along with stand-alone sections on women; LGBTI refugees; refugees with disabilities; refugees engaged in sex work; and men and boys, including male survivors, is available at <http://wrc.ms/1KccsHt>.

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Acronyms and Abbreviations

DRC	Democratic Republic of Congo
GBV	Gender-based violence
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Nongovernmental organization
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission



Introduction

An increasing majority (nearly 60 percent) of refugees live in cities, a figure that will continue to rise as camps become an option of last resort. This new reality necessitates a monumental shift in humanitarian response, requiring policy makers, donors, and practitioners to develop new programming that addresses the protection concerns of refugees in urban contexts.

Urban refugees face gender-based violence (GBV) risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.

Throughout 2015, the Women's Refugee Commission (WRC) conducted research in urban settings, the first phase of a multi-year project to improve the humanitarian community's understanding of and response to GBV risks in urban contexts. Quito, Ecuador; Beirut, Lebanon; Kampala, Uganda; and Delhi, India, were chosen because they are host to diverse refugee populations, have different policy environments for refugees, and are at different stages of humanitarian response.

The project looked separately at the GBV risks of different urban refugee subpopulations: women; children and adolescents; lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals; persons with disabilities; and men and boys, including male survivors of sexual violence. Refugees engaged in sex work were added as a subpopulation, due to their invisibility and the heightened GBV risks they face.

For findings from the research and recommendations, read the full report at <http://wrc.ms/1KccsHt>.

The Urban Model: Challenges and Opportunities for Mitigating Urban GBV Risks and Strengthening Community-Based Protection

Traditional humanitarian response – where UNHCR and its partners create a new infrastructure of services for refugees – is a poor fit for urban contexts. Instead of trying to transplant programs that have worked in camps to cities, programming must focus on promoting refugee integration into the host community. Doing this requires thinking differently across the board. Whereas humanitarian actors are used to working mostly with each other, in cities they must broker linkages with numerous other partners, public and private, across all sectors, and sometimes for the benefit of only one or two refugee subpopulations.

Protective peer networks must also become a cornerstone of urban protection. These peer networks can be among refugees, for instance, in the form of support groups hosted by UNHCR partners.

Yet protective peer networks can also exist, and need to be supported, between refugees and members of the host community. The important point is giving space for refugees to voice and cultivate the peer networks that are relevant for them, and offering them support – referrals, introductions, transportation costs, seed funding for a safe space – that will enable these peer networks to germinate.



Children and Adolescents¹

“For our children, there’s no safety. It’s zero...We send our children to go look for something, like at a shop, and on the way to a shop she’s raped along the way.”

– Parent in Kampala

“During the daytime parents go to work...all our neighbors are local...sometimes girls at home during the day face molestation or rape so at home also we are not safe. So many cases of being raped at home. It’s not reported because it’s useless.”

– Burmese Chin woman in Delhi

“Our teacher told us the only reason we come here is to rob the country.”

– Colombian girl in Quito, 11 years old

GBV Risks Experienced by Children and Adolescent Refugees

Children and adolescent refugees – girls and boys – face particular GBV risks. In urban settings, these risks intensify and take on new dimensions. During field assessments, the research team consulted parents, adolescents, and service providers who described risks across the following general categories: (i) risks within the home; (ii) risks at school; (iii) risks related to working; and (iv) heightened risks faced by adolescent girls.²

Risks of GBV experienced by children and adolescents within their homes

GBV risks related to shared tenancy. Urban refugee families often share living quarters with others to save on rent. Sometimes they live with other refugee families, but they may also live with members of the host community. In either case, the economic pressure to live in shared housing, coupled with the discrimination refugees face in renting accommodation, means that families often have little control over whom they live with, and where. The result: homes become unsafe for children.

Two key factors account for the GBV risks associated with shared tenancy in urban settings. First, cheaper housing and rental discrimination funnel refugee families to live in unsafe neighborhoods and buildings. Sometimes families – especially single-headed households that struggle to make ends meet – are forced to live in shared housing, which puts children at risk of abuse, including sexual abuse

and rape, by housemates and neighbors. Parents and service providers reported that children from refugee families are especially targeted for such abuse because it is assumed that their parents will not report it, so as not to draw the attention of law enforcement or their landlord. There is also a lack of privacy in shared housing situations, and as a result, children and adolescents often witness their own parents or other tenants in intimate situations. Parents expressed concern that even when this exposure is unintentional, children in shared housing can be exposed to psychological and emotional harm.

