INTERNATIONAL RESCUE COMMITTEE

Adolescent Girls in the Digital Spaces: Technology-Facilitated GBV Risk Assessment

Mykolaivska oblast

September 2026



Key Findings and Recommendations on
TFGBV Prevention and Response for Adolescent Girls

01

Context

Digital technologies are central to adolescent girls' everyday lives in Mykolaivska oblast, supporting education, communication, access to information and social connections. Conflict-related insecurity, displacement, damaged infrastructure and the continued use of remote and hybrid learning have increased the importance of online spaces, particularly where safe and accessible opportunities for offline interaction are limited.

Digital technologies provide essential opportunities but may also be used by perpetrators to commit TFGBV. Previous GBV risk assessments in the oblast identified online harassment, unwanted sexualised messages, cyberstalking, unauthorised account access and the non-consensual sharing of personal information or images as key risks affecting adolescent girls. These risks may be compounded by psychological distress, limited access to digital safety information and unclear support pathways, particularly where displacement and disrupted social networks increase reliance on online communication.

IRC programme and operational data identify TFGBV and online safety as emerging protection concerns for women and girls in Mykolaivska oblast. Safe Space to Learn observations showed regular use of smartphones, social media and the Internet alongside gaps in some participants' knowledge of privacy, account security and how technology may be used to perpetrate harassment, surveillance, control and exploitation.

Information collected through Girls' Camps and other activities provided further evidence of digital risks affecting adolescent girls. Participants described unwanted contact from strangers, pressure to share personal information or images, account hacking, online harassment and manipulation through digital platforms. Girls also reported witnessing or experiencing public humiliation, rumours, exclusion from online communities and the non-consensual sharing of personal content.

The purpose of this GBV risk assessment is to identify and analyse the forms of TFGBV affecting adolescent girls in Mykolaivska oblast, examine the individual, social and system-level factors that increase risk, and assess the extent to which existing prevention, protection and support mechanisms respond to girls' needs.

The findings will inform IRC programming for adolescent girls and support wider TFGBV prevention and response efforts across the assessed communities. The assessment will also inform recommendations for relevant institutions, service providers, community stakeholders and other individuals responsible for preventing and responding to TFGBV.

Key points

Digital technologies are essential to girls' education and social connections in Mykolaivska oblast., while conflict, displacement and limited safe offline opportunities have increased reliance on online spaces.

Girls' extensive digital engagement is not matched by sufficient access to TFGBV and digital-safety knowledge or clear reporting and support pathways, increasing their exposure to technology-facilitated harm.



02

Methodology

The assessment used two qualitative data collection methods: key informant interviews (KIIs) and focus group discussions (FGDs). The KIIs explored professionals' perspectives on TFGBV risks affecting adolescent girls, available services, barriers to help-seeking, and priorities for prevention and response. The FGDs explored adolescent girls' use of digital technologies, perceived online and offline risks, help-seeking practices, barriers to support, and preferred prevention and support options.

Key informant interviews. A total of 26 KIIs were conducted across 10 urban, rural and settlement-type communities in Mykolaivska oblast. Key informants represented education, youth work, social and child protection, psychosocial support, local governance and law enforcement. Their work involved regular interaction with adolescent girls through education, youth activities, protection services and community-level support. Participants ranged from 18 to over 60 years of age, with most aged 40–59. Twenty-five key informants were women and one was a man.

Focus group discussions. 11 FGDs were conducted with 94 adolescent girls aged 14–19 across nine urban, rural and settlement-type communities. Four FGDs involved girls aged 14–16, while seven included participants from both the 14–16 and 17–19 age groups.

Data collection followed GBV minimum standards and child-safeguarding procedures. Participation was voluntary: adult participants provided informed consent, while participants under 18 provided informed assent with consent from a parent or legal guardian. Facilitators maintained participants' privacy, confidentiality and dignity and did not request personal accounts of violence or details that could expose participants or others to harm. Discussions focused on general perceptions and community-level trends.

Limitations. The findings reflect the perspectives and experiences reported in selected communities in Mykolaivska oblast and should not be considered representative of all adolescent girls across the oblast.



