

*Background paper*

## Safety and a Supportive Environment- essential conditions for Adolescent Wellbeing

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### Acknowledgements

The authors would like to thank David Ross and Rachael Hinton for valuable and profound inputs in earlier drafts of this paper. We thank Maria Jose Cisneros Caceres, Meghna Ranganathan, Sarah Thomsen, Alicia Sanchez, Emily Christie and Ron Dahl for their thorough review of the manuscript and constructive feedback.

### Abstract

The adolescent well-being framework identifies Safety and a Supportive Environment as one of five domains underpinning adolescent well-being, with sub-domains on Safety and Security, Material conditions, Equity, Equality, Nondiscrimination, Privacy, and Responsiveness. Against this theoretical backdrop, the present paper describes the widespread and diverse threats to adolescents' safety including various forms of violence - interpersonal, collective, and self-directed. The long-term and multidimensional negative impacts of violence on adolescents' well-being are discussed, underscoring the importance of ensuring adolescents' safety as a precondition to achieving well-being across other domains. The paper goes on to describe gaps in ensuring supportive environments including inadequate material conditions linked to poverty, unequal and inequitable access to information, products, and services, discriminatory and gendered social norms, lack of physical and online privacy, and inadequate

opportunities for leisure and personal development. Drawing upon an extensive body of past research, the paper identifies key interventions at various levels of the socioecological framework to mitigate these risks and promote a safe and positive development of adolescents. Interventions at the individual or interpersonal level include safe spaces for the empowerment of adolescent girls, group education programmes for building positive masculinities among boys, and parent-child programmes that improve parenting skills and communication. Community-level interventions include those that aim to change behaviors by changing social norms, increase the quality school environments, and improve the responsiveness of health and protection systems. Structural interventions include poverty-reduction and social protection strategies, improving the built environment, legal reform, and careful implementation and enforcement of laws. The paper closes by arguing that synergies between different domains of wellbeing are required to ensure adolescents' safety and to foster a supportive environment necessary for their positive development.

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## Introduction

Adolescence is a critical period of formative growth that affects well-being across the life course[1]. The transition to healthy adulthood is dependent on being safe and having a supportive environment to live, learn and earn. In such an environment, adolescents are physically and psychologically safe and protected from all forms of violence, abuse, exploitation and injury; their material needs are met; they are treated fairly and have equal rights, they are free to practice their beliefs and express their identities, they have privacy, and the resources and opportunities to thrive.

The United Nations Convention on the Rights of the Child (CRC) legally binds countries to afford a safe and supportive environment to all girls and boys[2]. Yet across the world adolescents' lives are often conditioned around the possibility of violence and many experience barriers to the fulfillment of their basic rights. Growing income inequality, globalization, migration, urbanization, technological advances, climate change and global health threats, including the COVID-19 pandemic, and conflict and disasters further affect the rights and choices of adolescents, and influence their prospects of leading a rich and fulfilling life[3].

Against the theoretical backdrop of the adolescent well-being framework [4], this paper provides an overview of the types of barriers to safety and support faced by adolescents and discusses evidence-informed approaches to addressing these challenges.

### 1. The impact of unsafe and unsupportive environments on the health and wellbeing of adolescents

In 2015, there were more than 1.2 million adolescents' deaths, a substantial number of which were linked to unsafe and unsupportive environments. The risk profiles vary between regions and by age, gender and circumstances of adolescents. Some causes of death are more common among males (e.g. road injuries and drowning) or females (e.g. maternal conditions) or older adolescents (e.g. interpersonal violence and self-harm) [5][6]. While not exhaustive, this section examines the key subdomains of a safe and supportive environment as defined by the adolescent wellbeing framework: *Safety and security, Material conditions, Equity and Equality and Nondiscrimination, Privacy and Opportunities for personal development.*

