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ADDRESSING ADOLESCENCE: ADVOCATING FOR AGE- AND GENDER-RESPONSIVE SOCIAL AND EMOTIONAL LEARNING DURING EMERGENCIES

Rena Deitz and Heddy Lahmann

ABSTRACT

Adolescents’ uniquely gendered experiences during conflict are colored by the broader sociocultural context. Although interventions exist to address young people’s social and emotional learning (SEL) during emergencies, little is known of these interventions’ gendered effects. We systematically review studies of SEL in humanitarian contexts to determine gendered trends in effects and opportunities. Although existing studies largely fail to disaggregate findings by gender, when they are disaggregated, adolescent girls are consistently shown to benefit more in terms of social outcomes than their male peers, while males, especially older adolescents, frequently have better wellbeing outcomes than female adolescents. Studies that disaggregate findings by both age and gender complicate these trends further and point to the challenge of supporting SEL outcomes as older adolescents move toward adulthood. When programs are incompatible with adolescents’ realities or ignore structural issues and gender norms, they do not result in positive outcomes. Programs that are gender responsive show the most promise.

INTRODUCTION

According to robust evidence from high-income settings in the Global North (Durlak et al. 2011; Jones, McGarrah, and Kahn 2019), social and emotional learning (SEL) programming has the propensity to improve academic, wellbeing, and developmental outcomes across ages and genders. Based on this evidence, SEL
has been used to support children and youth living in conflict settings. However, the realities are different in conflict contexts from those of stable contexts. Conflict has known gendered and age-specific effects on young people (Kirk and Garrow 2003; Kirk 2007; Sommers 2012, 2019), but evidence is lacking on how the effects of SEL programs and approaches vary in specific crisis settings (Deitz, Lahmann, and Thompson 2021). In this study, we examine the gendered effects of SEL in various emergency contexts throughout the adolescent years. We specifically explore what we know so far about the gendered effects of SEL among adolescents affected by emergencies, and how these effects vary throughout adolescence. Our findings demonstrate the need for research on and programming frameworks for interventions in education in emergencies contexts so that future interventions can take a gender- and age-responsive approach.

SEL interventions target the social, emotional, and cognitive competencies that children and youth need in order to interact with others and their environment. These interventions include a variety of approaches, including those that focus on the school or classroom climate, on shifting mindsets, and on building specific skills, either through standalone training or by integrating SEL into the academic content (Yeager 2017). Although we include interventions that target teachers, students, and schools (Norman et al. 2022), we primarily focus on students’ social and emotional development.

Research and practice in the Global North demonstrate that, although students of all ages can benefit from SEL, the gains are greater among younger adolescents (ages 9-12) than those who are older (ages 13-17) (Yeager, Dahl, and Dweck 2018). Older adolescents have developmental needs that may limit the impact of SEL interventions (Yeager 2017). Thus, alternative approaches that address the developmental and motivational changes that occur during adolescence may yield greater results among older adolescents who are transitioning into adulthood. For example, SEL programs that focus on the classroom climate and on the mindset of those participating may be more effective for older adolescents (Coelho and Sousa 2018; Yeager 2017). Policies like those detailed in the “Social and Emotional Learning and Soft Skills USAID Policy Brief” and corresponding USAID Education Policy (USAID 2019, 2018) primarily promote SEL for school-age children. The fact that the US Agency for International Development (USAID) differentiates between

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1 Terminology associated with SEL approaches and outcomes may vary. We use the term “social and emotional learning” to refer to interventions aimed at building social, emotional, and cognitive skills and abilities in order to support children and youth in their relationships and interactions with one another and their surrounding environment (Deitz et al. 2021). For example, we include interventions aimed at improving soft skills and life skills, as these programs often have objectives and outcomes that are similar to and overlap with SEL.
SEL for younger children and “softs skills” for older youth suggests that the two age groups have different needs and thus require different approaches. However, existing programs rarely differentiate by age when addressing developmental needs.

We find that most programs target a wide age range of young people, the effects of which differ vastly. Some programs even have contradictory effects between genders and null or negative effects when gender-specific and structural issues are not addressed, particularly among older adolescents. These issues include restrictions on girls attending school or certain employment opportunities. We demonstrate that programs targeting adolescents in settings of conflict and crisis do not adequately address developmental differences and needs, particularly gendered structural barriers, including entrenched norms. Moreover, the sparse availability of disaggregated data related to gender and age limits the capacity of programs to address specific developmental needs. Our findings offer insights for future research, policy, and programming related to SEL and education in emergencies.

