ORIGINAL ARTICLE



'Mind the Gaps': Exploring Regional and Gender Patterns in Threats to Ethiopian Adolescents' Bodily Integrity

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Abstract

Spurred by international commitments to address age- and gender-based violence, this article uses a capabilities framework to address an important data gap on violence against adolescents in Ethiopia. It draws on mixed-methods data collected in 2019/2020 in three diverse rural regions. This includes surveys completed by 5539 girls and boys as well as 819 qualitative interviews with adolescents, caregivers, community members, and service providers. We find that threats to adolescents' bodily integrity are shaped by a complex interplay of age, gender, and sociocultural environment. Girls are less able than boys to enjoy freedom of movement and control over their bodies, and age-related violence is often deeply gendered in ways that are context specific. Differences in service provisioning augment already large gaps between adolescents in different regions. To tackle threats to adolescents' bodily integrity, awareness-raising efforts need to be twinned with improved access to education, health, social protection, and justice services.

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Résumé

Stimulé par les engagements internationaux pour lutter contre la violence basée sur l'âge et le genre, cet article utilise un cadre de capacités pour combler une importante lacune de données sur la violence contre les adolescents en Éthiopie. Il s'appuie sur des données mixtes recueillies en 2019/2020 dans trois régions rurales diverses. Cela comprend des enquêtes complétées par 5,539 filles et garçons ainsi que 819 entretiens qualitatifs avec des adolescents, des soignants, des membres de la communauté et des prestataires de services. Nous constatons que les menaces à l'intégrité corporelle des adolescents sont façonnées par une interaction complexe d'âge, de genre et d'environnement socioculturel. Les filles sont moins capables que les garçons de jouir de la liberté de mouvement et du contrôle de leur corps, et la violence liée à l'âge est souvent profondément genrée de manière spécifique au contexte. Les différences dans la fourniture de services augmentent déjà les grands écarts entre les adolescents dans différentes régions. Pour lutter contre les menaces à l'intégrité corporelle des adolescents, les efforts de sensibilisation doivent être jumelés avec un meilleur accès à l'éducation, à la santé, à la protection sociale et aux services de justice.

Resumen

Impulsado por compromisos internacionales para abordar la violencia basada en la edad y el género, este artículo utiliza un marco de capacidades para abordar una importante brecha de datos sobre la violencia contra los adolescentes en Etiopía. Se basa en datos de métodos mixtos recogidos en 2019/2020 en tres regiones rurales diversas. Esto incluye encuestas completadas por 5,539 niñas y niños, así como 819 entrevistas cualitativas con adolescentes, cuidadores, miembros de la comunidad y proveedores de servicios. Encontramos que las amenazas a la integridad corporal de los adolescentes están moldeadas por una compleja interacción de edad, género y entorno sociocultural. Las niñas tienen menos capacidad que los niños para disfrutar de la libertad de movimiento y control sobre sus cuerpos, y la violencia relacionada con la edad a menudo está profundamente marcada por el género de formas que son específicas del contexto. Las diferencias en la provisión de servicios aumentan aún más las grandes brechas entre los adolescentes en diferentes regiones. Para abordar las amenazas a la integridad corporal de los adolescentes, los esfuerzos de sensibilización deben ir de la mano con un mejor acceso a la educación, la salud, la protección social y los servicios de justicia.

JEL Classification I3 Welfare · Well-Being · Poverty

Introduction

As understanding of how children's experiences of violence shape their adult trajectories—and, ultimately, national economies—has grown, violence against children has moved up national and international agendas and culminated



in targets nested under two Sustainable Development Goals (SDGs) (United Nations Children's Fund [UNICEF], 2014a; United Nations Development Programme [UNDP], 2021; World Health Organization [WHO], 2020a, 2020b, 2021a). Recent efforts to collect and curate the data needed to 'end all forms of violence against children' (SDG 16) and to 'eliminate all forms of violence against all women and girls' (SDG 5) have rendered visible how common childhood violence is—and how little is still known about it. Each year, half of the world's children are estimated to experience at least one form of violence (Hillis et al. 2016). Yet there is marked variation across and within regions and countries (UNICEF, 2021). In particular, there has been little attention paid to how gender intersects with violence against children (Dekel et al. 2019; Guedes et al. 2016; UNICEF 2020). Many studies of violence fail to disaggregate outcomes by gender and differences in how various forms of violence are experienced by girls versus boys has been largely ignored. Moreover, the forms of violence more likely to affect (or even exclusively affect) girls—such as child marriage and female genital mutilation (FGM)—have been ignored in the framing and measurement of violence against children (Cookson et al. 2020; Devries et al. 2018; Marshall et al. 2021; Moody et al. 2018; Murphy et al. 2020).

In Ethiopia, the incidence and patterning of violence against children remains largely unknown, because the large-scale surveys used to track such violence have not been fielded. This means that the only national and regional-level figures that give any insights into violence in childhood come from the Ethiopia Demographic and Health Survey (DHS) (Central Statistical Agency of Ethiopia and ICF 2017), which largely focuses on violence that impacts women's reproductive health (WHO 2020b). There is reason to believe, however, that experiences of violence in childhood are highly diverse—given the country's ethnic, cultural, and religious differences (Argaw 2017).