*Safety and security.* As girls and boys move through adolescence, their risk of violent victimization increases [6]. Death due to violence more than doubles in relation to the first 10 years of life[7]For adolescent boys, **interpersonal violence** such as fighting, or gang violence is one of the top causes of mortality [8]Adolescents- in particular girls - are more likely to experience sexually violent crimes than any other age group [9]. **Intimate partner violence** (IPV), is the most common form of violence facing adolescents girls. Nearly one in three adolescent girls aged 15 to 19 report having ever experienced emotional, physical or sexual IPV. Forced sexual debut has been estimated at 12% globally [10] and around 15 million adolescent girls aged 15-19 years have experienced forced sex in their lifetime [7] [11]. Adolescents who are part of the lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+) community may be disproportionately vulnerable to sexual abuse because of discrimination on the basis of sexual orientation and gender identity [12]. **Violent discipline** by parents, caregivers and teachers – although increasingly legally prohibited - is commonly affecting adolescents: according to UNICEF 732 million (1 in 2) school-age children between 6 and 17 years live in countries where corporal punishment is not fully prohibited [7][13]. **School-related violence** is an infringement of adolescents' right to health and well-being and has many manifestations, including corporal punishment, sexual harassment by teachers, and bullying by schoolmates. One in three students (32%) has been bullied by their peers at school at least once in the last month [14]LGBTQI+ adolescents are especially vulnerable to targeted acts

of violence [12]. Violent attacks on schools are a serious risk for many school-going adolescents, in particular for those living in fragile settings. In 2016, there were close to 500 attacks or threats of attacks on schools in 18 conflict-affected countries or areas. Between 1991 and 2016, there were 59 school shootings with at least one fatality in 14 countries, three-quarters of those in the United States [7]. **Self-directed violence**, including suicidal ideation, intent, attempt, and suicide itself, as well as other non-suicidal injuries (self-harm) is the third leading cause of death in 15-19-year-olds [15] Suicidal thoughts and behaviors are particularly prevalent among girls aged 15–17 years[16].

Violence in childhood and adolescence, have been shown to have significant negative impacts on brain development and health and social development, poor educational outcomes, early and unwanted pregnancy, increased risk of mental health disorders, difficulties in social and emotional functioning, increased risk-taking, sexually transmitted infection, substance use, obesity, and risk of premature death. [17] [18] [19][20][21][22][23].The experience or even the threat of violence can interrupt or fully disable adolescents' access to entitlements, autonomy, and social participation, limiting their control over their lives and choices [23].

*Material conditions.* Economic hardship negatively correlates with adolescent development and wellbeing. **Chronic poverty** is associated with financial distress, inadequate housing, substandard schools, poor neighborhood conditions. It contributes to premature and unsafe transitions to adulthood (marriage, childbearing, school exit, entry into labor force), and affects adolescents' outlook on their life, their sense of self-worth and overall satisfaction with their family and environment[24]. It also has the potential to disrupt parent–adolescent relationships, which, in turn, affects adolescents[25].Poor adolescents especially those living in urban and peri-urban environments are particularly vulnerable to road traffic injury [26] due to poor road infrastructure, inadequate awareness and education, and lack of access to quality healthcare services. **Road traffic injuries** (RTIs) are the leading global cause of death for adolescent boys and the third leading cause of death for girls [15]. Over 30% of road crash victims are children and adolescents under the age of 25. Particularly in low- and middle-income countries (LMICs), adolescents often walk to school and elsewhere and pedestrian injuries and fatalities make up a large proportion of the RTI total.

*Equity and Equality and Nondiscrimination.* Discriminatory and exclusionary policies, systems, and institutions combined with discriminatory and restrictive social and gender norms negatively impact adolescent well-being. **Social norms** have the potential to either allow adolescents to thrive on their way to adulthood or constrain them to traditional roles that reduce their capabilities and aspirations, and increase their vulnerability to a variety of risks to their development and health including to their sexual and reproductive health [27]. **Power dynamics and imbalances** manifesting in gender inequality, adultism, sexism, racism, ethnicism, heterosexism and classism correlate with lack of agency and control over resources for adolescents [28][29][30]. For example, adolescents from certain ethnicities may have worse access to health facilities, and even adolescents who do have access may not receive adolescent-responsive care; providers may overlook their specific health needs or treat them insensitively. Adolescents frequently **lack access to justice** and experience violence at the hands of police and other law enforcement officials. They are more likely than other age groups to be detained by police without sufficient cause, and to be subjected to brutal interrogations or torture. In many countries adolescents are mistreated in juvenile correctional institutions or may be detained with adults putting them at increased risk for physical and sexual abuse. Child laborers often endure long hours and grueling labor under difficult and harmful circumstances [31]. In armed conflicts adolescents are most likely to be recruited as soldiers and are the primary targets of sexual violence [32].