It is important to note that a broad discussion on the gendered effects of SEL that explicitly engages with the meaning of gender is lacking. While some evaluations report differential effects by the sex/gender binary (i.e., male and female), few studies discuss how SEL explicitly addresses or perpetuates “gendered hierarchical binaries” (Evans 2017, 187) or the normative performance of specific behaviors that reinforce existing hierarchies. Even calls for gender sensitivity in humanitarian aid perpetuate problematic and discriminatory binary framing (e.g., INEE 2019; WHO 2011). A call for “letting go of the gender binary” in guidelines for gender-based violence (Dolan 2014, 496) was met with fierce criticism for not sufficiently highlighting the particular vulnerabilities of women and girls (Ward 2016). Despite these debates, our discussion of gender in this article is limited by how it is represented in existing studies. Therefore, we refer to gender according to the binary used in the existing literature: boys and girls, women and men. However, we recognize the urgent need to move past the limitations of binary thinking about gender in order to capture the experiences of those whose identities are not effectively represented by these two categories. We encourage other researchers to do so.

This article is organized into four sections. In the first section, we situate our study in the literature on gender and adolescent development, specifically within contexts of conflict and crisis whenever relevant and available. We next present our methodology, which stems from a systematic review of the SEL literature in development and humanitarian contexts. In the third section, we present our
findings and show that current SEL interventions do not sufficiently address the needs of adolescents, and that the existing research fails to address adolescents’ differing needs based on gender and age, as well as the structural barriers adolescents face. We conclude with a discussion of the results, policy implications, and limitations of the current study and propose avenues for future research.

**GENDER AND AGE MATTER FOR SEL DURING EMERGENCIES**

Although physical and psychological development differ substantially throughout adolescence, they provide a key window into brain development as it relates to social and emotional competencies. Previous scholarship has touted early childhood as the primary stage in which children should develop social and emotional skills because billions of neural connections, which allow for communication between different parts of the brain, are being formed at this point in their development (Center on the Developing Child 2017). However, it is during adolescence that, as important neural connections become stronger and unused connections are rendered obsolete, the brain architecture is fully prepared for adult life, including behavior and cognitive abilities (White 2009).

Adolescence is not a monolith. There are unique opportunities for social and emotional development in the different phases of adolescence, and various SEL approaches may be more or less effective in each phase. Moreover, it may be possible that SEL strategies differ by gender as a result of both puberty and societal pressures. While biological changes affect gendered traits, socialization is particularly influential during adolescence in shaping gender norms, gendered behaviors, and differential social and emotional competencies (Kågesten et al. 2016; Schwenk et al. 2014; Lahmann 2021). The many changes taking place during adolescence make it a key stage for social and emotional development that may have long-lasting effects, for better or worse.

Due to these ongoing changes, adverse life events that occur during adolescence often have an outsized effect on short- and long-term development (White 2009; Tottenham and Galván 2016). Toxic and traumatic experiences that occur during adolescence, including exposure to violent conflict and displacement, can lead to negative coping behaviors if they go unaddressed (Dahl and Suleiman 2017). Negative coping mechanisms and behavioral issues that emerge or worsen during adolescence can become solidified as young people move into adulthood (Yeager et al. 2018). However, there is also great opportunity for growth and positive
development during adolescence (Choudhury 2017; Dahl and Suleiman 2017), as well as the possibility of course correction through an intervention, such as SEL, when adolescents are at risk for negative adaptation. Therefore, adolescence is a particularly opportune time of life to address adversity and promote social and emotional development, especially in crisis- and conflict-affected contexts.

The developmental literature demonstrates that strategies for cultivating social and emotional skills and abilities differ over the course of a child’s development (Yeager 2017; Silvers et al. 2012). Moreover, skills-based SEL programs that are effective in building young children’s social and emotional competencies are less effective among adolescents, who prioritize standing out, fitting in, measuring up, and taking hold of their future (Durlak et al. 2011; Yeager 2017). However, SEL interventions often apply the same approaches across different age groups and genders. This effectively means that a developmentally agnostic approach is applied, which may not effect change in adolescents (Yeager et al. 2018).

Despite calls for a focus on context and cultural relevance in SEL (Schonert-Reichl 2019), many interventions around the world rely on imported SEL approaches (Deitz et al. 2021). However, social and emotional priorities vary across communities (Osher et al. 2016). Specific contextual and cultural priorities and nuances affect the uptake and acceptance of SEL interventions and thus may require different approaches. For example, in conflict-affected Northern Nigeria, local teachers prioritize self-discipline, respect, and tolerance, constructs that are not well represented in global SEL frameworks (Bailey et al. 2021).

