

Supporting displaced adolescent boys and male youth in all their diversity who are survivors or at risk of sexual exploitation

A toolkit for frontline workers
in humanitarian contexts



Acknowledgments

The [Women's Refugee Commission](#) (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

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Introducing the Toolkit

a. Background

In 2018, the Women's Refugee Commission (WRC) launched its [Sexual Violence Project](#), a multi-year initiative to document the diverse characteristics, scope, and consequences of sexual violence against people in humanitarian crises who identified as male or were designated as male at birth, and/including persons with diverse sexual orientation, gender identity, and gender expression, and sex characteristics (SOGIESC), such as cisgender men and boys, gay and bisexual men, intersex persons, and transgender women and transgender men.¹ WRC's work to better understand, prevent, and respond to sexual violence in humanitarian settings encompasses survivors of all SOGIESC. In targeting all survivors of sexual violence, including men and boys, WRC incorporates feminist principles that prioritize accountability to women and girls (see Box).

WRC's work with men and boys is feminist in its approach and prioritizes accountability to women, girls, and gender diverse people. We do this by:

- exploring the ways in which sexual violence against men and boys impacts the lives of women and girls;
- exploring the ways in which sexual violence against men and boys intersects with violence against women and girls;
- advocating for tailored services for and attention to male, female, and gender-diverse survivors, including transgender boys and men and transgender girls and women;
- working to dispel the myth that post-sexual violence services are widely available for women and girls but not for men and boys: across humanitarian settings, they are frequently weak for all survivors; and
- including experts on violence against women and girls and persons with diverse SOGIESC on our global advisory committee.

While this toolkit focuses on adolescent boys and male youth (ABMY) and/including those with diverse SOGIESC, it does not intend to diminish the needs of women and girls or to take away resources from GBV programming for them. WRC research has shown that sexual violence against men and boys intersects with violence against women and girls and also impacts the lives of female family and community members. In some contexts, men and boys are forced to rape and/or witness sexual violence against women and girls. Male survivors' wives and children may be ostracized, and their daughters may be perceived as unmarriageable. Some survivors' inability to sustain an income due to the mental and physical impacts of victimization may contribute to familial poverty and divorce, and some survivors may perpetrate intimate partner violence and other forms of violence against women and girls after being victimized.

WRC's intersectional feminist approach acknowledges diversity and inclusion as essential to achieving gender equality and values lived experiences by examining overlapping and interdependent dimensions of discrimination and inequality manifested by intersecting social categorizations such as race, class, sexual orientation, and gender as they apply to a given group or individual. WRC recognizes that women and girls around the world are subjected to widespread gender-based violence (GBV) and bear the brunt of sexual violence; therefore, WRC advocates for dedicated funding and a specific response to meet the needs of women and girl survivors of GBV in all their diversity. At the same time, WRC acknowledges that people

of all genders experience sexual violence, and the diversity of needs are not being met by traditional programming aimed at women and girls. Therefore, WRC advocates for responses to men and boys and/including people with diverse SOGIESC that complement and do not compete with the response for women and girls.

Violence against women and girls is driven by systemic inequality between men and women. Men and boys might also experience violence related to their socially determined gender roles and norms.

In Phase 1 (2018–2021) of the project, WRC developed a [series of resources](#) that contribute to the evidence base on sexual violence against displaced men and boys in humanitarian settings, and/including those with diverse SOGIESC, and begin to address knowledge gaps. WRC conducted research in three refugee settings: [the Rohingya refugee community in Cox’s Bazar, Bangladesh](#); [among refugees and migrants traveling the Central Mediterranean route through Libya to Italy](#); and [among urban refugees in Nairobi and Mombasa, Kenya](#). WRC also [piloted community-based projects to facilitate service uptake](#), coordinated the first [Inter-agency Working Group Task Team on sexual violence against men and boys](#), and developed [field-friendly tools and guidance](#).²

Phase 2 (2021-2024) seeks to both leverage Phase 1 learnings and focus further on the unique risks of sexual violence that ABMY face, including those with diverse SOGIESC, as a result of conflict and displacement. Alongside project collaborators, WRC is working to build humanitarian practitioner capacity, catalyze tool uptake, raise awareness, and expand service provision to meet the needs of displaced ABMY survivors of sexual violence and those at risk more appropriately.

This toolkit recognizes the unique and overlapping identities and diversity factors of all ABMY. A particular emphasis is included for ABMY with diverse SOGIESC who experience heightened risks of experiencing sexual exploitation. The toolkit uses “adolescent boys and male youth including those with diverse SOGIESC” to emphasize that all boys and male youth have a sexual orientation, gender expression, gender identity, and sex characteristics and to draw attention to the diverse and overlooked needs and capacities of people with diverse SOGIESC who are survivors or at risk of sexual exploitation in crisis settings. There is a lack of evidence on displaced intersex ABMY and those with diverse sex characteristics; therefore, this toolkit does not provide operational guidance for working with these subgroups, specifically.

b. Aim, Target Audience, and Structure of the Toolkit

i. Aim

This toolkit seeks to increase prevention, support, and access to services for displaced adolescent boys (10-19 years) and male youth (15-24 years),³ including those with diverse SOGIESC, who are survivors or at risk of sexual exploitation, by enhancing the capacity of frontline workers in humanitarian settings. It aims to help different organizations and services to integrate protection and support for these young males into existing protection programs.

The toolkit focuses on ABMY under the age of 18.⁴ Additional considerations for ABMY aged 18 to 24 years (those considered adults) are included in boxes throughout the toolkit.

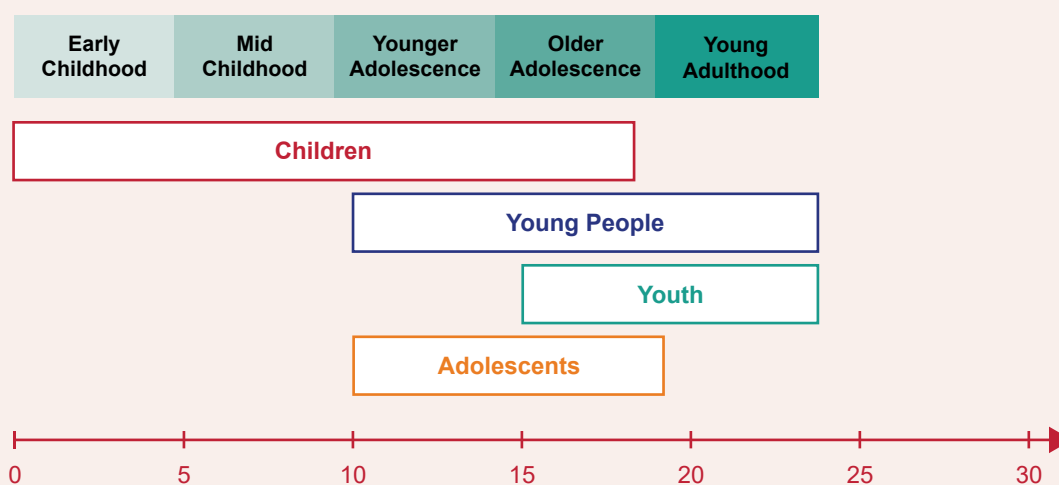
The following definition of sexual exploitation is used in this toolkit:

Sexual exploitation is “any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.”⁵

Notes on terminology

Children, adolescent boys, and male youth:

A “child” is defined by the *Convention on the Rights of the Child* as a person below the age of 18, unless the relevant laws state an earlier age of majority.⁶ In this toolkit, boys between 10 and 19 years of age are referred to as “adolescent boys,” in accordance with the World Health Organization (WHO).⁷ Consequently, the great majority of adolescent boys are included in the definition of a “child.” “Male youth” is a term used in this toolkit that partly overlaps with “adolescent boys.” The United Nations defines “youth” as the period between 15 and 24 years of age. It comprises, therefore, older male adolescents (15–17) – who are minors and consequently entitled to protection under the *Convention on the Rights of the Child* – and young men (18–24).⁸



Graphic based on United Children's Fund (UNICEF), 2018.⁹

SOGIESC vs. LGBTIQ+:

Terminology regarding SOGIESC varies from one context to another and is constantly evolving. This toolkit uses the term “persons with diverse SOGIESC” (sexual orientation, gender identity and gender expression, and sex characteristics) instead of “LGBTIQ+” (lesbian, gay, bisexual, transgender, intersex, and queer), as it also includes orientations, identities and expressions that do not necessarily fit within the LGBTIQ+ framework. When contextualizing this toolkit, locally preferred non-derogatory terms to refer to sexual orientation and gender identity and expression should be used.

Sexual exploitation and abuse (SEA) and sexual exploitation:

The term “sexual exploitation” is often associated with the sexual exploitation and abuse (SEA) of persons of concern by staff of humanitarian organizations and by peacekeepers. This toolkit does not provide guidance on how to prevent and respond to SEA committed by staff of humanitarian organizations and by peacekeepers as this would go beyond its scope. All humanitarian agencies and affiliated actors must have a “zero tolerance” approach to SEA, with a code of conduct that forbids every form of this crime, as well as specific training for all staff and volunteers. A reporting and follow-up mechanism must be in place to deal with allegations of SEA and any related misconduct.¹⁰ For further information on how to prevent and respond to SEA, see <https://psea.interagencystandingcommittee.org>.

ii. Target Audience

For this toolkit, “frontline workers” are staff and volunteers from organizations and state or non-state services who engage directly with displaced ABMY in a range of capacities, such as social or case workers, reception center staff, outreach workers, health care providers, medical and mental health providers, and cultural mediators, among others. They can be part of any humanitarian sector as all frontline staff – irrespective of their field of work – are likely to come into contact with ABMY who are survivors or at risk of sexual exploitation and should be able to adequately support them and connect them with specialized service providers, e.g., organizations providing child protection, sexual violence response, or health services.

iii. Structure

This toolkit contains guidance, capacity-enhancing materials, and promising practices on preventing and responding to the sexual exploitation of ABMY, including those with diverse SOGIESC. The toolkit has two main sections.

[Section 1](#) provides the critical information that frontline workers need to know to address sexual exploitation or sexual abuse against displaced ABMY, including those with diverse SOGIESC. Each chapter in Section 1 covers key information on a specific topic. [Section 1](#) includes the following chapters:

- [Chapter 1 Sexual Exploitation of Adolescent Boys and Male Youth](#) provides an overview of sexual exploitation against ABMY, including the types of sexual exploitation experienced, and the causes, risk factors, and consequences of sexual exploitation.
- [Chapter 2 Supporting Adolescent Boy and Male Youth Survivors of Sexual Exploitation](#) discusses guiding principles and global standards related to service provision; barriers to accessing services; activities and services for ABMY survivors of sexual exploitation and those at risk; response activities and services for ABMY survivors; and community engagement and awareness-raising on sexual exploitation of ABMY.
- [Chapter 3 Intersectionality: Considering the Unique Characteristics of Groups and Individuals](#) discusses guidelines and considerations that should be taken into account to ensure accessible and inclusive services for all ABMY who are survivors or at risk of sexual exploitation.
- [Annex 1. Definitions and Terminology](#) lists definitions of key terms included in the toolkit.
- [Annex 2. Acronyms and Abbreviations](#) lists explanations of acronyms and abbreviations included in the toolkit.
- [Annex 3. Evidence Base for the Toolkit](#) provides additional information about the research, reports, and guidance materials on sexual violence against men and boys, sexual exploitation of children and youth, GBV, and child protection conducted by WRC, which was used to inform the development of the toolkit.

[Section 2](#) consists of training exercises, tools, and other materials to provide an opportunity for frontline workers to apply their acquired knowledge into practice and support reflection on values, attitudes, and beliefs. Each exercise and handout corresponds with a specific topic addressed in Section 1. The materials can be used as part of a 2–3-day training or piecemeal as part of ongoing training. [Section 2.14](#) includes a sample agenda for a 2-day training, which was used in Beirut, Lebanon.

SECTION 1

1. Sexual Exploitation of Adolescent Boys and Male Youth



Despite evidence that ABMY, especially those with diverse SOGIESC, are significantly subjected to sexual exploitation,¹¹ it remains a largely unacknowledged, unrecognized, and unaddressed issue, both globally and in humanitarian settings.

Displaced ABMY are often not perceived as being vulnerable to sexual exploitation (and sexual violence more broadly) in humanitarian contexts due to deeply entrenched gender norms that dictate socially accepted roles for women and men in society. Consequently, there are many misconceptions and negative attitudes related to male survivors, within both the humanitarian community and refugee and host communities. ABMY survivors with diverse SOGIESC are especially affected by this as they face even higher levels of stigma, with people often making assumptions about their vulnerability due to their sexual and/or gender identity.¹²

The combination of limited knowledge about ABMY's risks and experiences of sexual exploitation, along with negative attitudes and misconceptions, may hinder the establishment of services related to sexual violence, including sexual exploitation, that respond to the needs of ABMY survivors in all their diversity.¹³ It may also result in a lack of effective prevention and awareness-raising efforts on sexual exploitation and available services for ABMY survivors. Lastly, it can prevent frontline staff from identifying ABMY survivors and adequately supporting them to access lifesaving services. Therefore, enhancing knowledge on sexual violence and sexual exploitation perpetrated against men and boys and people with diverse SOGIESC, and reflecting on norms and attitudes, is important to ensure better protection and services for them.¹⁴ An exercise to reflect on norms and attitudes related to sexual violence against ABMY and/ including those with diverse SOGIESC can be found in [Section 2.1](#).

a. Adolescent Boy and Male Youth Survivors of Sexual Violence, Including Sexual Exploitation

While women and girls are subjected to widespread GBV and make up the majority of survivors of sexual violence globally, research has shown that men and boys, especially those with diverse SOGIESC, also experience sexual violence, including sexual exploitation.¹⁵



Key information on sexual violence against men and boys

Anyone, regardless of age or SOGIESC, including ABMY, can experience sexual violence. Men and boys experience the following types of sexual violence, among others:

- Anal and oral rape or attempted rape, including with objects;
- Child sexual abuse
- Sexual exploitation, including in the context of trafficking
- Genital violence (including beatings, mutilation, amputation, and electroshock)
- Forced sterilization
- Trafficking for sexual purposes
- Being forced to witness sexual violence against others
- Being forced to commit sexual violence against others
- Forced masturbation and other forms of sexual humiliation
- The recording of sexual violence by perpetrators to intimidate or blackmail the survivors and/or their relatives.¹⁶

Men and boys may experience sexual violence in armed conflict, but also during flight and in displacement, as recognized in [UN Security Council Resolution 2467](#). Sexual violence can happen in many places, e.g., at home, in detention centers, in military sites and police stations, in internally displaced persons' (IDP) and refugee camps, along migration routes, or in schools and at work.¹⁷ Sexual violence can be perpetrated by strangers or persons known to the survivor, such as family members, other IDPs or refugees, members of the host community, employers, teachers, landlords, smugglers, taxi or bus drivers, or state authorities

(e.g., members of the police or military). As for female survivors, men constitute most of the perpetrators of sexual violence against men and boys, but women and/including persons with diverse SOGIESC can also be perpetrators.¹⁸ A common misconception is that sexual violence against men and boys is caused by same-sex desire, and that, therefore, perpetrators are gay men. This is not true and is based on harmful and discriminatory stereotypes.¹⁹ [Section 2.2](#) clarifies some common misconceptions about male survivors, and/including those with diverse SOGIESC.

While there is not much research available on the prevalence of sexual violence and sexual exploitation of men and boys in humanitarian settings, data shows that 1 in 13 boys globally have experienced sexual abuse or sexual exploitation before the age of 18.²⁰ Recent research on sexual violence in conflict-affected contexts found that—depending on the context— between 20 and 50 percent of the surveyed men reported having experienced sexual violence or²¹ sexual violence against other men. Even less is known about the prevalence of sexual violence against persons with diverse SOGIESC in humanitarian contexts, but given that they are generally exposed to high levels of discrimination and violence because of their SOGIESC, it is widely acknowledged that they are at high risk of experiencing sexual violence. As sexual and gender-based violence tend to be severely underreported, it is likely that the actual number of affected men and boys, including those with diverse SOGIESC, is much higher than what studies indicate.

The [Universal Declaration of Human Rights](#) sets out fundamental human rights to be applied to all people in the world. Article 1 states that “All human beings are born free and equal in dignity and rights” and Article 2 elaborates that “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”²² These rights form part of international law.²³ This and the humanitarian principles of humanity, neutrality, impartiality, and independence should guide all humanitarian work. The principle of impartiality includes that no one should be discriminated against on any grounds, including their nationality, age, gender, or sexual orientation.²⁴ In addition, the four protection principles that apply to all humanitarian actors state the obligation to:

1. enhance the safety, dignity, and rights of people, and avoid exposing them to harm;
2. ensure people’s access to assistance according to need and without discrimination;
3. assist people to recover from the physical and psychological effects of threatened or actual violence, coercion, or deliberate deprivation; and
4. help people claim their rights.²⁵

It is important that anyone working with displaced persons is aware of these rights and principles and adheres to them, so that all displaced people, including all ABMY survivors of sexual violence and sexual exploitation, are treated with dignity and respect. Additional information on guiding principles and global standards related to service provision for ABMY survivors can be found in [Chapter 2.a](#).



b. Types of Sexual Exploitation

Sexual exploitation is a form of sexual violence. While there is no universally agreed-upon definition of sexual exploitation, the following components are generally used to distinguish sexual exploitation from other forms of sexual violence. Sexual violence becomes sexual exploitation when:

- a person or group attempts to take or takes advantage of an existing vulnerability, imbalance of power, or trust for sexual purposes, e.g., to benefit financially, socially, or politically from it; and
- there is an underlying element of exchange, i.e., the victim is promised or receives something they need or want in return for the sexual activity.

This includes situations where someone is promised or given money or other kinds of remunerations or benefits, such as gifts, food, safety/security, accommodation, drugs, alcohol, education, grades, jobs, identity documents, or affection. In addition, sexual exploitation also occurs in situations of trafficking of human beings, including of ABMY, irrespective of their SOGIESC, for sexual purposes.²⁶

Children (anyone under the age of 18 years) who are regularly or occasionally involved in receiving money, goods, or other kinds of benefits in exchange for sexual services are always considered victims of sexual exploitation by international law.²⁷ This is the case even when such exploitative sexual activity appears consensual or is initiated by the child, as children are not considered legally capable of providing genuine consent.²⁸



Considerations for adult ABMY (aged 18 to 24 years)

As with adult women, when adult ABMY are regularly or occasionally consensually selling or exchanging sex, this is not considered sexual exploitation.²⁹ For some displaced adult ABMY sex work may be their sole form of income, while others may use it occasionally to supplement their income or as a one-time transaction for money, goods, or other benefits. Depending on a displaced adult ABMY's situation, they may see selling or exchanging sex as the best of very limited options of earning income, or even the only one.³⁰ From a human rights perspective, each person has the right to choose their actions. While this may be a contested point, global guidance on sex work affirms that an adult person's choice to engage in sex work and/or exchange sex should be respected, regardless of how challenging this choice is for others.³¹ At the same time, many ABMY are sexually exploited as children³² and exploitation does not arbitrarily end once a child legally reaches adulthood by turning 18. Choice and agency to engage in sex work and/or exchange sex as a legal adult should be carefully considered, especially when adult ABMY experienced sexual exploitation as children and/or adult ABMY do not have the support to access alternative livelihood opportunities. Any form of coercion, violence, or exploitation is a violation of human rights.

It is important for humanitarian actors to use rights-based terminology that is non-judgmental and non-stigmatizing when talking or writing about the consensual sale or exchange of sex between adults or adult persons who sell or exchange sex. Using language such as "sex work", "selling sex", or "exchanging sex" or referring to an adult person as someone who "sells sex", "exchanges sex", or "does sex work" is rights-based. It does not judge the behavior as being good or bad. On the other hand, using terms like "survival sex", referring to an adult person as a "prostitute" or to sex work as a "negative coping strategy" should be avoided as they are judgmental, based on assumptions about the person's reasons for selling or exchanging sex, and can reinforce stigma.³³ For further information on engaging with and talking about people selling or exchanging sex in humanitarian settings, see UNHCR's and UNFPA's [*Operational Guidance – Responding to the Health and Protection Needs of People Selling or Exchanging Sex in Humanitarian Settings*](#) (2021).

Selling or exchanging sex is, however, sexual exploitation if adult ABMY, are forced or coerced to do so. It is also important to recognize that the sale or exchange of sex increases people's vulnerability to violence, and that there may be an overlap between sex work and/or exchanging sex by displaced adult ABMY and sexual violence in humanitarian contexts.³⁴

There are different forms of sexual exploitation. Not all of them necessarily involve physical contact. Sexual exploitation can happen in the context of:

- young people selling or exchanging sex;
- online sexual exploitation; or
- trafficking within or across borders for the purpose of sexual exploitation.³⁵

Online sexual exploitation:

Advances in information communication technology and globally improved access to the internet have – notwithstanding their many positive factors – led to an increase in online sexual exploitation.³⁶ Online sexual exploitation is partly or entirely facilitated by technology, e.g., the internet or apps. Examples of this type of sexual exploitation are:

- the live streaming of sexual violence;
- the photographing or recording, and subsequent uploading to the internet, of acts of exploitation or abuse;
- the establishing/building of a relationship online for sexual exploitation, either online or offline (called grooming); and
- the blackmailing of a person to perform sexual favors, pay money, or provide other benefits by threatening that person to share sexual images or videos of them with others (called sexual extortion or sextortion).³⁷

Rights-based terminology should always be used when referring to children who are sexually exploited, including in the context of selling sex. For example, they should be referred to as a child who is “sexually exploited”, not as a “child prostitute”, “child sex worker”, or a child “engaging in transactional sex.” The latter terms imply that children may be (at least partially) to blame for being sexually exploited, which is never the case.³⁸

Frontline workers are encouraged to ask ABMY survivors of sexual exploitation what terms they use for themselves and to respect those terms. However, if the language used by any ABMY survivor of sexual exploitation is self-stigmatizing, frontline workers should support them by explaining why it is derogatory and explore alternative terms together with the survivor, with the goal of combatting stigma and discrimination.

[Section 2.3](#) contains a handout with the key points from this section of the toolkit as well as an exercise on rights-based terminology related to the sexual exploitation of children.



c. Causes and Risk Factors of Sexual Exploitation

Sexual violence, including sexual exploitation, against men and boys is often an assertion of power over the other person, and is used to place or keep them in a subordinate position and to humiliate and create fear among men and boys or their communities.³⁹ Patriarchal societies prioritize male power and control over women and other marginalized groups. ABMY who do not conform to traditional masculine norms may be particularly vulnerable to sexual exploitation. In addition, persons with diverse SOGIESC also experience sexual violence, including sexual exploitation due to gender discrimination.



The following section of the toolkit refers to risk factors that are specific to the sexual exploitation of ABMY, including those with diverse SOGIESC. For risk factors relating to sexual violence against diverse men and boys in humanitarian settings more broadly, see for example:

- CARE and Promundo (2017). [*Men and boys in displacement: Assistance and protection challenges for unaccompanied boys and men in refugee contexts*](#);
- Gender-Based Violence Area of Responsibility (GBV AoR) (2021). [*GBV AoR Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination*](#);
- ICRC and Norwegian Red Cross (2022). [*“That never happens here”: Sexual and gender-based violence against men, boys and/including LGBTIQ+ people in humanitarian settings*](#); and
- WRC’s [research](#) conducted during Phase 1 of its Sexual Violence Project.