To help address this lacuna, this article draws on data collected in 2019 and 2020 for the Gender and Adolescence: Global Evidence (GAGE) research programme to explore the patterning of diverse types of violence experienced by adolescent girls and boys in varied contexts across Ethiopia. GAGE's inclusion of the most marginalized groups (such as married girls and those from remote communities) and its mixed-methods approach allows us to contribute to efforts to track—and eliminate—violence against children in a country where data is currently lacking, and to do so in a way that capitalizes on recent understandings of adolescence as an 'age of opportunity' (Patton et al. 2018).

In the next sections we touch briefly on the concept of violence against children, including what is known about such violence in the Ethiopian context, and introduce our conceptual framing, which draws on the capabilities approach. We then describe our research methods. Our findings are organized in line with Nussbaum's (2000) definition of bodily integrity, which—unlike the framing of violence against children—includes space for mobility as an antecedent of safety, and FGM and child marriage as forms of violence. We conclude with a discussion, highlighting the implications of our findings for policy and programming.



Violence Against Children

Because violence against children and adolescents comes in many forms and is perpetrated by multiple actors, there are diverse and overlapping working definitions of violence that are relevant to its understanding (UNICEF 2020). The WHO (2020b) lists six main types of violence against children, which it broadly defines as 'all forms of violence against people under 18 years old' regardless of perpetrator. These include: maltreatment (which includes neglect and is perpetrated by caregivers), bullying, youth violence, intimate partner violence, sexual violence, and emotional or psychological violence. Notably absent from framings of violence against children and maltreatment are specific references to practices such as child marriage and FGM. Tackling such practices is recognized in development objectives—and indeed has its own target in the SDGs (nested under SDG 5: gender equality)—but its positioning as 'in addition to' rather than as 'a part of' violence against children—even by UNICEF (2014b)—obscures not only girls' broader risk of violence, but also meaningful pathways for prevention (Dekel et al. 2019; Guedes et al. 2016; UNICEF 2020).

With the caveat that research in low-income contexts remains rare, the evidence base on violence against children has grown significantly in recent years (Moody et al. 2018; UNICEF 2014c). Research in Tanzania, Cambodia, Eswatini, and Kenya found that most children (80%) experience violence—with girls and boys at equal risk (Ravi and Ahluwalia 2017). A systematic review of evidence on violence against children from 171 countries found that family members (usually caregivers), followed by peers, are the most common perpetrators (Devries et al. 2018).

Data curated by UNICEF (2021) highlights that diversity in the type and incidence of violence is the rule rather than the exception. This may be especially the case as children enter and progress through adolescence. With the physical and social changes wrought by puberty, more time in the community rather than at home, and the transition into secondary school (which in low-income countries often involves boarding in urban areas), young people's risk of experiencing (and perpetrating) many types of violence often radically diverges by gender (Marcus 2017).

Evidence suggests that violence against children in Ethiopia is widespread, partly because it is seen as so necessary to ensure the proper upbringing of children that corporal punishment at home is explicitly exempted from laws that address the maltreatment of children (Chuta et al. 2019; Tadesse 2019; End Corporal Punishment 2023). Pankhurst et al. (2016) report that 90% of children in the Young Lives sample had experienced violence. Boys were more likely to experience physical violence, whereas girls tended to experience verbal abuse. Violence typically peaks during early adolescence, with both younger and older children less likely to be victimized. Mulatie's (2018) findings are similar. Nearly 80% of children reported some form of physical violence from caregivers and over 20% reported severe forms such as having been deliberately burned. Research by the African Child Policy Forum (2006) suggests that children are not



exaggerating reports of violence and may even be under-reporting. Of the adults in their study, 63% admitted to making a child inhale the smoke of burning hot peppers. Harmful traditional practices involving girls are also common, despite their illegality. At the national level, the 2016 Ethiopia DHS found that 40% of young women aged 20–24 were married before the age of 18 and that 47% of girls aged 15–19 had experienced FGM (Central Statistical Agency and ICF 2017).

Conceptual Framing: Bodily Integrity as a Human Capability

This article draws on a capabilities framework (Sen 1984) to explore how individual and environmental factors interact to shape whether and how adolescents can 'do' and 'be' the things that are important to them. It pays particular attention to Nussbaum's (2000) gendered capabilities approach, which argues that bodily integrity is a core human capability. Nussbaum (2000) defines bodily integrity as freedom of movement, freedom from violence, and opportunities for sexual satisfaction and reproductive choice. In line with this approach, we see adolescents' rights to bodily integrity and freedom from age- and gender-based violence not only as ends in and of themselves, but also as a necessary means to achieving other capabilities-including education, good health, psychosocial well-being, voice and agency, and economic empowerment (GAGE consortium 2019; Nussbaum 2005; Pyles 2008). Critically, given the importance of adolescence to adult trajectories, we see this capability as both central to adolescents' well-being (what they need during adolescence to lead a good and healthy life) and also to their well-becoming (what they need to lead a good and healthy life in adulthood) (Cabezas and Schweiger 2016). This implies that caregivers—and, by extension, state actors—are duty bound to protect adolescents, including from making choices that could jeopardize their own futures (ibid.).

Methods

Research Design and Sample

This article draws on survey and in-depth qualitative data collected in late 2019 and early 2020 as part of the GAGE longitudinal research study. Although GAGE's sample in Ethiopia also includes thousands of adolescents living in urban areas, to reduce complexity this article includes only those living in rural communities (*kebeles*). Specific sites—of which two are in the desert of Zone 5 (Afar), five are in the highlands of South Gondar (Amhara), and five are in the lowlands of East Hararghe (Oromia)—were chosen for their combination of economic and social vulnerabilities (areas with higher levels of food insecurity and high prevalence of child marriage).