Drawing from developmental psychology, we examine key developmental and socialization changes that take place across the adolescent transition period, roughly ages 9 to 18, and beyond (Yeager 2017; Silvers et al. 2012). We expand this framing in two ways. First, we do not define adolescence by age because developmental trajectories and gender socialization vary across contexts, cultures, and individuals. Second, we look beyond the research conducted in stable, high-income settings. When available, we include literature from crisis-affected contexts in order to shed light on the ways gender interacts with adolescent development in relevant contexts.
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Development across Adolescence

Beginning in early adolescence, biological changes affect how adolescents interact with their environment. Hormonal changes experienced during puberty influence the major physical changes in the brain's neural circuitry. Specifically, connections in the frontal lobe, the region of the brain responsible for many social and emotional processes, such as understanding emotions and social relationships, decisionmaking, and impulse control, are pruned to be more efficient. These changes manifest in adolescent behavior, such as exploring independence, trying new experiences, and seeking rewarding ones (Dahl and Suleiman 2017; White 2009). As adolescents assert independence and agency, their behavior tends to cause more conflict with their parents (Yeager et al. 2018; Zimmermann and Iwanski 2014). Sharp increases in testosterone in both girls and boys make them more sensitive to social status and respect (Yeager et al. 2018). They become more focused on and motivated by being treated respectfully, concern about their social reputation, and feelings of belonging.

The beginning of adolescence is also a peak period for gender socialization, including pressure to adhere to gender norms (Cherewick et al. 2021; Kägensten et al. 2016). A systematic review of factors that shape gender attitudes across 29 countries showed that girls experience constraints on their mobility and other disadvantages primarily “because they are girls,” whereas restrictions for boys focus on ensuring that they are not “the wrong sort of boys” (i.e., that they do not adhere to stereotypical norms or demonstrate traits associated with femininity) (Kägesten 2016, 25-26). Peers are highly influential during adolescence, and relationships with peers and adult mentors are pivotal in shaping long-term gender attitudes and behaviors (Cherewick et al. 2021; Kägensten et al. 2016).

As adolescents get older, adhering to gender norms and ideologies is particularly pivotal in achieving and maintaining a sense of belonging. For example, studies from the United States show that girls start to self-silence in order to demonstrate their adherence to feminine norms of compliance, while boys start to seek solitude and to assert their stoicism at the cost of their close friendships (Brown and Gilligan 1992; Way 2011; Way et al. 2014). A study in Spain demonstrated that boys hold more stereotypes about gender than girls, and that they tend to externalize their beliefs by focusing on the behavior of others. Girls, on the other hand, internalize their beliefs about gender ideology and focus on whether they do or do not reflect them (Villanueva-Blasco and Grau-Alberola 2019). Although these examples from the Global North may differ from the experiences of the adolescents discussed in this paper, similar developmental and social processes
likely influence their adoption of behaviors and ideologies that fit within local gender norms.

Although adolescents increasingly face pressure to adhere to gender and social norms, the frontal lobe, the region of the brain responsible for emotional regulation, does not fully develop until late adolescence and into adulthood. As a result, young people tend to demonstrate fewer emotional regulation strategies. Girls tend to be more emotionally mature than boys, but they also perceive more stress (Schoeps, Montoya-Castilla, and Raufelder 2019). As a result, they are more vulnerable to psychological and emotional disorders and have higher rates of depressive symptoms (Gomez-Baya et al. 2017). Emotional and behavioral disorders and perceived stress during adolescence can have longlasting implications for healthy development into adulthood (Schoeps et al. 2019; Zimmermann and Iwanski 2014). When adolescents develop their emotion-regulation strategies, they differ according to their gendered socialization. While girls and young women tend to rely on emotion-regulation strategies such as seeking social support or dysfunctional rumination, boys and young men are socialized to suppress their emotions, which can lead to avoidance and passivity (Zimmermann and Iwanski 2014). These are particularly important considerations for programs that aim to support SEL and wellbeing during emergencies, where the risk of intense stress and behavioral disorders is heightened.

**Structural Issues Related to Gender among Adolescents in Conflict-Affected Contexts**

In addition to the developmental transition that occurs throughout adolescence, adolescents living in emergency contexts must deal with existing gender norms that are confounded by new structural issues. Pre-existing gender inequalities are exacerbated by conflict and crisis, which often lead to the constriction of women’s activities and intensified pressure on men to provide for their families (Lafrenière, Sweetman, and Thylin 2019; Lahmann 2021). Just as adult men and women take on new roles in their communities and face new obstacles, so do adolescent boys and girls. For example, during a conflict, when adult men and adolescent boys leave home to fight or are killed in combat, adult women may choose or be forced to work outside the home. In such cases, the eldest daughters often take on childcare responsibilities and household chores. Adolescent boys may be forced to take on the role of head of household and become the primary income generator (UNESCO Bangkok 2006).