Second, children and adolescents are abused in their homes by family members. This was reported by parents and service providers. These children and adolescents can suffer abuse in silence for long periods before service providers or others learn what has been happening and take measures to intervene. Although all children and adolescents are vulnerable to intra-family abuse, refugees – adolescent girl refugees in particular – are especially vulnerable for several reasons, including a lack of opportunities to report abuse to a trusted adult. Many young refugees are out of school, do not visit refugee service providers, or do not talk to counselors themselves. Additionally, language barriers make communication through hotlines or other avenues available to host community children difficult.

In some cities, it is common for single refugee mothers to enter into relationships with men of the host community. Even if mothers suspect their children may be at risk of harm, they may refuse to believe it or take action due to economic dependence on their partners. Refugee service providers in the border communities in Ecuador, for instance, shared that although they see this type of intra-household abuse often, there is no regional governmental agency responsible for child protection to which they can turn. Instead, service providers focus on convincing mothers to leave their partners, for the safety of their children.

GBV risks related to children being left at home by working parents. Families, especially families headed by single mothers, leave children at home alone when parents are working. Communities shared stories of children being molested and raped by neighbors, landlords, and fellow refugees when left home alone. This happens during the day as well as at night, since many refugee parents work night shifts.

“We lock them in the house when we’re working...and of course it’s dangerous to leave the kids behind...but we have no choice.”

– Mother in Kampala

Parents who work during the daytime spoke of difficulty finding safe and affordable crèches (daycare) for their children. Some UNHCR implementing partners run



crèches for refugee children, but the majority of refugees live too far from crèches to feasibly access them on a daily basis. Parents also spoke of being pressured by humanitarian service providers to send their children to host community crèches, such as those in Delhi which are run by the municipal government. Parents, however, cited a number of factors that made this option impractical for them, or even less desirable than leaving their children at home. These include distance, the costs of transportation, the limited hours of the government crèches, language barriers, and bullying that puts their children at risk.

Risks of GBV encountered by children and adolescents at school³

Within and across cities, young refugees experience violence in school. Nearly all adolescents and parents reported that refugee boys and girls are targets of verbal and physical violence because of their refugee status but also based on their gender, race, nationality, religion, and language.

Such abuse comes from fellow students, teachers, and school administrators. In Quito, parents who have tried to take these issues up with school administrators have been mocked, disbelieved, and told to take their kids out of school rather than complain; some school administrators expressly condoned the bullying. In other locations, parents have been too afraid to approach school administrators themselves, or else face language barriers to doing so. Mocked, stigmatized, and targeted for bullying, many young refugees drop out. Girls are also targeted by teachers for sex in exchange for grades. This reinforces findings from urban research conducted by the WRC in Cairo, Egypt, and Gaziantep, Turkey, where adolescent refugee girls described themselves experiencing school-related violence and abuse.⁴

GBV risks related to children and adolescents working

In all locations, children and adolescents are involved in livelihood activities, whether they are unaccompanied or living with their families. In some cases, they are forced by the family to work, while in other cases they have been given a choice to work or attend school, and prefer the former.

“This is a kind of violence we are doing with our children: we force them to work instead of being in school. We have no other choice.”

– Afghan woman in Delhi

Working exposes children to myriad GBV risks. Refugee boys working in hookah bars in Beirut are sexually harassed, abused, and raped by employers and clientele;

girls doing domestic work in Kampala experience the same from people whose houses they clean. Burmese adolescents – girls and boys – in Delhi working as caterers and servers at Indian wedding parties are confronted with similar risks, both at work and on their way home at night. Rag-picking, which is common among refugee children in Delhi, exposes boys and girls to GBV from strangers on the street.