The survey data involved 5, 539 adolescents and their primary female caregivers (see Table 1) and was divided into two cohorts: younger adolescents (most aged 12–14 years at midline) and older adolescents (most aged 17–19 at midline). To



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Table 1 Quantitative sample	Boys	2266
	Girls	3273
	Older cohort	1837
	Younger cohort	3702
	Totals	5539

Table 2 Qualitative sample

	South Gondar	East Hararghe	Zone 5	Totals
Individual interviews—girls younger cohort	24	25	12	61
Individual interviews—girls older cohort	3	5	8	16
Individual interviews—boys younger cohort	22	16	12	50
Individual interviews—boys older cohort	6	4	5	15
Individual interviews—married adolescents	30	30	18	78
Individual interviews—adolescents with disabilities	16	12	9	37
Individual interviews—internally displaced adolescents	-	7	-	7
Individual interviews—total adolescents	101	99	64	264
Individual interviews—parents	8	_	_	8
Key informant interviews	39	51	9	99
Group interviews—adolescents	54	60	16	130
Group interviews—parents	117	133	68	318
Totals	319	343	157	819

ensure that the sample was consistently drawn from across sites and to minimize the risk of overlooking the most disadvantaged adolescents, who face multiple and intersecting inequalities (e.g. out-of-school adolescents, married adolescents, and adolescents with disabilities), a door-to-door listing activity was undertaken in all research sites, following a specific protocol, and complemented with purposeful sampling. The qualitative sample—of 394 adolescents (plus 425 caregivers, government officials, and service providers)—was purposively selected from the larger quantitative sample, deliberately oversampling the most disadvantaged girls and boys to capture the voices of those at risk of being left behind (see Table 2).

Tools and Analysis

Survey data was collected in face-to-face interviews by enumerators who were trained in appropriate methods, facilitation techniques, and ethical considerations for research with adolescents, and spoke the local language (Amharic, Afar Af', and Afaan Oromo). Surveys, which averaged 90 min with adolescents and 60 min with caregivers, included multiple measures of diverse types of violence and support available for those at risk. The specific measures used in this paper—all reported by adolescents themselves—include adolescent mobility, experienced violence at home, adolescents' experience



		Younger cohort	cohort					Older cohort	short				
		South Gondar	ondar	East Hararghe	rarghe	Zone 5		South Gondar	ondar	East Hararghe	arghe	Zone 5	
		Boys $n = 760$	Girls $n = 1054$	Boys $n = 632$	Girls $n = 875$	Boys $n = 162$	Girls $n = 218$	Boys $n = 245$	Girls $n = 423$	Boys $n = 300$	Girls $n = 447$	Boys $n = 165$	Girls $n = 257$
Movement	Needs permission to go to the home of friend/relative (%)	82	80	56	89	43	56	55	56	37	48	21	49
	Needs permission to go to public place with friends (%)	70	29	09	73	37	43	42	34	38	61	17	28
	Leaves the kebele at least once per week (%)	∞	3	19	6	3	4	17	7	38	10	11	7
Violence at home	Experienced physical violence at home in the last 12 months (%)	20	17	47	25	52	28	15	17	30	13	39	15
	Has an adult they trust (%)	73	70	72	49	40	45	69	29	69	58	54	46
	Has ever talked to someone about violence at home (of those who have experienced or witnessed) (%)	39	28	24	20	∞	-	44	21	21	28	12	10
	Knows where to get support for violence (%)	09	36	55	33	29	33	59	29	72	45	25	84
Peer violence	Experienced physical peer violence in last 12 months (%)	13	9	10	9	20	9	∞	2	11	3	14	-
	Perpetrated physical peer last 12 months (%)	6	4	14	9	14	3	5	2	16	5	17	0
	Exp non-physical peer violence in last 12 months (%)	29	14	27	12	19	∞	28	10	18	S	13	4
	Perpetrated non-physical peer last 12 months (%)	17	9	27	12	17	5	41	5	24	11	16	8



Table 3 (continued)

		Younger cohort	cohort					Older cohort	hort				
		South Gondar	ondar	East Har	East Hararghe Zone 5	Zone 5		South Go	ondar	South Gondar East Hararghe	arghe	Zone 5	
		Boys $n = 760$	Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls $n=760$ $n=1054$ $n=632$ $n=875$ $n=162$ $n=245$ $n=423$ $n=300$ $n=447$ $n=165$ $n=257$	Boys $n = 632$	Girls $n = 875$	Boys $n = 162$	Girls $n = 218$	Boys $n = 245$	Girls $n = 423$	Boys $n = 300$	Girls $n = 447$	Boys $n = 165$	Girls $n = 257$
Violence aimed at girls	Violence aimed at girls Experienced sexual violence in the last 12 months (%)	na	∞	na	7	na	7	na	17	na	7	na	4
	Believes female has at least some $\ $ na blame for rape $(\%)$	na	na	na	na	na	na	34	28	32	45	32	21
	Experienced FGM/C (%)	na	na	na	na	na	na	na	23	na	68	na	85
	Married by age 15 (%)	0	5	0.3	9	1	4	0.3	23	0.3	19	0	∞
	Married by age 18 (%)	na	na	na	na	na	na	7	55	10	48	5	47



of and perpetration of peer violence, and adolescent girls' experience of sexual violence, FGM, and child marriage. These measures are defined in more detail in Table 3. The full quantitative tools are available online (Baird et al. 2020a, 2020b). Sampling weights, reflecting the probability of selection into the study sample, were used to make the results representative of the target population in the study area. Quantitative analysis for this paper focuses on descriptive means by age, gender, and location. Ordinary least squares (OLS) regression models were used for analysis, using Stata 15.1. *T*-tests of difference in means were used to assess statistically significant differences. All quantitative comparisons in the narrative of the paper are significantly different at the 95% level, with p values noted in parentheses.