Risk factors for sexual exploitation can be context-specific and depend on a person’s intersecting identity factors (e.g., age, SOGIESC, race, ethnicity, class, caste, religion, disability, asylum and displacement status, socio-economic status, health status, or education status). Displaced ABMY make up a diverse group, with each person having different interconnecting identities that influence a person’s position in a context’s power structure and may increase their risk of sexual exploitation. Adolescent boys, ABMY with disabilities, ABMY from ethnic and religious minorities, ABMY living with HIV and AIDS, ABMY with diverse SOGIESC, and adult ABMY with diverse SOGIESC who sell sex are at particular risk. Research indicates that when several of these diversity factors and their resulting discrimination and marginalization combine, this contributes to an increased risk of harm, including sexual exploitation.⁴⁰ A key risk factor for sexual exploitation is having previously experienced physical, emotional, and sexual abuse and neglect.⁴¹ Having physical, cognitive and/or emotional/behavioral disabilities may also be a risk factor for boys.⁴² Socialization and cultural conditioning is another risk factor. Boys are often socialized to be aggressive, dominant, and sexually active. This conditioning can often lead to a sense of entitlement and lack of empathy for others, which can lead or contribute to the exploitation of ABMY.⁴³ Finally, ABMY who identify as gay, bisexual, or transgender are a higher risk of gender-based violence, including sexual violence, due to homophobia, biphobia, and transphobia. Punishment for deviation from gender expression commonly underpins violence against ABMY with diverse SOGIESC.⁴⁴

People, including ABMY, who are displaced as a result of conflict or crisis, often experience a loss of income, assets, and livelihoods, as well as interrupted or limited access to basic needs, education, and employment opportunities.⁴⁵ Due to host government restrictions on refugees’ mobility and their right to work, as well as language barriers and discrimination, they face numerous barriers to formal and informal employment.⁴⁶ Many ABMY, including those with diverse SOGIESC, who are on the move are also under intense pressure to reach their intended destination, earn a living, and send money back home. This heightens their vulnerability to sexual exploitation because they are often not legally allowed to work and may not have enough money to reach their destination country and/ or support their relatives in their home country. This and the lack of access to fast family reunification procedures might lead to ABMY, including those with diverse SOGIESC, becoming desperate to travel onwards. Many resort to asking smugglers to help them reach their destination country, which puts them at high risk of sexual violence, including exploitation.⁴⁷ Key informants consulted in the development of this toolkit further noted the lack of access to legal residency and civil registration in some contexts as factors increasing the risk of displaced ABMY of all SOGIESC being sexually exploited in the context of selling or exchanging sex.

In addition, displaced ABMY's social networks may have broken down because they have been separated or rejected from family or excluded from their community, e.g., for having experienced sexual violence. Unaccompanied minors may lack adult and community protection, notably when living in independent living arrangements or camp settings. Those ABMY who live on the streets are even more likely to be sexually exploited.⁴⁸ ABMY who use and/or sell substances often face criminalization, exclusion, and a lack of money to procure substances. This makes them highly vulnerable to sexual exploitation.⁴⁹

All of the above can increase pressure to sell or exchange sex for money, goods, or benefits (e.g., food, shelter, or clothing) to provide for themselves and their dependents.⁵⁰ Displaced ABMY may also engage in precarious informal employment or child labor in countries of asylum, putting them at risk of sexual exploitation in the work context.⁵¹ They may also be groomed and sexually exploited through apps (e.g., dating and hook-up apps), social media, chats, or gaming. This is a particular risk for displaced ABMY with diverse SOGIESC in places where LGBTQI+ communities is hidden and isolated as there may be a lack of information and support on safe online activity. Lastly, displaced ABMY – and especially ABMY with diverse SOGIESC who often face social isolation and have little protection from communities – are at risk of being trafficked within the country of asylum or across borders. While this mainly happens for labor purposes, being trafficked makes ABMY highly vulnerable to sexual violence and exploitation.⁵² The multitude of risk factors are further exacerbated by a lack of adequate legal prosecution and punishment of sexual exploitation at national and international level.⁵³

To understand the risks and vulnerabilities of displaced ABMY related to sexual exploitation, it is important to recognize their diversity and the multitude of their intersecting identities. [Section 2.4](#) contains an exercise on the causes and risk factors of sexual exploitation for displaced ABMY with diverse SOGIESC.



Considerations for adult ABMY (aged 18 to 24 years)

In addition to facing the same risks as mentioned above, displaced ABMY aged 18 to 24 years, especially those traveling alone, are vulnerable to sexual exploitation in many humanitarian settings because they are often no longer eligible for services provided to children (such as financial support or accommodation). Both state and non-state service providers generally expect them to be independent as they are considered to be – and are treated as – adults. However, these ABMY, including those with diverse SOGIESC, may not yet be fully independent, and continue to develop emotionally, psychologically, and socially. Being expected to cope on their own can lead to them being left alone and vulnerable to sexual exploitation.⁵⁴

d. Consequences of Sexual Exploitation

Sexually exploited ABMY can experience immediate and long-term psychological, physical, social, and economic consequences. The impacts can be severe, not only for the survivors but also for their families and communities. Just like risk factors are individual and dependent on a person's interconnecting identities, each survivor is affected differently by sexual exploitation, and there is no standard way to react. Many factors – such as the survivor's individual experience of sexual exploitation and their own resources, coping strategies, intersecting identity factors, and personal history – influence how they react to sexual exploitation. The impact of sexual exploitation also varies depending on the severity and duration of the abuse and the resilience and self-healing capacity of the survivor. Likewise, how family, friends, community, and service providers respond has a significant impact, with negative reactions (e.g., discrimination and stigmatization) exacerbating the consequences.⁵⁵



The following section of the toolkit refers to consequences that are specific to the sexual exploitation of ABMY including those with diverse SOGIESC. While there is a significant overlap between the consequences of sexual violence and sexual exploitation, this section only includes consequences that research and guidance documents explicitly relate to sexual exploitation.

For consequences relating to sexual violence against men and boys more broadly, see for example:

- *Annex 1 – Potential impacts of sexual violence on men and boys* in UNICEF and Women’s Refugee Commission (2021). [Supporting young male refugees and migrants who are survivors or at risk of sexual violence. A field guide for frontline workers in Europe](#); and
- ICRC and Norwegian Red Cross (2022). [“That never happens here”: Sexual and gender-based violence against men, boys and/including LGBTIQ+ people in humanitarian settings](#); and
- WRC’s [research](#) conducted during Phase 1 of its Sexual Violence Project.

Research on ABMY survivors of sexual exploitation shows that the following consequences may arise:



Psychological consequences:

Depression

Anxiety

Hopelessness

Post-traumatic stress disorder (PTSD) and complex trauma (complex PTSD) resulting from chronic exposure to traumatic events, with symptoms such as the withdrawal, aggression, hostility, mood swings, inability to self-soothe, and attention problems

Loneliness

Low self-esteem

Shame

Humiliation

Fear

Self-harm



Physical consequences:

High rates of substance use, particularly drug use

Increased sexual and reproductive health risks, such as risk of HIV/AIDS and other sexually transmitted infections due to low condom use and the likelihood of having multiple sex partners

Injuries (including from physical violence that may happen during sexual exploitation), sometimes permanent or with fatal consequences



Social consequences:

Isolation and disconnect from family, friends, and communities

Social stigma (including because of misconceptions related to survivors' sexual orientation)

Reduced chances of marriage

Dependence on exploiters

Absence of trusting relationships



Economic consequences:

Increased absences from school, leading to a disruption of education or dropping out of school



Legal consequences:

Criminalization (e.g., for engaging in same-sex relationships or so-called prostitution) and therefore, a lack of access to justice mechanisms⁵⁶

The effects of sexual exploitation in turn lead to increased risk and vulnerability to further sexual violence and sexual exploitation.⁵⁷ Refer to [Chapter 3](#) to consider the effect of multiple intersecting identities and the unique needs of ABMY survivors with diverse SOGIESC.

ABMY survivors, irrespective of their SOGIESC, may experience any number of the above-listed consequences. To learn more about the consequences of sexual exploitation for displaced ABMY survivors, including those with diverse SOGIESC, see the exercise in [Section 2.5](#).



Considerations for adult ABMY (aged 18 to 24 years)

While there is a dearth of specific information on the consequences of sexual exploitation for displaced adult ABMY, existing literature on sexual violence against men suggests that the impacts are likely to be the same as those listed above. In addition, adult ABMY of all SOGIESC may also face a loss of livelihood due to stigma, physical injuries, and/or the psychological consequences of sexual exploitation affecting their ability to earn a living.⁵⁸

However, despite the severe impacts of sexual exploitation, many displaced ABMY survivors are resilient and can recover from their experiences. Adequate support and care, including from frontline workers, can assist them in their recovery. Therefore, frontline staff needs to be trained on the topics covered in this chapter, as well as on how displaced ABMY survivors of all SOGIESC may disclose their exploitative experiences. This enables them to identify survivors. Frontline workers must react to disclosures in a non-judgmental and supportive way, in accordance with the guiding principles and global standards outlined in the [next chapter](#).⁵⁹



Useful resource

For comprehensive information on how to prepare for disclosures of sexual violence by ABMY, how to identify survivors, how to handle disclosures, as well as how to make appropriate referrals, see [Supporting young male refugees and migrants who are survivors or at risk of sexual violence, A field guide for frontline workers in Europe](#) (UNICEF and Women's Refugee Commission, 2021).

SECTION 1

2. Supporting adolescent boy and male youth survivors of sexual exploitation



Adherence to guiding principles and global standards that already exist is crucial for the provision of effective support to survivors and to avoid doing harm.

a. Guiding Principles and Global Standards Related to Service Provision

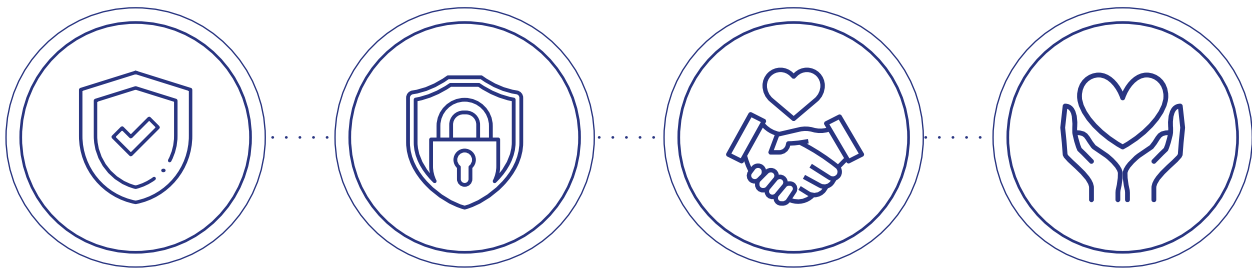
The following key guidance should drive all work with all survivors of sexual violence regardless of their SOGIESC:

Guiding principle: Do no harm⁶⁰

Frontline workers and service providers must take every measure necessary to avoid exposing people to further harm as a result of their actions. For example, survivors should never be pushed to disclose or discuss sexual violence if they do not want to. Frontline workers should follow the below guiding principles for a survivor-centered approach to ensure that the Do No Harm principle is not misused or mistaken as a justification for workers to not genuinely try to support, reach, and provide a safe and welcoming environment among survivors.

Guiding principles for a survivor-centered approach⁶¹

All work with survivors should be guided by the survivor-centered approach, which consists of the four guiding principles outlined below. These guiding principles must be followed in every interaction between frontline workers and survivors – regardless of the specific role of the frontline worker. These principles also provide a foundation for all humanitarian actors for any programming related to sexual violence.



- **Principle 1: Safety.** Safety refers not only to physical security but also to a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members, and those providing them with care and support. Every person has the right to be protected from further violence.
- **Principle 2: Confidentiality.** Confidentiality promotes safety, trust, and empowerment. It reflects the belief that people have the right to choose whether or not they will tell their story, and to whom. Maintaining confidentiality means that frontline workers do not disclose any information at any time to anyone without the informed consent of the person concerned. There are exceptions to confidentiality,⁶² and it is very important that staff are familiar with them.
- **Principle 3: Respect.** All those who come into contact with a survivor have a role to play in supporting that person's dignity, self-determination and empowerment. Failing to respect their dignity, wishes and rights can increase their feelings of helplessness and shame, reduce the effectiveness of interventions and cause revictimization and further harm.
- **Principle 4: Non-discrimination.** All people have the right to the best possible assistance without discrimination on the basis of their sex, gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, status, social class or any other characteristic.

A **survivor-centered approach** aims to create a supportive environment in which the rights of every survivor are respected and in which every survivor is treated with dignity. A survivor-centered approach recognizes that every survivor:

- has equal rights to care and support;
- is unique;
- will react differently to their experience of sexual violence;

- has different strengths, capacities, resources, and needs; and
- has the right, appropriate to their age and circumstances, to decide who should know about what has happened to them and what should happen next, and should be believed and be treated with respect, kindness, and empathy.

[Section 2.6](#) contains exercises on the survivor-centered approach and its guiding principles.

It is recommended that you refer to [Chapter 3](#) in order to consider multiple identities and unique considerations that should be present when working with ABMY with diverse SOGIESC.

Guiding principles for working with child survivors of sexual abuse, including sexual exploitation⁶³

- **Promote the best interests of the child.** Prioritizing a child's best interest is central to their care. One crucial consideration in safeguarding their best interest is to secure their physical and emotional safety. Frontline workers and service providers must evaluate the positive and negative consequences of any actions with full participation from the child and their caregivers (as appropriate).⁶⁴ The least harmful course of action is always preferred. All actions should ensure that the child's rights to safety and their ongoing development are never compromised.
- **Ensure the safety of the child.** Ensuring the physical and emotional safety of children is critical. All actions taken on behalf of a child must safeguard their physical and emotional well-being in both the short and long term.
- **Comfort the child.** A child who discloses sexual abuse needs comfort, encouragement, and support. This means that frontline workers and service providers must be trained to handle a disclosure of sexual abuse. They should believe children who disclose sexual abuse and never blame them in any way for what they have experienced. One fundamental responsibility for frontline workers and service providers is to make children feel safe and cared for as they receive support and services.
- **Ensure appropriate confidentiality.** Information about a child's experience of abuse should be collected, used, shared, and stored in a confidential manner. This means ensuring: the confidential collection of information; the sharing of that information in line with local laws and policies and on a need-to-know basis, and only with the permission of the child and/or caregiver; and the secure storage of case information. In some places where frontline workers and/or service providers are required under local law to report child abuse to the local authorities, children and their caregivers need to be made aware of these mandatory reporting procedures from the outset. There are some limits to confidentiality in situations where a child's health or safety is at risk, in order to protect the child.⁶⁵
- **Involve the child in decision-making.** Every child has the right to participate in decisions that have implications for their lives. The level of a child's participation in decision-making should be appropriate to their maturity and age. Listening to their ideas and opinions should not interfere with the rights and responsibilities of caregivers to express their views on matters affecting their children. While frontline workers and service providers may not always be able to follow the child's wishes (based on best interest considerations), they should always support children, responding to them with transparency and maximum respect. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.⁶⁶
- **Treat every child fairly and equally (principle of non-discrimination and inclusiveness).** All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities. They should be given every opportunity to reach their maximum potential and no child should be treated unfairly for any reason.
- **Strengthen the child's resilience.** Each child has unique capacities and strengths and possesses the capacity to recover. It is the responsibility of frontline workers and service providers to identify and build upon the natural strengths of the child and family as part of recovery and healing processes. Children who have caring relationships and opportunities for meaningful participation in family and community life and who see themselves as strong are more likely to recover and heal.

[Section 2.7](#) contains an exercise on how to respond to ABMY survivors, including those with diverse SOGIESC, of different ages.

Guidance on working with interpreters/cultural mediators

Cultural mediators/interpreters, who are usually displaced persons, refugees, or migrants themselves, facilitate understanding between people from different cultural backgrounds, including displaced persons and service providers. They play a key role in forging connections among displaced persons and frontline workers, helping to build relationships based on trust. They serve as role models for displaced ABMY, as they have managed to overcome the hardships that they have also experienced.

Given the sensitive nature of working with survivors of sexual violence, as well as the need to ensure both safety and confidentiality, cultural mediators/interpreters must be well trained on the survivor-centered approach, its guiding principles, and the principles of working with child survivors. It is strongly recommended, therefore, that organizations and services use only well-trained cultural mediators/interpreters who commit to safeguard confidentiality, impartiality, and non-discrimination to minimize any further harm for survivors of sexual violence.



Useful resources

The UNICEF gender-based violence in emergencies (GBViE) Helpdesk document [Working with mediators and translators](#) provides an overview of existing guidance on this topic.

WRC and UNICEF also developed a [training curriculum](#) which aims to equip linguistic and cultural mediators with the foundational knowledge they need to respond effectively to and support survivors of GBV and sexual violence, including male survivors.

Guidance on Psychological First Aid (PFA)

Anyone who works with male youth might receive a disclosure of sexual violence. All staff and volunteers should, therefore, be trained in the guiding principles of the survivor-centered approach and in psychological first aid (PFA) so that they can respond effectively to a disclosure. PFA uses four actions: Prepare, Look, Listen, and Link. While formal training on PFA is not an absolute requirement to support survivors, it is strongly recommended. PFA is particularly useful in relation to disclosures of sexual violence (including sexual exploitation) that happened in the past, e.g., in the survivor's country of origin or during flight, and for cases where the abuse is recent or ongoing.



Useful resources

For more detailed guidance on PFA consult the UNICEF and WRC field guide [Supporting Young Male Refugees and Migrants Who Are Survivors or At Risk of Sexual Violence](#) (2021) and the GBV Guidelines and GBV AoR pocket guide [How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step guide for humanitarian practitioners](#) (2018), available in PDF and as a smartphone application.

b. Barriers to Accessing Services

Survivors of sexual violence, especially when they have diverse SOGIESC, face a multitude of barriers to accessing services. As there is not much information available on barriers that are specific to male survivors of sexual exploitation, this section of the toolkit refers to the barriers male survivors of sexual violence, including ABMY and those with diverse SOGIESC, may face in humanitarian settings. Some of the wording in this section is taken verbatim from other WRC documents, with references included.

Many of the barriers displaced male survivors face are similar – and some different – to those faced by female survivors.



Legislative barriers:

- In countries where sex work is criminalized, not only those who buy sex from minors may be prosecuted but ABMY survivors under 18 and/including those with diverse SOGIESC, may also be charged for having engaged in selling sex, despite the provisions of international law highlighted in [Chapter 2](#).⁶⁷
- Male survivors of sexual exploitation risk being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity in contexts where same-sex relations are criminalized.⁶⁸
- Mandatory reporting requirements are state laws and policies that oblige specific agencies and/or professionals (e.g., health personnel) to report actual or suspected cases of sexual violence, including sexual exploitation, to law enforcement authorities or child protection services, even without the consent of the survivor. Mandatory reporting requirements for cases of sexual violence can undermine the survivor-centered approach as reporting may violate confidentiality and the principle of informed consent and may not respect the wishes, rights, and dignity of the survivor and may expose survivors to further violence and harm.⁶⁹
- Child survivors, including minor ABMY survivors, may need caregiver consent to receive services, especially medical services until they reach the legal age of consent and/or adulthood defined by local laws.⁷⁰ Survivors may not feel comfortable disclosing the sexual exploitation to their caregiver and therefore may not access the care they need.⁷¹
- In some settings, governments restrict displaced persons' movements outside of camps, e.g., by installing checkpoints and fencing. Survivors of sexual violence may be deterred from accessing services due to the questioning and/or harassment they face when leaving camp.⁷²



Considerations for adult ABMY (aged 18 to 24 years)

All of the above barriers particularly affect service access for adult ABMY with diverse SOGIESC as they may not seek assistance when they experience sexual exploitation in the context of selling or exchanging sex due to the fear of legal and social repercussions. In addition, adult survivors, including adult ABMY, often have no means of filing a rape charge as the legal definitions of this crime are specific to women and children in many contexts.⁷³



Institutional and resource barriers:⁷⁴

- There may be a lack of services or no services at all for male survivors, especially those with diverse SOGIESC.

- Bureaucratic procedures and inexistent or dysfunctional referral systems may hinder effective coordination and cooperation among service providers and national protection systems, potentially resulting in survivors not being able to access the care they need, not least because of having to re-tell their experience several times.

- There may be limited entry points for male survivors, including those with diverse SOGIESC, as care for sexual violence survivors may be linked to female-oriented services (e.g., women- and girl-only spaces, some restricted to cisgender women and girls, or sexual and reproductive health services).

- Services may have limited opening hours, making it difficult for survivors to access them, especially for ABMY with diverse SOGIESC, who work or have to travel far to reach services.

- Service providers often lack appropriate training and professional qualifications to provide adequate care to male survivors of sexual violence, especially those with diverse SOGIESC.

- Frontline workers may demonstrate negative and discriminatory attitudes towards male survivors, and particular prejudice against those with diverse SOGIESC, including view based on racism, homo- or bi-phobia, trans- or intersex-phobia, or xenophobia). This can manifest in, for example, disbelief, lack of empathy, degrading or humiliating treatment, or verbal abuse.

- Awareness-raising campaigns on sexual violence and available services may be only targeted at women and girls, leaving male survivors including those with diverse SOGIESC with no information on whether services are available for them and how they can be accessed.

- Not being able to choose between trained male and female staff, including linguistic and cultural mediators/ interpreters, for disclosure and treatment may make male survivors feel uncomfortable and thus prevent them from accessing services. Trained LGBTIQ+ staff should also be offered, so ABMY with diverse SOGIESC have the option of choosing to see themselves and be seen and understood in terms of their identity, race, and other diversity factors. Simply providing a male worker for a LGBTIQ+ male survivor would not suffice. Fear and hesitation about seeking support would typically remain, without further efforts in place.

- Male survivors, including those with diverse SOGIESC, may not have sufficient funds to pay for medical services as healthcare is not free in many countries. Similarly, services for male survivors, including ABMY survivors, may be located outside of refugee camps, and displaced male survivors often do not have the financial means to travel to those services.



Sociocultural barriers:⁷⁵

- In many contexts, talking about sexuality is taboo. Therefore, male survivors may not have received sex education and may not know what sexual violence against men and boys is, may not know how to identify sexual violence if it happens to them, or may not know how to describe it to others.

- Some languages and societies do not have words that describe sexual violence and sexual exploitation.

- In some societies, it is unacceptable to speak negatively about elders, and it may be perceived as such when survivors disclose sexual violence.



Individual barriers:⁷⁶

ABMY, including those with diverse SOGIESC, just like girls, women, and men, may struggle to talk about their experiences of sexual exploitation and access support services. It is important to emphasize that these barriers are underpinned by gender inequality and patriarchal norms that stem from more entrenched structural and systemic issues and social norms. ABMY survivors, including those with diverse SOGIESC may:

- feel shame and guilt, and blame themselves for not having been able to prevent the violence from happening;

- be unable to access services as a result of their movements being controlled by the perpetrator(s);

- not report violence because it feels like a betrayal of the perpetrator(s) if the sexual violence is committed by someone the ABMY has formed an emotional attachment with and who groomed them and manipulated their sense of trust;

- not recognize that they are experiencing or have experienced sexual violence, and consequently feel like there is nothing to disclose;

- doubt being a survivor of sexual violence because of experiencing an erection and/or ejaculation during the abuse. This is a physical reaction that cannot be controlled and does not mean that the ABMY, including those with diverse SOGIESC, wanted the sexual violence to happen or that they enjoyed it. Consequently, survivors may feel betrayed by their body and confused by their thoughts;

- lack knowledge of available services and the benefits of seeking care (for example to prevent or treat sexually transmitted infections), as well as the benefits of mental health care;

- fear legal consequences, e.g., related to mandatory reporting requirements, asylum claims, or prosecution for same-sex activity or sex work;

- fear “getting stuck” in a country by accessing response services if they are still on the move to their intended destination country;

- not be familiar with health and social welfare systems in the host country; and

- distrust that services will be confidential, non-judgmental, and safe. Mental health services are often feared by displaced persons, so they may prefer to seek support from traditional healers, religious leaders, or community members.