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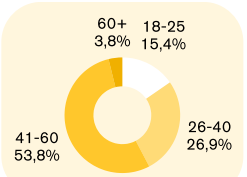
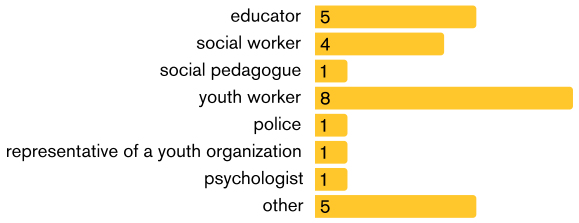
Key Informants Interviews conducted

1 male | 25 female





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Focus Group Discussions conducted

4 FGDs with adolescent girls aged 14-16

7 mixed-age FGDs (14-19)

94 adolescent girls participated in FGD

36% urban areas representatives



64% rural areas representatives

03

Key findings

1 Online spaces are essential to adolescent girls' daily lives but also constitute a continuous setting for TFGBV risks

Digital technologies underpin adolescent girls' education, social relationships and leisure in Mykolaivska oblast. Where safe, relevant and year-round offline opportunities are limited, girls spend more time at home and online, increasing their exposure to digital environments in which TFGBV may occur.

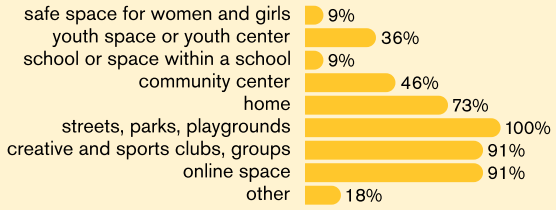
Although offline leisure opportunities exist, they are not consistently accessible, safe or responsive to adolescent girls' interests. Streets and parks were the most commonly reported spaces for socialising (100% of FGDs; 92% of KIIs), while clubs were identified across 91% of FGDs. However, many activities operate only during the school year and are less available in remote villages. Dedicated spaces have a more limited reach: youth spaces were reported in 36% of FGDs and women and girls' safe spaces in only 9%. Qualitative findings also showed that some existing spaces do not offer activities relevant to adolescent girls. Key informants considered unsupervised outdoor areas and adult-oriented venues less safe due to limited supervision, alcohol consumption and conflict-related threats, particularly after dark. As a result, home, reported as a major leisure environment in 73% of FGDs, and online spaces become the most consistently available alternatives.

Online participation occupies a substantial part of girls' daily lives. Most FGDs reported that girls typically spend 7-9 hours online everyday (73%), while 9% reported 10–12 hours. Education accounts for a considerable share of this time: 82% of FGDs reported at least three hours of online study or schoolwork. Smartphones were reported across all FGDs (100%), alongside laptops or computers (91%) and tablets (82%). This means that girls' exposure to digital environments continues across several devices and is not limited to recreational phone use. Instagram, TikTok and Telegram were the most consistently used platforms across all FGDs (100%), followed by YouTube (91%), educational platforms (73%) and online games (64%). Communication with friends and entertainment were universal purposes (100% of FGDs), while studying and meeting new people were each reported in 73%. KII findings confirmed the central role of social media (100% of KIIs), messaging applications (89%) and class chats (85%). Beyond mainstream platforms, dating applications were reported in 46% of FGDs, while qualitative responses referred to Telegram dating bots, anonymous chats, chat-roulette services and gaming chats. These environments expand girls' social networks but also facilitate contact with unknown users, users misrepresenting their identities and unsolicited content - conditions through which harassment, grooming, sexualised contact and other forms of TFGBV may occur.

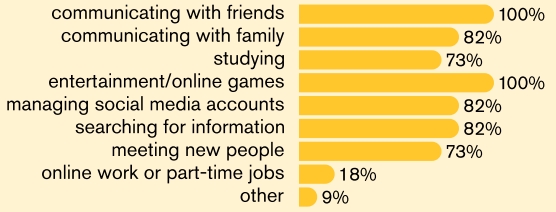
AI is also emerging as part of girls' digital lives. AI tools were mentioned in four FGDs (36%), primarily for studying and information-seeking. In two groups, girls described using AI to seek advice on difficult or potentially harmful situations, indicating that it may also function as an informal help-seeking channel when trusted support is unclear or unavailable.

High levels of digital participation are not inherently harmful; online access is essential to girls' education, relationships and participation. However, its centrality means that TFGBV prevention must be embedded in the devices, platforms and communication practices girls use every day.