*Privacy.* The UN convention for the Rights of the Child [2] requires states to protect children from interference with privacy (article 16) and yet in many instances adolescent's privacy rights are violated,

with real consequences for their health and wellbeing. Parental consent rules deter adolescents from seeking healthcare and advice, in particular when a consultation includes discussion of sensitive issues such as behaviors associated with contraception, health related sexual activities, bullying, depression, or misuse of illegal substances [33]. When adolescents are not guaranteed confidential, independent access to health care services, they may delay or forgo seeking necessary services which can lead to higher rates of unprotected sex, unintended pregnancy, untreated STIs, and mental health issues.

Online communications are another real concern to the privacy interests of adolescents. A study across 31 countries found that over half (58%) of surveyed girls and young women had been harassed and abused online, with one in four feeling physically unsafe as a result [34]. Adolescents are able to send information about themselves and communicate via social media and online and mobile sites, often without fully understanding the implications [35].

*Opportunities for personal development.* Developmentally, adolescence is a time of self-discovery and emerging independence[36][7]. Public space is therefore a vitally important realm, whether parks, streets or transport for adolescents to congregate and meet with peers outside of the family setting. Yet, young people are usually ignored or excluded from the design of these spaces, seen as problem-users or a plain threat to the safety of the public. Young women are particularly vulnerable to harassment or violence in public spaces [37]. In fact, for many girls in low- and middle-income countries the onset of puberty brings a withdrawal from public spaces, a loss of peers, leaving school, and pressure for marriage or liaisons as individual and family coping strategies[38]. Girls at the highest risk of the worst outcomes—like child marriage, early pregnancy, and HIV infection—often miss the benefits of social sector programs because of their socially isolated and marginalized status [39]. The right to education, especially quality secondary education is a pivotal factor in raising the future opportunities of adolescents [40]. Adolescents who lack contact with school, where youth programs often take place, may be excluded from formal health and financial services as well as labor markets.

The emergence of the online world as a “virtual meeting space” offers new opportunities as well as challenges for adolescent’s personal development. Adolescents are early adopters and rapid adapters to technologic innovation. A full 70 per cent of adolescent’s worldwide are online, putting them at the forefront of Internet adoption [41] [42]. The internet is neither a place where adolescents are exclusively confronted with risks nor a place that automatically creates opportunities for positive development[43]. On the one hand, online engagement through social media offers adolescents a space for identity exploration, development of self-esteem, exploration of identity and opportunities for self-disclosure, all critical processes for healthy growth and identity development [44][45]. Extensive online and mobile phone usage in adolescents on the other hand has been shown to lead to poor sleeping habits and result in health and well-being problems [46] including depressive symptoms, loss of memory, problems at school and motor vehicle crashes [45].

## 2. Evidence-informed policies and programs

A number of approaches have been developed to promote a safe and supportive environment for adolescents’ wellbeing. While this is a vast field, we summarize key approaches below, drawing on the socioecological framework to identify interventions focusing on individuals and families, as well as institutions, communities, and the infrastructure. A key resource on evidence-informed approaches to reduction of violence against children and adolescents is the INSPIRE package, which looks across multiple types of violence (see box 1) [47].