Interpersonal barriers:⁷⁷

Male survivors, including ABMY, also experience a range of interpersonal challenges to disclosing sexual violence. They may:

- fear that confidentiality will be breached, and that family and community members (including those in their country of origin) will find out about the sexual violence;
- fear that they and/or their family will be excluded or face discrimination in the host country and/or their country of origin, including exclusion from services and discrimination by service providers;
- fear that they will not be believed, will be judged, blamed, or laughed at, e.g., when the perpetrator is female;
- worry about “having lost their masculinity” or “no longer being seen as a man” or, for straight survivors who are homophobic, being perceived to be gay. *Notably, staff should avoid reinforcing traditional ideas about what it means to be a man and address stigmatization of homosexuality;*
- fear being “outed” against their will to their families or communities by frontline workers if they do not identify as male and heterosexual;
- fear revictimization or retaliation by the perpetrator(s) and/or by the community (against themselves, but also against their family and friends, including in their country of origin);
- not wanting to be perceived as a “victim.”

Similar to the individual barriers, the above fears stem from more entrenched structural and systemic issues and social norms that perpetuate gender inequality and discrimination against people with diverse SOGIESC, such as social norms around who can be a survivor of sexual exploitation and abuse and anti-LGBTIQ+ discrimination.



Considerations for adult ABMY (aged 18 to 24 years)

In many contexts, adult male survivors face even more stigma and discrimination than boy survivors because of gender stereotypes. Men who disclose having experienced sexual violence may be perceived as ‘not real men’ as the predominant social expectation is that ‘they should have been able to defend themselves’.⁷⁸

As a result of these barriers, male survivors of all ages and SOGIESC often only seek support years after experiencing sexual violence, potentially leading to lasting psychological and physical issues. Frontline staff should be familiar with the barriers male survivors face and should actively work on reducing them. It is especially important that frontline workers know the legal provisions related to sexual violence and sexual exploitation against male survivors, including those with diverse SOGIESC, as well as the reporting procedures in their context. They should explain these clearly to ABMY survivors.⁷⁹

While national laws should be followed, it is important to highlight that they (e.g., laws on mandatory reporting of sexual violence and same-sex acts and laws requiring parental consent) may not always be in the survivor’s best interest and might even place them in danger if there are insufficient or no measures in place to guarantee their safety and dignity. As a result, frontline staff should report cases of sexual violence and sexual exploitation to their supervisor and check the appropriate course of action with them. For mandatory reporting of cases involving child survivors, the best interests of the child should always be the primary consideration.⁸⁰

[Section 2.8](#) contains an exercise on and tools to identify and address barriers to accessing services.

c. Activities and Services for Adolescent Boy and Male Youth Survivors of Sexual Exploitation and Those at Risk

Evidence on successful sexual exploitation prevention and risk mitigation activities and services for men and boys is very limited at the global level and even more so in humanitarian settings, especially for those with diverse SOGIESC. Likewise, little research has been conducted into adequate response services for ABMY survivors, irrespective of the setting. The literature research has not yielded sufficient evidence to include setting-specific considerations, e.g., for displaced male survivors of sexual exploitation in disaster- or conflict-affected settings. Further research is needed into what works to prevent and respond to the sexual exploitation of men and boys in all their diversity in different humanitarian settings.⁸¹

In humanitarian settings, child protection and GBV actors, under the umbrella of the Protection sector, are jointly responsible for responding to the needs of displaced ABMY survivors and those at risk below 18 years. Therefore, close collaboration and effective coordination between these sectors is necessary. However, addressing the needs of survivors and those at risk often requires a multi-sectoral approach that also includes other humanitarian sectors, especially the MHPSS and health sectors, as well as collaboration with local child protection systems and organizations (when possible and safe). To ensure that displaced ABMY's needs are comprehensively addressed and gaps or overlap in activities and services are minimized, collaboration is crucial, e.g., through the establishment of referral mechanisms.⁸²

Displaced ABMY are a heterogeneous group with different ages, abilities, sexual orientations, gender identities, gender expressions, vulnerabilities, needs, and experiences. These factors shape what prevention and risk mitigation approaches and response services ABMY survivors of sexual exploitation and those at risk need and how they seek assistance. To consider these interconnecting factors in the design of activities and services and the provision of support, an intersectional analysis⁸³ should be conducted. The analysis should include an assessment of the community's understanding of masculinity and gender norms. ABMY, including those with diverse SOGIESC, must be engaged in this process to provide information on how prevention and risk mitigation activities and response services can best respond to their needs and be made accessible to ABMY of all SOGIESC.⁸⁴

Should activities and services for male survivors be integrated in or separate from GBV interventions for female survivors?

Male survivors, including those with diverse SOGIESC, have specific care and support needs. Therefore, prevention and risk mitigation activities and response services should be tailored to them. Gender specific activities and services that are LGBTIQ+ inclusive can ensure safety, access, and appropriateness for survivors.

Contrarily, adopting a 'gender neutral' approach that attempts to make services and activities accessible to all genders at once may not adequately respond to the different needs of survivors and those at risk. Women and girls, including those with diverse SOGIESC, may prefer tailored GBV programs and services, as do men and boys, including those with diverse SOGIESC. However, in each setting, the pros (e.g., specialized care and staff capacity, potentially improved access) and cons (e.g., potentially increased stigmatization, security and access challenges, additional cost) of separating response services for male survivors must be carefully analyzed.

Responding to the needs of men, boys, and/including persons with diverse SOGIESC can be done without taking away attention and resources from addressing women's and girls' needs. To be able to do so, donors and donor governments must increase funding for GBV programming overall, as well as allocate additional resources to the design, implementation, and evaluation of services for male survivors. Adequate, safe, and accessible services remain insufficient for all survivors, and humanitarian actors must work to improve this situation for everyone, regardless of their SOGIESC. This includes raising awareness of the issue of sexual violence and exploitation of men and boys.⁸⁵

A handout on Frequently Asked Questions related to services for male survivors and suggested answers can be found in [Section 2.9](#).

i. Sexual Exploitation Prevention and Risk Mitigation Activities and Services for Adolescent Boys and Male Youth

There is limited evidence available globally and across different settings on what works to prevent sexual exploitation of ABMY or child sexual exploitation more broadly. Existing research and promising practices from humanitarian contexts do however suggest that a multi-layered prevention strategy is best suited to yield positive outcomes. A combination of the following approaches appears to be effective for use with adolescents:⁸⁶

- Interventions that seek to raise awareness and change social norms, attitudes, and behavior, including through educational sessions by addressing harmful gender norms and recognizing the important role families and communities play in safeguarding adolescents in concert with structural interventions that promote gender equality and dismantle harmful gender norms and patriarchal systems that perpetuate violence;
- Programs aimed at creating confidential safe spaces; and
- Interventions that combine empowerment with reducing vulnerabilities and risk factors, such as harmful social norms and discrimination related to male survivors and/including persons with diverse SOGIESC, previous exposure to violence, poverty, or reliance on smugglers.⁸⁷

Awareness-raising with displaced ABMY:

According to the reviewed literature, conducting educational sessions with groups of ABMY on topics related to sexual violence and sexual exploitation is the most promising approach to awareness-raising with ABMY. This approach targets both sexually exploited ABMY of all SOGIESC and those at risk of sexual exploitation. For these sessions to be most effective, diverse ABMY should be involved as peer educators in the development and delivery of the sessions. This also ensures that the content is age and gender appropriate, as well as being accessible to ABMY with disabilities, and adapted to the local context. When developing and disseminating awareness-raising messages to be used with minors (be it in educational sessions or other types of awareness-raising), frontline workers should also seek support from Child Protection agencies to ensure that children's safety is ensured, and messages are age appropriate. Prior to delivering content-focused sessions, the facilitator should establish trust with and among group participants.

The educational sessions should include:

- comprehensive sexuality education that is SOGIE-inclusive, including safe sex, condom use, and safe internet use; human rights, human sexuality, gender equality, puberty, relationships, and sexual and reproductive health and rights;⁸⁸
- information on healthy, consensual relationships;
- information on sexual violence and exploitation, including online exploitation, making sure that materials show representations of male survivors;
- the effects of sexual violence and exploitation;
- misconceptions about sexual violence against and exploitation of ABMY, including those with diverse SOGIESC;
- the support male survivors regardless of their SOGIESC can access, how, where, and when services can be accessed;
- the benefits of accessing care; and
- what survivors can expect when accessing services, including information on the survivor-centered approach and relevant legal provisions.⁸⁹



Useful resources

- For guidance on developing and delivering comprehensive sexuality education that is more inclusive of SOGIE, see the United Nations Educational, Scientific and Cultural Organization (UNESCO) briefing note, [Safe, seen and included-Inclusion and diversity within sexuality education](#) (UNESCO, 2023).
- For guidance on comprehensive sexuality education, including recommended essential topics and learning objectives to be covered in a curriculum and information on how to plan, deliver, and monitor comprehensive sexuality education programs, see [International technical guidance on sexuality education: An evidence-informed approach](#) (UNFPA, 2018).
- For guidance on developing and maintaining effective peer education programs, see the [Peer Education Toolkit](#) (UNFPA and Family Health International, 2006).
- The [facilitator](#) and [participant](#) books for the life skills curriculum *Boys on the Move for Older Boys and Young Men* (UNFPA EECARO and UNICEF, 2019) provide content for life skills sessions for displaced ABMY who are on the move on sexuality, gender, sexual violence and exploitation, and healthy relationships, among others. The contents can easily be adapted to work with ABMY who are not on the move.
- [Supporting young male refugees and migrants who are survivors or at risk of sexual violence. A field guide for frontline workers in Europe](#) (UNICEF and Women's Refugee Commission, 2021) contains further information on key considerations for the provision of information on sexual violence and activities in which such information can be integrated.
- UNFPA's [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education \(CSE\)](#) (2020) provides information on non-formal, out-of-school comprehensive sexuality education programs, e.g., for humanitarian settings.
- For promising practices of comprehensive sexuality education in protracted humanitarian setting, see The International Planned Parenthood Federation's (IPPF) [Technical brief on comprehensive sexuality education for adolescents in protracted humanitarian settings](#) (2021).



Promising practice examples

- The [Youth Partnership Programme for Empowering Child Survivors and At-Risk Youth against Commercial Sexual Exploitation](#) is led by ECPAT International and supported by local NGOs. The project has been replicated in numerous settings across Africa, East and South Asia, Latin America, and Eastern Europe. The project aims to empower and build the capacity of children and young people by involving them in action against sexual exploitation. To achieve this, children and adolescents are provided with training and support in various areas including media advocacy and peer support, with the goal of developing knowledge and skills to help themselves and their peers make positive changes in their lives.⁹⁰
- While not a program targeting sexual exploitation specifically, the gender transformative community-based HIV prevention program 'Stepping Stones' designed for use in low-income countries found a reduction in self-reported transactional sex for male participants 12 months after the intervention. The program is implemented over 3 to 4 months and uses a participatory learning approach to provide female and male participants (aged 15 - 26) with information on HIV prevention, intimate partner violence, and life skills education.⁹¹

Safe spaces:

Educational sessions can, for example, be conducted in adolescent and youth friendly spaces. The establishment of such safe spaces is another promising approach to sexual exploitation prevention and risk mitigation for displaced ABMY, including those with diverse SOGIESC.⁹² Safe spaces may be implemented in the context of existing spaces for boys (e.g., sports, creative activities). In some settings, mobile safe spaces may be more effective. Whatever model is implemented, it is crucial that operating hours are adapted to the diverse realities of displaced ABMY's lives, i.e., considering their work and/or education schedules and locations that they can access safely and easily. As noted above, the facilitator must establish trust and rapport with and among ABMY participants prior to content-focused activities. Time and resources required to establish trust and rapport should be carefully integrated into the project design and timeline.

Safe spaces can also serve to identify survivors of sexual exploitation and refer them to response services. To help facilitate disclosures of sexual violence and exploitation, it is important that adolescent and youth friendly spaces contain a private section where conversations cannot be overheard or seen.



Useful resource

For guidance on establishing adolescent friendly spaces, see [Adolescent Friendly Spaces: Guidance and Standards](#) (Save the Children, 2020).



Considerations for adult ABMY (aged 18 to 24 years)

Safe spaces for men will generally not feel safe for adult male survivors, irrespective of their SOGIESC, to disclose their experiences, given that most perpetrators of sexual violence and exploitation are male. Male only group psychosocial support, such as peer support models, may be considered as a response for male survivors of sexual violence; however, these are distinct from “male safe spaces.”⁹³ For further information on peer support groups, see WRC’s Training Package on Peer Support Groups for ABMY Survivors of Sexual Violence in Crises.

Interventions that combine empowerment with reducing vulnerabilities and risk factors:

The third promising approach to reducing vulnerability to sexual exploitation among ABMY are interventions that combine empowerment with reducing vulnerabilities and risk factors. Some promising examples are programs that combine cash transfers with life skills education.⁹⁴ Ensuring the availability of safe shelter options for displaced ABMY may also reduce the risk of them being sexually exploited in the context of selling or exchanging sex.⁹⁵ For unaccompanied ABMY of all genders and sexual orientations, mentoring and guardianship programs may have a protective effect as they can provide them with needed support.⁹⁶ Lastly, offering livelihood opportunities for displaced ABMY, particularly those with diverse SOGIESC, was mentioned as a promising approach by key informants interviewed in the development of this toolkit.



Promising practice example

Evaluations of multi-year risk reduction programs that combine life skills, violence prevention, and sometimes vocational microfinance schemes, such as the BRAC Empowerment and Livelihood for Adolescents (ELA) project, have shown a decrease in sexual exploitation of girls as well as an increased likelihood of engaging in non-exploitative income-generating activities.

The program has been designed to also work with boys, but information on outcomes of its implementation for boys have yet to be published.⁹⁷

ii. Response Activities and Services for Adolescent Boy and Male Youth Survivors

The available literature points to substantial gaps in the provision of response services for all male survivors of sexual exploitation across settings. It also highlights the need to improve service availability, accessibility, and quality as well as coordination among service providers. In addition, the data suggest that there is a need to improve identification of and service uptake by sexually exploited ABMY and those at risk.⁹⁸ Promising approaches to doing this are:

- training staff working directly with ABMY on sexual exploitation and its potential signs; how affected ABMY may disclose their exploitative experiences; how to react to disclosures in a non-judgmental and supportive way; and how to make appropriate referrals;⁹⁹
- conducting outreach work to build trust with sexually exploited ABMY and those at risk;¹⁰⁰ and
- offering one-stop services (e.g., child-and adolescent-friendly spaces or drop-in centers) which aim to address the various vulnerabilities and complex needs of ABMY by providing a range of integrated support services, such as psychosocial, health, shelter, and education assistance.¹⁰¹

Addressing the immediate health and protection needs of sexually exploited displaced ABMY should be the priority response in humanitarian settings.¹⁰² All response activities and services should be in places that can be safely and discreetly accessed, e.g., in a primary health care facility or community center. Staff should be well-trained to address the needs of diverse male survivors in accordance with guiding principles and best practice guidance. In addition, services' opening hours should be adapted to ensure accessibility for all ABMY survivors who work.¹⁰³

Information on services for diverse male survivors can either be included in existing SoPs and referral pathways, or separate documents can be established, depending on the context. This should be done in close collaboration with GBV, child protection, and MHPSS actors. Information on referral pathways and SOPs should be shared with all relevant actors.¹⁰⁴



Useful resources

- Further information on needs assessments and analysis, service mapping, and establishing referral pathways and SoPs, as well as on different types of services needed for male survivors can be found in the GBV Area of Responsibility's [Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination](#) (2021).
- For a sample referral pathway, see the document Sample Referral Protocol on the [GBV Information Management System \(GBV IMS\) website](#).
- WRC's [Addressing Sexual Violence against Men, Boys, and LGBTQI+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector](#) (2021) highlights key actions and considerations for frontline workers from different humanitarian sectors involved in service provision for male survivors, including those with diverse SOGIESC.
- The [Minimum Standards for Child Protection in Humanitarian Action](#) (Alliance for Child Protection in Humanitarian Action, 2019) provide detailed guidance on child protection actions and include programming for boys at risk and boy survivors in all their diversity.
- For guidance on mobile and remote services, see the International Rescue Committee's [Guidelines for Mobile and Remote GBV Service Delivery](#) (2018).
- For practical guidance on how to adapt services and programming for child and adolescent survivors of sexual violence in the context of the COVID-19 pandemic, see [Child and Adolescent Survivors of Sexual Violence and COVID-19 Key Considerations and Practical Guidance](#) by the Child and Adolescent Survivors Initiative (CASI).

Outreach work:

Outreach work has emerged as a recommended approach to build trust with sexually exploited ABMY, and those at risk. There is some evidence that these types of interventions can be an entry point for male survivors and lead to service uptake among young people who can otherwise be hard to reach, e.g., ABMY with diverse SOGIESC, those who work, are living on the streets, or are exploited online.¹⁰⁵ The type of outreach work used should be adapted to the places and spaces sexually exploited ABMY and those at risk, use in a specific context. When assessing those

places and spaces, humanitarian agencies should also look at where ABMY with physical, mental, intellectual and/or sensory disabilities can best be reached. Outreach work may be conducted in the streets, in schools, in safe spaces, drop-in centers, or online, among others. It serves to raise awareness of available services for ABMY survivors of sexual exploitation and encourage survivors to access them. It can help identify risks and unmet needs and build trusting relationships with ABMY. The latter can also facilitate engagement on other topics and with other organizations.¹⁰⁶ Humanitarian actors should consider involving displaced ABMY in outreach activities as this may facilitate engagement.

In some contexts, e.g., in rural settings with no services nearby, street-based outreach work can also be used to provide sexual exploitation-related services.¹⁰⁷ Likewise, during such outreach activities, sexually exploited ABMY could be provided with basic goods such as food, hygiene items, and condoms.¹⁰⁸ As appropriate, outreach work may also engage community leaders and other key community stakeholders in gender transformative awareness raising sessions to change stigmatizing perceptions about ABMY, e.g., that they are dangerous or violent.

While outreach work serves to build relationships and trust, disclosures of sexual exploitation should not be facilitated in a non-private setting, such as the street or in a home where others can see and/or overhear such conversations.



Useful resources

- For more detailed information on outreach work related to sexual exploitation, see [What works in responding to child sexual exploitation](#) (Scott, S. et al., 2019).
- For information on building trust with ABMY, including those with diverse SOGIESC, see [Supporting young male refugees and migrants who are survivors or at risk of sexual violence: A field guide for frontline workers in Europe](#) (UNICEF and Women's Refugee Commission, 2021), included in the annex.

One-stop services:

Evidence reviews have shown that the services most often accessed by sexually exploited youth, including those with diverse SOGIESC, are one-stop services (e.g., adolescent friendly spaces or drop-in centers) that provide a range of support, such as psychosocial, health, shelter, and education assistance.¹⁰⁹ Drop-in centers can be effective in providing support to sexually exploited youth, including those who prefer to live independently and are used to freedom of movement, and child friendly spaces can contribute to a decrease in sexual exploitation among boys.¹¹⁰ Such centers can provide a safe space for displaced ABMY to socialize, relax, play, and learn, e.g., through life skills and vocational training. In addition, drop-in and adolescent friendly centers can facilitate access to services such as health care or counseling by having a medical professional (doctor or nurse) or social worker available on site. Practical support in the form of food and water as well as non-food items, such as hygiene items, condoms, lubricant, etc., may also be provided. Such one-stop services have been found to increase service use by sexually exploited ABMY.¹¹¹



Promising practice examples

- In Bangladesh, Bandhu Social Welfare Society works with sexually exploited boys and males who have sex with males. They provide them with information on HIV, sexually transmitted infections (STIs), safe sex practices, and violence prevention in drop-in centers operated by peers.¹¹²
- Also in Bangladesh, the NGO Aparajeyo Bangladesh operates drop-in centers for boys and girls living on the streets that also offer optional night shelter. In these centers, the children can access professional counseling including case management, non-formal education, recreational activities, and medical assistance, in addition to having a space to socialize. The drop-in centers also include a 'savings bank' operated by the children, which teaches them to manage their finances. The organization trains former street children in peer outreach work. The children who participate in this work are paid a small stipend and provided with accommodation. One of their tasks is to identify newly arrived children (e.g., at railway and bus stations) and provide them with information on the drop-in center as well as with referral to services.¹¹³



Considerations for adult ABMY (aged 18 to 24 years)

Drop-in centers are also an effective way of engaging with adult ABMY who are sexually exploited in the context of selling or exchanging sex.¹¹⁴

Phone helplines/ hotlines:

Phone helplines or hotlines are important for all ABMY survivors' easy access to confidential support and referral to services, including in humanitarian settings, especially for those survivors who do not (yet) feel confident accessing in-person services. Helplines/ hotlines should ideally be operational 24/7 and – if directed at minors – form part of the child protection system in place.¹¹⁵

Health and sexual and reproductive health (SRH) services:

Clinical management of rape (CMR) serves to prevent, manage, and treat health consequences of sexual violence and exploitation, e.g., injuries, HIV, and sexually transmitted infections (STIs), and to provide psychosocial support. CMR is a life-saving service and should be accessible for all survivors, including ABMY survivors.

Survivors who abuse drugs and/or alcohol should be able to access harm reduction services if they are available. Such services may consist of opioid substitution therapy,¹¹⁶ needle and syringe programs, or mental health services.¹¹⁷

Displaced ABMY should have access to safe and non-stigmatizing SRH services – just like all other displaced persons. An essential services package for persons selling or exchanging sex, irrespective of age, gender identity or expression, or sexual orientation, should be established to respond to their particular needs, including contraception options.¹¹⁸



Useful resources

- For guidance on the clinical management of rape for male survivors, including survivors with diverse SOGIESC, see [Clinical Management of Rape and Intimate Partner Violence Survivors: developing protocols for use in humanitarian settings](#) (World Health Organization, 2020).
- For guidance on comprehensive post-sexual assault care for male survivors, see [Male survivors of sexual assault: A Manual on Evaluation and Management for General Practitioners](#) (Faysal El Kak, 2018).
- For guidance on SRH, see the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) (Inter-Agency Working Group on Reproductive Health in Crises, 2018) and its companion guide for guidance on adolescent SRH [Adolescent sexual and reproductive health toolkit for humanitarian settings](#) (Ibid., 2020).
- For recommendations for post-rape care and mental health support for child and adolescent survivors, see [Responding to children and adolescents who have been sexually abused](#) (World Health Organization, 2017).

Mental health and psychosocial support (MHPSS) services:

MHPSS is a key element in the recovery from sexual exploitation. Even minimal and short-term counseling for displaced ABMY survivors and – where appropriate – their families can have significant positive impacts, if it is provided by well-trained staff in accordance with best practice principles.¹¹⁹ Depending on the context, psychosocial support for survivors of sexual exploitation may be provided through individual counseling, in male only groups that are led by a trained MHPSS professional, or through peer support.¹²⁰ Evidence reviews have found that Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an effective intervention for survivors of sexual exploitation.¹²¹ However, given the constraints of humanitarian settings, TF-CBT might not be a viable option in terms of staff's capacity and funding availability.