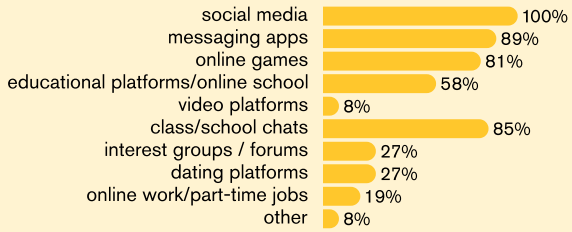
Spaces where Adolescent Girls can spend their free time in their communities (FGDs)



What do girls most often use digital platforms for (FGDs)



Adolescent Girls' main uses of online spaces (KIIs)



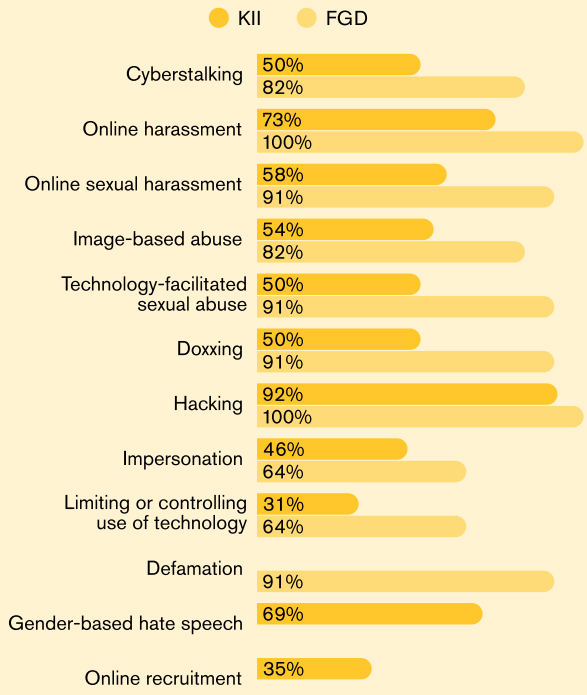
2 Adolescent girls face multiple forms of TFGBV within peer and intimate relationships and through interactions with unknown online users, with harm often escalating across platforms and continuing into offline lives.

TFGBV is rarely limited to a single act or platform. Peer conflict, unwanted contact, account access or access to personal content can lead to sustained harassment, cyberstalking, sexual violence, image-based abuse, blackmail and reputational harm, with consequences continuing at school, at home and in the wider community.

All FGDs reported situations in which girls their age had felt distressed, uncomfortable or unsafe because of something that happened online (100% of FGDs). Online harassment and account hacking were identified across all groups (100% each). Online sexual harassment, technology-facilitated sexual violence, defamation, and doxxing or threats involving private information were each reported in 91% of FGDs. Cyberstalking and image-based abuse were identified in 82%, while impersonation and limiting or controlling the use of technology were each reported in 63% of FGDs.

The qualitative findings show how these forms intersect and escalate. Girls associated cyberstalking with repeated unwanted contact, monitoring of social media activity and tracking through geolocation. Account hacking or unauthorised access enabled perpetrators to obtain private communications, photographs and personal information that could subsequently be altered, circulated or used for blackmail.

Forms of TFGBV affecting Adolescent Girls: a comparison of KII and FGD findings



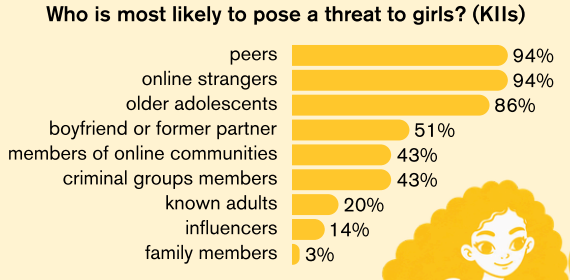
Peer conflicts moved into class chats and social media through insults, rumours, fake accounts and manipulated images, after which the humiliation continued at school or spread within the community. Content initially shared with one person could therefore be reproduced and distributed to a much wider audience.

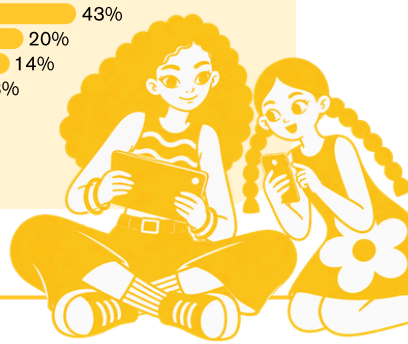
Sexualised risks included unsolicited sexual messages and images, persistent sexual propositions and technology-facilitated sexual violence. Grooming was also described in FGDs. Some girls described cases in which unknown adult men presented themselves as adolescents, establishing contact online and subsequently arranging meetings or beginning to follow them offline. Sextortion was identified by 50% of key informants and was also reflected in girls' accounts of intimate content being used to demand further images, maintain control or pressure them into other actions.