## BOX 1

INSPIRE – An evidence-informed approach to reduce violence against children and adolescents

- Implementation and enforcement of laws
- Norms and values
- Safe environments
- Parent and caregiver support
- Income and economic strengthening
- Response and support services
- Education and life skills
- Multisectoral collaboration
- Monitoring and evaluation

Source: United Nations Children's Fund (UNICEF). *Gender Dimensions of Violence Against Children and Adolescents*. New York: 2020.

Additionally, a number of program frameworks have been produced such as the Model National Response to child online sexual abuse and exploitation [48], the global Programmatic Framework & Benchmarking Tool to address violence against children in and around schools[49], Action to end child sexual abuse and exploitation [50] the UNICEF Preventing and Responding to Violence Against Children and Adolescents. Theory of Change 2017[51] or the Theory of Change of the UNFPA-UNICEF Global Program to End Child Marriage[52].

### 2.1. Individual and interpersonal interventions

*Community based girls' groups- safe spaces programmes:* Community based girls' groups or "safe spaces" programmes often combine life skills and/or comprehensive sexuality education with approaches to build girls' protective assets and empower them, in order to reduce risk and increase opportunity for development. Such programmes have been successful in improving girls' attitudes and beliefs about gender and health; educated-related outcomes, such as numeracy and school enrollment; and girls' economic and psychosocial assets. Effects are weaker on outcomes that rely on factors external to girls—such as condom use, HIV testing, child marriage, and health service utilization [39][53].

*Positive masculinities and peer-based approaches.* Peers play a critical role in the life of most adolescents. Peer education is commonsensically utilized as a programmatic tool to reach adolescents. However, globally, the evidence on changes in knowledge, attitudes, and behaviour as a result of stand-alone peer education is mixed [54]. Peer education may be a more effective approach for marginalized or hidden populations, and when integrated into a holistic program that enables peer educators to focus on awareness, and referrals to experts for other services. Programs addressing the negative effects of harmful masculinities or are empowering young people to intervene to prevent violence have shown promising results (see box 4 and 5). Strategies involving men and boys have shown to be effective at the individual and community level in changing gender attitudes and behaviours include a combination of group education, using male advocates, large-scale media programs, workplace programs and community/rights-based programming[55]. Engaged fatherhood has shown a positive impact on boys and girls – and the relationships they will have as adults. Girls are more empowered, and boys are more likely to believe in gender equality and to share the reproductive labor following the positive example of their fathers[56].

*Parent and caregiver support.* Connectiveness with at least one parent, family cohesion and sibling closeness create a protective environment which help adolescents build resilience and achieve each

successive developmental stage [57]. Helping parents and caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions and helps increase bonding between parents or other caregivers and children [58]. Parent guidance programmes such as International Rescue Commission's Parents Make a Difference curriculum (see box 2) or the American CDC's/ Pepfar programme Families Matter! have shown to reduce child maltreatment, bullying and being bullied; physical, emotional or sexual violence victimization by partners and peers; and aggression or delinquency during adolescence. Emerging evidence on cyber-bullying shows that supportive parenting, and adolescents' overall relationships with their parents reduces adolescents' risk of cyber-bullying – more so than monitoring their online activities [59].

#### Box 2 [60]

The **Parents Make the Difference** program consists of 10 weekly group sessions and an individual home visit to each participating family. Adapted from various evidence-based parenting interventions, the program uses behavioral skills training to teach content on positive parenting, child development, and malaria prevention. Session topics include negative effects of physical and psychological punishment and alternatives to harsh punishment; positive parenting skills; how to promote children's numeracy, vocabulary, and communication skills; and malaria causes, symptoms, prevention, and treatment.

Source: <https://www.rescue.org/sites/default/files/document/705/parentsmakedifferencebrieffinal18nov14.pdf>

#### Box 3 [61,62,63]

**PLH for Parents and Teens** is a parent training programme for caregivers and their 10- to 17-year-olds. The programme seeks to establish nurturing caregiver-teen relationships and reduce the risk of violence against teens in and outside the home. It also aims to strengthen the ability of caregivers to provide a protective environment and support the health and well-being of their child through positive parenting techniques. Parents are taught alternative parenting strategies to reduce adolescent problem behaviours and avoid harsh disciplining techniques at home. The programme has been or is currently being implemented in over 25 countries, including Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Haiti, Kenya, Lesotho, Malawi, Philippines, South Africa, South Sudan, Swaziland, Tanzania, Uganda, and Zimbabwe, and others.