It is important to note that not all young people who have been sexually exploited require formal therapeutic interventions to recover from their experiences.¹²²



Useful resources

- For guidance on MHPSS, see the [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#) (Inter-Agency Standing Committee on Reproductive Health in Humanitarian Settings, 2007).
- For recommended actions on MHPSS, including on youth engagement, see the [2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings](#) (Danish Red Cross et al., 2022).
- For training guidance for non-specialist MHPSS providers, see WRC's Training Package for Peer Support Groups for ABMY Survivors of Sexual Violence in Crises (Women's Refugee Commission, 2023).

Protection services, including legal support:

For displaced ABMY survivors of sexual exploitation, including those with diverse SOGIESC, the following protection-related needs are common:

- Physical safety;
- Safe accommodation;
- Justice/ legal action;
- Livelihood support;
- Case management to coordinate among the various service providers;
- Fast-track refugee status determination (where applicable); and
- Fast-track referral for third country resettlement (where applicable).¹²³

Safe accommodation is an important factor in ensuring immediate and longer-term safety and supporting the recovery of all displaced ABMY survivors. This helps to prevent re-victimization. For unaccompanied or separated minors, the use of stable alternative family-based or foster care is recommended, while small group residential care institutions should only be seen as short-term options.¹²⁴

All survivors of sexual violence and exploitation, irrespective of the context, face numerous barriers to accessing legal support, and obtaining justice. Due to legislative barriers, ABMY survivors, often especially those with diverse SOGIESC, may be hesitant to approach legal services. They may also lack knowledge of and confidence in the local justice system. Therefore, providing survivors with information on legal provisions, legal protection they are entitled to, their rights, and helping them access legal support (where available) is crucial, e.g., through legal aid clinics.¹²⁵ When legal systems are discriminatory against LGBTIQ+ people and protections are lacking for certain groups of survivors (e.g., criminalization of same sex relations; the legal definition of rape in some contexts is specific to sexual assault experienced by a woman or girl), simply disseminating information about how to access legal support to ABMY survivors, including those with diverse SOGIESC, will not suffice. In such restrictive legal environments, broader structural change is needed at the institutional level to address systemic legal provisions that discriminate against ABMY and/including people with SOGIESC that impede or inhibit access to justice.



Useful resource

- For considerations related to the provision of protection services, see WRC's [Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector](#) (2021).



Promising practice example

[Legal Action Worldwide](#) offers legal information, assistance, and representation to displaced survivors, irrespective of their gender or sexuality, in various humanitarian and refugee hosting settings.

In humanitarian or migrant/refugee settings, many young people do not have access to formal education. In addition to advocating for improved access to education, vocational training that is market-oriented and thus leads to viable work can provide ABMY with non-exploitative experiences. Establishing safe livelihood and income-generating opportunities for displaced ABMY may also prevent re-victimization as they aim to ensure financial independence. For economic empowerment interventions to work, it is imperative to first conduct market research to find out what products and services are in demand. As with all other services, displaced ABMY of all genders and sexualities should be meaningfully involved in every step of the project cycle, so that their needs and preferences are considered. Doing this puts those who are sexually exploited in the context of selling or exchanging sex in a better position to care for themselves and their dependents in a low-risk way. The economic empowerment options listed in the below table may also be adaptable to ABMY who are below 18 years of age, depending on the context.¹²⁶



Considerations for adult ABMY (aged 18 to 24 years)

UNHCR and UNFPA's operational guidance on [Responding to the health and protection needs of people selling and exchanging sex](#) (2021) lists the following economic empowerment options for displaced adult ABMY:

- Integration and inclusion in social protection schemes;
- Microcredit and loans services;
- Cash assistance and livelihood programs;
- Access to bank accounts;
- Literacy training;
- Financial literacy training;
- Vocational training;
- Skills-building classes;
- Setting up community-run collectives and cooperative schemes.

Case management is a good practice approach for improved coordination and response across all settings and is therefore also recommended for working with sexually exploited displaced ABMY, including those of diverse sexualities and genders.¹²⁷



Useful resources

- For guidance on case management with male survivors of sexual violence and those with diverse SOGIESC, see the [Interagency Gender-Based Violence Case Management Guidelines](#) (Inter-Agency Standing Committee, 2017).
- For guidance on psychosocial interventions and case management for child survivors, see [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#) (UNICEF and International Rescue Committee, 2012).

All humanitarian actors should advocate for and work towards providing displaced ABMY survivors of sexual exploitation, including those with diverse SOGIESC, with the comprehensive services they need to recover from their experiences. Otherwise, survivors are at high risk of re-victimization.¹²⁸

[Section 2.10](#) includes an exercise on services for displaced ABMY survivors of sexual violence and exploitation.

d. Community Engagement and Awareness-Raising on Sexual Exploitation of Adolescent Boys and Male Youth

Community engagement and awareness-raising on sexual exploitation of ABMY may inadvertently privilege their concerns and voices over girls and female youth. Activities should avoid re-enforcing gender stereotypes, and instead implement gender transformative approaches that work towards transforming unequal power relations and systematic discrimination against women and girls.¹²⁹ As with other gender transformative programming, activities should engage male and female community members and address dominant patriarchal norms and institutional culture.¹³⁰ Practitioners can ensure accountability to women and girls by consulting women's rights organizations to elicit input on the design and content of activities focusing on ABMY.



Useful resource

Key recommendations for successful implementation of programming targeting men in humanitarian settings for gender norms change are discussed in UN Women's literature review (2023) [Men, Masculinities and Humanitarian Settings: A mapping of the state of research and practice-based evidence](#).

In addition to receiving professional support and services, community and familial supports can be effective for ABMY survivors.¹³¹ For families and communities to be able to better support male survivors, they must understand:

- what sexual exploitation is and where it might take place;
- that it can affect anyone, including ABMY and persons with diverse SOGIESC;
- how the different ABMY survivors may be impacted by sexual exploitation;
- what safeguarding measures they can use to mitigate risks for all ABMY survivors;
- how to support survivors in an empathetic way;
- what services are available to ABMY survivors, including those with diverse SOGIESC, where they are located, what their opening hours, entry point (e.g., contact person/ focal point), and procedures are;
- what the benefit of accessing timely care and services for male survivors is; and
- how reported cases will be dealt with, especially highlighting confidentiality.

According to key informants consulted for the development of this toolkit, many frontline workers struggle to talk to community members about issues related to sexuality, including sexual violence and exploitation. They should work with male survivors' groups and networks, including groups for survivors with diverse SOGIESC, where they exist, and community members representing diverse perspectives (e.g., persons of different ages, genders, and social statuses). This ensures that the key messages above are worded and disseminated in a way that is appropriate for and acceptable to the community. Gender transformative messages on healthy masculinity and messages addressing homo- and transphobia should also be included in awareness-raising with communities. By applying such a community-led approach to engaging on this topic, both the sensitivities of communities and frontline staff can be considered, and discomfort and disengagement can be decreased.¹³²

The developed messages can be conveyed through community messaging, e.g., by community volunteers or focal points, information campaigns (e.g., by using billboards, leaflets, social media, radio transmissions, or apps), and awareness-raising sessions. Messages on male survivors should also be mainstreamed in awareness-raising on related topics, such as GBV against women and girls or sexual and reproductive health.¹³³ Images of male survivors, including those with diverse SOGIESC, should be included in awareness-raising materials, and information on

available services should – where safe – also be distributed to male-specific locations, e.g., men’s bathrooms, barbershops, cafés where ABMY gather, and organizations and locations where ABMY with diverse SOGIESC meet.¹³⁴



Useful resource

A list of themes for public information campaigns with explanations can be found in the Sexual Violence Research Initiative’s (SVRI) briefing paper (2011) on [*Care and Support of Male Survivors of Conflict-Related Sexual Violence*](#).

Humanitarian actors should also engage with key community institutions (such as schools and churches) and figures (e.g., faith leaders, community leaders, and women leaders) as they can serve as entry points to the community and as allies to create change within the community, e.g., on perceptions of and attitudes towards male survivors. Lastly, it is important to work with the GBV and child protection sectors to ensure that the developed messages and distribution modalities are in line with guiding principles and global standards.

However, outreach and awareness-raising work should only be conducted when services for male survivors, including those with diverse SOGIESC, are available and information on supporting male survivors is included in referral pathways and Standard Operating Procedures (SoPs).¹³⁵



Useful resource

A list of themes for public information campaigns with explanations can be found in the Sexual Violence Research Initiative’s (SVRI) briefing paper (2011) on [*Care and Support of Male Survivors of Conflict-Related Sexual Violence*](#).

[Section 2.11](#) contains an exercise related to community engagement and awareness-raising on the sexual exploitation of displaced ABMY, including those with diverse SOGIESC.



3. Intersectionality: considering the unique characteristics of groups and individuals



As previously highlighted, women and girls are subject to widespread GBV around the world and bear the brunt of sexual violence because of gender inequality and discrimination due to their gender.

Therefore, it is crucial that attention towards preventing and responding to their needs remains a priority. At the same time, people of all genders experience sexual violence, and people's diversity of intersecting identities and circumstances, such as displacement and nationality status, age, class, ethnicity, or indigenous status, gender, sexual orientation, and ability, can affect the degree to which their needs are met by traditional programming aimed at women and girls. To ensure that all survivors and those at risk have their needs met, an intersectional feminist approach¹³⁶ to sexual violence prevention and response is needed. This means that programming for ABMY and/including people with diverse SOGIESC must consider their intersecting identities and complement and reinforce programming aimed at women and girls in all their diversity. Likewise, frontline workers must consider how an individual's unique and intersecting identities affect their risk and experience of sexual exploitation and coping strategies. This chapter equips frontline workers with information about how intersecting identities affect the opportunities and threats that exist for ABMY survivors of sexual exploitation in humanitarian settings, and provides strategies and considerations on how frontline workers should support displaced ABMY survivors.

What is intersectionality?

The term "intersectionality" refers to specific forms of interconnected oppressions, such as intersections of race and gender, or intersections of sexuality and nationality and how those inequalities operate together and exacerbate each other to create compounding experiences of discrimination.¹³⁷ By examining the intersectionality of an individual or a group, frontline workers can understand what overlapping and intersecting factors affect the individual they are working with.

ABMY's experiences of micro-aggressions are influenced by their intersecting and overlapping identities. Micro-aggressions are experiences in which people are treated differently based on their race, ethnicity, sexual orientation, ability, or socioeconomic status, among other identities.¹³⁸ However, despite their risk of marginalization, individuals and groups also have unique strengths and coping mechanisms, which they leverage to cope with difficulties over time.¹³⁹ Frontline workers should understand the interconnected oppressions faced by ABMY as unique individuals which influences ABMY's risk of sexual exploitation and how they cope.

Frontline workers should never make assumptions about or judge displaced ABMY's behavior or circumstances. For example, ABMY survivors may find themselves in risky sexual or romantic relationships due to prior experiences of exploitation, or they experience sexual exploitation in the context of selling sex due to lack of opportunities or the presence of exploitative figures around them and the micro-aggressions they face. Hence, frontline workers should never 'blame' the survivor for their behavior, but rather listen to their perspectives and together identify the reasons behind the abuse, how it affects them (physically, emotionally, psychologically, etc.), and what impact it has on their well-being. Using an intersectional feminist approach, which centers the voices of ABMY survivors in all their diversity who experience overlapping, concurrent forms of oppression, provides an opportunity for frontline workers to better understand and identify appropriate solutions with ABMY survivors, without creating a sense of shame or guilt.

a. Marginalized ABMY

Marginalized ABMY is a broad category that includes any ABMY that has one or more identities that are oppressed by society in a certain way. To marginalize someone is to place them in a position where they have little to no significance or influence in a community or organization. ABMY who identify with non-dominant groups may feel both individually and collectively marginalized. ABMY who do not belong to the dominant racial, ethnic, caste, or religious group/s in a given community, ABMY who face substantial financial hardships, ABMY with diverse SOGIESC, ABMY with disabilities, and other non-mainstream communities may be denied implicitly or explicitly privileges, rights, opportunities, value, and a voice. Further, ABMY in humanitarian settings may also experience other forms of marginalization due to their nationality status, displacement status, or other circumstances related to the crisis context.

An intersectional approach recognizes that the experiences of marginalized ABMY who are survivors of sexual exploitation are shaped not only by their gender but also by other social factors such as race, class, ethnicity, religion, sexual orientation, and physical ability. By understanding the intersectionality of each individual or group, frontline workers and service providers can tailor their services and support to meet their unique needs. For example, a displaced male youth who is a survivor of sexual exploitation may face additional barriers to accessing support and services due to their age, displacement status, language barriers, and cultural differences. An intersectional approach would consider these intersecting factors and work to address each barrier to ensure that the person receives the support and services they need to recover from their experience of exploitation.

Working with marginalized youth who are survivors of sexual exploitation requires a program adaptation that takes into account their unique characteristics and intersectional identities. This adaptation requires a multidisciplinary approach that includes social/case workers, psychologists, lawyers, educators, and medical professionals, among others.¹⁴⁰ As with any survivor of sexual exploitation and those at risk, frontline workers should consider the following when working with marginalized ABMY survivors and those at risk of sexual exploitation:

1. **Adopt a trauma-informed approach:** Recognize that the survivor has experienced a traumatic event and their coping strategies might be different from those of non-traumatized youth.¹⁴¹ Trauma-informed care means creating a safe, supportive, and empowering environment for the survivor, avoiding re-traumatization, and supporting their healing process.
2. **Use a strength-based approach:** Focus on the strengths, resiliencies, and capacities of the survivor rather than their vulnerabilities. Identify their skills, abilities, and resources that can be used to support their healing and recovery.
3. **Address the intersectionality of their identities:** Acknowledge the multiple and intersecting identities of the survivor, such as their displacement/refugee status, age, gender, race, ethnicity, sexuality, and socio-economic status.¹⁴² Understand how these identities interact and impact their experiences and needs.
4. **Foster a safe and supportive environment:** Create a safe and supportive environment that respects the ABMY's privacy, autonomy, and dignity. Ensure that the ABMY's confidentiality and safety are always protected.

Organizations should consider the following when delivering services to marginalized ABMY survivors and those at risk of sexual exploitation:

1. **Ensure ongoing staff training and professional development:** Ensure that staff members receive ongoing training and professional development to better understand the needs of marginalized ABMY. Develop a culture of learning and continuous improvement.
2. **Provide comprehensive services:** Deliver and/or identify and refer the ABMY to comprehensive services that address the ABMY's physical, emotional, social, and educational needs. Provide medical, psychological, legal, educational, and vocational services that are tailored to the ABMY's individual needs.
3. **Engage in community outreach and education:** Work with the community to raise awareness about the issue of sexual exploitation and the needs of marginalized ABMY who are survivors. Engage in community outreach and education activities to reduce stigma and discrimination and increase support for these ABMY.
4. **Provide culturally responsive services:** Develop services that are culturally responsive to the ABMY's unique cultural and linguistic needs. Recognize the impact of culture on the ABMY's experiences, worldview, and healing process. Work with the ABMY's family, community, and cultural leaders to support their healing.
5. **Evaluate program activities, outcomes, and impact:** Regularly monitor program activities and evaluate program outcomes and impact to ensure that the program is effective and making a positive impact on ABMY's lives. Use monitoring and evaluation findings to inform program adjustments and improvements.
6. **Integrate gender transformative approaches:** Programming that challenges patriarchal norms and beliefs and promotes acceptance, respect, and inclusion works to address the root causes of sexual exploitation, and particularly the marginalization and stigmatization of ABMY with diverse SOGIESC.

Delivering programs to meet the unique needs of marginalized ABMY who are survivors of sexual exploitation and providing comprehensive, trauma-informed, and culturally responsive services is essential to support their healing and recovery. By adopting a multidisciplinary approach and engaging in ongoing training and professional development, frontline workers can support marginalized ABMY who are survivors of sexual exploitation in their journey towards healing and recovery.

b. Adolescent Boys and Male Youth with Diverse SOGIESC

The terminology used to discuss people with diverse SOGIESC differs greatly from community to community and is influenced by factors such as geographical location, language and dialect, age, culture, and religious/spiritual affiliations. Some terms used to describe people with diverse SOGIESC are commonly used across international contexts; however, some of the terminologies as part of the acronym LGBTIQ+ might not provide individuals with enough flexibility to define themselves. ABMY's understanding and usage of the terminology they use to express themselves should be respected. Frontline workers should understand definitions and terminologies used in their own context including among displaced communities and ask ABMY what pronouns they use.

ABMY with diverse SOGIESC may face different and intersecting risks of sexual exploitation and at higher rates and with more intensity compared to ABMY with heteronormative identities. For example, key informant interviews conducted by the WRC with humanitarian frontline workers in Beirut and Cox's Bazar, found that youth with diverse SOGIESC were at particular risk of sexual exploitation due to lack of shelter and difficulty obtaining and maintaining livelihoods. Young survivors are frequently abandoned or disowned by their families due to stigmatization¹⁴³ and forced to live on the streets. Some survivors are also ostracized by community members. They also experience economic instability due to stigma associated with homophobia, queerphobia, and transphobia.^{144,145} LGBTIQ+ youth also have increased risk of mental health problems¹⁴⁶ and subsistence methods, such as exchanging sex for money or goods in the context of sexual exploitation, which can be attributed to the risk factors that have been mentioned above.¹⁴⁷ In the context of selling or exchanging sex, youth with diverse SOGIESC may experience sexual exploitation and become dependent on and indebted to those who sexually exploit them.¹⁴⁸ Frontline workers should recognize and address the unique challenges and barriers faced by ABMY with diverse SOGIESC due to their intersecting identities. Organizations should support frontline workers to challenge patriarchal attitudes and beliefs and power imbalances. Patriarchal attitudes and beliefs can contribute to victim-blaming and increase the harm experienced by survivors. Therefore, it is essential to challenge these attitudes and beliefs and promote a culture of respect, empathy, accountability, equality, and consent.

In addition to adhering to the guiding principles and global standards outlined in [Chapter 2.a](#) (especially the survivor-centered approach and guiding principles for working with child survivors of sexual exploitation), some tips for inclusive work to address sexual exploitation with displaced ABMY with diverse SOGIESC are:

- 1. Respect confidentiality:** If an ABMY shares information regarding their gender identity or sexual orientation, frontline workers should not share that information with anyone else, including with the ABMY's parent(s) or caregiver(s) – being a person with diverse SOGIESC is not a risk in itself, or a risk to others.¹⁴⁹
- 2. Show respect:**¹⁵⁰ Opening up to someone about one's SOGIESC is a very important moment for many ABMY. Coming out may involve having experienced years of hiding, fear, and often serious distress. If someone chooses to share their SOGIESC, frontline workers should acknowledge and show respect for the process the ABMY went through.
- 3. Be informed and examine biases:** Each individual has a unique background, culture, and lived experience that shapes their risks and response to sexual exploitation. Frontline workers with misinformation and personal biases related to SOGIESC may cause further harm to ABMY with diverse SOGIESC. Every survivor requires non-judgmental, confidential support. Frontline workers should also never make assumptions about a survivor's SOGIESC.¹⁵¹

Consider This: Practitioner Reflection

Examining your own biases:

- 1.** Do you hold any beliefs that might put youth with diverse SOGIESC who experienced sexual exploitation at further risk?
- 2.** Could your attitudes towards people with diverse SOGIESC be a barrier to delivering services and support impartially (e.g., do you immediately relate being a survivor of sexual exploitation to one's SOGIESC)?

- 4. Do not be intrusive:** Although it is best practice to ask a survivor which pronouns (e.g., he, they) they use, it is not necessary to probe further about their SOGIESC unless it is relevant to the service being provided.¹⁵² Frontline workers should consider whether asking about pronouns and creating an expectation that this information must be disclosed could put the survivor at further risk. Rather, frontline workers should understand the different possibilities and be prepared to respond to survivors in all their diversity in ways that are suitable to the survivor. Frontline workers should not ask for details of the incident that are not relevant to the service being provided. Survivors may find that intrusive questions cause them emotional distress and may not be prepared to discuss those events.¹⁵³ Frontline workers should always be sensitive to the reactions of the survivor and not put them under pressure to disclose anything they do not want to share.

5. **Avoid making assumptions about gender expressions:**¹⁵⁴ ABMY survivors with diverse SOGIESC should be asked how they want to be addressed, i.e., what gender pronouns and names they feel comfortable with, and whether alternate ones in front of certain people should be used. For example, a survivor may wish to be addressed with a certain pronoun when in private but may prefer that a different pronoun be used when surrounded by peers. Frontline workers should also create an enabling space for other forms of gender expression (e.g, dress, clothing hair, makeup, voice).
6. **Avoid making assumptions about ABMY's sexual preferences and feelings:** Frontline workers should not make assumptions about ABMY survivors' sexual or intimate partners based on their actual or assumed gender identity, gender expression, or sexual orientation. Only if professionally relevant to inform and facilitate tailored service provision, a question such as "Are you sexually or intimately involved with someone right now?" can be asked instead of "Do you have a girlfriend/boyfriend?".¹⁵⁵ This allows the ABMY to discuss their feelings and situation more freely. Frontline workers should also respect that some ABMY may have more than one intimate or sexual partner.
7. **Avoid making assumptions about sexual orientation and gender expression and the risk of violence:**¹⁵⁶ Each person has different experiences with and understandings of gender and sexual orientation. Frontline workers should not make generalizing assumptions about the way people dress, behave, or talk about themselves. This also includes avoiding making assumptions on the feelings that the ABMY with diverse SOGIESC has towards their exploitative experience, and always referring to what they say they feel rather than what the frontline worker might assume. In addition, frontline workers should avoid making assumptions on the relation between gender expression and sexual orientation and being subjected to sexual exploitation. For example, even if an ABMY whose performance is not heteronormative or mainstream, modest, or considered to be the "norm" in their society for their assigned gender – frontline workers should always make sure that the person knows that the survivor is not to blame for the violence they have experienced.
8. **Create a safe space:**¹⁵⁷ Frontline workers are responsible for ensuring that survivors are psychologically and physically safe during service provision. Frontline workers should ask survivors what they need to feel safer and more comfortable. This might include using a different bathroom (or establishing a gender-neutral bathroom) or ensuring that people respect their identity and do not make offensive remarks. It is particularly important to ensure that the presence of other individuals in the safe space does not harm them.
9. **Ensure ABMY survivors receive comprehensive support:**¹⁵⁸ An ABMY's diverse sexual orientation or gender identity is one of many aspects that shape their lived experience and identity. They may identify as a person with diverse SOGIESC, yet discrimination and oppression faced due to their sexual orientation or gender identity may not have been the primary risk factor for experiencing sexual exploitation. Acknowledging other aspects of a young person's life, such as their circumstance of displacement and lack of family support, is important while also remaining open to exploring factors related to the ABMY's diverse SOGIESC. Aside from being a survivor of sexual exploitation, the ABMY has interests, friends, a variety of identities, and past experiences. Being a survivor is not, if at all, what defines them. Frontline workers should assess together with the survivor what support they require and ensure that they receive the comprehensive support they may need.
10. **Demonstrate support and positivity:** Although identifying as an ABMY with diverse SOGIESC might be perceived as socially deviant in a given community, it is important that ABMY feel supported and seen as their authentic self. Self-recognition and acceptance of one's authentic self and discovering one's sexuality are healthy. Frontline workers should demonstrate support and positivity and show respect to the ABMY for sharing this information with them.
11. **Do not decide what is good for ABMY survivors with diverse SOGIESC:**¹⁵⁹ Telling people about their SOGIESC does not necessarily benefit all ABMY, nor does keeping it a secret. Encouraging or discouraging certain behaviors might make ABMY with diverse SOGIESC feel unseen. Frontline workers should explore options with them and understand potential consequences of talking about their SOGIESC rather than stating or suggesting their opinion. For example, many ABMY with diverse SOGIESC are active in both virtual interactions via social media and in-person interactions that may put them at risk of further exploitation. Instead of saying that ABMY should not interact on online platforms, frontline workers should discuss with the ABMY what value these platforms provide in addition to potential risk factors, and then provide guidance to identify the best possible solution together.