Qualitative tools, which are also available online (see Jones et al. 2019), consisted of an array of interactive activities including object-based interviews, worries exercises, vignette-based discussions, social norm and body mappings, and timelines. Tools were used in individual and group interviews conducted by researchers trained to communicate effectively and sensitively with adolescents, who were also of the same sex and from the same region as the respondent. Preliminary data analysis took place during daily and site-wide debriefings with the research team, and findings were used to develop a thematic codebook that was also informed by a gendered capabilities approach to understanding bodily integrity and freedom from age- and gender-based violence. All interviews were transcribed and translated by native speakers of the local language, then coded using a qualitative software package, MAXQDA, according to the codebook, but with flexibility to incorporate local specificities. This deductive coding process was quality assured through weekly debriefing sessions with the coding team and double-coding of a sub-sample of transcripts.

Ethics

The GAGE research design and tools were approved by the George Washington University Committee on Human Research's Institutional Review Board (071721), the Overseas Development Institute Research Ethics Committee (02438), the Ethiopian Development Research Institute (EDRI/DP/00689/10), the Addis Ababa University College of Health Sciences Institutional Review Board (113/17/Ext), and the Afar, Amhara, and Oromia regional Bureaus of Health ethics committees. Consent (written or verbal as appropriate) was obtained from caregivers and married adolescents; written or verbal assent was obtained for all unmarried adolescents under the age of 18. There was also a robust protocol for referral to services, mindful of the principle of 'do no harm' and tailored to the different realities of the diverse research sites, used when adolescents divulged severe violence or psychosocial distress.

Findings

We now present our findings in line with Nussbaum's framing of bodily integrity, which recognizes that freedom from violence requires freedom of movement and must be accompanied by opportunities for sexual satisfaction and reproductive



choice, both of which are abrogated by FGM and child marriage. Survey findings are disaggregated by location, gender, and cohort—to maximally highlight the gaps in need of minding—and are summarized in Table 3. They are discussed in parallel with qualitative findings in each sub-section, to create a cohesive narrative for the reader that better captures adolescents' access to bodily integrity.

Freedom of Movement

Our findings highlight that freedom of movement is determined first by age and then by gender. Across locations, and for girls and boys, younger adolescents are more likely to require permission to visit the home of a friend or relative or to go to a public place with friends than are older adolescents. In East Hararghe, for instance, 68% of younger girls but only 48% of older girls (p < 0.001) needed permission to visit a public place with friends. 'I am a kid', said an 11-year-old girl from South Gondar, explaining why she must ask permission to leave home. Except for younger adolescents in South Gondar, who are required to obtain permission on a fairly equitable basis, girls are more likely to need permission to leave home than boys. In Zone 5, for example, 56% of younger girls but only 43% of younger boys (p < 0.05) require permission to go to the home of a friend or relative. Girls' mobility also has a smaller footprint than boys. Across locations and cohorts, no more than 10% of girls report leaving the kebele weekly, compared to as many as 38% of older boys in East Hararghe (p < 0.001). 'Boys can go wherever they need to go. They may go to the market or other cities', observed a grandmother from South Gondar. Girls, by contrast, are often not even allowed to leave the kebele to attend secondary school. 'Only males have the chance of continuing their education further in the town', noted a father from Zone 5.

In line with the broader evidence base—and with the caveat that what is restricted is not necessarily girls' movement, but their freedom of movement—qualitative interviews underscored that fear of sexual violence is the primary reason that adolescent girls have their mobility restricted. 'Our mothers do not let us out of the home', reported a 13-year-old girl from East Hararghe who then reported travelling many kilometres each day collecting water for her family. 'Girls could be raped or abducted', added a 17-year-old boy from Zone 5. Broader narratives about girls' risk of sexual violence ignored the reality that girls are at heightened risk when collecting water and fuel wood, given the time and distances those tasks require.

Across locations, girls who were married as children reported the least freedom of movement. Some girls observed that arduous domestic responsibilities kept them too busy to enjoy any mobility outside the home. 'She has to fetch water, collect firewood, prepare food, and help her husband at the farm', reported a 14-year-old from East Hararghe who had married at age 12. Others put their confinement down to their husbands' threats of violence, rather than workload per se: 'I would be beaten if I went out of home', noted a 19-year-old girl from South Gondar who had married at age 13. Married girls observed that loss of mobility had knock-on effects as they lost access to school, support from friends and family, and livelihood opportunities.



Freedom from Violence

Our findings underscore that adolescent girls and boys experience multiple forms of violence, but that the patterning of that violence varies by gender, age, and location. Our quantitative survey found that on the whole, boys are more likely to report experiencing (and perpetrating) violence than girls. Our qualitative work suggests that this is at least in part because for boys, violence is valorised according to social norms around masculinity. Girls, on the other hand, are socialized into subservience and compliance, with many not perceiving the violence perpetrated against them as violence, believing it to be 'their due'.