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2 Dysfunctional rumination is a repetitive focus on worrisome thoughts or negative feelings.
The instability and stressors associated with crises often have gendered effects on young people (Kirk and Garrow 2003; Kirk 2007). Due to safety concerns or increased caretaking duties at home, adolescent girls’ worlds often contract and their mobility is restricted. Moreover, during a crisis, girls are half as likely as boys to enroll in school and more likely to miss or drop out of school (INEE 2021). When routes to school are considered unsafe or there are no latrines on the school premises, girls—especially those who are menstruating—often must remain at home. During a crisis, girls and young women also are more likely to be forced into early marriage and to experience domestic and sexual violence. On the other hand, boys and young men are more likely to be recruited as child soldiers, coerced into militancy, or have their schooling interrupted so they can work outside the home (Sommers 2019; Strømme et al. 2020). Increased structural barriers constrain adolescents’ ability to access and benefit from a wide range of resources and services.

While theory and practice in gender work with adolescents in developing countries often apply the term “gender” exclusively to girls and young women, the gendered expectations of families, communities, and societies compound structural issues for adolescent boys and girls alike. Although adolescent boys may have more access to social networks through school or other activities outside the home, the instability of a conflict may create barriers to the traditional pathways and roles that boys expect to fulfill in adulthood, thus disrupting their sense of purpose and hope for the future (Sommers 2012, 2019). For example, the expectation that young men will marry and provide for their family members may be altered by the economic instability and fallout caused by conflict (Lahmann 2021). For both boys and girls, the transition into adulthood becomes more difficult to achieve in a conflict context, which compounds the unknown future crisis-affected adolescents must face and increases their anxiety or insecurity about their role status and about fulfilling the expectations associated with adulthood (Bellino 2018; Dryden-Peterson 2017; Zimmermann and Iwanski 2014).

The gendered challenges that boys and young men encounter are profoundly important for their social and emotional development. While the evidence above points to the importance of the distinctive developmental shifts that take place during adolescence and to how they interact with gendered norms, our findings demonstrate that there is a dearth of SEL programming and research that addresses the unique gender pressures, challenges, norms, and behaviors associated with these changes.
METHODS

This study utilizes data from a broader systematic review of SEL evidence across development and humanitarian contexts. The full detailed methodology for the systematic review can be found in Deitz, Lahmann, and Thompson (2021). Findings from the systematic review revealed gendered effects on SEL outcomes, particularly among adolescents affected by humanitarian crises. Thus, for the purposes of this paper, we analyzed the results from the studies that specifically focused on adolescents affected by emergencies, including refugees, internally displaced persons, and those living in active crisis, conflict, and postconflict settings. Forty-eight papers met these criteria. Of those 48 papers, 33 disaggregated the data by gender and are the focus of our analysis for this paper (see Figure 1). Table A1 in the Appendix includes a full list of studies and details.

Data Selection

We used the review methodology set out by the Cochrane Collaboration and the International Initiative for Impact Evaluation, as presented in Figure 1. First, we identified studies by searching 18 academic databases of peer-reviewed journals and 27 organizational databases, and by direct outreach to relevant networks and organizations (n>5,000). Second, we screened the abstracts of studies with relevant titles (n=600) to see if they met the following criteria: (1) were published between January 2000 and March 2021; (2) occurred in a developing or humanitarian context; (3) targeted children and youth; (4) were an intervention that addressed SEL/soft skills; and (5) were connected to education or learning. Third, we assessed those that met the inclusion criteria for quality assurance (n=156) for their eligibility. We designed a quality assurance checklist based on “principles of high quality studies” (Building Evidence in Education n.d., 16), including methodological rigor, validity and reliability, and cultural appropriateness/sensitivity. Twenty studies were eliminated because they had a low score on the quality assurance review. We then reviewed those that passed the quality assurance check (n=136). We rescreened those 136 articles in two stages for inclusion in this paper: first, for context, including refugees, internally displaced persons, those living in active crisis and conflict settings, and in postconflict settings if the intervention specifically targeted the postconflict response (n=59);

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3 Details for all studies in the systematic review can be found at https://www.edu-links.org/resources/social-and-emotional-learning-sel-systematic-review.

4 The Cochrane Collaboration and the International Initiative for Impact Evaluation are standard bearers for conducting systematic reviews and evidence gap maps. More information can be found on their respective websites, https://www.cochranelibrary.com/ and https://www.3ieimpact.org/.
and, second, for those that included youth in their target population (n=48). Our analysis focused primarily on the articles that disaggregated data by gender (n=33).

Figure 1: Data Selection PRISMA Flow Chart

Note: A PRISMA (Preferred Reporting Items for Systematic and Meta-Analyses) flow chart depicts the stages of a systematic review and the number of records identified and included at each stage.
ANALYSIS AND CODING

We conducted an extensive coding process for themes and research questions, which included codes for intervention type, SEL approach, outcomes, age group, target population, country, whether or not girls were included or targeted, and gender responsiveness. We coded all the studies by age group, initially by broad age categories—primary school age (6-14) and youth (15+)—then looked at the specific ages and genders targeted in each study.