Additional GBV Risks Faced by Adolescent Girls

Adolescent girls are uniquely disadvantaged during humanitarian crises, and their aftermath. Pre-existing social and gender norms that stymie girls' development often persist throughout crises, and as displaced families embark on re-establishing their lives in new and foreign cities, these norms can become even more entrenched and manifest in new ways.

“Domestic work: it’s very risky, you don’t know the family. You’re going to be at people’s houses, it’s not safe. And you don’t know the language.”

– 16-year-old girl in Delhi

Previous WRC urban research shows that adolescent girls are overlooked in urban humanitarian response. Despite the fact that some key inputs are shown to support girls' well-being and development, humanitarian responses in urban settings are rarely implemented in ways that protect and serve girls, let alone designed to build girls' capacities and resilience to cope with crisis. While Child Protection and GBV guidelines do exist, their application in urban settings is rare and thus less understood. Even less understood is how displacement to urban settings influences harmful practices such as child marriage. The typical urban refugee response passively groups adolescent girls with children or youth, effectively overlooking their unique needs and GBV risks.

Moreover, given the known protective effects of education (especially secondary education), urban humanitarian interventions that fail to prioritize girls' education leave them vulnerable to experiencing GBV and child marriage. Out-of-school girls, unaccompanied girls, girls with disabilities, and girls who work are often the ones most likely to be left out of interventions. Urban contexts also expose adolescent girls to a variety of riskier livelihood options.

Findings from the four assessments affirm and expand upon those findings. Adolescent girls, due to being both female and young, are among the most likely to experience violence. They face many of the same risks that women face, such as rape en route to work and school, as well as those specific to children, such as sexual assault while parents work. Many are also forced to assume adult roles in their new urban en-



vironments, working rather than attending school, or marrying and having children while still children themselves.

Inability to leave the home. Adolescent girls are among the least visible urban refugees, and programs targeting girls are rare in urban humanitarian response. Only one of the four locations visited for this report had programming specifically for girls, but even that programming, because it takes place at community centers, is out of reach of many girls who are not allowed outside. Indeed, often the girls who would benefit the most from the skills-building, mentoring, and peer networking that takes place during these activities are often the least likely to be able to attend.

“You have to stay at home, always.”

– Girl in Delhi

As indicated above, in some cities, families rely on coping strategies that isolate their daughters within their homes, protecting them from real urban risks but also thwarting their access to education, services, and activities. WRC findings from Cairo, Gaziantep, and Tripoli accord with the present research that urban girls are often isolated within their homes, which are incredibly small and don’t allow for “woman privacy.” In Beirut, Syrian girls and their mothers shared that even if they did know about activities at the nearby community center (they did not know of any), their parents would likely not allow them to attend. The girls did express, however, a wish to attend school and continue their education,⁶ as well as interest in doing activities like learning to make handicrafts or painting and dancing.

Mothers of adolescent girls with intellectual disabilities especially reported restricting their daughters’ movement due to fear of violence, including physical violence and “kidnapping.” They perceived that girls with intellectual disabilities were also more at risk of sexual exploitation by other community members.

“I am afraid of sending her alone and that someone will sexually exploit her. Maybe someone will hurt her or kidnap her... The girls are more susceptible than boys because of the social issues and expectations.”

– Mother of a girl with intellectual disabilities, Beirut

Lack of safe spaces specifically for adolescent girls. Humanitarian actors rarely prioritize adolescent girls, proactively carving out a safe space just for them. Even girls who are participating in youth programs expressed an interest in girls-only safe spaces and activities, noting that “some things you can only discuss with other girls.” Yet only one urban location had convened safe spaces for girls to safely meet

with peers and mentors, and these particular spaces remained unknown to many girls, and too far away to be feasible.

Child marriage. In Kampala, Delhi, and Beirut, urban poverty has influenced marriage practices. Congolese women in Kampala, for instance, shared that whereas a village girl in the Democratic Republic of Congo (DRC) might get married at 15 years of age, in Kampala, Congolese girls often marry at 12-13. In some locations, child marriage is viewed as a risk mitigation strategy, a way to protect girls from sexual harassment. In different contexts, the rationales for child marriage differ – economic reasons may predominate in some places, whereas safety concerns are paramount in others.⁷ Understanding these reasons will be key to responding effectively, and intervening where possible.