Violence Perpetrated by Parents

Although location differences also matter, across contexts adolescents' experiences of violence at home are primarily shaped by age and gender. With the exception of girls in South Gondar, older adolescents are less likely to experience violence at home than younger adolescents. Of boys in East Hararghe, for instance, 30% of older versus 47% of younger report having experienced violence at home in the past year (p < 0.001). In line with existent research, caregivers report that violence is necessary to punish adolescents for misbehaviour and to ensure that they do not 'repeat a similar type of mistake the next time' (father, South Gondar). In addition, and except for older adolescents in South Gondar, boys are more likely to report violence than girls. Of younger adolescents in Zone 5, for example, 52% of boys but 28% of girls (p < 0.001) reported having experienced physical violence at home in the past year. Adolescents suggested that the gender gap is because boys are far less compliant than girls. 'Boys tend to misbehave', observed an 11-year-old girl from East Hararghe.

Broader narratives about violence in the home underscore how gender and age shape adolescents' experiences of parental maltreatment. Boys are often nonchalant about their experiences of violence, framing their endurance as a sign that they are growing up and asserting their own masculine independence. 'She [my mother] asked me to buy salt from the market. I refused and went away. She beat me when I came back in the evening', proudly recalled a 12-year-old boy from Zone 5. Boys added that violence in the home drops off sharply as they reach physical maturity because they are willing to fight back. 'Fathers stop arguing with their teenage boys. Sometimes the boys fight outright with their father', reported a younger boy from South Gondar.

Girls' experiences of parental maltreatment are markedly different. First, they are most likely to experience violence for failing to live up to expectations of feminine behaviour, rather than actual disobedience. 'When I break utensils... they curse me', explained a 14-year-old girl from South Gondar. 'Once I learned that she went to see boys... I beat her well. She was injured...I did not like her after that', added the father of a 12-year-old girl in East Hararghe. Second, girls feel shame—rather than pride—when they experience violence. 'I would rather she hit me than insult me...I feel bad', explained a 13-year-old girl from East Hararghe. Finally, for girls, violence tapers across adolescence for a difference



reason: girls give up agency. 'I attend carefully to whatever they [parents] order me to do... because if a girl is not obeying her parents, she will be insulted and she will be labelled as someone born of a bad person', reported an 18-year-old girl from South Gondar.

Location differences also shape adolescents' experiences of parental maltreatment. South Gondar stands out for its especially low rates of physical violence, particularly for boys but also for girls. Whereas our survey found that around half of younger boys in East Hararghe (47%) and Zone 5 (52%) report having been hit at home in the past year, only 20% of boys in South Gondar report the same (p<0.001). Our qualitative work suggests that this is partly due to better awareness about violence in South Gondar, where adolescents are much more likely to be enrolled in school (and learning about their rights in civics classes) and where parents have greater exposure to messages about ending violence due to better coverage by quasi-governmental grassroots structures. 'Punishing children is not acceptable now... Rather, providing advice and discussions are encouraged', explained a father.

The support available to adolescents who have experienced violence at home varies by location and gender. The quantitative findings show that girls and boys in Zone 5 are least likely to have an adult they trust or to have ever talked to someone about violence at home—despite their overall greater risk of having experienced it. For example, although 28% of younger girls in Zone 5 reported having been hit at home in the past year, less than half (45%) have a trusted adult in their lives and only 1% of those who have experienced or witnessed violence at home have ever talked to anyone about it. Our qualitative work suggests this is primarily because violence at home is so normalized, although it is also because—with school enrolment and attendance particularly poor—sources of support are largely limited to neighbours who happen to overhear.

Gender also shapes adolescents' access to support for violence at home, with boys generally more likely than girls to have a trusted adult and to know where to get support. That said, there are notable location differences. In East Hararghe, 72% of younger boys but only 49% of younger girls have a trusted adult (p<0.001). Qualitative evidence suggests this is primarily driven by two factors—boys' better access to school (88% of younger boys versus 65% of younger girls are enrolled, p<0.001) and the growing trend of girls' 'choosing' child marriage over days and years of domestic work for their parents. A younger boy from East Hararghe explained that girls' choices often enrage parents: 'The mother will support the father to beat up the daughter'. In Zone 5 (Afar), girls are more likely to report knowing where to get support than boys (48% versus 25% for the older cohort, p<0.001). Our qualitative work suggests this is partly due to outreach by the Bureau of Women and Children Affairs, especially regarding sexual and gender-based violence prevention.

Although the Ministry of Women and Social Affairs has established hotlines through which citizens can report violence against children—and although community members and especially teachers are encouraged to report suspected cases of child abuse to local officials—we found very limited evidence of these reporting pathways being used in rural communities. In the rare instances where such reporting did take place either no follow up action was taken or perpetrators were released in the interests of family preservation.



Violence Perpetrated by Peers

The patterning of peer violence primarily reflects differences in girls' and boys' gender socialization, but does so in ways that are more meaningful when age and location are layered in. Across all rural locations and both cohorts, boys are more likely than girls to report both experiencing and perpetrating physical and nonphysical violence. This is most common in Zone 5, where 20% of younger boys but only 6% of younger girls report having been physically bullied (p < 0.001). In interviews, adolescents explained that this is because physical violence is considered boys' purview. A younger girl from South Gondar explained, 'Last time my father saw me fighting with my friend while we were playing, he beat me very harshly'. Our qualitative research suggests that gender differences in peer violence also reflect the reality that violence perpetrated by girls against other girls is rarely recognized as violence. In East Hararghe in particular, where culture dictates that even young adolescent girls must participate in adolescent-only shegoye dances to be accepted socially, girls goad each other into taking risks in order to feel included—and use gossip to ensure compliance with peer norms. 'Girls try to find ways to sneak out of the house and join the dance to avoid rejection', explained an adult woman.