We coded for three main outcome categories that were aligned with the existing SEL literature across cultures and contexts, including the Collaborative for Academic and Social Emotional Learning (Skoog-Hoffman et al. 2020), the National Commission on Social, Emotional, and Academic Development (2017), and the Inter-agency Network for Education in Emergencies (McNatt et al. 2018):

- **Social**: interpersonal skills and competencies that enable one to build relationships, work with others, and solve social problems
- **Emotional**: intrapersonal skills and competencies that enable one to recognize, express, and control emotions, and to understand and empathize with others
- **Wellbeing**: health-related knowledge or behaviors related to physical and mental health, which includes building “resilience” and “sense of belonging” and reducing risk behaviors and mental health issues related to mood, thinking, and behavior—including anxiety, post-traumatic stress disorder (PTSD), depression, and other maladaptive behaviors

We coded outcomes by gender and age group, as available in the studies.

FINDINGS

LACK OF DISAGGREGATION BY AGE ACROSS STUDIES

While 33 of 48 (roughly 69%) of the papers we analyzed for this article disaggregated their findings by gender, just 5 of the 48, or about 10 percent, disaggregated the data by age group. Yet the majority (roughly 70%) included age spans of five years or more, and half the studies included an age span of nine years or more. Without data that enabled us to see variation within these large windows of time, it is impossible to know how adolescents respond to programming at different
points in their development and when interventions might be most effective for girls and for boys.

**Gendered Effects across Social, Emotional, and Wellbeing Outcomes**

We organize the findings that follow by result. We compare and contrast the findings across geographic regions to demonstrate contextually relevant patterns, and to show trends in the ways interventions and studies are targeting, reporting, and affecting outcomes across various settings. Trends across studies revealed that adolescent girls consistently benefitted more in terms of social outcomes than their male peers, while males, especially older adolescents, frequently had better wellbeing outcomes than female adolescents. However, studies that disaggregated findings by both age and gender complicate these trends further and point to the challenge of supporting SEL outcomes, especially as older adolescents move closer to adulthood. Moreover, programs that didn’t include gender-responsive or targeted gender approaches for adolescents largely failed to achieve their intended outcomes, regardless of their location.

**Social and Wellbeing Differences by Gender**

Studies across geographic regions showed markedly different outcomes by gender among adolescents: girls had greater social gains and boys had greater gains in wellbeing. Four of these studies took place in the West Bank and Gaza (Veronese and Castiglioni 2013; Peltonen et al. 2012; Khamis, Macy, and Coignez 2004; Loughry et al. 2006). In a study of a strengths- and play-based intervention used to enhance children’s wellbeing and foster their natural adjustment to stress in two refugee camps in the West Bank, girls ages 7 to 15 had greater gains than boys of similar age in their perceptions of their social relationships and of their lives in general (Veronese and Castiglioni 2013). A peer-mediation training program to support mental health and promote social functioning amid the ongoing armed conflict in Gaza had similar results. While the program had no overall effect on the primary outcomes of PTSD, symptoms of depression and psychological distress, or aggression among early adolescents (ages 10-14), it did have an effect on prosocial behavior and friendship quality, which was especially strong among girls with “high military trauma” (Peltonen et al. 2012). In cases of extreme trauma, Peltonen and colleagues suggest “that intervention could facilitate girls’ successful seeking of support and intimacy when in life threat” (2012, 43).
Adolescent girls may have fewer opportunities to gather with their peers than adolescent boys, who may be granted greater social freedom than girls, even in unstable contexts. SEL and other types of programs may provide a unique opportunity for girls to build strong, positive social relationships, which may be one reason for the greater treatment effect. This also may explain why a classroom-based intervention (CBI) in the West Bank and Gaza only had positive effects for adolescent girls, who demonstrated stronger prosocial strengths than boys, specifically in familial and peer relationships, while adolescent boys (ages 12-16) who experienced the intervention saw no statistically significant differences in their social strengths than the control group (Khamis et al. 2004). Adolescent girls’ (ages 12-16) responses to the intervention mirrored the benefits of younger participants (ages 6-11).

An out-of-school program in the West Bank and Gaza also found gendered differences in the effects on behavioral and emotional problems (Loughry et al. 2006). Although the groups were selected to include children in two age groups (ages 6-11 and 12-17), the analysis did not disaggregate between the cohorts. Overall, the treatment did not improve boys’ emotional and behavioral problems. Only in Gaza (not in the West Bank) did boys’ tendency to internalize problems improve. Externalizing and internalizing problems improved across both locations among girls. The authors explain that a wide range of humanitarian activities were targeting children and youth in the region at the time of the study, and that young people in the control group may have participated in other equivalent programs that may have had similar effects. It is important to note the ongoing context of unpredictable active conflict that may not be consistent between the West Bank and Gaza, which may affect boys and girls differently, and may differ from studies that took place in displacement or postconflict settings.