Source: World Health Organization (WHO). Available at: <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health/parents-and-teens>.

#### Box 4 [64]

Experimental evaluations show that programmes such as **Bringing in the Bystander** and the University of Kentucky's (USA) **Green Dot violence prevention** programme empower young people to intervene and prevent violence against dating partners and acquaintances. Interpersonal violence victimization rates (measured in the past academic year) were 17% lower among students attending the intervention (46%), relative to comparison campuses (56%). Violence rates were lower on intervention versus comparison campuses for sexual victimization, sexual harassment, stalking, and psychological intimate partner violence.

## Box 5

An evaluation of the **Yaari-Dosti programme** (adapted from Promundo’s Program H) aimed at redefining masculinities found that the proportion of men in urban intervention sites who reported violence against a partner in the last three months declined more than two fold to less than 20% at follow up [63]. Males in the US-based programme Coaching Boys Into Men reported 38% fewer incidents of physical or sexual intimate partner violence perpetration 24 months after the intervention. Other significant outcomes of this program, which provides high school athletics coaches with the resources they need to promote respectful behavior among players and help prevent relationship abuse, harassment and sexual assault, included increases in bystander intention to intervene. The program has been implemented in communities across the USA, and in India and South Africa. [64]

## 2.2. Organizational and community interventions

*Social norms and community mobilization.* Changing harmful social norms has a direct impact on the supportive environment for adolescents, particularly for adolescent girls, as these norms are usually underpinned by restrictive and prescriptive stereotypes of femininity and masculinity. Examples of maladaptive social norms and behaviors in relation to safety and a supportive environment include the legitimization of violent punishment of children; sexual entitlement felt by boys and men; girls accepting child marriage, female genital mutilation or intimate partner violence as normal; engaging in gang violence being seen as a “rite of passage”. While hard to evaluate, norm-change activities at community or small-group level appear to be most effective when combined with other elements such as legislation, access to services or life-skills and comprehensive sexuality education training [65] [66][67].

## Box 6 [68]

The **UNFPA-UNICEF Global Programme to End Child Marriage** promotes the rights of adolescent girls to avert marriage and pregnancy, and enables them to achieve their aspirations through education, health and social protection as well as by providing alternatives to families. It takes a holistic and multisectoral approach which extends beyond ending child marriage to the promotion of gender-equitable institutions and norms that influence child marriage at all levels – from policies and laws, system strengthening and services, to support at the community, family and individual level.

## Box 7 [69][70]

In Nepal, the **Save the Children’s Choices curriculum** aims to stimulate discussions between 10–14-year – old boys and girls in which they can reflect on topics relating to power and gender, and interrogate internalized feminine and masculine norms. An evaluation showed that Choices led to more equitable gender attitudes and behavior among boys and girls and suggested that participation in the programmes broadened children’s perception of gender roles, including the role of women as wage earners and men as nurturers, and may have helped participants recognize that sexual harassment and teasing boys who step out of the “gender box” is inappropriate.

*Education and interventions in education settings.* While the primary purpose of school is the academic development of students, its effects on adolescents are far broader, also encompassing their physical and mental health, safety and social development [71]. Ministries of Education have an ethical and legal obligation to protect children under their charge and need formal policies to guide education staff on the rationale for protecting children, responsibilities of staff members, particularly on incident response,



codes of conduct, reporting, monitoring and accountability. WHO's School-based violence prevention handbook, provides guidance for school officials and education authorities on how schools can embed violence prevention within their routine activities and across the points of interaction schools provide with children, parents and other community members [71]. While there is limited evidence on what can protect children from negative online experiences and harm, exploratory studies suggest that positive relationship with teachers and enforced school rules are among protective factors against cyber-bullying [59] Further evidence suggests major advantages to integrating internet safety into already well-established programs addressing off-line harms, for example, programs focusing on general bullying, dating abuse, or sexual abuse prevention [72], many of which are delivered through schools. (See Domain 4 paper on education for more)