TFGBV is not limited to anonymous strangers. Unknown online users and older adolescents were each identified as potential perpetrators by 96% of key informants, followed by peers (81%), current or former partners (69%) and other known adults (58%). Members of online communities were identified by 42%, criminal groups by 39% and family members by 35% of KIIs. Qualitative FGD accounts linked peers and classmates to bullying, rumours, fake accounts and manipulated images; current or former partners and other boys known to girls to location tracking, account control and the distribution of intimate content; and unknown adults to sexualised contact, deceptive identities and unsafe meetings. Online anonymity may also conceal a perpetrator who is already known to the girl.

The continuation of online harm in offline settings reported in 91% of FGDs and observed by 77% of key informants. Examples included online bullying developing into harassment or physical threats at school, digital monitoring escalating into offline stalking, and online contacts leading to unsafe meetings. Intimate or fabricated content was also described as being used to coerce girls into actions offline. In some FGDs, insults in online games, manipulated images and rumours were initially treated as jokes or routine peer behaviour, suggesting that normalisation may delay recognition and allow harm to escalate. Emerging technologies add further pathways: AI-generated or edited sexual images were identified in 55% of FGDs, while online luring or recruitment was reported by 35% of key informants.

Who is most likely to pose a threat to girls? (KIIs)



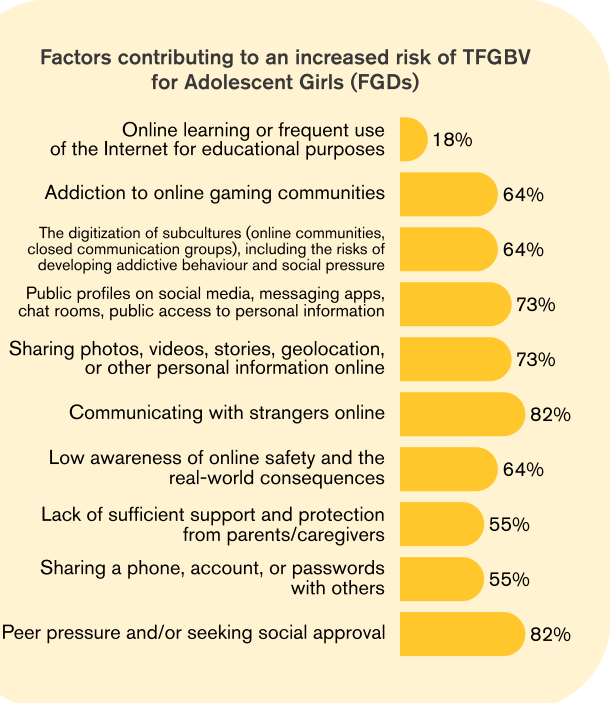


3 TFGBV risks are reinforced by the interaction of individual-level factors, harmful social norms and system-level protection gaps

TFGBV risk increases when girls' patterns of technology use and individual needs intersect with peer pressure, the normalisation of online harm and limited integration of TFGBV into existing prevention and response systems. These factors create conditions in which perpetrators can initiate contact, obtain or misuse personal content and continue abuse without timely intervention.

At the **individual level**, contact with unknown users was identified as a contributing factor in 82% of FGDs. Public profiles and the sharing of personal content were each identified in 73%, while limited awareness of digital risks and problematic engagement with online games were each reported in 64%. Shared use of phones or accounts was identified in 55% of FGDs. Open FGD and KII responses further connected risk with curiosity, trust in online acquaintances, seeking social approval through likes and comments, seeking emotional support or romantic relationships, and interest in online earning opportunities. Perpetrators may exploit these needs by presenting themselves as peers, gradually building trust or offering money for intimate content. These factors describe potential factors that may increase exposure to risk and should not be interpreted as transferring responsibility for TFGBV to girls.

At the **social level**, peer pressure was identified in 82% of FGDs and involvement in closed online communities or digital subcultures in 64%. Qualitative accounts showed that school conflicts and social exclusion frequently continued online through rumours, altered images, non-consensual sharing of private messages and abusive comments.