In the Middle East and elsewhere, male adolescents consistently experienced greater gains in wellbeing than female adolescents. Studies of cognitive-behavioral interventions focused on skill-building in Lebanon, Sri Lanka, and Burundi showed different mental health effects between boys and girls, including potentially harmful effects. Among Syrian refugees in Lebanon, only male participants’ mental health outcomes improved for measures of depression and anxiety (Kazandjian, Militello, and Doumit 2019). In Sri Lanka, adolescent girls (ages 9-12) who received the treatment had worse outcomes than their peers in the control group (Tol et al. 2012). A randomized controlled trial (RCT) of a similar program in Burundi had a negative impact on PTSD among girls in the treatment group (Tol et al. 2014). Similarly, only male participants in a yoga-based intervention in Colombia had a statistically significant reduction in depression (Velásquez et al. 2015).
Finally, two studies of CBIs, one each in Nepal and South Sudan, found that only male participants experienced improved emotional wellbeing (Jordans et al. 2010; Laser Pulse 2020).

**Older Adolescents’ Gender-Specific Needs Are Not Met by Existing Programming**

Among the few studies that disaggregated data by age group, we see more positive outcomes trends among younger than older adolescents, especially when the same intervention targeted a wide age range. Several studies targeting refugee children and adolescents indicated differences in wellbeing outcomes by age and gender, and also demonstrated the complexity of and challenges in improving outcomes among older adolescents (Metzler et al. 2021; Metzler et al. 2014; Metzler et al. 2015; Kazandjian et al. 2019; Lilley et al. 2014).

The CBI in the West Bank and Gaza described above showed promising results for younger children and early adolescents (ages 6-11) who may not yet have been exposed to the societal pressures associated with adulthood (Khamis et al. 2004). In contrast, coping skills and mechanisms declined for both male and female participants in the older age group (ages 12-16), who reported feeling more burdened by difficult circumstances. Self-reliance and optimism improved for females in the older age group but declined for males; this occurred at the age when males would be expected to take on the role of provider or breadwinner in the face of acute economic obstacles. Similarly, self-esteem among older adolescents only improved for females. For older adolescent boys, particularly among those ages 15-16, emotional wellbeing and sense of self were not affected or even declined.

Three studies of child-friendly spaces for Syrian refugee children and adolescents (ages 6-14) in Iraq and in Jordan also showed distinct differences in outcomes by age group. These studies showed positive outcomes for younger children, negative outcomes in wellbeing and resilience among older children in Jordan, and protection concerns among older children, especially girls in Iraq. Caregivers’ protection concerns also increased in Iraq, and resilience outcomes among caregivers in Jordan declined (Metzler et al. 2014; Metzler et al. 2015; Lilley et al. 2014). A study of a similar child-friendly spaces intervention for refugee children and adolescents (ages 6-17) in Ethiopia showed similar trends: older male Somali refugee adolescents in Ethiopia reported greater concerns about protection (Metzler et al. 2021).
Without Gender-Responsive Programming, Intended Outcomes Are Out of Reach—Especially for Girls

Both boys and girls face structural barriers in terms of access to and the benefits of interventions in conflict- and crisis-affected contexts. For example, participatory action research in Iraq and Egypt revealed that older adolescent refugee and displaced girls (ages 15-25) had more difficulty than boys in participating in an arts-based program, due to safety concerns and household chores (Lee et al. 2020). The studies discussed in this section demonstrate that SEL interventions do not always lead to positive outcomes, even when they target female participants. In order to benefit from such interventions, the program must consider and address participants’ gender- and age-specific needs. However, only nine studies of those we reviewed employed gender-responsive or targeted SEL approaches. Those nine had promising results.

Two studies that investigated soft-skills programs for youth in Jordan exemplify the importance of gender responsiveness in programming for girls. The Youth For Future program in Jordan aimed to build boys’ “positive life skills,” provide work training, and provide a sustainable network of community support and employment opportunities for middle and late adolescents (ages 15-24) (Moubayed et al. 2014). Although young women were explicitly recruited for and retained in the program, the work training they received was considered culturally inappropriate, in that they were trained for jobs not accessible to young women. Thus, the intervention did not lead to sustainable employment for girls. A soft-skills and employment-support program that targeted young women (ages 15+) in Jordan had similar results. Although an RCT showed that the program helped to reduce depression and improve these young women’s life outlook, the effects were not sustained and did not lead to long-term employment (Groh et al. 2012; Groh et al. 2016).