*Victim Response services.* Victims of violence need access to high-quality reporting mechanisms and response services across all sectors, as well as compassionate, competent, comprehensive care and support from professionals and paraprofessionals [74]. These services are most effective when situated within a comprehensive protection system – whether child protection or gender-based violence - with appropriate regulation, governance and case management that guarantees the best interests of the adolescent across a continuum of services. Evidence from low- and middle-income countries suggests that accessibility, quality and comprehensiveness of services in the justice, social welfare, health and education sectors may prevent harm and improve outcomes. Basic health services, such as emergency medical care for violence-related injuries, and clinical care for victims of sexual violence (including postexposure prophylaxis against HIV in cases of rape when indicated), are a priority when required [12]. Violence prevention and response are closely linked. More effective service responses can also be a form of secondary prevention, by helping adolescents find a way out of situations of ongoing violence and long-term prevention at the population level [50].

### 2.3. Structural interventions

Efforts to address the underlying socio-structural drivers or overarching structural and institutional frameworks influencing adolescents' risk, vulnerability and opportunity, need to focus on the physical, social, cultural organizational, community, economic, legal or policy aspects of the environment that act as barriers to, or facilitators of their health and wellbeing [73].

*Poverty reduction, protection from income shocks.* Social protection programs that include adolescents and their families reduce health and financial risks and can set adolescents on a positive trajectory in terms of health and life chances [74] Cash transfers work well across all contexts and have had a range of short and long-term benefits for adolescents and their families [75]. Most adolescents are sensitive to costs associated with accessing health and social services. Universal health coverage (UHC), minimizing out of pocket expenses for services, removing other cost barriers, protection from catastrophic expenditure, while focusing on access, quality and equity, can increase use of services by some adolescents. In practical terms, this means including adolescents in risk pools, using vouchers or other demand-side financing schemes to target subsidies to adolescents, and ensuring that adolescent-responsive service outlets are included as service providers in UHC schemes [76].

*Safe systems.* Fundamental to road traffic injury prevention is the concept of the 'safe system' , a road transport system that accepts human error as inevitable but mitigates its effects [77]. Designing an environment to protect adolescents includes implementing low-speed zones (30km/h) particularly around schools and residential neighborhoods, strengthening and implementation of legislation, including helmet laws particularly in countries where there are high levels of motorised two-wheeler usage by young people, seatbelt legislation and school bus safety. Other effective strategies include engaging students in road safety decision making [77]. Initiatives such as Vision Zero for Youth highlight low-cost ways that schools and young people can engage with policy making, drawing attention to the safety issues affecting

their journeys to school and taking steps to address them [78]. A safe system approach more generally promotes safe, well-maintained infrastructure, facilities and public open spaces that provide equitable access to places for walking, cycling and other physical activity[79]. In terms of harassment of adolescent girls in public spaces, effective approaches include engaging young people to identify solutions to make them feel safer. (links also to Domain 2 Connectedness; Domain 5 Agency, Resilience).

#### Box 8 [80]

##### **The ‘Amend’ School Area Road Safety Assessments & Improvements ‘SARSAI’.**

Location: Sub-Saharan Africa (incl. Tanzania, Ghana, Zambia, Botswana, Mozambique, Cote d’Ivoire, Senegal). In Tanzania, Amend identified 22 schools in Dar es Salaam with high levels of road traffic injury among the population of school-age children and adolescents. The intervention follows global best practice – the ‘safe system approach’ – on road safety [78]. Road safety assessments are carried out to identify where safe infrastructure should be placed for effectiveness. Amend also uses the ‘Star Ratings for Schools’ [82] tool which provides a mapping and safety rating for planning and then implementing road safety countermeasures. Low-cost improvements are made (eg. road humps, signage, bollards) and school road safety education introduced. A package of such interventions per school typically costs USD \$25,000. Reduction in injury following the intervention is significant, with 26% injury reduction reported in follow-up analysis [83]. The infrastructure itself has been shown to have a high cost-benefit ratio (US\$10.90 for each disability-adjusted life year (DALY) saved according to one study [81]). Similar effectiveness has been identified elsewhere with such school area interventions including in low- and middle-income contexts.

