WOMEN'S REFUGEE COMMISSION

DELIVERING PEER SUPPORT GROUPS TO ADOLESCENT BOY AND MALE YOUTH SURVIVORS OF SEXUAL VIOLENCE, INCLUDING LGBTQI+ YOUTH, IN HUMANITARIAN CONTEXTS

A training curriculum for frontline workers without specialization in the provision of mental health and psychosocial support, to facilitate group-based peer support

Part II: Training of Peer Support Group Leaders

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Introducing the curriculum

Aim

This curriculum is the second of two parts to deliver peer support groups to adolescent boy and male youth survivors of sexual violence, including youth with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC). This portion of the curriculum designed to equip humanitarian frontline workers to become non-specialist peer support group leaders, and establish and implement peer support groups for adolescent boys (10—19 years) and male youth (15—24 years) survivors of sexual abuse and conflict-related sexual violence (CRSV). Given stigma associated with being a member of a group of adolescent boys and male youth (ABMY) survivors, we also encourage organizations already working with crisis-affected adolescents and youth to open the peer support group to all ABMY who may benefit from additional peer support.

Background

Mental health and psychosocial support (MHPSS) in crisis settings is rooted in a socioecological viewpoint that considers the multilayered factors that combinedly impact crisis-affected people's mental health and psychosocial well-being. These impacts may easily become overwhelming for some people affected by crisis, who therefore might become continually dependent on external aid, raising prospects of poor mental health outcomes over the long term. In light of this risk, MHPSS actors facilitate resilience among crisis-affected people by enhancing their access to key resources, such as peer support groups, that allow them to use their available strengths to act on existing challenges instead of relying continuously on external aid. Since resilience is based on cooperation,[1] i.e., will be limited without social support regardless of available personal resources, MHPSS actors underscore the need to foster community member integration into wider networks, and cooperation as a basis to tackle adversity at different levels. This participation-oriented approach is especially important where community members confront oppressive life conditions, such as crisis situations, which they will likely continue to contend with well after international humanitarian-based MHPSS programs end. It is in contexts like these where group-based approaches, such as peer support groups, that rally people together to define and address common pressing concerns, prove critical to achieving resilience.

Target audience

This curriculum is intended to be delivered by humanitarian practitioners who have prior experience supporting crisis-affected ABMY survivors of sexual violence, including those with diverse SOGIESC, and participated in the first part of this curriculum – the Training of Trainers. The second half of this curriculum will equip practitioners to train community and humanitarian workers who are not MHPSS specialists but who do have prior work experience with this population, to facilitate peer support groups. In ideal circumstances, this training should be delivered by an MHPSS specialist; however, where MHPSS specialists are not available, the training can be delivered by a non-specialist who meets the criteria above with supervision by a MHPSS specialist. By enhancing the capacity of non-MHPSS specialists to deliver peer support groups, the program model aims to help respond to the lack of available MHPSS professionals to address this need in crisis settings with limited resources. Once these frontline workers have received this training and acquired sufficient practical experience as peer support group leaders, they may also be able to use this curriculum to train other frontline workers.

Non-MHPSS specialized community and humanitarian workers can be trained to establish and implement peer support groups for ABMY survivors and those at risk of sexual violence and CRSV in humanitarian contexts where human resources for MHPSS (e.g., clinical social workers, MHPSS specialists, psychologists, psychiatrists) are scarce.Mental health literature supports the inclusion of peer support group leaders in the mental health care workforce.[2]

1 Boris Cyrulnik, "Interview with Boris Cyrulnik", *International Review of the Red Cross* 101, no. 1 (April 2019): pp. 11–36. https://international-review.icrc.org/articles/interview-boris-cyrulnik.

2 Reham A Hameed Shalaby and Vincent IO Agyapong, "Peer support in mental health: literature review", *JMIR Mental Health* 7, no. 6 (June 2020): e15572. https://mental.jmir.org/2020/6/e15572.

While this type of adjunctive mental health support does not in any way replace the need for professionalized mental health services to treat serious mental health conditions, this approach ensures that ABMY survivors and those at risk have access to the minimum level of care they need to strengthen their social support system. Further, group members can also feel meaningfully supported by peer support group leaders if these facilitators have undergone similar life experiences and have engaged in a recovery process such as a peer support group or peer support network (see Table 1. MHPSS trainer and trainee/peer support group leader qualifications checklist below).

This curriculum may also be of interest to national health and humanitarian aid planners or coordinators, to understand the principles and methods of group-based peer support so they can then promote the inclusion of this support component in their overall approach.