Two studies in Asia further exemplify this trend among programs that include or target girls. A vocational training program offered in Cambodia, Laos, Myanmar, Thailand, and Vietnam included girls but did not include either targeted curricula or outreach to support their engagement—this despite the fact that the labor market reports (Younes and Porter 2019) emphasized the need for greater inclusion of females in the workforce. While some social and emotional outcomes improved immediately after the intervention, almost all positive effects had dissipated three months after it ended; positive self-appraisal was maintained. In Pakistan, the Creating Opportunities through Mentoring, Parental Involvement, and Safe Spaces (COMPASS) program specifically targeted adolescent girls (ages 12-19).
COMPASS provided life skills and vocational training for refugee and displaced adolescent girls, parent/caregiver discussion groups, and support for service providers. The program improved both social and wellbeing outcomes but did not have any effect on the primary outcomes related to health and gender-based violence, which are likely to be influenced by external factors (Asghar et al. 2018).

Two “girl empowerment” programs related to COMPASS in Pakistan, described above, also did not achieve the primary desired outcomes (education, protection, and livelihoods) when implemented in Ethiopia and Liberia. In Ethiopia, COMPASS had no effect on the education, employment, or transactional sexual exploitation outcomes among the participants (girls ages 13-19) (Stark et al. 2018). Girl Empower in Liberia targeted a narrower age range, girls 13 to 14 years old who were on the cusp of early and middle adolescence. While the program found positive effects on gender attitudes, life skills, and sexual and reproductive health—skills that girls are likely to have autonomy over—the effects on sexual violence, schooling, psychosocial wellbeing, and protective factors were not statistically significant (Özler et al. 2020).

When both boys and girls participate in an intervention, gender-specific needs may not be met unless there is targeted programming. Similar SEL intervention programs in Sri Lanka and Burundi negatively affected girls’ wellbeing. An RCT of the Sri Lankan program that consisted of cognitive behavioral techniques (psychoeducation, strengthening coping skills, and guided exposure to past traumatic events through drawing) and creative expression (cooperative games, structured movement, music, drama, and dance) that targeted adolescents (ages 9-12) showed no main effects on the targeted outcomes. However, when the results were disaggregated, girls actually showed worse outcomes than their female peers in the control group. In comparison, the intervention had positive effects on anxiety and PTSD outcomes among boys (Tol et al. 2012). An RCT of a similar program in Burundi that targeted adolescents ages 8 to 17 also showed a negative impact on PTSD among girls in the treatment group (Tol et al. 2014). Positive effects were found among younger children in both Sri Lanka and Burundi.

Similarly, in South Sudan, a CBI that added a psychosocial support class to education programming demonstrated more positive effects for male than female students, especially for emotional wellbeing (Laser Pulse 2020). The intervention effects also differed on other factors that spoke to structural barriers the participants faced; for example, older students in rural government schools located in protection-of-civilian camps had larger effect sizes than those in urban community schools.
and younger students not in protection-of-civilian camps. However, the authors of that study did not conduct additional analyses to understand the nuanced interactions between gender and other identities.

In contrast to the disappointing results on broader outcomes described above, an economic empowerment program that addressed the specific barriers adolescent girls face led to large economic gains for participants in Liberia. The Economic Empowerment of Adolescent Girls and Young Women program primarily targeted late adolescent women (ages 16-27) with six months of skills training, followed by six months of work placement and support. It had strong positive effects on earnings and employment, and moderate positive effects on social and emotional competencies related to worry, life satisfaction, self-confidence, and perceptions of social abilities (Adoho et al. 2014). The program also addressed systemic barriers that traditionally restrict girls’ ability to succeed in job-training programs and enter the workforce. For example, trainings were held at different times to accommodate participants’ schedules, and they provided free child care. The training was followed by job placement support to ensure that participants were able to secure a job. Moreover, if the trainees secured jobs, the training providers were given a financial bonus. Targeting these kinds of structural issues that adolescent girls face is essential to achieving the broader results that SEL programs aim to produce.

**DISCUSSION**

We found important distinctions in adolescents’ responses to SEL interventions in conflict- and crisis-affected contexts by gender, especially as the participants age. In light of the important developmental shifts and profound changes that take place during adolescence and their implications for social and emotional development, research should investigate the varied effects of interventions by gender and age in order to account for these changes. The disaggregation of results is the bare minimum. About 69 percent of the studies we analyzed disaggregated findings by gender. We would like this to be 100 percent, but we are encouraged to see that disaggregating by gender, particularly among adolescents, is being done more often than not. However, few studies disaggregate by age, which leaves unanswered the question of what works for whom. Additional research is needed to understand the drivers of the differences, especially the nuanced interactions between gender, age, and context.
Pivotal social, emotional, physical, and physiological changes take place over the course of adolescence, which deeply influences gendered behaviors and norms. The pathways to improving quality of life and mental health outcomes may differ by gender. Our findings suggest that certain “ingredients” of the intervention, such as specific coping methods or strategies, may lead to different effects for adolescent boys than for girls. For example, cognitive reframing may work better for girls (i.e., Kazandjian et al. 2019), while active behavioral skill-building approaches may work better for boys (i.e., Jordans et al. 2010). We do not mean to suggest that developmental shifts occur at the same time or in the same ways across gender, age, or context. Rather, we argue that delivering the same intervention to children and young people across wide-ranging age groups, and in particular adolescents during emergencies, can be problematic because conflict and crisis are inherently gendered.