Intimate partners or boys known to girls were also described as using shared accounts, geolocation or intimate content to monitor, intimidate or punish them. Some harmful actions were treated as jokes or ordinary online behaviour, reducing their recognition as violence. This was reflected in the finding that 81% of key informants identified the normalisation of online harm, while 64% of FGDs reported that online incidents may not be perceived as sufficiently serious. Shame and stigma were identified across all FGDs and by 96% of KIIs, demonstrating a social environment in which girls may anticipate judgement while harmful behaviour remains insufficiently challenged.

At the **system level**, the main issue is the limited integration of TFGBV prevention and accountability mechanisms into existing digital-safety, GBV and child-protection structures. Although 92% of key informants reported that schools provide digital-safety lessons, all key informants indicated that these activities need to be strengthened. Open responses indicated that existing sessions often focus on general cybersecurity and do not adequately address gendered harassment, grooming, sextortion, image-based abuse, digital control or practical response to incidents. In addition, 81% of KIIs identified limited information about available services, 73% reported a lack of professionals with sufficient knowledge of digital risks, and 50% identified insufficient access to confidential support. Consequently, 69% of key informants called for both confidential reporting and clearer referral mechanisms. These gaps may not cause the initial act of TFGBV, but they reduce the likelihood of early identification and allow abuse to continue or escalate.

Prevention must therefore operate across all three levels: strengthening girls' practical knowledge and digital skills, addressing peer behaviour that promotes violence against and denigrates girls, survivor-blaming attitudes, and embedding TFGBV-specific prevention, confidential reporting, and referral procedures within education, GBV, and child-protection systems.



4 Existing services are not yet sufficiently accessible or adapted to respond effectively to TFGBV affecting adolescent girls.

Adolescent girls affected by TFGBV can potentially access support through existing education, police, child-protection, GBV and humanitarian structures. However, these components do not yet form a consistent TFGBV response pathway. Coverage varies between communities, professional preparedness is uneven, and existing interventions often address general online safety or GBV without adequately reflecting the evolving digital risks described by girls.

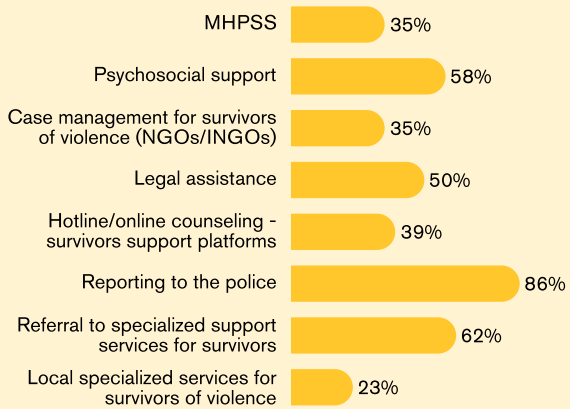
When asked about services available to girls affected by TFGBV, key informants most frequently identified reporting to the police (86%), referral to services for survivors of violence (62%), psychosocial support (58%) and legal assistance (50%). More specialised or sustained forms of support were reported less frequently: case management and mental health support were each identified in 35% of KIIs, while specialised services for minors were reported in 23%. This indicates that potential entry points exist, but access to specialised assessment, continued support and adolescent-specific assistance is less consistent. Qualitative responses also showed substantial geographic variation: some communities had school safety officers, psychologists and functioning referral arrangements, while others relied on a single social worker, periodic visits by external specialists or humanitarian mobile teams. KII also reported that, although services for GBV survivors are available, TFGBV is not yet systematically integrated into service practices. Existing responses tend to address GBV in general, with insufficient attention to technology-related risks such as digital monitoring, unauthorised access to accounts or devices, geolocation tracking, and threats involving personal or intimate content.

Prevention is concentrated primarily within the education system. School-based digital-safety lessons were reported in 92% of KIIs, yet all key informants stated that these classes needed to be strengthened. Open responses indicated that existing activities generally focus on cyber hygiene, fraud, passwords and safe internet use, while TFGBV forms and available response options are not consistently addressed. Delivery often depends on individual computer science teachers, social pedagogues, police officers or other motivated professionals rather than a standardized approach across educational institutions. Humanitarian and civil society organizations supplement these efforts through psychosocial support, general GBV sessions and activities in youth or Women and Girls' Safe Spaces, but their coverage was described as periodic, project-based and not consistently focused on TFGBV.