In many low-income countries affected by emergencies, national governments, non-governmental organizations (NGOs), and international NGOs (INGOs) have been engaging MHPSS specialists to strengthen capacity among local paraprofessionals to deliver individual and group-based MHPSS with survivors, given the lack of specialized MHPSS professionals.[3] Some organizations have designed online short courses on related topics to increase accessibility to MHPSS-related trainings.[4] More specifically, organizations like International Council for Rehabilitation from Torture (ICRT) (Denmark) and Center for Victims of Torture (United States) have mobilized non-specialist staff members to support mental health and psychosocial recovery among torture survivors, while United Nations offices like International Organization for Migration (IOM), United Nations Development Program (UNDP), and INGOs focused on child protection, have addressed the MHPSS needs of child and youth victims of human trafficking, and children associated with armed groups and armed forces with histories of sexual abuse and exploitation. However, there is a dearth of literature on humanitarian responses that specifically address the MHPSS needs of ABMY survivors of sexual abuse and CRSV, due to numerous barriers, as discussed in Part I of this training package. Most humanitarian responses noted in the available literature focus on addressing the MHPSS needs of girls and young women survivors of CRSV. This training curriculum aims to fill the existing gap in evidence-based approaches to provide crisis-affected ABMY survivors and those at risk with peer group support to strengthen their resilience in adversity, as essential to recover and maintain their mental health and psychosocial well-being following exposure to extreme life events.

Structure of the curriculum

This curriculum consists of practical guidance and tools to train non-specialist frontline workers to establish, implement, and evaluate peer support groups for crisis-affected ABMY and adolescent and youth with diverse SOGIESC who are survivors or at risk of sexual abuse and CRSV. However, this curriculum may also be used to train MHPSS specialists, if they are available, for the same purposes. This curriculum should be, at least initially, used by MHPSS practitioners who have received the training in Part I of the Training Package. This curriculum includes three intervention modules that cover the following:

Module 6: Peer support groups outlines the process of facilitating a peer support group for crisis-affected ABMY survivors of sexual abuse and CRSV, and those at risk, from initiating and establishing a peer support group intervention, to closing the group and its activities, with guidance on facilitation methods using a survivor-centered approach.

Module 7: Guidance for urban service providers working with displaced LGBTQI+ youth provides targeted guidance to trainees who are already working or who intend to work with crisis-affected LGBTQI+ youth in urban settings, on components of the peer support group model that should be adapted to the urban context and for displaced LGBTQI+ youth.

Module 8: Guidance for developing and implementing an M&E framework for your peer support group details a suggested monitoring and evaluation (M&E) strategy adapted to the peer support group model. It is recommended that, while the trainee peer support group leaders receive training on the monitoring component of this framework, that an external evaluator oversees the final evaluation of peer support group outcomes to mitigate potential bias that may arise when staff involved in program implementation document more positive program outcomes, perceived or actual.

The annex provides resources for MHPSS trainers, including handouts associated with each module of the curriculum. The annex also includes references to adjunct activities to support group members' mental health and psychosocial well-being that peer leaders can utilize in response to group members' needs and priorities.

3 See https://www.who.int/ for a list of MHPSS resources developed for non-specialists in countries with limited resources, e.g., Self-help Plus (SH+), Problem Management Plus (PM+), and several others.

4 World Health Organization [WHO], "Introducing mental health and psychosocial support (MHPSS) in emergencies", no date. https://openwho.org/courses/mental-health-and-psychosocial-support-in-emergencies.

MODULE 6

Peer support groups

Module 6: Peer support groups

Summary description

This module provides peer support group leaders with the knowledge and skills to establish and run peer support groups involving crisis-affected adolescent boys and male youth (ABMY) survivors of sexual abuse and conflict-related sexual violence (CRSV). The topics covered in this module are divided into the following sections.

Section 1: Getting started details the processes that mental health and psychosocial support (MHPSS) and project staff must undertake to ensure the peer support group leader training runs smoothly. This section discusses tasks associated with preparing for the launch of the peer support group, such as organizing an appropriate physical space in the community to conduct group sessions, identifying prospective group participants in the community, and integrating ABMY into the peer support group.

Section 2: Peer support group activities describes the core activities from group inception to group termination that trainee peer support group leaders need to carry out under appropriate supervision to develop an authentic dynamic of peer support among group members.

Section 3: Facilitating group supervision presents a supervision tool that can be applied by peer support leader supervisors to supervise the implementation of peer support groups by the trainees following completion of the training.