The nature of peer violence changes over the course of adolescence. For boys, peer violence becomes more dangerous, as weapons replace fists and death becomes a possibility. In South Gondar, where rates of victimization and perpetration decline as boys grow up, many boys reported being genuinely afraid. 'The number of killing incidents has increased... They use both gunshot and knives to kill one another', explained a 12-year-old boy from South Gondar. In East Hararghe (where youth militias are common) and Zone 5 (where boys police each other's behaviour through youth groups called *feimas*), boys sometimes admit that they are willing to die in order to conform to norms surrounding adult masculinity. 'It doesn't matter if I die. It is, after all, my *feima*', explained a 14-year-old boy after admitting that he was beaten by 30 of his peers for missing an event. The nature of older boys' violence has different implications for girls, as physical violence begins to blend seamlessly into sexual violence.

Sexual Violence

With the caveat that our qualitative research found that few girls consider verbal sexual harassment and unwanted touching as forms of sexual violence, survey findings on older girls' experiences of sexual violence vary by location and reflect regional socio-cultural differences. Girls in South Gondar (17%) are far more likely to report having experienced sexual violence in the past year than their peers in East Hararghe (7%) and Zone 5 (4%) (p<0.001). Our qualitative findings highlight that this is because sexual violence in South Gondar is more likely to be perpetrated

Younger girls reported experiencing significantly less sexual violence than older girls, likely because few had reached puberty and possibly because perpetrators were more likely to be family members against whom girls were uncomfortable making accusations.



by strangers. In East Hararghe and Zone 5, on the other hand—where rape is more likely to be perpetrated by peers in the context of cultural dances that girls ostensibly 'choose' to attend—girls often report that the benefits of dancing outweigh the risks, and that adolescents do not conceptualize rape by peers as sexual violence. 'The good thing is because it [shegoye dance] is our culture, it has benefit', explained a 17-year-old girl from East Hararghe. 'Rape is a huge problem if she doesn't know the person who rapes her', added a 17-year-old boy from that same region. In East Hararghe and Zone 5, boys were forthcoming about dances as a venue for sexual violence—and admitted using physical violence to make sure that girls show up to 'play'. 'They slap her when she refuses to dance with boys', reported a 14-year-old boy from East Hararghe.

Our survey also found it is common for adolescents to believe that girls share blame for sexual violence. Across rural locations, one-third of boys report that girls share the blame if they are raped. In East Hararghe, where girls feel they freely choose to attend *shegoye*—and report that their parents are unable to stop them—nearly half of girls (45%) believe a girl shares the blame for rape. Indeed, even in South Gondar—where the risk of sexual assault is so high that some parents give their daughters contraception to avoid falling pregnant if they are raped—adolescents can be merciless to the victims of sexual violence. A 13-year-old girl, who reported that a peer was raped at school while other students watched through a window, added. 'She wasn't innocent. She used to get implants for birth control'.

The qualitative data underscore how little support is available to girls who experience sexual violence, despite recent investments in 'One Stop Centres' that provide survivors with medical, psychosocial, and legal support. In South Gondar, bystanders are often loath to intervene for fear of jeopardizing their own safety. A younger boy from that location admitted that he and his father did not help when approached by a girl who was fleeing a rapist. 'My father was afraid to get into a quarrel with the person. We abandoned her there for fear that had he intervened and rescued her, he would have got into conflict with the person'. Across locations, although parents acknowledge that 'our boys have bad behaviours' and 'girls don't shout if they are raped or abducted... that is taboo in our culture' (community key informant, Zone 5), adolescents agreed that girls who admit to sexual violence are stigmatized and shunned. Indeed, because girls' sexual purity is seen as key to upholding family honour, some parents further victimize their daughters in order to protect their own social status in the community. Adolescents reported that parents 'tie her and apply wood using torture' (12-year-old boy, East Hararghe) to force her to divulge the name of her rapist, and even force girls to marry the rapist to ensure that any resultant pregnancy takes place within marriage. A 15-year-old girl from South Gondar explained this is because 'If girls get pregnant, families are angry because the girls are putting them to shame'. Girls have little or no access to formal justice. This is primarily because families are unwilling to risk fomenting conflict by filing charges, so rely on traditional mediation systems instead. 'Elders have their own way of doing things', explained a father from Zone 5, who then added that in the case of rape, a girl's parents are 'compensated' with cattle. It is also, however, because formal justice mechanisms do not reliably enforce the law. A father from South Gondar reported, 'The measures taken on the offenders are loose...There is



a gap in the law so the problems will not be stopped...if they commit crime the imprisonment period is short'.

Intimate Partner Violence

Girls who marry as children regularly face violence at the hands of their husbands—who are, in our sample, an average of five years older. In interviews, husbands were forthright about their right to use violence to control their wives. A 19-year-old boy from South Gondar admitted raping his 12-year-old wife on their wedding night. He said, 'I forcefully had sex at first as she refused to do so'. A 17-year-old boy in Zone 5 similarly saw it as his right to beat his wife for myriad infractions, explaining that 'It is the culture of Afar... I beat her both at home and outside home'. Whereas married girls in South Gondar and East Hararghe often choose to divorce, girls in pastoralist Zone 5 are largely stuck unless they are willing to flee the country—for example, to neighbouring Djibouti, as was noted in interviews with district officials. 'I do not have anywhere to go', explained a 17-year-old girl who married at age 15.