Lack of access to SRH information and services. Adolescent girls lack access to information on a range of topics, including sexual and reproductive health. In Beirut, when adolescent girls were asked if there was a place where they could access information related to pregnancy and menstruation, they were surprised that such information could exist.

If they have access to health care, it is usually to a primary care physician they attend with a parent. In some cities, adolescent girl-friendly clinics do exist. In one border community visited in Ecuador, girls can access a confidential drop-in clinic for information or testing. The girls who knew of this center had learned of it through word of mouth.

* * *

Boys' access to GBV services. It is important to highlight that boy survivors of GBV encounter unique barriers in accessing GBV support services. The vast majority of such services are purposefully oriented toward women and girls, even located in women's centers. Few boy-friendly options exist and proactive outreach to boy survivors is extremely rare.



Three countries, Three Programs Mitigating GBV Risks for Children and Adolescents

After-school programs bring together refugee and host community youth

Refugee Education Trust in Ecuador. RET, a long-term mentoring program, confronts the issue of tension between refugee and host community youth by bringing them together; 70 percent of participants are refugees (mostly Colombian) and 30 percent are Ecuadorian. Both boys and girls participate, and those consulted said the program is “like a family”—the only place where they “feel like equals” with Ecuadorians. They like having an opportunity to “mix” with Ecuadorians and, given a choice, would pick an integrative model over an all-refugee model, since the former allows for a breaking down of distrust and stereotypes.

In addition to activities like sports and theater on the weekends, RET operates a drop-in center during the week, where kids can hang out and get assistance with homework or spend time with staff. Participants learn about RET’s program through word of mouth, not through refugee service providers – and that is by design. RET does not advertise its programs publicly, as demand far exceeds their capacity and they often have to turn applicants away.

Don Bosco in Delhi. The Youth Leadership program is attended by approximately 70 percent refugees, mostly Afghan, Somali, Rohingya, and Burmese Chin refugees, and 30 percent Indians.

Youth leaders receive training on GBV and then go out into their respective communities to do door-to-door awareness raising for parents, adolescents, or elders in small teams. Each team receives a monthly stipend, and presents on their expenditures and activities to the entire club. Although the program has never been evaluated, participants say it allows them to positively influence their communities. Somali girls explained that parents do not let their daughters go to school or to Don Bosco, and girls now understand that this social isolation is a form of GBV. The Youth Leadership program supports them in strategizing how to share gender empowerment messages with friends and family. As youth leaders, “we explain that girls and boys have the same rights. Other girls also have to know that if your parents are doing these things, you can tell them it’s wrong. You should be equal and treated in the same way.”

Targeting children who work the streets

IRC Street Children program in Beirut. Many refugee children beg for money, sell wares like Chiclets or flowers, or provide services like shoe shining. Some are unaccompanied, and send money to their families in Syria. Most, however, live with their families in Beirut.

These children are subject to violence on the street; propositioned for sex, harassed for being refugees, and targeted for rape and sexual assault. The International Rescue Committee (IRC) program takes a multi-faceted approach to supporting these children, providing them with access to a mentor, an accelerated learning program, psychosocial support, trainings on safety and life-skills, and a hotline for emergencies.

This program offers lessons for humanitarian actors in other urban contexts: the benefits of having the same “street manager” work with a particular group of kids, to build rapport; and the importance of having a livelihood component to the program, ideally one that targets parents as well as children. In response to children’s mobility, the program uses QR codes to track children’s participation in activities and case management.

Recommendations for Mitigating GBV Risks for Children and Adolescents

The humanitarian field of Child Protection is relatively well-developed, with Minimum Standards vetted by numerous agencies, many of which are instructive for urban contexts, both emergency and non-emergency.⁸ Inter-agency GBV prevention and response guidance also exists for Child Protection programmers specifically.⁹ The following recommendations are limited to demonstrating how responses can be tailored to respond to the GBV risks encountered by children in cities. In its four assessments, the WRC did not directly consult children under 15 years of age, nor conduct targeted research with children from all refugee subpopulations, such as unaccompanied minors. Accordingly, these recommendations do not address the full range of tailored responses that will be necessary to respond to GBV risks encountered by distinct groups of children and adolescents in urban areas.