12. Link and refer ABMY survivors with diverse SOGIESC to unbiased services: Frontline workers should keep an accurate, up to date referral pathway available that is tailored to ABMY with diverse SOGIESC seeking support.¹⁶⁰ In addition, they should have relevant LGBTIQ+ tailored resources on hand, such as information on support groups (where available). Frontline workers should coordinate with the Protection Cluster and Child Protection Sub-Cluster as relevant and/or organizations for persons with diverse SOGIESC working in the community to ensure safe integration of ABMY with diverse SOGIESC in programs, activities, and services.

13. Promote agency and empowerment: Survivors may feel a loss of control and agency. Provide them with opportunities to regain a sense of agency and provide tools and resources so they can make decisions about their lives and futures.

[Section 2.12](#) contains a case study exercise and handout on working with displaced ABMY with marginalized identities.

c. Adolescent Boys and Male Youth with Disabilities

Men and boys with disabilities face an increased risk of sexual violence compared to those not living with disabilities.¹⁶¹ Disability includes long term physical, sensory, psychosocial, or intellectual impairments, and each type of disability has its own unique characteristics,¹⁶² which in interaction with one's environment and other personal factors may impede a person's equitable, full, and effective participation in society.¹⁶³ ABMY with physical disabilities may require assistance with mobility and personal care, while those with sensory impairments may require special communication modifications.¹⁶⁴ Those with intellectual disabilities may need support in understanding the nature of sexual exploitation and the consequences of disclosing their experiences.¹⁶⁵ Additionally, ABMY with disabilities may face discrimination and stigma from other people in the community. This stigma can lead to feelings of shame, low self-esteem, and social isolation. Frontline workers play a critical role in supporting ABMY with disabilities to make their own decisions and address the barriers they face in their relationships, families, and communities.

ABMY with disabilities who are survivors of sexual exploitation may experience trauma in unique ways, including re-traumatization due to the intersection of their disability and experiences of exploitation.¹⁶⁶ For example, ABMY with sensory disabilities may struggle to emotionally deal with traumatic experiences, while those with intellectual disabilities may have difficulty understanding and communicating the violence they have experienced.¹⁶⁷ Additionally, ABMY with disabilities may experience ongoing challenges in accessing medical and mental health care services, which can impact their ability to cope with and recover from sexual exploitation.



Useful resources

Additional guidance on actions that humanitarian practitioners must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings can be found in the 2019 [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action](#).

Humanity and Inclusion's 2022 briefing paper on [Intersectionality in Gender-Based Violence \(GBV\) Programming](#) provides key points to consider on disability, sexism, and ageism when adopting an intersectional approach to GBV prevention and response.

Intersectional factors such as displacement/refugee status, gender, and age may also impact the experiences of ABMY with disabilities who are survivors of sexual exploitation. For example, undocumented male youth¹⁶⁸ with disabilities may face higher rates of sexual exploitation. Additionally, young adolescent boys with disabilities may be less likely to disclose their experiences due to limited communication skills¹⁶⁹ or lack an understanding of what has happened to them.

In addition to adhering to the guiding principles and global standards outlined in [Chapter 3.a](#) (especially the survivor-centered approach and guiding principles for working with child survivors of sexual exploitation), frontline workers should consider the below principles for inclusive work to support sexually exploited displaced ABMY with disabilities:¹⁷⁰

- 1. Ensure a safe and confidential space:** Frontline workers should discuss with the ABMY survivor of sexual exploitation who to involve and when, including risks to the ABMY's safety if they choose to involve another person. Family members, including caregivers, may also be perpetrators of violence. Support persons, including sign language interpreters, language interpreters, family members, and/or caregivers, should be briefed on the principles of confidentiality and be informed how to be supportive of the healing process. It is important that frontline workers ensure that the ABMY feels safe while following existing humanitarian guidance on selecting confidential and safe meeting spaces.
- 2. Use a strength-based approach:** ABMY with disabilities are not powerless or helpless. Their disability does not define them. Like other ABMY, they have different capacities and needs and contribute in different ways to their communities. Frontline workers should provide a safe space that facilitates ABMY to explore and identify with a diverse range of identities (e.g., LGBTQ+, Muslim, student).¹⁷¹
- 3. Practice a rights-based model - Respect the wishes, rights, and dignity of ABMY survivors with disabilities:** Frontline workers should use a rights-based model when interacting with ABMY with disabilities. This approach recognizes that persons with disabilities have the right to equal opportunities and participation in society, and that persons with disabilities should have the capacity to exercise those rights. ABMY with disabilities have a right to make their own decisions and frontline workers have a responsibility to promote, protect, and ensure this right. Frontline workers should always try to first ask questions to the survivor, and ask their permission to consult others, including caregivers. Frontline workers should reassure survivors they are believed and they should acknowledge the experiences and emotions that survivors share through both verbal and non-verbal methods.
- 4. Practice non-discrimination:** Frontline workers should provide the same quality of support to every survivor, including ABMY with complex, severe, or multiple disabilities. Likewise, ABMY survivors with disabilities should be able to benefit from the full range of response services that other survivors in the same context can access. All the options should be presented in a way the survivor can understand, and survivors need to be given the opportunity to think about these options and ask questions. If the survivor expresses interest in a service or activity, the frontline worker should discuss the barriers and strategies to address those with the survivor.
- 5. Remove contextual barriers to increase access to services:** A person's disability alone does not create barriers for ABMY's access and utilization of available services and support. Rather, frontline workers should focus on how societal attitudes and the ABMY's environment impact their experience of disability and their access to assistance. Frontline workers should work with ABMY to identify those societal and environmental barriers in the community and develop strategies to mitigate and remove those barriers, so that ABMY with disabilities can participate equally in society.
- 6. Provide opportunities for program participation:** Frontline workers should make adjustments to their work and the way they share information (likely only small ones are needed) so that ABMY with disabilities can also benefit from their programming. Frontline workers should implement targeted outreach to ABMY with disabilities, who are often overlooked by mainstream outreach strategies, to ensure they are invited and given the opportunity to participate. Frontline workers should ask ABMY with disabilities for their advice on the type of support and adaptations needed. For example, pictures can be used to communicate messages to ABMY with intellectual impairments.
- 7. Provide knowledge and awareness of GBV, sexual violence, and sexual exploitation:** ABMY with disabilities, like their non-disabled peers, need knowledge and awareness of GBV, sexual violence, and sexual exploitation. They also have the right to safe and healthy sexual relationships.¹⁷²

8. **Address staff attitudes and assumptions:** Supervisors should facilitate value clarification and attitudes trainings for frontline workers to reflect on attitudes, biases, and assumptions about ABMY with disabilities, including those who are survivors of sexual violence and sexual exploitation.

Consider This: Practitioner Reflection

Examining your own biases:

1. Do you hold any beliefs that might put displaced ABMY with disabilities who experienced sexual exploitation at further risk?
2. Could your attitudes towards people with disabilities be a barrier to delivering services and support (e.g., do you immediately relate being a person with a disability to being asexual)?

[Section 2.13](#) contains a handout that includes steps to ensure inclusive programming for ABMY with disabilities who are survivors of sexual exploitation.



Annexes

Annex 1. Definitions and Terminology

- **Adolescent boys** is a term that refers to boys between 10 and 19 years of age, in accordance with the World Health Organization (WHO).¹⁷³ Consequently, the great majority of adolescent boys are included in the definition of a “child”, i.e., a person under the age of 18 years, as per the [Convention on the Rights of the Child](#).¹⁷⁴

- **Assent, or informed assent** refers to “the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent [see definition below], but old enough to understand and agree to participate in services, the child’s “informed assent” is sought.”¹⁷⁵

- **Assigned sex at birth** refers to “the sex recorded at birth (eg on a birth certificate), which does not necessarily align with that person’s gender (eg a trans man would be assigned female at birth, but is a man).”¹⁷⁶

- **Bisexual** refers to “a person who has the capacity for romantic, emotional and/or physical attraction to people of more than one gender. Bisexual+ and Bi+ are sometimes also used as umbrella terms for non-monosexual identities.”¹⁷⁷

- **Child** refers to a person below the age of 18, unless the relevant laws state an earlier age of majority.¹⁷⁸

- **Child sexual abuse** refers to “any form of sexual activity with a child by an adult or by another child who has power over the child.” By this definition, it is possible for a child to be sexually abused by another child. Child sexual abuse often involves body contact. This could include sexual kissing, touching and oral, anal or vaginal sex. Not all sexual abuse involves body contact, however. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing a child private parts (“flashing”), verbally pressuring a child for sex and exploiting children as prostitutes or for pornography are also acts of sexual abuse.”¹⁷⁹

- **Cisgender** is a term used to describe a person “whose gender matches with their sex assigned at birth.”¹⁸⁰

- **Consent, or informed consent**, refers to “the voluntary agreement of an individual who has the legal capacity to give consent. To provide “informed consent” the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents [or caregivers] are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. In some settings, older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents [or caregivers].”¹⁸¹ In cases where it is not in the best interest of a child/ adolescent to involve the caregivers, e.g., because of safety concerns, another trusted adult in the child’s/ adolescent’s life should be identified to provide consent.¹⁸² Frontline workers should always discuss such cases with their supervisor.

- **Diversity** refers to “all forms of differences based on social backgrounds and identities that make up a population [or individual], including but not limited to differences in sex, age, disability, race, national, ethnic or social origin, religion or belief, political or other opinion, language, socio-economic status, sexual orientation and gender identity.”¹⁸³

- **Gay** is “a generic term of people whose enduring romantic, emotional and/or physical attraction is to people of the same gender. It is more commonly used by men in some cultures, but other people including women also use it.”¹⁸⁴

- **Gender** refers to “the sociocultural constructs that assign roles, behaviours, forms of expression, activities and attributes according to the meaning given to biological sex characteristics”.¹⁸⁵ It is important to note that gender is not binary, i.e., does not only include women/girls/men/boys. The **gender binary** is “an assumption that all

people identify as one of two genders, women or men, which is often inscribed in law, institutions and social practices.”¹⁸⁶ The gender binary “fails to capture the nuances of lived gender experiences. The gender binary has also historically been used to oppress women and people with diverse gender identities, preventing them from exercising their human rights and participating as equals in society. Adherence to the gender binary in language (for example, by using male/female pronouns or only referencing men, boys, women and girls), data collection and services excludes other genders and limits our ability to provide appropriate and respectful assistance.”¹⁸⁷

- **Gender-based violence (GBV)** describes “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.”¹⁸⁸

- **Gender expression** refers to the “the range of cues, such as names, pronouns, behaviour, clothing, voice, mannerisms and/or bodily characteristics, to express a person’s gender. It can be the same or different from an individual’s gender identity. One does not have to have a diverse sexual orientation, gender identity or sex characteristics to have a diverse gender expression. There is a common misunderstanding that gender identity and gender expression only apply to trans and gender diverse people, but this is not true. As the Independent Expert on Sexual Orientation and Gender Identity, (IE SOGI) put it, ‘All human beings live in gendered societies traversed by power hierarchies and preconceptions’. In some cultural and geographical contexts, it is especially pertinent to highlight gender expression since ‘non-conforming’ gender expression increases the vulnerability of some individuals.”¹⁸⁹

- **Gender identity** refers to “each person’s deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth or the gender attributed to them by society. It includes the personal sense of the body, which may or may not involve a desire for modification of appearance or function of the body by medical, surgical or other means.”¹⁹⁰

- **Gender norms** are rules and beliefs about how people, e.g., women and men, should be and act in a particular society, culture, and community at that time. Gender norms are learned early in life through socialization and can lead to stereotyping and discrimination against those who do not conform to these rules and beliefs.¹⁹¹

- **Gender roles** are a society’s rules and beliefs “dictating what types of behaviors are generally considered acceptable, appropriate or desirable for a person based on their actual sex or perceived sex or gender.”¹⁹² “These often determine the traditional responsibilities and tasks assigned to men, women, boys and girls. [...] Like gender itself, gender roles can evolve over time, in particular through the empowerment of women and transformation of masculinities.”¹⁹³

- **Gender-transformative** refers to work that “addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms and power relations.”¹⁹⁴

- **Grooming** is “the preparation of a child for sexual abuse, motivated by the desire to use the child for sexual gratification. It may involve the befriending of a child, often through the adult pretending to be another young person, drawing the child into discussing intimate matters, and gradually exposing the child to sexually explicit materials in order to reduce resistance or inhibitions about sex.”¹⁹⁵

- **Heteronormative** or heteronormativity relates to a view that promotes heterosexuality as the normal or preferred sexual orientation. Heteronormatively expects every individual to fall into either the masculine or the feminine category.¹⁹⁶

- **Intersectionality** refers to the interconnected nature of social categorizations such as gender, sexual orientation, social class, ethnicity, nationality, or age, and how their intersection creates interdependent systems of oppression and discrimination. An **intersectional analysis** is useful in examining how an individual’s or group’s multiple social identities and vulnerabilities overlap and operate together, e.g., being a person with diverse SOGIESC and/or being a person with a disability, and how this may increase vulnerability to sexual and gender-based violence.¹⁹⁷

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- **Intersectional feminism** is an approach that acknowledges diversity and inclusion as essential to achieving gender equality and values lived experiences by examining overlapping and interdependent dimensions of discrimination and inequality manifested by intersecting social categorizations such as race, class, sexual orientation, and gender as they apply to a given group or individual.¹⁹⁸
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- **Intersex** refers to “people are born with sex characteristics that do not fit typical binary definitions of male and female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. Some of these variations may be apparent before or at birth, while others are not apparent until after puberty or later or may not be physically apparent at all. Hence, intersex people embody a broad and diverse spectrum of sex characteristics, with statistics on their prevalence originating in medical contexts and rarely relying on self-definition.”¹⁹⁹
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- **Lesbian** is the term used for “a woman whose enduring romantic, emotional and/or physical attraction is to women. It is primarily used as a noun, thus not followed with ‘woman’ or ‘person’.”²⁰⁰
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- **LGBTIQ+** is an acronym referring to lesbian, gay, bisexual, transgender, intersex, queer, and other persons with diverse sexual orientations, gender identities and gender expressions, and sex characteristics (SOGIESC [see definition below]).²⁰¹
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- **Male youth** is a term used in this toolkit that partly overlaps with “adolescent boys.” The United Nations defines youth as the period between 15 and 24 years of age. It comprises, therefore, older male adolescents (15–17) – who are minors and therefore entitled to protection under the *Convention on the Rights of the Child* – and young men (18–24).²⁰²
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- **Outreach work** refers to “a range of activities relating to community development, social inclusion, or engagement” that are “typically aimed at particularly vulnerable and/or marginalised groups that, for a variety of reasons, are not effectively reached by mainstream services.”²⁰³
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- **Queer** “has been reclaimed by some people and is considered inclusive of a wide range of diverse sexual orientations, gender identities and expressions. It may be used as an umbrella term for people with diverse SOGIESC, or as an alternative to the phrase “people with diverse SOGIESC” or the acronym LGBT. Queer is used by many people who feel they do not conform to a given society’s economic, social and political norms based on their sexual orientation, gender identity and/or gender expression.”²⁰⁴
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- **Rape** is defined as “physically forced or otherwise coerced penetration – even if slight – of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.”²⁰⁵
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- **Sex or biological sex** refers to “the classification of a person as having female, male and/or intersex [see definition above] sex characteristics [see definition below]. While infants are usually assigned the sex of male or female at birth based on the appearance of their external anatomy alone, a person’s sex is a combination of a range of bodily sex characteristics.”²⁰⁶
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- **Sexual abuse** is “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”²⁰⁷
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- **Sex characteristics** are a person’s physical features relating to sex, including sex organs, hormones, and chromosomes.²⁰⁸
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- **Sexual exploitation** refers to “any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.” Some types of forced/coerced prostitution can fall under this category.²⁰⁹
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- **Sexual exploitation and abuse (SEA)** is “a common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, NGO, and inter-governments (IGO) personnel against the affected population.”²¹⁰

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- **Sexual orientation** refers to “each person’s enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, other people. Encompasses hetero-, homo-, bi-, pan- and asexuality, as well as a wide range of other expressions of sexual orientation. This term is preferred over sexual preference, sexual behaviour, lifestyle and ‘way of life’ when describing an individual’s feelings for or attraction to other people.”²¹¹
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- **Sexual violence** refers to “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”²¹²
-
- **Sex work** refers to the consensual sale of sex between adults. It can take many forms and varies between and within countries and communities. It may also vary in the degree to which it is “formal” or organized.²¹³ The term “prostitution” should not be used.
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- **Sex workers** are consenting adults, including those with diverse SOGIESC, who regularly or occasionally exchange for sexual services for money or goods.²¹⁴
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- **SOGIESC** is an acronym referring to people with diverse sexual orientations, gender identities, gender expressions, and sex characteristics, including lesbian, gay, bisexual, transgender, queer, and intersex individuals. This acronym “groups these distinct but related terms together for ease of use, to describe the factors that make some people different than others (‘diverse’) and subject to discrimination and exclusion. SOGIESC factors are part of every human being’s lived experience; and one does not determine the other. The shorter acronym ‘SOGI’ was widely used until it was recognized that gender expression and sexual characteristics are also grounds for discrimination.”²¹⁵
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- **Survivor** describes a person who has experienced gender-based violence or sexual violence. The term reinforces the person’s resilience and is, therefore, preferred to the term “victim” in the psychological and social support sectors.²¹⁶
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- **Trafficking** is defined as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat, use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purposes of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, forced marriage slavery or practices similar to slavery, servitude or the removal of organs.”²¹⁷
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- **Transactional sex** refers to “a non-marital, non-commercial sexual relationship motivated by an implicit assumption that sex will be exchanged for material support or other benefits.”²¹⁸ Those who engage in exchanging sex may describe themselves as boyfriends, girlfriends, or lovers.
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- **Transgender/trans** refers to “terms used by some people whose gender identity differs from what is typically associated with the sex they were assigned at birth. Trans, transgender and non-binary are often treated as umbrella terms representing a variety of words that describe an internal sense of gender that differs from the sex assigned at birth and the gender attributed to the individual by society, whether the individual identifies as a man, woman or simply ‘trans’ or ‘transgender’, with another gender or with no gender.”²¹⁹
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- **Unaccompanied boys** are minors who are not being cared for by an adult who, by law or custom, is responsible for doing so.²²⁰
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- + “represents those who identify with other terms to describe their sexual orientation, gender identity, gender expression and/or sex characteristics. It seeks to include terms like pansexual, asexual, nonWestern identities like hijra, two-spirit, muxe, among other manifestations of diverse SOGIESC that are typically excluded from acronyms.”²²¹
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Annex 2. Acronyms and Abbreviations

ABMY	Adolescent boys and male youth
CMR	Clinical management of rape
Complex trauma	Complex post-traumatic stress disorder
DRC	Democratic Republic of the Congo
ELA	BRAC Empowerment and Livelihood for Adolescents
IDP	Internally displaced persons
GBV	Gender-based violence
GBV AoR	Gender-Based Area of Responsibility
GBViE	Gender-based violence in emergencies
GBVIMS	Gender-based violence information management system
IPPF	International Planned Parenthood Federation
KII	Key Informant Interview
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other persons with diverse sexual orientations, gender identities and gender expressions, and sex characteristics
MHPSS	Mental health and psychosocial support
PFA	Psychological first aid
PTSD	Post-traumatic stress disorder
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
SoPs	Standard Operating Procedures
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SVRI	Sexual Violence Research Initiative
TF-CBT	Trauma Focused Cognitive Behavioral Therapy
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization
WRC	Women's Refugee Commission

Annex 3. Evidence Base for the Toolkit

The toolkit is informed by a review of existing research, reports, and guidance materials on sexual violence against men and boys, sexual exploitation of children and youth, gender-based violence, and child protection, including [resources developed during Phase 1 of WRC's Sexual Violence Project](#).

Information on Phase 1 of WRC's Sexual Violence Project

WRC undertook qualitative, exploratory studies to explore the characteristics and impacts of sexual violence against refugee men and boys, including those with diverse SOGIESC, and assessed the availability and accessibility of services for male survivors in three refugee settings. Study populations and sites were:

- [Rohingya refugees from northern Rakhine state, Myanmar, living in Cox's Bazar, Bangladesh;](#)
- [refugees and migrants who had traveled the central Mediterranean migration route through Libya, now living in Rome and Sicily, Italy;](#)
- [refugees from the eastern Democratic Republic of the Congo \(DRC\), Somalia, and South Sudan living in Nairobi and Mombasa counties, Kenya.](#)

Researchers undertook 148 semi-structured key informant interviews with frontline humanitarian workers and human rights experts and 55 semi-structured focus group discussions with 310 refugees, including adolescent boys, young men, adult men, adult women, men with physical disabilities, and/including refugees with diverse SOGIESC.

Phase 1 findings of WRC's Sexual Violence Project that were of particular relevance for the development of this toolkit:

- Sexual exploitation, particularly of adolescents and persons with diverse SOGIESC, was reported to have been experienced or witnessed by refugees in Bangladesh, Italy, and Kenya.
- Groups particularly vulnerable to sexual victimization in refugee settings included young boys, adolescent boys, persons selling sex, and/including persons with diverse SOGIESC, especially trans refugees.
- Across all settings, some specialized medical, mental health, and legal aid services for male survivors of sexual violence were identified; however, quality was inconsistent, need exceeded supply, and coverage was inadequate. The studies found a high level of unmet needs among men, boys, and/including survivors with diverse SOGIESC.
- Enabling factors that promoted service uptake included specialized, confidential services with qualified staff; designated entry and referral points; and targeted outreach, awareness-raising, and trust-building with refugee communities.

The study findings aim to inform sexual violence-related prevention, mitigation, and response efforts in humanitarian settings. Therefore, the studies also included recommendations for refugee-hosting governments, humanitarian service providers as well as donors and refugee resettlement countries. A key conclusion was that more research is warranted, including on sexual exploitation of adolescent boys and persons with diverse SOGIESC.

The literature review served to provide an overview of the existing knowledge base on the sexual exploitation of displaced ABMY in all their diversity, including those who sell sex. It was conducted in September and October 2021. Publications were included for abstract screening if they met all of the following criteria: 1) reported on approaches (e.g., interventions, guidance, lessons learned, challenges, gaps) that addressed sexual exploitation; 2) the intervention targeted young males, including those with diverse SOGIESC, aged 10-24 years; 3) the publication was written in English, French, Spanish, Italian, or German; 4) published from 2005 onward. Particular attention was paid to documents referring to existing prevention and response interventions in humanitarian settings and evaluations of their effectiveness. As data from non-humanitarian settings might be used to inform approaches in humanitarian contexts, documents containing data from a wide variety of settings (humanitarian and non-humanitarian; low-, middle-, and high-income countries) were also reviewed and synthesized in the literature review.

150 documents were selected for full review, of which 94 were determined to meet the inclusion criteria and were further analyzed. Out of the 94 included documents, 41 target humanitarian settings, 19 focus on non-humanitarian settings, and the remaining 32 either have a global scope or refer to both humanitarian and non-humanitarian settings. Among the included documents are 15 guidance documents, 4 toolkits and manuals, 7 evidence reviews, 8 learning reports, 18 studies and/or study reports, and 4 literature reviews, with the remaining documents being reports, articles, papers, etc.

The toolkit is furthermore informed by consultations in the form of Key Informant Interviews (KIIs) with 36 staff from civil society organizations, national and international humanitarian organizations, UN agencies, service providers, academia, and government in Bangladesh, Colombia, and Lebanon, and interviews with 7 global and regional experts.