Opportunities for Sexual Satisfaction and Reproductive Choice

In line with Nussbaum's (2000) framing, FGM and child marriage can be seen as threats to girls' bodily integrity because they undermine girls' opportunities for sexual satisfaction and reproductive choice. Although they are typically framed as Harmful Traditional Practices, rather than violence against children, both can be understood as forms of parental maltreatment—in that they are insults to girls' well-being that are (depending on context) either the result of violence (when caregivers are the perpetrators) or neglect (when caregivers allow girls to 'choose' FGM or child marriage).

Female Genital Mutilation

Rates of FGM vary by location—due to both differences in socio-cultural norms as well as differences in investments. In East Hararghe (89%) and Zone 5 (85%), nearly all older girls reported having undergone FGM. Specific practices are varied. In Zone 5, girls undergo FGM in infancy and are infibulated (Type 3 FGM) with scar tissue. A 19-year-old reported that this made sexual relations difficult: 'It was painful for one month... Because I was closed'. In East Hararghe, on the other hand, girls undergo excision (Type 2 FGM) in late childhood and often demand to be cut so that they can participate in shegoye dances alongside their friends. 'She undergoes FGM following her friends. She asks to have it like her friends, she's afraid of teasing', explained a 12-year-old girl. Drivers are similar across regions—FGM is a religious and cultural requirement that tames girls' sex drive and prepares them for marriage. 'It is our culture ... It is also a principle of Sharia [law] too', explained a key informant from Zone 5. 'Their sexual desire is heightened if they are not circumcised', added a key informant from East Hararghe.



FGM is less common in South Gondar. Of the older girls in our sample, less than a quarter had been cut. With the caveats that girls in Amhara are cut in infancy and tend to experience clitorectomy (Type 1 FGM)—which means they may not actually know if they have been cut—our research suggests that better regional investments have been key to progress in reducing FGM in South Gondar. Of the regions where data was collected, Amhara has the most developed network of health extension workers, who have actively spread the message that FGM contributes to poor maternal and child health outcomes. It also has the most active Women's Development Army, 2 a greater density of gender-focused non-governmental organizations (NGOs), and more active school-based clubs that teach adolescents about their rights, including about gendered topics. 'The awareness about side effects of mutilation is created well in the community', explained a district-level key informant. In East Hararghe and Zone 5, messages have had more limited reach and enforcement is almost non-existent. This is in part because the government officials and community leaders tasked with messaging and enforcement believe that working to end entrenched practices may expose themselves to community violence and in part because officials and leaders personally support continuation rather than elimination. A clan leader in Zone 5 explained, 'There is no sanction or punishment because all people in this community accept that female genital mutilation is normal'. Respondents also noted that even when messages are well disseminated, they are often ignored by the community, because the social costs of eschewing FGM are considered more serious than the health risks of undergoing it. A member of a social court in East Hararghe stated, 'The government has a huge plan to prevent FGM ... but her mother never accepts it because she considers it as a big shame culturally'.

Child Marriage

Across locations, about half the older girls in our sample had been married before age 18. Although incidence rates are similar, how girls married—and why—was markedly different. Similar incidence rates also hide trends evident in DHS figures. Namely, while Amhara has made rapid recent progress, Oromia and Afar have not.

In South Gondar, nearly all child marriages are arranged, primarily to protect family honour and raise parents' social status. However, although girls are afraid to reject their parents' wishes, because doing so is 'disgraceful' and may lead to them being called 'a prostitute' (16-year-old girl), they have more options. Nearly all (95% of younger girls) are enrolled in school, where they not only learn about child marriage through the curriculum and through girls' clubs and gender clubs, but can also report to their teachers any planned marriages they are aware of. The teacher can first approach parents to lobby for a delay in the marriage before turning to community officials to sanction if plans proceed. As an 18-year-old married

² The Women's Development Army is a government initiative that aims to organize all women in a community into groups that encourage households to adopt 'healthy lifestyles' to simultaneously improve health outcomes and reduce demands on community health providers.



boy from South Gondar explained: 'Teachers are against early marriage as it is considered a crime that is penalized'.

In Zone 5, where child marriage is dictated by the *absuma* system—which requires girls to marry a maternal cousin to protect clan lineage—even girls who are aware that child marriage is illegal have few options. Remote communities often still lack primary schools. In addition, parents reported that there is community agreement—endorsed by the *kebele* leaders meant to be enforcing the law—to prevent girls from attending secondary school specifically to keep them biddable regarding marriage customs. 'The main reason we don't send a girl to school is that she doesn't respect her parents and obey the rules. She will not marry an *absuma*. She says "it is my right" and she will marry a person she chooses', explained a father. Unless they are prepared to flee the country, girls have no choice but to marry whom and when their parents choose. 'I cannot refuse. If I refuse the man who was going to marry me, he would be given permission to take me by force', observed a 17-year-old girl married against her will at age 15. Key informants in Zone 5 admitted that they are afraid to incur community wrath by directly addressing marriage customs.