- **Partner with child protection actors to conduct comprehensive consultations with children and young people in urban areas, with special attention to identifying their risks of GBV.**
- **Partner with child protection actors to support community-based child protection programming, case management, and family support services, including parenting education.**
- **Strengthen programs to maximize refugee children's enrollment and retention in school and enable their learning and participation in the classroom, including through bridge classes and non-formal education that enables catch-up after years of missed schooling.**
- **Map urban programs for refugee children and adolescents, including those organized by refugee and host community organizations.**
- **Build linkages with urban poverty programs that target children and adolescents, including programming focused on psychosocial support, sexual and reproductive health, skills building, mentorship, and livelihoods. Ensure that existing refugee services are sufficiently child and adolescent/youth-friendly.**
- **Consult with parents and children to develop strategies for ensuring that young children are enrolled in crèches or other forms of daycare, so they are not left at home alone while parents work.** Support alternatives and complements to crèches, including early childhood care and development groups.
- **Engage children, adolescents, caregivers, and communities in a process to identify GBV risk factors faced by girls and boys who are working, starting with the risk factors present in types or places of work most common among urban**



refugee girls and boys. Develop a holistic and multi-faceted strategy for addressing these risk factors, one that includes engaging employers, reviewing relevant legal frameworks, mapping alternative safe livelihoods opportunities, and identifying any community-based protection mechanisms that can be mobilized (families and kinship networks, safe spaces, etc.).¹⁰ Map and consult local organizations that work with children and adolescents engaged in risky livelihoods, as well as stakeholders from outside the humanitarian sector who have expertise and tools specific to engaging vulnerable children and adolescents in urban areas.¹¹

- **Strengthen access – for adolescent girls and boys – to comprehensive life-skills and psychosocial programming that builds confidence and self-esteem and includes information about sexual and reproductive health, self-protection, and abuse and exploitation.**
- **Identify and address gaps in boys' access to GBV support,** especially where existing supports were designed to facilitate women and girls' access. Conduct proactive outreach to boy survivors of GBV.
- **Address the bullying of refugee children in schools.** Design and implement programs that involve host community parents and children, as well as teachers and school administrators. Leverage any existing anti-bullying programs in schools, and ensure adequate institutional mechanisms are in place – such as complaint and accountability procedures within school administrations – to address reports of bullying.
- **Work with a diverse cross-section of young people to develop youth programs that integrate refugee and host community youth.** Their particular needs will be context-specific but will likely include some combination of non-formal education, life-skills, platforms for social interaction and mentoring, and vocational skills training.

Recommendations Specific to Adolescent Girls

- **Adopt and implement a two-pronged approach to reducing the particular GBV risks faced by urban adolescent refugee girls:** (i) mainstreaming their needs, concerns, and participation across humanitarian response; and (ii) developing programs that target adolescent girls specifically.
- **Develop targeted education and empowerment programs for girls who are confined at home, including girls with disabilities.**
- **Set up safe spaces for adolescent girls, mindful that in some contexts their**

families will not let them travel far from home.

- **Reduce risks to child marriage in an urban context.** Programmers working in urban contexts should understand that meeting the basic needs of families is one of the most effective means of mitigating risks of child marriage. Families must be able to provide for their children in order for there not to be a perceived benefit in marrying their daughters out of the family at early ages. Additional factors contributing to child marriage are diverse and context specific, and a contextual analysis should be undertaken to inform child marriage programming in each setting. Guidance on evidence-based interventions is now emerging from development contexts, and can be adapted to urban environments to address the complex economic, social, protection, or health risks faced by girls at risk or girls already affected by this practice.¹²
- **Establish mentorship programs for girls; build their assets as a means of empowerment and protection; and build social networks with host community girls** through existing platforms, such as Girl Scouts, acknowledging that such platforms usually fail to attract or retain girls from marginalized groups.
- **Adapt and implement existing tools for reaching and engaging adolescent refugee girls.** The WRC has recently developed a framework for field staff. The *I'm Here* Approach, for use in camp and non-camp contexts, is currently being piloted in several cities. The steps and outputs generate actionable information to safely link girls to information and services and to design programming tailored to girls' needs and potential.¹³