*Implementation and enforcement of laws and policies.* Legal and policy frameworks provide the backdrop for action by government, for-profit and non-profit actors, and civil society organizations and individuals (including adolescents themselves) to contribute to adolescent rights and well-being. Awareness raising and advocacy may be needed to mobilize the general public, key constituencies and policymakers to revise laws and policies relevant to violence against children [51][81]. The INSPIRE framework identifies laws banning violent punishment of children by parents, teachers or other caregivers, criminalizing sexual abuse and exploitation of children, laws that prevent alcohol misuse and laws limiting youth access to firearms and other weapons as key to reducing adolescent exposure to risk of violence[82]he United Nations Office on Drugs and Crime (UNODC) [83] helps countries assess their legal and policy frameworks and their implementation in accordance with legally binding international human rights treaties including the Convention on the Rights of the Child and Convention on the Elimination of Discrimination Against Women [84]. The UNFPA-UNICEF Global Programme to End Child Marriage has developed resources to analyze child marriage and the law [85].

Emerging evidence points to gaps in enforcement rather than the existence of laws to prevent violence and abuse [47]. This requires regulations and rules that translate laws into practice, and substantial investment to ensure adequate staffing and to train duty-bearers. Specialized child justice systems and child-friendly procedures need to be in place to ensure adolescents are protected from harm. Children, adolescents and families also need to be aware of their legal rights and able to access legal aid, law enforcement reporting mechanisms and support services essential for child-friendly access to justice. This includes protection of young perpetrators of violence. It is imperative that legislation, policies and programs ensure that children in conflict with the law have access to fair, effective and child sensitive justice systems that promote non-custodial measures for children alleged to be offenders. It is further important that legislation does not (intentionally or inadvertently) criminalize behavior that is developmentally appropriate/ acceptable for young people. Additionally, institutions such as temporary and alternative care facilities, care institutions, police stations and detention centers need to be safe for adolescents.

Comprehensive national, multisectoral plans for prevention and response to violence against children and adolescents should include attention to gender equity and equality, the needs of vulnerable populations, strategies for coordination across sectors (for service delivery and data sharing), and comprehensive service responses [51].

## *Discussion*

This short review highlights the impacts that lack of safety and support in adolescence can have on all other domains of adolescent well-being: by impairing life-long mental and physical health, increasing the chances of suffering non-communicable diseases (NCDs) [86], and decreasing life satisfaction [18] (health and nutrition; agency and resilience paper), increasing the likelihood that young people themselves perpetrate violence later on [87] (connectedness and positive values), and hindering learning and education [88] (learning, competence, education, skills, and employability). Conversely synergies between different domains of wellbeing are required to address the determinants of adolescents' safety and to foster a supportive environment necessary for their positive development. Promoting gender equality through gender transformative approaches, particularly for adolescent girls, contributes to an enabling and supportive environment for adolescents [89][90]. Providing multiple services or interventions- across the socio-ecological framework - magnifies impacts by creating additive effects [76].

A transdisciplinary developmental science perspective on adolescence helps strengthen intervention approaches [91]. The evolving capacities of adolescents should influence the design and implementation of programmes. Considering the developmental tasks adolescents need to accomplish as they mature, allows for optimal timing, focus and prioritization of interventions for maximum impact. This also implies a careful balance of child protection considerations against access to opportunities, depending on the age of the adolescent.

The dynamic nature of adolescence requires that general approaches that attempt to improve challenges that span all of adolescence such as poverty and violence reduction, lack of supportive relationships, and healthy learning opportunities are complemented with interventions that leverage specific and unique opportunities in early adolescence, mid adolescence and the transition to adulthood [92]

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