Importantly, when structural issues and norms are not addressed, the intended social, emotional, wellbeing, academic, and livelihood outcomes cannot be achieved. The specific stressors caused by war and crisis may differ between boys and girls and differentially affect how they respond to interventions. Our findings suggest that adolescent girls tend to have greater gains in social outcomes, while adolescent boys show greater gains in emotional outcomes. These differences may be due in part to the structural issues they face in their respective roles in society and how interventions address those issues. As girls transition into adulthood, their movement outside the home may be restricted, or they may be pulled out of school and married off, especially during times of instability or conflict. These restrictions on girls’ movement and their engagement with society may reduce their access to educational and SEL programs. However, if these barriers are addressed, SEL and other programs may provide unique opportunities for girls to gather with their peers and to foster their social skills and relationships, which is known to lead to more positive effects on social outcomes.

The way we talk about gender in SEL and education in emergencies needs to focus more on masculine characteristics and stressors that are unique to male adolescents. As our findings show, the unique gendered expectations and norms put on older adolescent boys may prevent them from achieving some of the social and emotional benefits that girls enjoy from an intervention. Boys may be subject to the burdens of providing for their family or filling adult roles without sufficient resources, or they may face forced recruitment into armed forces. Moreover, the transition into adulthood bombards boys with the reality of obstacles or barriers to their ability to fulfill the role of family provider. As a result, interventions like the one in the West Bank and Gaza may have negative effects on SEL competencies, such as self-reliance and optimism (Khamis et al. 2004). By teaching adolescent
boys to evaluate their difficult future with greater clarity, an SEL intervention may in fact lead to a sense of hopelessness or spur a negative reaction by not addressing the very structural issues young men are facing as they move toward adulthood. The effects of SEL programs on adolescents, particularly in late adolescence, show that programs that overlook the external realities and pressures do not improve social emotional skills or wellbeing. Targeting the structural issues that adolescent girls and boys face is essential to achieving the broader results that SEL programs aim to produce.

Programs must recognize and respond to the existing context within which the intervention works. Even when existing norms, such as those around women’s employment, may be objectionable to those who are funding or implementing a program, simply ignoring the issues does not help participants. Training young women without addressing the employment context around them will ultimately be ineffective. Although interventions may be unable to overhaul existing norms, they could raise awareness about broader issues. Furthermore, SEL interventions that do not address the structural issues surrounding gendered norms for young men, such as expectations to marry and provide financially despite economic obstacles and hardships, may even produce negative responses.

It is essential to localize approaches by seeking a deeper understanding of the norms and barriers that affect the boys and girls the SEL interventions are meant to support. Participatory design and employing members of the community as SEL instructors should be regular practice in SEL interventions in order to enhance the relevance of the content and outcomes. SEL programming that attempts to influence thinking around gender norms and roles for young adolescents may also be a promising approach, as demonstrated by the positive effects in a low-income setting (Cherewick et al. 2021). While outside of the scope of this paper, we urge program designers and researchers in emergency contexts to consider broader structural questions that are related to gender identity and norms, including the binary nature in which gender is presented and assessed.

As SEL continues to expand in the humanitarian space, the ways conflict and crisis interact with gender norms and gendered lived realities need to be addressed across all stages of program implementation, including participant recruitment, intervention approaches, policy recommendations, and research. The bare minimum of what should be done is to include disaggregated demographic information by age and gender, as well as the differing effects, but even that is rare among existing research. Programs cannot be effectively tailored to address the unique needs that emerge for adolescent girls and boys if they do not contend
with the changes and the differences in their roles in society as they transition into adulthood. In order to better understand the unique differences and needs of adolescent boys and girls, and to build better gender- and age-responsive programming, we recommend that SEL interventions in emergency situations deliberately target adolescent groups with a smaller age range and explicitly consider the developmental shifts that take place during this period of life.

ACKNOWLEDGMENTS AND DISCLOSURES

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**APPENDIX**

*Table A1: Review Studies and Details*

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<th>Author</th>
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<td>Aber, J. Lawrence, Lindsay Brown, and Ha Yeon Kim</td>
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<td>Raising Learning Outcomes for Girls in Conflict-Affected Contexts</td>
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<td>Asghar, Khudejha, Yana Mayevskaya, Marni Sommer, Ayesha Razzaque, Betsy Laird, Yasmin Khan, Shamsa Qureshi, Kathryn Falb, and Lindsay Stark</td>
<td>2018</td>
<td>Promoting Adolescent Girls’ Well-Being in Pakistan: A Mixed-Methods Study of Change over Time, Feasibility, and Acceptability, of the COMPASS Program</td>
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