The need to strengthen the capacity of professionals working with adolescents was identified in 85% of KIIs. This requires more than general knowledge of digital safety. Social workers, caseworkers and specialised GBV and child-protection providers need the skills to identify technology-related risks during needs assessments; assess digital monitoring, access to accounts and devices, geolocation tracking and threats involving personal or intimate content; and incorporate these risks into survivor-centred case management and referral. Education personnel require the capacity both to deliver age-appropriate TFGBV prevention and to respond appropriately when a student discloses an incident, including receiving disclosures without blame, limiting unnecessary information-sharing, assessing immediate safety and activating relevant safeguarding and referral procedures. Open responses indicated that some professionals lacked specialised guidance and methodological materials, while responsibility for responding often depended on the knowledge and initiative of individual staff members. Sessions for parents and caregivers were prioritised by 96% of KII, indicating that their role in prevention and safe response is also not yet systematically supported.

FGD responses further indicate that existing approaches require greater adaptation to adolescent girls' experiences. Girls emphasised practical case discussions, interactive exercises, short digital content, clear response steps and confidential in-person support rather than one-off lectures or generic materials. Strengthening the system therefore requires integrating TFGBV into education, GBV and child-protection procedures; clarifying professional roles and referral pathways; and ensuring that relevant staff can translate knowledge of TFGBV into prevention, needs assessment, safety planning and safe response.

Services available in communities to Adolescent Girls affected by TFGBV, according to KIIs



> ***"Teachers are not always prepared to conduct awareness-raising sessions on TFGBV due to limited access to educational materials and certified training opportunities for teachers and school psychologists."***
>
> - KII, education professional

> ***"TFGBV is a growing concern, but social workers still lack the knowledge needed to respond effectively to technology-related risks when supporting survivors, particularly adolescent girls."***
>
> - FGD, social worker



5 Fear of escalation, stigma, blame and loss of control leads adolescent girls to conceal or manage TFGBV informally rather than seek formal support.

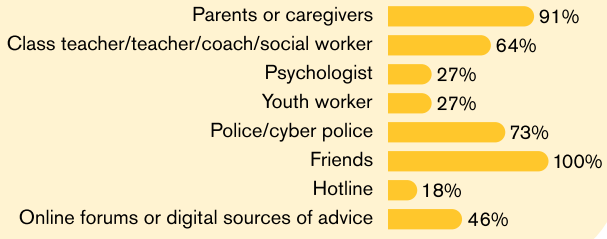
For many adolescent girls, seeking help after TFGBV may create additional risks, including escalation by the perpetrator, stigma, blame, loss of confidentiality and restrictions on phone use. Consequently, incidents may be concealed, minimised or managed informally rather than disclosed through available support mechanisms.

Shame, stigma and fear that the situation would worsen were identified as barriers in all FGDs (100% each). Lack of information about available support was reported in 91% of FGDs, while fear of being blamed or not believed was identified in 82%. Fear of punishment, concerns about confidentiality and distrust of adults were each reported in 73%, while 64% identified the perception that online incidents were not serious enough to report. KIIs confirmed these patterns: 96% identified shame and stigma, 85% feared parental reactions, and 81% cited both limited information about services and the normalisation of online harm. Dependence on the person causing harm was identified in 36% of KIIs.

Barriers to help-seeking among Adolescent Girls (FGDs)



Who Adolescent Girls would turn to for support in case of violence (FGDs)



Qualitative findings show that disclosure may be experienced as a further loss of control. Girls feared that threats would escalate, personal content would be circulated again or information would become known at school or within the community. Some expected blame, punishment or restrictions from parents rather than support. Losing access to a phone was particularly serious because it could also mean losing contact with friends, education and everyday social life. Accounts of adults minimising online harm, teachers sharing confidential information and schools informing parents without first discussing this with the girl further explain why disclosure may be selective.

Friends were identified as a possible source of help in all FGDs (100%), followed by parents (91%), police (73%) and teachers (64%). However, open responses showed that support from adults was conditional on girls expecting to be believed, supported and not punished. Youth workers and psychologists were each selected in 27% of FGDs and hotlines in 18%, indicating that specialised or anonymous support options were less prominent. KIIs similarly identified friends as the most likely source of support (85%). Police were generally considered in situations involving direct threats or serious harm, sometimes only with parental involvement.