The following paragraphs highlight key findings from the literature review and the KIIs.

Prevalence:

In general, little evidence exists on the prevalence of sexual exploitation in humanitarian settings. While some evidence exists of sexual violence against men and boys, including those with diverse SOGIESC, in displacement, conflict- or disaster-affected settings, evidence specifically related to their sexual exploitation in these settings is very limited. Same as for women and girls affected by sexual exploitation, more evidence on affected men and boys in all their diversity globally, and even more so in diverse humanitarian settings, is needed.²²²

Gendered social norms that influence perceptions of this group's vulnerability and misconceptions of sexual exploitation of boys and male youth are mentioned as explanations as to why many studies on sexual exploitation do not include ABMY survivors but focus solely on female survivors. In addition, social stigma related to male survivors contributes to an underreporting of cases, thus also limiting the data available. Lastly, studies often use ambiguous definitions of sexual exploitation, making it difficult to obtain reliable data. These factors are quoted as reasons for the lack of prevalence data.²²³ However, existing evidence suggests that boys make up a significant amount of sexually exploited children, with survey data indicating that globally, 1 in 13 boys have experienced sexual abuse or sexual exploitation before turning 18, compared to 1 in 5 girls.²²⁴ In addition, all interviewed key informants also reported that sexual violence against men and boys is an issue in their respective contexts. They perceive the lack of education and livelihoods services for displaced ABMY, including those with diverse SOGIESC, to be a driver for sexual exploitation as it forces ABMY to engage in child labor, sex work, or other precarious employment with a high risk of exploitation.

Based on this evidence, more data is needed to better understand and address the sexual exploitation of displaced ABMY, including those with diverse SOGIESC, in humanitarian settings.

Frontline staff's level of awareness and knowledge:

Information obtained in the KIIs highlighted the low level of awareness of sexual violence, including sexual exploitation, against men and boys in general and ABMY in particular among service providers, host, and displaced communities across all three settings. GBV and child protection actors are generally perceived to have more knowledge of sexual violence against men and boys and better capacity to identify male survivors and prevent and respond to cases than other actors. The perceived reasons for the overall low level of awareness are a focus on GBV against women and girls, cultural and religious sensitivities, patriarchal attitudes, and gendered perceptions of masculinity and ABMY's vulnerabilities. Key informants stressed the need for all actors in humanitarian contexts to reflect on values, attitudes, and beliefs to combat the persisting stigma surrounding male survivors because this majorly affects service availability and accessibility as well as the level of care provided to male survivors. According to the KIIs, specific attention should be paid to attitudes surrounding survivors with diverse SOGIESC since they are often highly stigmatized and marginalized.

In addition to the general lack of knowledge of sexual violence against men and boys, key informants stated that many frontline workers also do not know how to identify survivors, how to respond to them, and where to refer them. Consequently, very few ABMY survivors of sexual exploitation are identified by frontline workers, and only a small number of staff and services have the capacity to deal with male survivors.

Service availability and quality:

Most of the existing research focuses on the consequences of sexual violence against men and boys or on child sexual abuse more broadly. There is little research on the specific impacts of sexual exploitation on men and boys and/including persons with diverse SOGIESC.²²⁵ The limited data across settings influence the availability of prevention and response programs targeting ABMY affected by or at risk of sexual exploitation, including those with diverse SOGIESC.²²⁶ In addition, there is little evidence on what works to prevent and respond to the sexual exploitation of ABMY in all their diversity. Evidence specifically related to working with displaced ABMY in humanitarian

settings is even more scarce, as existing interventions are often not monitored and evaluated rigorously, thus making it difficult to determine their effectiveness.²²⁷ Key informants highlighted that there is little guidance available on how to target ABMY survivors and those at risk of sexual exploitation, including those with diverse SOGIESC, for prevention and response programming. The consultations also showed that there are differences in opinion on whether ABMY survivors and those at risk should be included in GBV activities and services aimed at women and girls or if there should be separate activities and services designed for men and boys as well as for persons with diverse SOGIESC.²²⁸

Key informants perceived the lack of available services for ABMY survivors, including those with diverse SOGIESC, in addition to the lack of information on available services, to be crucial barriers for survivors to receive the care they need. Available evidence shows that despite health and SRH services being potentially lifesaving for survivors of sexual violence, trained and sensitized post-sexual violence medical and psychosocial care providers are lacking or unavailable in most humanitarian settings. This is not only the case for ABMY survivors and/including those with diverse SOGIESC, but also for female survivors. Furthermore, staff of health and MHPSS services have often not been properly trained in the provision of trauma-sensitive care to child survivors of sexual exploitation. Even staff who have been trained frequently do not receive follow-up training and support, e.g., coaching, mentoring, and supervision, which would be important to ensure the quality of the provided care and support.²²⁹

In several of the reviewed studies, toolkits, and guidance documents as well as in the KIIs, substance abuse was mentioned as a significant issue among sexually exploited adolescent boys and young men engaged in selling sex. However, specialized services addressing this issue appear to be unavailable in many contexts.²³⁰ Displaced ABMY, and/including those with diverse SOGIESC, who are sexually exploited in the context of selling or exchanging sex are also often in debt, but they rarely have access to services assisting them with budgeting and debt reduction.²³¹ Similarly, safe shelter options are often lacking for adolescent boys who have experienced sexual violence and exploitation and are rarely available for adult male survivors, including those with diverse SOGIESC. Access to income-generating or vocational programs is another key gap in response services for ABMY survivors of sexual exploitation of all sexualities and genders in humanitarian settings.²³²

Funding:

The lack of funding often poses a major challenge to the implementation of programs focusing on preventing, mitigating risks, and responding to sexually exploited displaced persons, including to affected ABMY in all their diversity. Where funding is available for such specific programming, it is often not secured longer-term, making it difficult to develop interventions that are sustainable and can be evaluated regarding their effectiveness.²³³ All humanitarian actors should advocate for and work towards providing displaced ABMY survivors of sexual exploitation, irrespective of their SOGIESC, with the comprehensive services they need to recover from their experiences. Otherwise, survivors are at high risk of re-victimization.²³⁴

Exercises and handouts

The following exercises and handouts²³⁵ may be used to sensitize and train frontline workers to address sexual exploitation and abuse against displaced adolescent boys and male youth. They can be used for a 2-3 day-long training or pulled from piecemeal - to continually reinforce staff training needs.

Before conducting any of the below exercises in a group setting, facilitators should explain the importance of a safe learning space to the participants and highlight the following group guidelines:

- Participation (Everyone commits to participating, to being open to learning new things, and to being on time.)
- Respect (Participants are expected to be always respectful of each other's opinions, even if they do not agree with them. This includes listening to other's contributions, not being verbally aggressive or judgmental, not laughing at someone's contribution, or teasing them about it. It also includes being caring if someone gets upset or feels distressed.)
- Confidentiality (When someone shares stories or experiences, they should not be shared outside of the participant group.)
- Phones off or on silent (Everyone commits to focusing on learning. This means that calls and emails should only be responded to in emergencies or during breaks.)

1. Exercise on Norms and Attitudes Related to Sexual Violence Against Adolescent Boys and Male Youth (ABMY), Including Those with Diverse SOGIESC, and Male Survivors

Equipment needed: Prepared definitions of 'gender' and 'gender norms' from Annex 3 (e.g., on a PowerPoint slide or flip chart paper), flip chart papers, markers, tape

Time required: Approximately 2 h 15 mins

Exercise instructions:

1. Explain that this exercise serves to reflect on gender norms related to ABMY, including those with diverse SOGIESC. Share the definitions of 'gender' and 'gender norms' from Annex 3 with the participants.
2. Divide the participants into groups of four to six people. To begin with, ask the groups to identify gender norms, i.e., what it means to "be an adolescent boy" or "a young man" and how ABMY are expected to behave, in their context. Explain that the groups can write and/or draw their ideas on their flip chart paper. Give them 20 minutes to complete this part of the exercise.
3. After 20 minutes, have the groups present their results to the plenary.
4. Then facilitate a 20-minute discussion about the following questions:
 - Do all ABMY fulfill these gender norms? Why not? (ask for explanations and examples)
 - What happens when an ABMY does not fulfill these expectations? How does their family, the community react? (ask for explanations and examples)
 - How do these gender norms impact ABMY survivors of sexual violence?

Highlight the following points:

- The gender norms men and boys face across all contexts are mostly related to being strong and tough, to not show vulnerabilities.
 - These expectations are unhelpful and can be harmful, especially when ABMY experience something difficult and require support.
5. Explain that the next part of the exercise is about norms and attitudes related to sexual violence against ABMY and male survivors. Have the participants split into their groups again to discuss the following questions for 40 minutes and note their answers on new flip chart papers:
 - What norms and attitudes related to sexual violence against ABMY and to male survivors? (e.g., boys cannot be victims of sexual violence)
 - Where do they come from? (e.g., culture, religion, media, legislation, etc.)
 - Which of these norms and attitudes may cause harm to male survivors? How could they cause harm?

While the groups are working on the questions, circulate among them and provide guidance if needed. E.g., for the last question, groups should also think of how these norms and attitudes affect service provision for male survivors.

6. After 40 minutes, bring the participants back to the plenary to review their work and present the findings on their flip chart. Add, clarify, and correct any mentions if necessary. Ask these follow-up questions in the plenary:
 - Do you think these harmful norms and attitudes can change? Why/ why not?
 - How could those harmful norms and attitudes be transformed? Who is responsible for this transformation? Who would benefit if they would be transformed?

Highlight the following points:

- Sexual violence, including sexual exploitation, against men and boys is often an assertion of power over the other person, and is used to place or keep them in a subordinate position and to humiliate and create fear among men and boys or their communities.²³⁶ In addition, persons with diverse SOGIESC also experience sexual violence, including sexual exploitation. This is due to gender discrimination. To effectively combat sexual violence, including against ABMY and persons with diverse SOGIESC, we have to address the root

causes and work to transform harmful norms, attitudes, and power relations.

- Addressing harmful norms and attitudes can be done by using a gender-transformative and rights-based approach.

These approaches focus on:

- critical examination of inequalities and harmful norms, attitudes, and power relations and highlighting the advantages of changing them;
- identifying and strengthening norms that support equality and an enabling environment so that no one is left behind;
- engaging with men and boys, women and girls, including persons with diverse SOGIESC and those with disabilities, to work towards positive change for all.²³⁷

2. Exercise and Handout on Myths and Facts Related to Male Survivors of Sexual Violence and Exploitation, Including Those with Diverse SOGIESC

Equipment needed: Prepared signs “Myth” and “Fact”, tape, printed handouts

Time required: Approximately 45 mins

Exercise instructions:

1. Prepare two signs, “Myth” and “Fact” and place them on opposite sides of the room.
2. Tell the participants that you will be reading out statements about male survivors of sexual violence and sexual exploitation, including those with diverse SOGIESC. The participants will then need to decide if each statement is a myth or a fact and move to the corresponding sign.
3. To begin, have the participants stand in the middle of the two signs. Read the first statement from the handout twice to ensure all participants have heard it. After the statement, tell the participants to choose “Myth” or “Fact.” Ask two or three persons why they are standing where they are. Probe further with additional questions if needed. E.g., on the first statement, ask participants “Do laws in this setting recognize male rape as a criminal act? Which law(s) exist related to sexual violence against men and boys?.” Allow for short discussions to take place.
4. Clarify and correct the points raised by the participants by using the explanation provided for each statement in the handout in this annex.
5. Repeat this process for each of the statements.
6. Distribute the handout to the participants.

Handout: Myths and Facts Male Survivors of Sexual Violence and Exploitation, Including Those with Diverse SOGIESC²³⁸

Statements	Responses
<p>Men and boys can be victims of sexual violence and sexual exploitation.</p>	<p>Fact – While the majority of survivors worldwide are women and girls, men and boys can also be victims of sexual violence and sexual exploitation. Examples of this are male-on-male rape or child sexual abuse. Sexual violence against men and boys is a taboo in many contexts, making it difficult for male survivors to disclose and discuss their experience, and receive appropriate support and services. Additionally, many States do not recognize male rape as a criminal act, and survivors risk being accused of homosexuality (which is criminalized and/or stigmatized in some countries/ communities) if they disclose their experience.²³⁹</p>
<p>Globally, there are not many boys who experience sexual violence or sexual exploitation.</p>	<p>Myth – Data shows that 1 in 13 boys globally have experienced sexual abuse or sexual exploitation before the age of 18.²⁴⁰ As sexual and gender-based violence tend to be severely underreported, it is likely that the actual number of affected boys, including those with diverse SOGIESC, is much higher than what studies indicate.</p>
<p>ABMY with a disability are at higher risk of sexual violence and exploitation than those without a disability.</p>	<p>Fact – Study results from different contexts show that young persons with disabilities have a much higher risk of being exposed to sexual violence and sexual exploitation than their peers without disabilities. Children with a disability are almost three times more likely to experience sexual violence than children without disabilities.²⁴¹</p>
<p>Gay ABMY like having sex with men. Consequently, they can't experience sexual violence or sexual exploitation.</p>	<p>Myth – It is a common stereotype that gay boys and men want to have sex all the time and with every boy and man. This is a harmful misconception which leads to wrong assumptions, such as suggesting that gay survivors “wanted” or “enjoyed” the sexual violence or sexual exploitation they experienced.²⁴² It is important to remember that any sexual act against a person’s will is sexual violence, regardless of the survivor’s or perpetrator’s gender, gender identity, sexual orientation, sexual conduct, or age.</p>

Statements	Responses
<p>The perpetrators of sexual violence against men and boys, including those with diverse SOGIESC, are always gay men or boys.</p>	<p>Myth – It is a common misconception that sexual violence against men and boys, including those with diverse SOGIESC, is caused by same-sex desire, and that therefore, perpetrators are gay men. This is not true and is based on harmful and discriminatory stereotypes. Same as for female survivors, men – irrespective of their sexual orientation – constitute most of the perpetrators of sexual violence against men and boys. However, women and persons with diverse SOGIESC can also be perpetrators.²⁴³</p> <p>Sexual violence, including sexual exploitation, against men and boys is often an assertion of power over the other person, and is used to place or keep them in a subordinate position and to humiliate and create fear among men and boys or their communities. In addition, persons with diverse SOGIESC also experience sexual violence, including sexual exploitation, due to gender discrimination. We should not make assumptions about a perpetrator’s sexual orientation.²⁴⁴</p>
<p>Most ABMY survivors of sexual violence do not turn into perpetrators of sexual violence.</p>	<p>Fact – Research shows that most ABMY who have been sexually abused do not become violent as adults and do not abuse children themselves.²⁴⁵ This assumption that male survivors become perpetrators is very stigmatizing.</p>
<p>Sexual violence by men causes straight ABMY to become gay.</p>	<p>Myth – Sexual violence does not define an ABMY’s sexuality or change their sexual orientation. However, as a result of sexual violence, especially rape by a male perpetrator, a male survivor may feel confused about his sexual orientation and/or gender identity and fear that the experience has “turned him gay” or that he is no longer a “real” man.²⁴⁶</p>
<p>ABMY should be strong enough to fight off a perpetrator.</p>	<p>Myth – This assumption is based on the harmful gender stereotype that men and boys are always strong and able to fight. Male survivors often blame themselves for not having defended themselves or others against sexual violence, even in situations where there was a threat to their life. But anyone can become a victim of sexual violence, and the person is never to blame for that.²⁴⁷</p>

3. Exercise on Rights-based Terminology Related to the Sexual Exploitation of Children and Handout on Key Information on Sexual Exploitation

Equipment needed: Printed and cut-out terms for each group, markers, printed handouts

Time required: Approximately 40 mins

Exercise instructions:

1. Before using this exercise, facilitators should find out which terms are derogatory or not in the setting/ community/ language the exercise is conducted in and amend the below exercise template if needed.
2. Put the participants into groups of two to four people. Explain that each group will be given a sheet with terms related to the sexual exploitation of children. Ensure that the participants understand the terms and clarify them if needed.
3. The participants then discuss in their group which terms humanitarian actors should and shouldn't use when referring to children who are sexually exploited (ensure that participants understand that the focus of this exercise is not all ABMY, but only those below the age of 18). They then mark the terms they think should be used, e.g., by underlining or highlighting them.
4. Give participants about 10 minutes to complete the exercise. Then bring them back to the plenary and elicit the groups' feedback. Inquire about the groups' reasons for choosing a term.
5. Clarify and correct the points raised by the participants by using the information in the handout in this annex, highlighting terms that are used in this specific context that may not be rights-based. Distribute the handout to the participants.

Exercise template:

prostitute
sex worker
sexually exploited
engaging in transactional sex
engaging in survival sex
negative coping strategy

Handout: Key Information on Sexual Exploitation²⁴⁸

What is sexual exploitation?

Sexual exploitation is a form of sexual violence. Sexual violence becomes sexual exploitation when:

- a person or group attempts to take or takes advantage of an existing vulnerability, imbalance of power, or trust for sexual purposes, e.g., to benefit financially, socially, or politically from it; and
- there is an underlying element of exchange, i.e., the victim is promised or receiving something they need or want in return for the sexual activity.

This includes situations where someone is promised or given money or other kinds of remunerations or benefits, such as gifts, food, safety/security, accommodation, drugs, alcohol, education, grades, jobs, identity documents, or affection.

In addition, sexual exploitation also occurs in situation of trafficking of human beings, including of ABMY, irrespective of their SOGIESC, for sexual purposes.

What forms of sexual exploitation are there?

Sexual exploitation can happen in the context of:

- young people selling or exchanging sex;
- online sexual exploitation; or
- trafficking within or across borders for the purpose of sexual exploitation.

Not all forms of sexual exploitation necessarily involve physical contact.

What is the difference between sexual exploitation and sex work?

Children (anyone under the age of 18 years) who are regularly or occasionally involved in receiving money, goods, or other kinds of benefits in exchange for sexual services are always considered victims of sexual exploitation by international law. This is the case even when such exploitative sexual activity appears consensual or is initiated by the child, as children are not considered legally capable of providing genuine consent.

When adult ABMY (aged 18-24 years), including those with diverse SOGIESC, are regularly or occasionally consensually selling or exchanging sex, this is not considered sexual exploitation. Selling or exchanging sex is, however, sexual exploitation if adult ABMY, including those with diverse SOGIESC, are forced or coerced to do so. It is also important to recognize that the sale or exchange of sex increases people's vulnerability to violence, and that there may be an overlap between sex work and/or exchanging sex by displaced adult ABMY in all their diversity and sexual violence in humanitarian contexts.

What is rights-based terminology and why is it important?

Rights based terminology for children (those below 18 years):

Rights-based terminology should always be used when referring to children who are sexually exploited, including in the context of selling sex. I.e., they should be referred to as a child who is "sexually exploited", not as a "child prostitute", "child sex worker", or a child "engaging in transactional sex." The latter terms imply that children may be (at least partially) to blame for being sexually exploited, which is never the case.

Rights-based terminology for adults (those above 18 years):

It is important for humanitarian actors to use rights-based terminology that is non-judgmental and non-stigmatizing when talking or writing about the consensual sale or exchange of sex between adults or adult persons who sell or exchange sex. Using language such as "sex work", "selling sex", or "exchanging sex" or referring to an adult person as someone who "sells sex", "exchanges sex", or "does sex work" is rights-based. It does not judge the behavior as being good or bad. On the other hand, using terms like "survival sex", referring to an adult person as a "prostitute" or to sex work as a "negative coping strategy" should be avoided as they are judgmental, based on assumptions about the person's reasons for selling or exchanging sex, and can reinforce stigma.

Frontline workers are encouraged to ask ABMY survivors of sexual exploitation, including those with diverse SOGIESC, what terms they use for themselves and to respect those terms. However, if the language used by any ABMY survivor of sexual exploitation is self-stigmatizing, frontline workers should support them by explaining why it is derogatory and explore alternative terms together with the survivor, with the goal of combatting stigma and discrimination.

4. Exercise and Handout on the Causes of and Risk Factors for Sexual Exploitation of Displaced ABMY, Including those with Diverse SOGIESC

Equipment needed: Prepared causes of sexual exploitation (e.g., on a PowerPoint slide or flip chart paper), large post-its or pieces of paper, tape, printed handouts

Time required: Approximately 1 h

Exercise instructions:

1. Show the causes of sexual exploitation of ABMY and provide a brief explanation on them as a starting point for this exercise.
2. Explain to the participants that they will be working in groups of four to think of risk factors that make displaced ABMY, including those with diverse SOGIESC, vulnerable to sexual exploitation. Each group will write the risk factors they can think of on large post-its or pieces of paper. Divide the participants into the groups and have them work on this exercise for about 20 minutes.
3. When the time is up, have the groups put up the risk factors on flip chart stands or the wall and go through them in the plenary. Use the handout in this annex to add risk factors that might be missing. **Be aware that risk factors are context specific. Therefore, not all risk factors in the handout may apply to each setting.** Distribute the handout to the participants.

Handout: Causes of and Risk Factors for Sexual Exploitation of Displaced ABMY, Including those with Diverse SOGIESC²⁴⁹

Causes of sexual exploitation of ABMY, including those with diverse SOGIESC:

Sexual violence, including sexual exploitation, against men and boys is often an assertion of power over the other person, and is used to place or keep them in a subordinate position and to humiliate and create fear among men and boys or their communities. In addition, persons with diverse SOGIESC also experience sexual violence, including sexual exploitation, due to gender discrimination.

Risk factors for sexual exploitation of displaced ABMY, including those with diverse SOGIESC:

Risk factors for sexual exploitation can be context-specific and depend on a person's intersecting identity factors (e.g., gender, age, SOGIESC, race, ethnicity, class, caste, religion, disability, asylum and displacement status, socio-economic status, health status, or education status).

Displaced ABMY make up a diverse group, with each person having different interconnecting identities that influence a person's position in a context's power structure and may increase their risk of sexual exploitation. Adolescent boys, ABMY with disabilities, ABMY from ethnic and religious minorities, ABMY living with HIV and AIDS, ABMY with diverse SOGIESC, and adult ABMY of all SOGIESC, selling sex are at particular risk. Research indicates that when several of these diversity factors and their resulting discrimination and marginalization combine, this contributes to an increased risk of harm, including sexual exploitation.

Risk factors for displaced ABMY, including those with diverse SOGIESC, to be sexually exploited are:

- Previous experience of physical, emotional, and sexual abuse or sexual exploitation and neglect;
- Having physical, cognitive and/or emotional/behavioral disabilities;
- Loss of and lack of income, assets, and livelihoods;
- Lack of services (e.g., displaced ABMY aged 18 to 24 years no longer having access to services provided to children such as financial support or accommodation).
- Limited access to services, basic needs, education, and employment opportunities;
- Host government restrictions on asylum seekers' and refugees' mobility and their right to work;
- Engaging in informal employment or child labor;
- Discrimination in employment;
- Language barriers;
- For those on the move, pressure to reach their intended destination, earn a living, and send money back home;
- Lack of access to fast family reunification procedures;
- Reliance on smugglers to reach their destination country;
- Lack of access to legal residency and civil registration;
- Lack of adult and community protection;
- Breakdown of social networks;
- Separation from family;
- Exclusion from community;
- Social isolation;
- Living on the streets;
- Using and/or selling substances;
- Grooming through apps (e.g., dating and hook-up apps), social media, chats, or gaming;
- Lack of knowledge of sexual violence, including sexual exploitation, against men and boys in all their diversity;
- Lack of adequate legal prosecution and punishment of sexual exploitation at national and international level.