Section 1: Getting started

Preparing for the peer support group leader training

Instruction for MHPSS trainers: MHPSS trainers and affiliate project staff should review the following background guidance to ensure smooth training preparations.

- Qualified MHPSS trainers should first familiarize themselves with the various components of this training curriculum before delivering the training program to non-specialist peer support group leaders.
- The MHPSS trainers should coordinate with focal points at the service delivery organization committed to implementing the peer support groups to identify and invite non-specialist staff to participate in the training (see Table 1. MHPSS trainer and trainee/peer support group leader qualifications checklist).
- MHPSS trainers and trainees (non-specialist staff) must be available for a full three days to complete the peer support group curriculum training.
- The MHPSS trainer should organize an adequate training venue to implement this training and ensure a sufficient number of printed copies of training materials (e.g., handouts) for the group of trainees.
- The training should be facilitated in the trainees' dominant, and ideally preferred, language. Should the trainer not speak the dominant language spoken and understood, resources must be allocated for simultaneous translation. The trainees will also receive a copy of the training curriculum with associated handout materials in their preferred language.
- Snacks, refreshments, and lunches should be included in the three-day training, unless otherwise advised by project staff in the setting.
- Trainees will receive necessary stationery equipment during the training.
- MHPSS trainers *with* prior experience providing MHPSS services to ABMY and adolescents and youth with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) in the training context should allocate at least one full day to collaborate with project staff to contextualize the training curriculum to the training context. Depending on the trainer's and project staff's expertise and experience, additional time may be needed to coordinate with relevant child protection and gender-based violence (GBV) actors to obtain necessary information on relevant child protection and GBV protocols and policies, including safe referral pathways for ABMY and adolescents and youth with diverse SOGIESC.
- MHPSS trainers *without* prior experience providing MHPSS services to ABMY and adolescents and youth with diverse SOGIESC in the training context should allocate at least three full days to collaborate with project staff in the training context to contextualize the training curriculum, including handouts and other resources, to the context. Project staff should also advise the trainers on structural (e.g., government policies, child protection and GBV protocols and referral mechanisms) and social norms (e.g., stigma associated with being a survivor, homophobia) and other sociocultural factors (e.g., religion, appropriate dress code and salutations) to adequately prepare for respectful, dignified, and safe delivery of the training.

Note: Please refer to Handout 6.1: Training curriculum overview and Handout 6.2: Sample training agenda which depicts a detailed agenda that was followed for a peer support group training held in Beirut, Lebanon in 2023.

Table 1. MHPSS trainer and trainee/peer support group leader qualifications checklist

MHPSS trainer (mandatory) qualifications	Trainee/peer support group leader (mandatory) qualifications
• Understanding of the core principles in the Minimum Standards for Child Protection in Humanitarian Action and the Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming. • Experience organizing and conducting in-person trainings for paraprofessional psychosocial workers linked to local and international NGOs/ civil society organizations. • Experience facilitating peer support regarding any issue. • Experience running support groups with vulnerable young people. • Awareness of psychological and psychosocial impacts of sexual abuse and CRSV on ABMY. • Experience providing support in line with a trauma-informed approach. • Strong familiarity with this training curriculum before launching the training.	• Proven commitment to support young people's well-being and development. • Understanding of the core principles in the Sphere Handbook, the Minimum Standards for Child Protection in Humanitarian Action, and the Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming. • Experience engaging ABMY who are at risk in service provision or other community programs. • Do not need to belong to the same community which they work in, but should be aware of the community's culture, power dynamics, and social norms, including gender norms. • The peer support facilitator assignment will depend on the group's expressed gender preference, so both male and female candidates, and/including LGBTQI+ individuals, are encouraged to apply. • Ability to display and consistently maintain appropriate boundaries and high ethical standards around young people, beyond agency policies and written standards of conduct. • Active listening skills and motivation to improve them through regular practice and supervision. • Model regularity (predictability) in attitude and manner around young people—consistently warm, empathic, respectful, and enthusiastic. • Able to consistently make decisions and choices in the interest of group members. • Promote inclusivity in action planning, implementation, and evaluation. It is important to allow young people to develop their own abilities to work out their problems rather than impose external solutions. • Demonstrate a good sense as to how much leadership young people should exercise, when to come in, how to structure the group around certain goals, and set appropriate limits.

	• Is able to openly admit mistakes and seek external support to manage difficulties arising in the group process. • Display creativity, spontaneity, and flexibility in the overall approach to the group. It is important to keep the group lively and on task.