Notes

1. Information in this section on children's GBV risks has been triangulated from consultations with parents, siblings (adolescents), and service providers. The WRC did not directly consult with children (ages 15 or younger) during its field visits. In Beirut, mothers attended group discussions with adolescent girls (ages 15-18).
2. We have included a separate subsection here on adolescent girls, given the heightened risks they face as well as the fact they have traditionally been overlooked in humanitarian response, and their particular needs and concerns lost in broader discussions about children and youth. Adolescent boys also face particular risks of GBV; however, since these are often linked to gender norms and social expectations around masculinity, which are disrupted in contexts of forced displacement, they are addressed in the subsequent section on Men and Boys.
3. On a conceptual level, it can be difficult to parse whether, and when, certain types of violence constitute gender-based violence. Where that line gets drawn can be arbitrary, a question of interpretation. School bullying poses such challenges, but we include it here as a GBV risk faced by children because it often has a gendered component.
4. WRC, forthcoming report on findings from implementing the I'm Here Approach (2016), <https://womensrefugeecommission.org/resources/document/1078-i-m-here-report-final-pdf>
5. Ibid.
6. Of the 42 girls consulted in Beirut (ages 15-18), only two were attending school.
7. For more information on how conflict and displacement affect early and forced marriage for girls, see CARE, "To Protect Her Honor": Child marriage in emergencies – the fatal confusion between protecting girls and sexual violence (2015); Gayle Lemmon, *Fragile States, Fragile Lives: Child Marriage Amid Disaster and Conflict*, Council on Foreign Relations Working Paper (2014); UNICEF, *A Study on Early Marriage in Jordan* (2014); Jennifer Schlecht et al., "Early relationships and marriage in conflict and post-conflict settings: vulnerability of youth in Uganda," *Reproductive Health Matters*, Vol. 21, Issue 41 (May 2013).
8. Child Protection Working Group (2012), *Minimum Standards for Child Protection in Humanitarian Action*, <http://cpwg.net/minimum-standards/>
9. http://gbvguidelines.org/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf
10. For more information on addressing livelihood-related GBV risks encountered by children and adolescent refugees, see Global Protection Cluster, Child Protection. 2010. *Responding to the Worst Forms of Child Labor in Emergencies* (including urban case studies), http://cpwg.net/wp-content/uploads/sites/2/2014/12/Review_Responding_to_WFCL_in_Emergencies_final.pdf. See also IASC GBV Guidelines 2015, Livelihoods (http://gbvguidelines.org/wp-content/uploads/2015/09/TAG-livelihood-08_26_2015.pdf) and Child Protection (http://gbvguidelines.org/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf) sections.
11. Retrak, for instance, conducts outreach to vulnerable children and adolescents to provide food, medicine, clothing, hygiene, and shelter. Their resources present methodologically reliable and accurate approaches to counting children on the street and evidence and theory-based approaches to training and conducting outreach work with street children. See, e.g., Retrak, *Enumerating Street Children* (2014), <https://www.retrak.org/content/uploads/2015/06/Retrak-Enumerating-Street-Children-Oct2014.pdf>; Retrak, *Standard Operating Procedures: Conducting Outreach* (2015), <https://www.retrak.org/content/uploads/2015/11/Retrak-Outreach-SOPs-Oct2015.pdf>
12. See, e.g. Malhotra, A., Warner, A., McGonagle, A., & Lee-Rife, S. (2011). *Solutions to End Child Marriage*. Washington, DC: International Center for Research on Women, <http://www.icrw.org/files/publications/Solutions-to-End-Child-Marriage.pdf>. See also Population Council, "New Research from the Population Council Shows Child Marriage Can be Delayed," (Press Release, 12 Aug 2015), <http://www.popcouncil.org/news/new-research-from-the-population-council-shows-child-marriage-can-be-delayed>
13. For a breakdown of the tools and information about field testing of the I'm Here Approach, see <https://womensrefugeecommission.org/resources/document/1078-i-m-here-report-final-pdf>



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