5. Exercise on the Consequences of Sexual Exploitation for Displaced ABMY, Including Those with Diverse SOGIESC

Equipment needed: Prepared flip chart papers for each group, tape, printed handouts

Time required: Approximately 1 h

Exercise instructions:

1. Prepare sufficient flip chart papers for each group of four participants with the following titles:
 - Psychological consequences
 - Physical consequences
 - Social consequences
 - Economic consequences
 - Legal consequences
2. Divide the participants into groups of four. Explain that each group will note consequences of sexual exploitation for displaced ABMY, including those with diverse SOGIESC, on their flip chart papers. Give the groups about 30 minutes to work on this exercise.
3. After 30 minutes, bringing the participants back to the plenary. Have each group present on a different area of consequences, with other groups then adding any consequences that have not yet been mentioned. Use the handout in this annex to clarify and correct participants' contributions, noting that consequences may also be context specific. **Please note that the consequences listed in the handout are those specifically related to sexual exploitation, not sexual violence against men and boys more broadly.** Distribute the handout to the participants.

Handout: Consequences of Sexual Exploitation for Displaced ABMY, Including Those with Diverse SOGIESC²⁵⁰

Sexually exploited ABMY of all SOGIESC can experience immediate and long-term psychological, physical, social, and economic consequences. The impacts can be severe, not only for the survivors but also for their families and communities and vary depending on the severity and duration of the abuse and unique rehabilitation process. Likewise, how family, friends, community, and service providers respond has a significant impact, with negative reactions (e.g., discrimination and stigmatization) exacerbating the consequences.

Research on ABMY survivors, including those with diverse SOGIESC, of sexual exploitation shows that the following consequences may arise:

Psychological consequences:

- Depression;
- Anxiety;
- Hopelessness;
- Post-traumatic stress disorder (PTSD) and complex trauma (complex PTSD) resulting from chronic exposure to traumatic events, with symptoms such as withdrawal, aggression, hostility, mood swings, inability to self-soothe, and attention problems;
- Loneliness;
- Low self-esteem;
- Shame;
- Humiliation;
- Fear;
- Self-harm;
- Suicidal thoughts and attempted or completed suicide.

Physical consequences:

- High rates of substance use, particularly drug use;
- Increased sexual and reproductive health risks, such as risk of HIV/AIDS and other sexually transmitted infections due to low condom use and the likelihood of having multiple sex partners;
- Injuries (including from physical violence that may happen during sexual exploitation), sometimes permanent or with fatal consequences.

Social consequences:

- Isolation and disconnect from family, friends, and communities;
- Social stigma (including because of misconceptions related to survivors' sexual orientation);
- Reduced chances of marriage;
- Dependence on exploiters;
- Absence of trusting relationships.

Economic consequences:

- Increased absences from school, leading to a disruption of education or dropping out of school.

Legal consequences:

- Criminalization (e.g., for engaging in same-sex relationships or so-called prostitution) and therefore, a lack of access to justice mechanisms.

6. Exercises and Handout on the Survivor-Centered Approach and its Guiding Principles

Exercise 1:

Equipment needed: Flip chart papers, tape, printed handouts

Time required: Approximately 45 mins

Exercise instructions:

1. Divide the participants into four groups. Assign each group one of the guiding principles of the survivor-centered approach:
 - Respect;
 - Confidentiality;
 - Safety;
 - Non-discrimination.
2. Ask each group to discuss what the possible negative consequences of not adhering to their principle are for:
 - a survivor;
 - the community;
 - the service providers (e.g., health providers).

The groups should list the consequences on flip chart papers. Give them 15 minutes to complete the discussions.

3. When the time is up, ask the groups to present their responses. Clarify and correct the responses using the handout in this annex. Distribute the handout to the participants.

Handout: The Guiding Principles of the Survivor-centered Approach and the Importance of Adhering to them²⁵¹

All work with survivors should be guided by the survivor-centered approach, which consists of the four guiding principles outlined below. These guiding principles must be followed in every interaction between frontline workers and survivors – regardless of the specific role of the frontline worker. These principles also provide a foundation for all humanitarian actors for any programming related to sexual violence.

- **Principle 1: Safety.** Safety refers not only to physical security but also to a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members, and those providing them with care and support. Every person has the right to be protected from further violence.
- **Principle 2: Confidentiality.** Confidentiality promotes safety, trust, and empowerment. It reflects the belief that people have the right to choose whether or not they will tell their story, and to whom. Maintaining confidentiality means that frontline workers do not disclose any information at any time to anyone without the informed consent of the person concerned. There are exceptions to confidentiality,²⁵² and it is very important that staff are familiar with them.
- **Principle 3: Respect.** All those who come into contact with a survivor have a role to play in supporting that person's dignity, self-determination and empowerment. Failing to respect their dignity, wishes and rights can increase their feelings of helplessness and shame, reduce the effectiveness of interventions and cause revictimization and further harm.
- **Principle 4: Non-discrimination.** All people have the right to the best possible assistance without discrimination on the basis of their sex, gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, status, social class or any other characteristic.

A **survivor-centered approach** aims to create a supportive environment in which the rights of every survivor are respected and in which every survivor is treated with dignity. A survivor-centered approach recognizes that every survivor:

- has equal rights to care and support;
- is unique;
- will react differently to their experience of sexual violence;
- has different strengths, capacities, resources, and needs; and
- has the right, appropriate to their age and circumstances, to decide who should know about what has happened to them and what should happen next, and should be believed and be treated with respect, kindness, and empathy.

Possible negative consequences of not adhering to the guiding principles:²⁵³

For the survivor:

- Risk of physical, emotional, and mental harm from the perpetrator, the perpetrator's family, or other members of the community;
- Stigma and social isolation;
- Not feeling respected or taken seriously by service providers;
- Lack of trust in frontline workers and service providers;
- Not daring to disclose the violence to anyone else or may not have the possibility to do so (e.g., due to control by the perpetrator, family members, or members of the community);
- Risk of further traumatization;
- Delayed, limited, or no access to support and delayed recovery.

For the community:

- Lack of trust in frontline workers and service providers;

- Decreased likelihood of reporting cases and seeking support;
- Lack of support from community members for survivors to access response services.

For service providers:

- Lack of trust from survivors and the community;
- Reputational damage and reduced acceptance;
- Decreased likelihood of reporting cases and survivors and community members seeking support;
- Risk of harm to staff from the perpetrator, the perpetrator's family, or other members of the community.

Exercise 2:

Equipment needed: Prepared flip chart paper with goals, post-it, tape, printed statements, prize

Time required: Approximately 45 mins

Exercise instructions:

1. Prepare a flip chart paper by drawing a goal on the left and another one on the right side of the paper. Place a post-it in the middle of the paper.
2. Explain to the participants that this is a soccer field and the post-it is the ball. Divide the participants into two teams that are going to play against each other.
3. Explain the rules of the game:
 - A member of one team is going to play against a member of the other team.
 - After hearing the statement that the facilitator reads out loud, the two players have to answer “do” or “don’t” depending on whether the statement refers to something they should or shouldn’t do when applying the guiding principles (e.g., the statement is “Give the survivor a hug”, to which the players should say “Don’t” because it is not something they should do).
 - The player who first provides the correct answer scores a point for their team.
 - After having given their answer, the two players move to the back of their team’s line and it’s the next two players’ turn.
 - Three points are needed to score a goal. The facilitator moves the ball (post-it) one step closer to the opponent’s goal with each point a team wins.
 - When a team has scored a goal, the ball (post-it) gets put back in the center.
4. Divide the group into two teams. Ask the teams to form two parallel lines, with the first players facing the flip chart paper with the soccer field.
5. Start reading the below statements out loud. After the players have answered, move the post-it in the correct direction, have the players move to the back of the line, and read the next statement to the following players. Be aware that participants may get loud during this game, but this is part of the fun. Try to calm them down and focus on the next statement.
6. At the end of the game, award the winning team with a prize (e.g., sweets) and clarify any remaining questions.

Statements:²⁵⁴

1. Be aware of your own attitudes and prejudices related to survivors. -> Do
2. Assume that survivors want to speak to a frontline worker of their own sex. -> Don’t
3. Assume that all survivors need the same support. -> Don’t
4. Ensure that you are in a confidential and quiet place when having a conversation with a survivor. -> Do
5. Provide honest, clear, and accurate information on available services. -> Do
6. Listen to the survivor in a caring and non-judgmental way. -> Do
7. Ask male survivors if they are gay. -> Don’t
8. Blame the survivor for the sexual violence they have experienced. -> Don’t
9. Try to find out if the survivor is telling the truth. -> Don’t
10. Assume that children and persons with disabilities want to have their caregiver present during your conversation. -> Don’t
11. Ensure that the survivor understands the confidentiality rules. -> Do

12. Tell the survivor what they should do. -> Don't
13. Act without considering the consequences for the survivor's, your own, or other persons' safety. -> Don't
14. Support the survivor in making their own decisions, and respect their rights, wishes, and choices. -> Do
15. Mediate between the survivor and the perpetrator. -> Don't
16. Obtain the survivor's consent (or for children: informed assent) before taking any action. -> Do
17. Keep the amount of times the survivor needs to share their experience as low as possible. -> Do
18. Share information about the survivor and their experiences with colleagues that are not involved in providing services to the survivor. -> Don't
19. Know and understand your local referral pathway. -> Do
20. Ensure that documents containing case information are stored securely. -> Do

7. Exercise and Handout on Responding to Disclosures – Considerations for ABMY Survivors of Different Ages

Equipment needed: Printed case studies and instructions for each group, printed handouts

Time required: Approximately 40 mins

Exercise instructions:²⁵⁵

1. Adapt the names in the case studies to the local context and print off sufficient copies of the case study, including the instructions for group work.
2. Divide the participants into three groups. Explain that they will all receive the same case study, and each group will have to decide how to respond to disclosure by the survivor. The difference between the groups is that the survivor has a different age:
 - For group 1: The survivor is 12 years old.
 - For group 2: The survivor is 16 years old.
 - For group 3: The survivor is 19 years old.
3. Distribute the case study and instructions to the groups. Give the participants 5 minutes to read the case study and 10 minutes to decide how to respond to the survivor.
4. When the time is up, ask each group to present their response. Clarify and correct the responses using the handout in this annex. Highlight the following:
 - The primary consideration when making decisions on responses for ABMY survivors, including those with diverse SOGIESC, who are below 18 years of age, should always be the best interests of the child.
 - A child's evolving capacities must be considered in the response.
5. Distribute the handout to the participants.

Case study:

A. arrived in your country in 2021. His parents and siblings did not come with him as the family did not have enough money to flee. B., a friend of A.'s father, was also fleeing and A.'s parents asked B. to look after him. However, A. became separated from B. during flight, and he doesn't know what happened to B. A. has been registered by your country's government and he has come to the attention of your organization's frontline workers.

When a frontline worker talks to him, A. tells them about getting separated from B. and seems upset. Since his arrival in your country, A. has received little assistance. He has only received some food and clothes from local people. He waits for B. to show up and says that he doesn't know where to go and what to do without B. A. doesn't know anyone here and doesn't know whom to go for help. He has been sleeping in the streets.

A. tells the frontline worker that a man sometimes comes at night to give him food, sometimes even clothes and once a blanket. A. says that he's thankful for the man's help but that he gives him a bad feeling. A. seems distressed. He tells the frontline worker that the man was friendly in the beginning, but that he has started to sit closer to him and even started touching him, saying that he does this to make A. feel warm. A. says that he is very ashamed but doesn't dare tell the man that he does not like his behavior because he needs the food and other things the man brings him to survive.

Instructions for group work:

- How do you respond to A.?
- What are the immediate next steps you take?
- Who do you need to get involved?
- Do you need consent from someone to take action? If so, at what point? From whom?
- What procedures do you have to follow?
- What are the services A. may need?

Handout: Responding to Disclosures – Considerations for ABMY Survivors of Different Ages

The information on this handout is taken verbatim from handout 7 of session 4 in UNHCR’s [SGBV Prevention and Response Training Package](#) (2016).

Age 12	Age 16	Age 19
<p>Next steps</p>		
<p>The most important thing is to ensure the child’s safety and well-being. For children aged 12, this usually means ensuring that they are in the care of their parents, relatives or in another safe and supportive family environment. Where parents are the source of abuse or are unwilling/unable to take action to prevent abuse, a child may need to be temporarily or permanently removed from parental care and placed in foster care, or, as a last resort, a safe house or institution. In some cases, it may be necessary to support relocation of other family members or the whole family. Our primary concern is the child’s best interests, which means that the solution identified must ensure their safety and well-being while also taking into account their views and those of their parents/caregivers.</p>	<p>Our priority and, for the most part, the process remain the same, but, at 16, a child typically has more autonomy and capacity. While we still need to ensure a safe and supportive care environment for the child, we should give more weight to their views, explore options with them and help them identify best choices. There may also be additional options available to the child in terms of care, such as supported independent living.</p>	<p>At age 19, the survivor should be making their own decisions, and our role is to give them information and options, to support them in identifying what they want and to facilitate this where we can. We cannot do anything that the survivor does not want.</p>
<p>Who to involve?</p>		
<p>At age 12, it is essential that we involve the child’s family or caregivers. First and foremost, parents/caregivers must be involved, where they are present and where this is in the best interests of the child, even if this goes against the child’s wishes.</p> <p>If the child and/or parents agree, other family members may also be supportive and can be involved, as well as community leaders, who may help negotiate solutions. With the consent of parents/caregivers and/or in the best interests of the child, we should also involve the police and legal support services. (NB: there may be exceptions here for mandatory reporting.) However, the exact actors will depend on the context.</p>	<p>At 16, while the child’s family or caregivers are likely to be very important in the response, it may not always be in the best interests of the child to involve them. If a child does not want to involve their parents, we are less likely to involve them unless it is essential to the child’s safety and well-being. Otherwise, the same actors can be involved, but always with the consent of the child and parents/caregiver.</p>	<p>At age 19, the survivor should identify for themselves the persons that they would like to be involved. As with children, family and community members may be important supports, and legal support and police services may also need to be invoked depending on the survivor’s wishes</p>

Age 12	Age 16	Age 19
Consent		
<p>While 12 is still very young, at this age children are clearly capable of expressing themselves, and their views are important. Younger children, including up to age 15, are usually not considered old enough or mature enough to provide consent, but they should be asked for their views, and we can obtain their assent or their agreement to what we propose. Where consent is necessary, for example to access services or to process information, this should be obtained from the child's parents/ caregiver, always guided by the principle of the best interests of the child. At any age, we must ensure that information provided and the way by which consent/assent is expressed is appropriate to the age and capacity of the child. All children should be involved in decisions that affect them, and their views given due weight.</p>	<p>At age 16, a child is likely to be mature enough to make many decisions on their own, and may be able to provide consent for some aspects of their care plan, depending on the legal framework. However, for decisions that have serious consequences, even 16 is considered too young to consent. Where this is the case, parental/ caregiver consent should be obtained and/or the decision should be made based on an assessment of the best interests of the child.</p>	<p>At age 19, as an adult, the survivor can and should provide consent for themselves on any necessary decisions.</p>
Procedures		
<p>Best Interest procedures, including Best Interest Assessments and Best Interest Determinations, where necessary, are very important for responding to SGBV affecting children. States may also have their own procedures for ensuring the best interests of the child, in which case these should be followed. Depending on the context, there may be other procedures to be followed, in particular, those relating to police reporting and any legal procedures where legal action is taken or where children are separated from their parents against their will.</p>	<p>Same.</p>	<p>N/A</p>

Age 12

Age 16

Age 19

Services

Depending on whether or not the child can stay with their family, they may need alternative care services. In terms of support, for children under 13 or for any child who has been recently in school or wants to be in school, we should focus on getting them in school. Where income is a problem, livelihoods or material support should be provided to the family, not the child. Medical, psychological and legal support should be provided as necessary, remembering that staff dealing with children in these services should have training on working with children. Group psychosocial support and play activities are also very beneficial for reintegration. Working with parents to support their child's recovery is also essential.

Older children who have been out of school for several years and who do not wish to return to school may require alternative support. This support could take the form of vocational training or livelihoods activities, but accelerated learning programmes or even literacy and numeracy classes may also be available and appropriate to ensure that the child continues to learn. Group support and peer support activities are also very important for adolescents, as well as involving parents and caregivers where in the child's best interests.

Available medical, legal and security, psychosocial, livelihoods, and other support should be explained to the survivor for them to decide on the services they would like to access.

8. Exercise on and Tools to Identify and Address Barriers to Accessing Services

Use the [Barriers to Care Analysis and Planning Tool](#) (GBVIMS) as a group exercise during training.

Equipment needed: Flip chart papers, markers, tape, printed copies of Part B

Time required: Approximately 2 h

BARRIERS TO CARE ANALYSIS AND PLANNING TOOL²⁵⁶

Use this tool to develop an action plan to address barriers faced by survivors of GBV in accessing care and support services. This tool has two parts:

Part A provides guidance on how to do a barrier assessment and identify solutions.

Part B provides a template to use to document the action plan for addressing barriers faced by survivors.

Part A: Steps in addressing barriers to care and support services

Step 1. Organize a workshop to develop a plan to address critical capacity gaps.

Do this exercise in a participatory manner, inviting representatives from organizations, community networks and other groups that advocate on behalf of GBV survivors.

Step 2. Identify the service and population to be analysed.

You can choose to look at barriers in different ways. You can look at barriers in accessing a particular service, for example, barriers faced in accessing law enforcement. You can focus on barriers faced by a particular group of survivors, for example, any barriers faced by adolescent girls. Or you could look at barriers faced by a particular group in accessing a particular service, for example, barriers to adolescent girls in accessing health care. You can also do all three as needed, although this will take more time.

- a. To identify barriers survivors face **in accessing a particular service, write the name of the service** in a circle, e.g. health post, police, women's centre, etc., and draw a series of concentric circles around it.
- b. To identify barriers faced by **a particular group of survivors, write the name of the group** in a circle, e.g. adult women, married women, adolescent girls, young children, males, sex workers, etc., and draw a series of concentric circles around it.
- c. To identify barriers faced by **a particular group to a particular service, write the name of the service and the name of the group** in a circle and draw concentric circles around them.

Step 3. Ask 'why'.

- a. If you put the name of a service in the centre circle, ask participants why survivors don't use the service and write the answers in the second circle.
- b. If you put the name of a particular group of survivors in the centre circle, ask participants why that group doesn't access services and write the answers in the second circle.
- c. If you put the name of a service and particular group in the centre circle, ask why that group doesn't access that service and write the answers in the second circle.

Part A: Steps in addressing barriers to care and support services

Step 4. Probe and get more information.

- a. For each factor or barrier identified in Step 2, probe further to understand why the barrier exists and write the corresponding answers in the next circle.
- b. Continue this process until all of the barriers and reasons from them have been identified.
- c. Make a list of everything identified.

Step 5. Develop a plan for addressing each gap.

- a. Go through the list of barriers one by one and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.
- b. Ask participants to decide which actions are high priority, who is responsible for them and the time- frame for addressing them.
- c. Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan.

Step 6. Document, implement and review the action plan for addressing barriers.

- a. Using Part B: Action Plan for Addressing Barriers, document the action plan and distribute it to relevant stakeholders.
- b. Start implementing it!
- c. Organize a review meeting to follow up on progress in implementing the plan and make adjustments as needed. You can use Part B again to review and monitor progress towards addressing gaps.

Part B: Action plan for addressing barriers to care and support

Barrier	Possible strategies for reducing the barrier	Who	When

Tools to Identify and Address Barriers to Accessing Services

While the following tool by the [GBVIMS](#) was developed to support frontline workers in identifying and addressing barriers to accessing services for survivors of GBV, it can also be used with a focus on ABMY survivors of sexual exploitation, including those with diverse SOGIESC:

- Barriers to Care Analysis and Planning Tool

This tool by the [GBVIMS](#) was developed to help frontline workers to assess and address capacity gaps in services for GBV survivors. It can, however, also be applied with a focus on ABMY survivors of sexual exploitation, including those with diverse SOGIESC:

- Service Gap Analysis and Planning Tool

9. Handout on Frequently Asked Questions Related to Services for Male Survivors and Suggested Answers

The information on this handout is taken verbatim from Annex 2 of the GBV Area of Responsibility's [Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination](#) (2021).

Question #1: Why can't you just make existing GBV services more accessible for men and boys?

Answer: Gender specific programming and response is crucial to ensuring safety, access and appropriateness of services for both female and male survivors. Many services developed for women and girls will not be appropriate for male survivors of sexual violence. Further, providing support for male survivors through some services will make them less safe and accessible for women and girls. In addition, some services developed for women and girls are not helpful or appropriate for male survivors. Male survivors in many contexts choose not to disclose or seek-help at GBV service points, in some instances because they do not wish to identify themselves as survivors of sexual violence.

Question #2: Why wouldn't a male safe space support more disclosures and be a good place to provide services to male survivors?

Answer: Perpetrators of sexual violence against men and boys are overwhelmingly male and a male only space will not provide the same safe environment to promote the prevention of violence or allow survivors to safely disclose and receive referrals to other services. A male safe space that is exclusive for male survivors of sexual violence would likely place their confidentiality and safety at risk, and male survivors in many cases prefer to disclose and receive services at non GBV specific service points.

Question #3: If you're the GBV sub-cluster, shouldn't you be providing all the services that male survivors of sexual violence need?

Answer: Available evidence shows that male survivors of sexual violence often do not want to receive support from GBV specific services and frequently seek support from other actors such as health services, general MHPSS or in the case of boy survivors, child protection actors.

Question #4: Violence against men such as forced recruitment, gang violence, inter-communal conflict and others are based on them being men and boys, shouldn't this violence be addressed by GBV actors?

Answer: The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.²⁵⁷

Forms of violence perpetrated against men because they are men are not based on this systemic inequality. In addition to this, there are other humanitarian actors who have the right skills, experience, program models and funding to work with these populations.

We also recognize that many individuals experience multiple forms of violence and deprivation and that they may seek services from different actors based on their needs.

Question #5: If you're not providing the same services for men and boys as you are for women and girls, then aren't you discriminating against men and boys?

Answer: We know from recent research that men and boys who have experienced sexual violence have specific service needs and preferences on how they want to receive support.

Male survivors of sexual violence need to be believed; to feel physically safe; to feel that their service providers empathize with them; to feel free from judgment or blame; to be certain that they can speak confidentially; to be given time and encouragement; and to be accepted as a whole person, rather than being reduced to the status of 'victim' or 'survivor'.²⁵⁸ The core principles of a survivor-centered approach are applied to male survivors.

However most male survivors of sexual violence require multi-sectoral responses and may experience sexual violence alongside other forms of violence and deprivation. In most instances they will prefer to seek services from other actors such as protection actors, child protection actors, general MHPSS services or in health-care settings.

Often male survivors of sexual violence prefer to access services that do not require them to disclose their experiences of sexual violence and we must respect their language and agency in framing their experiences.