In East Hararghe, the dominant discourse—from parents and girls—is that girls 'choose' to marry (usually an older boy they meet at shegoye), at younger and younger ages, against their parents' wishes. Although at first glance this narrative suggests that parents are failing to protect their daughters' well-being and wellbecoming—by allowing them to marry sometimes as early as age 10—the details support not so much acts of omission but subtle acts of commission. For example, some girls who reported that their parents did not want them to attend shegoye later added that their parents had bought them clothes to wear there and compared them unfavourably to agemates who were already marrying: 'They ask, "why do you not get married like your friends"?' In addition, as in Zone 5, girls in East Hararghe are less likely to be exposed to messaging about child marriage and alternatives at school. This is because of parents' consistent reliance on girls' domestic labour (especially for collecting water, as noted earlier in relation to freedom of movement). Although there are some efforts to return 'errant' girls to their parents if brokers are involved, kebele leaders in East Hararghe-having bought into the discourse that marriage is something that girls are choosing—do little to prevent even the youngest girls from marrying.

Discussion and Conclusions

Our research augments the evidence base on violence against adolescents by observing that threats to adolescents' bodily integrity are diverse and diverging. Girls and boys face different risks depending on their age, where they live, and to what extent the services and programmes available in their communities have been able to tackle socio-cultural risk factors and encourage reporting. Our research also underscores that to prevent violence against adolescents, and support not only their well-being but their well-becoming, it is necessary to take a broad perspective. Attention should be paid not only to violence itself, but also to the antecedents of that violence—including restrictions on freedom of movement



and adolescents' ability to recognize violence as violence—and to framing the gendered risks that girls face not only as gender-based violence, but as violence against children.

Across locations, and in line with the broader literature (Harper et al. 2018; Kågesten et al. 2016)—albeit literature focused on gender norms and not violence against children—our research found that Ethiopian adolescent girls experience increasing restrictions on their mobility as they age, whereas boys are granted more freedom. Broader narratives highlight an emerging tension between keeping girls at home to ensure their safety from sexual violence and putting them at increased risk of sexual violence due to household demands for water and fuel. Restrictions have less to do with girls' movement, per se, than with their freedom of movement. Girls are permitted to leave the home—but only to the extent that their doing so supports the household economy. How girls respond to restrictions is shaped by their environment and by which individuals or groups of people may perpetrate sexual violence against them.

Nuancing existent research, which suggests that violence against children is nearly universal in Ethiopia (Mulatie 2018; Pankhurst et al. 2016), our findings underscore that girls' and boys' risks and experiences of violence are shaped by a complex interplay between age, gender, and socio-cultural norms. Boys are overall more aware of parental maltreatment and peer violence than girls, seeing it either as an affront to their masculinity or as a source of masculine pride, depending on their age and context. Girls, however, unless they have been exposed to messages about freedom from violence and other children's rights, tend to normalize violence and are silently shamed for having failed to live up to community standards regarding feminine behaviour. Indeed, girls' socialization into compliance can be so complete that they do not report rape for fear of being blamed for damaging the family reputation and, in some regions, our qualitative data indicated that girls do not even conceptualize rape by peers as sexual violence.

Finally, our findings underscore that child marriage and FGM are forms of parental maltreatment that not only threaten girls' bodily integrity during childhood and adolescence, but also position them for a lifetime of restricted mobility, heightened risk of intimate partner violence, and limited opportunities for sexual satisfaction and reproductive choice. How these risks play out depends on girls' contexts, and whether parents are directly or indirectly using these forms of violence to protect and promote cultural norms and their own social standing, as has also been argued elsewhere (Presler-Marshall et al. 2022; Malhotra and Elnakib 2021; Jones et al. 2020, 2016). Risks of child marriage, and to a lesser extent FGM, also appear especially sensitive to investments in service provisioning—with schools offering girls both a status that protects them from having to marry as children and a safe space for awareness-raising and reporting (Harper et al. 2018).

It is important to caveat a potential limitation of our research. Namely, our purposeful over-sample of the most vulnerable young people may lead us to overstate the risks of violence—and to misgauge the types of violence—experienced by Ethiopian adolescents. This limitation is counterbalanced by the fact that our approach serves to render visible the risks faced by the marginalized adolescent cohorts that are frequently hidden in nationally representative datasets.



This limitation notwithstanding, the implications of our research for practice and policy are potentially far-reaching. Our findings suggest that if SDG commitments to end violence are to be realized, there is an urgent need for the scientific community to scale up data collection to disentangle and measure the different types of violence that adolescent boys and girls experience—and to do so using a broader bodily integrity lens that recognizes intersectionality and takes account of how age, gender, and socio-cultural context together determine adolescents' ability to understand and respond to threats against their persons. Data collection must be accompanied by carefully tailored programming that is mindful of the gaps in different adolescents' experiences with different types of violence and aims to support all adolescents' well-being and well-becoming. Priority actions need to include more equitable access to gender-responsive, integrated services—encompassing education, health, child protection, social protection, and justice-and an acknowledgement of the reality that actors, including adolescents, parents, and local leaders and service providers, are often unable or unwilling to contravene deeply rooted social norms, even when they understand the concrete risks those norms entail, because to do so would jeopardize their standing in the community. Young people, especially girls, given their socialization into compliance, also need support to recognize violence in all its forms, to know where to seek help, and to be encouraged to develop the confidence and voice to eschew violence and report any abuse they or their peers experience. Simultaneously, mothers and fathers need access to parenting education courses that teach them alternatives to violent discipline, how gender norms shape parenting practices and adolescents' bodily integrity, and the importance of encouraging longer-term investments in adolescents' futures.

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Declarations

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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