Some girls were described as blocking perpetrators, ignoring incidents, preserving screenshots or otherwise trying to manage the situation independently. Qualitative responses also referred to using AI tools for immediate advice, although the data do not support estimating how widespread this practice is. While these actions may provide an initial sense of control, they cannot replace specialised support in cases involving stalking, coercion, sexualised threats or intimate content. Reducing underreporting therefore requires confidential and non-blaming support that allows girls to retain control over disclosure, alongside clear information and non-punitive responses from parents, educators and other first-contact adults.



> ***"Unfortunately, most girls would never tell adults about violence they experience online because they do not expect to be believed, supported or protected. Instead, many fear being blamed, punished, or ridiculed for what happened to them."***
>
> - KII, education professional

04

Recommendations



For educational institutions

- Integrate age-appropriate TFGBV prevention into digital-safety curricula and extracurricular activities, covering harassment, cyberstalking, digital control, grooming, sextortion, image-based abuse, privacy and geolocation risks, AI-generated content and safe support-seeking. Use practical scenarios and peer-led activities involving girls and boys, with emphasis on consent and respectful online behaviour.
- Equip teachers, social pedagogues, psychologists and safeguarding staff to recognise TFGBV and respond safely to disclosures through a non-blaming first response, assessment of immediate safety, clear explanation of confidentiality and its limits, minimal information-sharing and timely referral to GBV and child-protection services.
- Engage parents and caregivers regularly in school-based TFGBV prevention, providing practical guidance on adolescent digital practices, non-punitive responses to disclosure and available support and referral options.



For parents and caregivers

- Participate in awareness-raising activities on TFGBV to strengthen understanding of adolescent digital practices, common forms of TFGBV, warning signs and available support, including risks related to online relationships, shared accounts, geolocation, intimate content and deceptive identities.
- Maintain open and non-punitive communication with adolescent girls. Avoid blame, device confiscation and disproportionate restrictions that may increase isolation or discourage disclosure; instead, agree on reasonable digital boundaries and support girls in accessing appropriate assistance.
- Speak with and engage sons to engage them in discussions on treatment of girls and equality to reduce TFGBV



Specialized GBV and Child Protection Services in the Social Workforce

- Integrate TFGBV into existing needs and risk assessments, survivor-centred case management and referral procedures. Assess access to devices and accounts, digital monitoring, location tracking, threats involving personal or intimate content and the possible continuation of online harm offline.
- Strengthen staff capacity to address TFGBV affecting adolescents. Provide practical guidance on child safeguarding, confidentiality, digital safety planning, safe preservation of digital evidence, content-removal and account-recovery options, and referrals to legal, mental health, health and SRHR services where required.
- Incorporate TFGBV into existing violence-prevention programs for families, parents and caregivers, and deliver age-appropriate prevention activities directly to adolescent girls. Disseminate information on TFGBV risks, protective practices and available support through routine programs, community activities and official online resources.

For humanitarian organizations

- Provide sustained TFGBV prevention activities rather than isolated awareness sessions. Co-design interventions with adolescent girls and combine practical case discussions, interactive exercises, peer activities and short digital content disseminated through the platforms girls use with confidential in-person support.
- Strengthen community-level capacity through adaptable materials, training, mentoring and technical support for educators, social workers, GBV and child-protection providers and youth workers. Prioritise mobile outreach and accessible programming in rural and remote communities where specialised services and safe offline opportunities are limited.

For Local Governments

- Integrate TFGBV into local education, youth, child-protection and GBV plans, with clearly assigned responsibilities, confidential reporting options and operational referral procedures connecting schools, social services, specialised providers and law enforcement. Regularly update local service mapping and ensure that relevant professionals know how to activate referral pathways.
- Allocate resources for trained personnel, outreach and adolescent-friendly spaces, particularly in underserved settlements. Support year-round leisure, educational and social activities that provide girls with safe opportunities for offline interaction.

For Law enforcement agencies

- Strengthen the capacity of relevant National Police units to identify and investigate TFGBV using child-sensitive and survivor-centred approaches. Ensure appropriate handling of digital evidence, assessment of immediate online and offline risks, protection of confidentiality and prevention of victim-blaming and re-traumatisation.
- Establish operational cooperation and referral procedures with educational institutions, child-protection, GBV, legal and psychosocial services. Contribute to prevention by explaining legal protections, safe reporting procedures and accountability for online abuse through coordinated, age-appropriate activities that do not place responsibility for preventing violence on girls.