10. Exercise on Services for Displaced ABMY Survivors of Sexual Violence and Exploitation

Equipment needed: Prepared questions (on a PowerPoint slide or flip chart papers), flip chart papers, markers, tape

Time required: Approximately 1 h

Exercise instructions:²⁵⁹

1. Divide the participants into three groups. Assign the following questions to the different groups:
 - Group 1: What services are available for displaced ABMY below 18 years who are survivors of sexual exploitation in your context? Which actors are involved in service provision?
 - Group 2: What services are available for displaced ABMY above 18 years who are survivors of sexual exploitation in your context? Which actors are involved in service provision?
 - Group 3: What services are available for displaced male ABMY survivors with diverse SOGIESC? Which actors are involved in service provision?
2. Explain that each group should discuss their questions, draw, or write their answers on a flip chart paper and assign a person to present their results. Give the groups 25 minutes to complete this part of the exercise.
3. When the time is up, ask the person presenting for each group to stay with their flip chart paper and the rest of the groups to move from one paper to the next to listen to the different presentations. Allow 5 to 10 minutes for the presentation of results and follow-up discussions.
4. Bring the participants back to the plenary to discuss these follow-up questions:
 - What new information did you learn about services for displaced ABMY survivors in your context?
 - Is there a referral pathway in your setting that includes your group of survivors? If yes, do frontline workers know about it? Does the community know about it? How is information on the referral pathway disseminated?
 - Who do you report cases of displaced ABMY survivors, including those with diverse SOGIESC, to? Are there cases that you cannot refer? If yes, why not?
 - Why is it important to have a referral pathway?
5. Key points to highlight during the discussion:
 - It is important that a functional referral pathway that builds on existing services and community-based structures is established. This supports survivors' access to services and their recovery from the exploitation they have experienced. Information on the referral pathway needs to be disseminated among service providers and communities.
 - The services included in the referral pathway should meet minimum standards of care in accordance with guiding principles and global standards. Their quality should be monitored regularly, and barriers to accessing services need to be addressed on an ongoing basis.
 - The referral mechanism must respect the guiding principles of the survivor-centered approach, e.g., confidentiality. Systems have to be in place to ensure that survivors' data is protected during the referral process.

11. Exercise and Handout on Community Engagement and Awareness-raising on the Sexual Exploitation of Displaced ABMY, Including Those with Diverse SOGIESC

Equipment needed: Prepared flip chart papers, markers, tape, printed handouts

Time required: Approximately 45 mins

Exercise instructions:

1. Prepare a flip chart paper for each of the following questions:
 - When preparing messages for community engagement and awareness-raising on the sexual exploitation of ABMY, including those with diverse SOGIESC, which topics should you include?
 - How can the community's sensitivities related to sexual violence, including sexual exploitation against ABMY and sensitivities related to male survivors, including those with diverse SOGIESC, be addressed?
 - How can we ensure that the developed messages reach and speak to displaced ABMY, including those with diverse SOGIESC?
2. Divide the participants into three groups. Assign a group to each question and explain that they have 5 minutes per paper to note down their suggestions. When the time is up, each group moves to the next paper and has 5 minutes to add to what the previous group has written. The group exercise ends when every group has provided input on each question.
3. Look at the suggestions provided by the groups in the plenary. Clarify and correct the responses using the handout in the annex.
4. Then ask the following questions to follow up:
 - What can we do when staff have the same attitudes or prejudices as the community?
 - What do we need to consider before starting community outreach and awareness-raising on the sexual exploitation of displaced ABMY, including those with diverse SOGIESC?

Use the handout in this annex to facilitate the discussion on these questions.

Handout: Community Engagement and Awareness-raising on the Sexual Exploitation of Displaced ABMY, Including Those with Diverse SOGIESC²⁶⁰

When preparing messages for community engagement and awareness-raising on the sexual exploitation of ABMY, including those with diverse SOGIESC, which topics should you include?

The following topics should be included:

- What sexual exploitation is and where it might take place;
- That sexual exploitation can affect anyone, including ABMY and persons with diverse SOGIESC;
- How the different ABMY survivors may be impacted by sexual exploitation;
- What safeguarding measures they can use to mitigate risks for all ABMY survivors;
- How to support survivors in an empathetic way;
- What services are available to ABMY survivors, including those with diverse SOGIESC, where they are located, and what their opening hours, entry point (e.g., contact person/ focal point), and procedures are;
- What the benefit of accessing timely care and services for male survivors is; and
- How reported cases will be dealt with, especially highlighting confidentiality.

Gender transformative messages on healthy masculinity and messages addressing homo- and transphobia should also be included in awareness-raising with communities.

How can the community's sensitivities related to sexual violence, including sexual exploitation against ABMY and sensitivities related to male survivors, including those with diverse SOGIESC, be addressed?

The sensitivities of communities can be considered, and discomfort and disengagement can be decreased by applying a community-led approach to engaging on this topic, i.e., by working with:

- male survivors' groups and networks, including those for survivors with diverse SOGIESC, where they exist;
- community members representing diverse perspectives (e.g., persons of different ages, genders, and social statuses);
- key community institutions (such as schools and churches); and
- key community figures (e.g., faith leaders, community leaders, and women leaders).

Institutions and key community figures can serve as entry points to the community and as allies to create change within the community, e.g., on perceptions of and attitudes towards male survivors.

You should also work with the GBV and child protection sector to ensure that the messages and distribution modalities are in line with guiding principles and global standards.

How can we ensure that the developed messages reach and speak to displaced ABMY, including those with diverse SOGIESC?

The developed messages can be conveyed through community messaging, e.g., by community volunteers or focal points, information campaigns (e.g., by using billboards, leaflets, social media, radio transmission, or apps), and awareness-raising sessions. Messages on male survivors should also be mainstreamed in awareness-raising on related topics, such as GBV against women and girls or sexual and reproductive health. Images of male survivors, including those with diverse SOGIESC, should be included in awareness-raising materials, and information on available services should – where safe – also be distributed to male-specific locations, e.g., men's bathrooms, barbershops, cafés where ABMY gather, and organizations and locations where ABMY with diverse SOGIESC meet.

What can we do when staff have the same attitudes or prejudices as the community?²⁶¹

Attitudes and prejudices about sexual violence, including sexual exploitation, against men, boys, and persons with diverse SOGIESC take time to change. Changing behavior is a long-term process. However, there are often promising staff in each organization who may have attitudes and beliefs that align with guiding principles and standards. It is important to identify them and strengthen their capacity. They can then become positive role models for other staff.

What do we need to consider before starting community outreach and awareness-raising on the sexual exploitation of displaced ABMY, including those with diverse SOGIESC?

Community outreach and awareness-raising work should only be conducted when services for male survivors, including those with diverse SOGIESC, are available and information on caring for male survivors is included in referral pathways and Standard Operating Procedures (SoPs).

12. Exercise and Handout on Intersectionality: Working with Displaced ABMY with Unique and Intersecting Identities

Equipment needed: Instructions for each group, printed handouts

Time required: Approximately 40 mins

Exercise Instructions:

1. Adapt the names in the case studies to the local context and print off sufficient copies of the case study, including the instructions for group work.
2. Divide the participants into three groups. Explain that they will all receive the same case study, and each group will provide written responses to the questions listed on the handout.
3. Distribute the case study and instructions to the groups. Give the participants 5 minutes to read the case study and 15 minutes to answer the questions on the handout.
4. When the time is up, ask each group to present their response.
5. Key points to highlight during the discussion (25 minutes):
 - Everyone has their own mix of unique and overlapping identities. Frontline workers should never make assumptions about or judge displaced ABMY's behavior or circumstances. Frontline workers should never 'blame' the survivor for their circumstance, but rather listen to their perspectives and together identify the reasons behind the exploitation, how it affects them (physically, emotionally, psychologically, etc.), and what impact it has on their well-being.
 - The experiences of marginalized ABMY who are survivors of sexual exploitation are shaped not only by their gender but also by other social factors such as race, class, ethnicity, religion, sexual orientation, and physical ability. By understanding the intersectionality of each individual or group, frontline workers can tailor their services and support to meet ABMY's unique needs.
 - For ABMY who are religious, frontline workers should assess whether there are any resources in their religious community that may be supportive of their intersecting identities or connect the person to faith-based organizations where they can find people who cope with similar challenges.

Handout: Intersectionality: Working with Displaced ABMY with Unique and Intersecting Identities

Case study:²⁶²

A. arrived in your country in 2021. His parents and siblings did not come with him as the family did not have enough money to flee. A. has been registered by your country's government and he has come to the attention of your organization's frontline workers.

When a frontline worker talks to him, A. seems upset. Since his arrival in your country, A. has received little assistance. He has only received some food and clothes from the local religious center. However, when members of the center found out that A. identifies as gay, they stopped giving him food and clothes. He feels ashamed. He does not feel welcome at the religious center. He doesn't know where to go and what to do. A. doesn't know anyone here and doesn't know whom to go to for help. He has been sleeping in the streets.

A. tells the frontline worker that a man sometimes comes at night to give him food, sometimes even clothes and once a blanket. A. says that he's thankful for the man's help but that he gives him a bad feeling. A. seems distressed. Her tells the frontline worker that the man was friendly in the beginning, but that he has started to sit closer to him and even started touching him, saying that he does this to make A. feel warm. A. says that he is very ashamed but doesn't dare tell the man that he does not like his behavior because he needs the food and other things the man brings him to survive.

Discussion questions

Question	Response
1. What are the capacities and strengths of A.?	
2. What prevents A. from thriving? What holds him back?	
3. What are the different issues A. is coping with? What strategies does A. use to cope?	
4. Does A.'s faith or religious practice empower him, or does he struggle to reconcile his LGBTIQ+ identity with his religious identity?	
5. In your context, what forms of marginalization do displaced ABMY, including those with diverse SOGIESC, face? What forms of oppression do they face because of their displacement status?	

13. Handout on Steps to Ensure Inclusive Programming for ABMY with Disabilities who are Survivors of Sexual Exploitation

Access to basic needs is a primary challenge faced by ABMY with disabilities, including for those who are survivors of sexual exploitation in humanitarian settings. Due to lack of adequate and accessible resources and services, children with disabilities often face significant barriers to obtaining necessary support, including medical care and medications.²⁶³ The unique combination of intersecting characteristics of ABMY with disabilities also influences how they cope with sexual exploitation. When developing adequate response programs for ABMY survivors with disabilities, it is crucial to take an intersectional approach that considers their unique characteristics and experiences and upholds their dignity and rights. Key steps to consider include:

- **Conduct a participatory assessment:** Conduct a thorough assessment of the needs and challenges faced by ABMY with disabilities who are survivors of sexual exploitation. Ensure displaced ABMY with disabilities have an opportunity to meaningfully participate in the assessment based on their communication preferences. This assessment should include identification of the various types of disabilities in the community and an understanding of how intersectional factors (e.g., displacement, nationality, age, gender) impact their experiences.
- **Develop an inclusive approach:**²⁶⁴ Programs must be developed in an inclusive and accessible manner. This includes ensuring that facilities and services are accessible to individuals with different types of disabilities, providing assistive devices, such as mobility aids, and providing accessible communication methods.
- **Train staff:** Staff members should receive training on disability rights, cultural sensitivity, and communication methods that are accessible to individuals with disabilities. Training should also cover how to recognize and respond to incidents of sexual exploitation and abuse.
- **Provide specialized services as requested:** As requested by ABMY with disabilities, programs should offer specialized services that address their unique needs, such as disability-specific mental health services and assistive technology, like hearing aids or communication devices.²⁶⁵ Services should learn from ABMY survivors with disabilities what – if any – programmatic adaptations are necessary to meet the needs of survivors with different types of disabilities, including physical, intellectual, and sensory impairments.
- **Address intersecting factors:** Programs must address the intersecting factors that impact the experiences of displaced ABMY with disabilities, such as age, gender, race, and ethnicity. This includes recognizing and addressing the specific needs of ABMY with disabilities who may be at higher risk for sexual exploitation than their peers and providing a rights- and strength-based approach to ABMY with disabilities who may have difficulty communicating their experiences.
- **Engage with the community:** Community engagement is essential to raise awareness of the needs and capacities of ABMY with disabilities who are survivors of sexual exploitation in humanitarian settings.²⁶⁶ Community members, including displaced ABMY with disabilities, should have an opportunity to be meaningfully involved in the development and implementation of programs.
- **Monitor and evaluate:** Programs should be monitored and evaluated to ensure that they are meeting the needs and enhancing the capacities of displaced ABMY with disabilities who are survivors of sexual exploitation. Regular and systematic feedback from program participants should be collected and used to improve services.

14. Sample training agenda for a 2-day training conducted in Beirut, Lebanon



SUPPORTING DISPLACED ADOLESCENT BOYS AND MALE YOUTH IN ALL THEIR DIVERSITY WHO ARE SURVIVORS OR AT RISK OF SEXUAL EXPLOITATION: Training for frontline workers in humanitarian contexts in Lebanon

9:00 AM- 5:00 PM

31 May-1 June, 2023

Beirut, Lebanon

English and Arabic simultaneous translation will be provided.

Overall training objective: strengthen humanitarian frontline workers' capacity to prevent and respond to sexual exploitation perpetrated against adolescent boys and male youth in all their diversity

AGENDA

TIME	SESSION NAME
DAY #1	
9:00 am-9:30 am	Welcome & Introductions/Icebreaker
9:30-10:00 am	Group Capacity and Knowledge Assessment
SESSION 1: SEXUAL EXPLOITATION OF ADOLESCENT BOYS AND MALE YOUTH	
10:00 am- 11:30 am	Norms and attitudes related to sexual violence against ABMY, including those with diverse SOGIESC
11:30-11:45 am	Break
11:45-1:00 pm	Common Misconceptions about Male Survivors, including those with diverse SOGIESC
1:00-2:00 pm	Lunch
2:00-3:00 pm	Rights-based terminology related to the sexual exploitation of children

TIME	SESSION NAME
3:00-3:15 pm	Break
3:15-3:30 pm	Causes and risk factors of sexual exploitation for displaced ABMY with diverse SOGIESC
3:30-4:45 pm	Consequences of sexual exploitation for displaced ABMY survivors, including those with diverse SOGIESC
4:45-5:00 pm	Wrap-up and Closing
DAY #2	
9:00-9:30 am	Welcome/debrief from Day 1
SESSION 2: SUPPORTING ADOLESCENT BOY AND MALE YOUTH SURVIVORS OF SEXUAL EXPLOITATION	
9:30-10:15 am	Survivor-centered approach and its guiding principles
10:15-11:00 am	How to respond to ABMY survivors, including those with diverse SOGIESC, of different ages
11:00-11:10 am	Break
11:10 am -12:10 pm	Identifying and addressing barriers to accessing services
12:10-1:00 pm	Frequently asked questions related to services for male survivors
1:00-2:00 pm	Lunch
2:00-3:00 pm	Services for displaced adolescent boys and male youth survivors of sexual violence and exploitation, including those with diverse SOGIESC

TIME	SESSION NAME
SESSION 3: INTERSECTIONALITY: CONSIDERING THE UNIQUE CHARACTERISTICS OF GROUPS AND INDIVIDUALS	
3:00-3:15 pm	Introduction to Intersectionality
3:15-3:20 pm	<i>Break</i>
3:20-4:15 pm	Working with Displaced ABMY with unique and intersecting identities
4:15-4:45 pm	<i>Group knowledge and capacity assessment</i>
4:45-5:00 pm	<i>Wrap-up / Closing</i>

Endnotes

- 1 Please see [Annex 1](#) for a definition of these terms.
- 2 For further information on Phase 1 of WRC's Sexual Violence Project, see the informational box in [Annex 3](#).
- 3 For definitions of these terms and a visual explanation of the different stages of adolescence and young adulthood, see the box with "Notes on terminology."
- 4 The rationale for focusing on ABMY under 18 is based on the *Convention on the Rights of the Child* (United Nations. New York, UN. 1989. <https://www.ohchr.org/sites/default/files/crc.pdf>). A "child" is defined by the Convention as a person below the age of 18, unless the relevant laws state an earlier age of majority. The Convention is a legally binding international agreement that recognizes the specific vulnerabilities and rights of children and establishes special protections for children in international law that all States that have signed the Convention have to ensure. Consequently, national laws related to sexual violence often distinguish between provisions for child and adult survivors. Based on this, the humanitarian sector has developed specific materials for preventing and responding to child sexual abuse and exploitation, with the child protection sector playing a key role in the prevention of and response to sexual violence against children. To take all of this into account, this toolkit focuses on ABMY under 18.
- 5 United Nations, Secretariat *Secretary-General's Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse*, ST/SGB/2003/13, <https://pseatactaskforce.org/uploads/tools/1327932869.pdf>.
- 6 UN General Assembly, *Convention on the Rights of the Child*, United Nations, Treaty Series, vol. 1577, p. 3., 20 November 1989, <https://www.ohchr.org/sites/default/files/crc.pdf>.
- 7 World Health Organization, *Adolescent health* (2021). https://www.who.int/health-topics/adolescent-health#tab=tab_1.
- 8 United Nations, Department of Economic and Social Affairs, *Definition of youth*, 2015. <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>.
- 9 UNICEF, *UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents* (2018). <https://www.unicef.org/media/57336/file>.
- 10 Inter-Agency Standing Committee, *IASC Six Core Principles Relating to Sexual Exploitation and Abuse* (New York, 2019). <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse-2019>.
- 11 For prevalence data on sexual violence and sexual exploitation of men and boys in all their diversity in humanitarian settings, see the informational box in [Annex 3](#). For information on the evidence base for this toolkit, including key findings from the conducted literature review and key informant interviews, see [Annex 3](#).
- 12 Family for Every Child, *Caring for Boys Affected by Sexual Violence* (2018). <https://familyforeverychild.org/resources/caring-for-boys-affected-by-sexual-violence/>; Katherine Mitchell et al., "Rethinking Research on Sexual Exploitation of Boys: Methodological Challenges and Recommendations to Optimize Future Knowledge Generation," *Child Abuse and Neglect* 66 (2017): 142-151. <https://pubmed.ncbi.nlm.nih.gov/28190570/>.
- 13 The phrase "in all their diversity" refers to the intersecting and overlapping identities of ABMY (e.g., gender, sexual orientation, disability status, refugee status) that influence their lived experiences, including risk and experiences of sexual violence.
- 14 Information from key informant interviews; [WRC's research](#) conducted during Phase 1 of the Sexual Violence Project.
- 15 See [WRC's research](#) conducted during Phase 1 of its Sexual Violence Project and [ECPAT International's global case studies on sexual exploitation against adolescent boys](#).
- 16 GBV Area of Responsibility, *Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination* (2021). https://gbvaor.net/sites/default/files/2021-11/Guidance%20Note%20Male%20Survivors_FINAL29.9.21.pdf.
- 17 Ibid.
- 18 See [WRC's research](#) conducted during Phase 1 of the Sexual Violence Project.
- 19 For information on the causes of sexual violence against men and boys, see [Chapter 2.c](#).
- 20 Marije Stoltenborgh et al., "A Global Perspective on Child Sexual Abuse: Meta-analysis of prevalence around the world," *Child Maltreatment* (2011): 16:2, 79–101. <https://pubmed.ncbi.nlm.nih.gov/21511741/>.

- 21 Sarah K. Chynoweth, Julie Freccero, and Heleen Touquet, "Sexual violence against men and boys in conflict and forced displacement: implications for the health sector," *Reproductive Health Matters*, Vol. 25 (2017, Issue 51): 91. www.tandfonline.com/doi/full/10.1080/09688080.2017.1401895.
- 22 UN General Assembly, *Universal Declaration of Human Rights*, 10 December 1948, 217 A (III). <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.
- 23 Despite the provisions contained in the Universal Declaration of Human Rights, as of December 2020, 69 UN member States criminalize consensual same-sex sexual acts between adults, and at least 42 UN member States restrict the right to freedom of expression on sexual orientation and gender identity. (ILGA World. 2020. <https://ilga.org/ilga-world-releases-state-sponsored-homophobia-December-2020-update>).
- 24 For more information on the humanitarian principles, see UN OCHA (2022). OCHA on Message: Humanitarian Principles. July 2022. https://www.unocha.org/sites/unocha/files/OOM_Humanitarian%20Principles_Eng.pdf.
- 25 Sphere Association, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (2018). https://handbook.spherestandards.org/en/sphere/#ch004_002.
- 26 UNICEF, *Research on the Sexual Exploitation of Boys: Findings, ethical considerations and methodological challenges* (New York: UNICEF, 2020). <https://data.unicef.org/resources/sexual-exploitation-boys-findings-ethical-considerations-methodological-challenges>;
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- 27 UN General Assembly, *Convention on the Rights of the Child, United Nations*, Treaty Series, vol. 1577, p. 3., 20 November 1989, <https://www.ohchr.org/sites/default/files/crc.pdf>;
United Nations, *Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography*, New York, 2000. <https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/crc-sale.pdf>.
- 28 Please note that situations of consensual sexual activity between adolescents of similar age are not considered sexual exploitation.
- 29 For further information on the problems resulting from equating all sex work to sexual exploitation, see NSWP. 2019. Briefing Note: Sex work is Not Sexual Exploitation. Edinburgh, NSWP. <https://nswp.org/resource/nswp-briefing-notes/briefing-note-sex-work-not-sexual-exploitation>.
- 30 Women's Refugee Commission, *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians* (2016). <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Refugees-Engaged-in-Sex-Work-Guidance-Note-Oct-2016-Modified.pdf>.
- 31 UNHCR and UNFPA, *Operational Guidance – Responding to the Health and Protection Needs of People Selling or Exchanging Sex in Humanitarian Settings* (2021). <https://www.unhcr.org/protection/operations/60dc85d74/responding-health-protection-needs-people-selling-exchanging-sex-humanitarian.html>.
- 32 Jones K. Adjei, Elizabeth M. Saewyc, Boys are not exempt: Sexual exploitation of adolescents in sub-Saharan Africa, *Child Abuse & Neglect*, Volume 65, 2017, Pages 14-23, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2017.01.001> (<https://www.sciencedirect.com/science/article/pii/S0145213417300017>);
United Nations Children's Fund, 'Action to end child sexual abuse and exploitation: A Review of Evidence', UNICEF, New York, USA, 2020.
- 33 In a legal context, terms that are generally not recommended for use when supporting persons selling or exchanging sex (e.g., "forced prostitution") may be used due to the wording of legal provisions. In other contexts, such as the psychological and social support sectors, this language is considered harmful as it may criminalize the person's actions and is discriminatory. As in the discussion surrounding the terms "victim" and "survivor" (see [Annex 1](#)), rights-based terminology should be used whenever possible.
- 34 Ibid.
- 35 For definitions of these terms, see [Annex 1](#).
- 36 UNICEF, *Action to end child sexual abuse and exploitation: A review of the evidence* (New York: UNICEF, 2020). <https://www.unicef.org/documents/action-end-child-sexual-abuse-and-exploitation>.
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- 42 Ella Cockbain, Matthew Ashby, and Helen Brayley, "Immaterial Boys? A large-scale exploration of gender-based differences in child sexual exploitation service users," *Sex Abuse 29*(7) (2017): 658-684. <https://journals.sagepub.com/doi/10.1177/1079063215616817>.
- 43 Henri Myrtilinen and UN Women, *UN Women Internal Guidance Note: Engaging Men and Boys for Gender Equality in Humanitarian Settings*, 2023.
- 44 Blondeel, K., de Vasconcelos, S., Garcia-Moreno, C., Stephenson, R., Temmerman, M., & Toskin, I. (2018). Violence motivated by perception of sexual orientation and gender identity: a systematic review. *Bulletin of the World Health Organization*, 96(1), 29–41L. <https://doi.org/10.2471/BLT.17.197251>
- 45 UNHCR and UNFPA, *Operational Guidance – Responding to the Health and Protection Needs of People Selling or Exchanging Sex in Humanitarian Settings* (2021). <https://www.unhcr.org/protection/operations/60dc85d74/responding-health-protection-needs-people-selling-exchanging-sex-humanitarian.html>.
- 46 Women's Refugee Commission, *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians* (2016). <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Refugees-Engaged-in-Sex-Work-Guidance-Note-Oct-2016-Modified.pdf>.
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- 50 Inter-Agency Standing Committee and Global Protection Cluster, *Thematic Area Guide: Guidelines for Integrating GBV Gender-Based Violence Interventions in Humanitarian Action* (2015). https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf;

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