Note: Although the peer support group facilitation trainees may not meet all these requirements prior to receiving training, they must check all these requirements following the completion of this training curriculum, and receive a passing score of at least 85 percent on the post-test.

Session A: Setting up a peer group meeting space

Instruction for MHPSS trainers: Distribute Handout 6.3: Meeting space arrangements to trainee peer support group leaders at the start of this session.

Overall objective of the session: To familiarize the trainees with meeting space characteristics that are conducive to the development of a peer support group, and which must be in place before the start of the group program.

Training time required: 45 minutes

Steps:

1. Refer peer support group leaders to Handout 6.3.
2. Read out loud the listed meeting space characteristics, and clarify any questions trainees may have about related matters.
3. Point out that group facilitators will need to collaborate with the logistics department in their organization, or with other community-based organizations, to ensure these essential characteristics are met before the start of the peer support group.

Session B: Preliminary identification of prospective group participants and screening interview

Aim: The goal of this session is to train peer support group leaders on the recommended procedure to identify and screen prospective group members for participation in the peer support group.

Overall objective of the session: To provide peer support group leaders with necessary guidance on how to identify prospective group participants and conduct sensitive group screening interviews with them.

Materials needed:

- Online training on protection from sexual exploitation and abuse (PSEA): https://agora.unicef.org/course/info.php?id=7380 (approximately 90 minutes).
- Online training on trauma-informed psychological first aid (PFA). Two options:
    - International Federation of Red Cross and Red Crescent Societies (IFRC) Psychosocial Centre: https://pscentre.org/wp-content/uploads/2022/01/PFA-Online-Training-Manual.pdf.
    - National Child Traumatic Stress Network: https://learn.nctsn.org/enrol/index.php?id=596.

Additional trainings:

PFA with children:
https://kayaconnect.org/course/info.php?id=4521

Responding to disclosures of GBV (available in English, Arabic, Spanish, and French):
https://www.disasterready.org/responding-to-gender-based-violence-disclosures

Survivor-centered care for sexual assault (available in English and Arabic):
https://get.disasterready.org/survivor-centered-care-for-sexual-assault/

- Organization's child protection policy.
- Copies of the group screening interview and data recording form for all trainees.
- Copy of article: *Peninah Kansiime et al, 2017. Barriers and facilitators to physical and mental health help-seeking among Congolese male refugee survivors of conflict-related sexual violence living in Kampala. Social Work and Social Sciences Review 19(3) pp. 152-173/ Extract: Barriers to help-seeking, pg. 158.*
- Copies of supplementary interview questions to explore potential barriers that hinder social connectedness and coping responses.
- Flip chart stand with flip chart-size white sheets and tape.
- Markers.

Material needed for post-interview meeting:

- Copies of individual screening evaluation for each pair of group screeners.
- Flip chart stand with flip chart size white sheets and tape.
- Markers.

Time: 2 hours and 45 minutes

Expected outcomes:

The trainees will be able to use provided guidance to identify ABMY survivors and those at risk of sexual abuse and CRSV via established adolescent/youth programming, and conduct a screening interview in a manner that is sensitive to their life situation and lived experiences.

Instructions for the facilitator:

Step 1:

Reiterate the purpose of this training manual—to enhance the capacity of trainee peer support group leaders to establish, implement, and evaluate peer support groups for ABMY survivors, and those at risk of sexual abuse and CRSV, through the development of the necessary knowledge and skills. Answer any related questions trainees may have at the outset.

Step 2:

Introduce this session by asking those trainees who still haven't taken the online training courses on trauma-informed PFA and PSEA to complete these courses.[5] Then discuss the ethical considerations that all trainee peer support group leaders need to keep in mind at all times while meeting with ABMY survivors and those at risk of sexual abuse and CRSV, with complementary references to the organization's child protection policy and the Minimum Standards for Child Protection in Humanitarian Action.

5 Trainees will need to bring their own laptops with internet access to participate in these online trainings, unless internet is available at the training venue.

Session C: Guidance on identifying ABMY survivors and those at risk to join peer support groups

Background for the facilitator: As noted in earlier sections, ABMY survivors face particular challenges that may discourage them from joining a peer support group. For example, many ABMY survivors of sexual abuse and CRSV tend to minimize social contact for fear of how others will react and treat them if they find out about their sexual victimization experiences. For this reason, a stand-alone program exclusively devoted to ABMY survivors is unlikely to be an adequate starting point. Therefore, it is necessary to explore alternative ways for ABMY survivors to engage in peer support groups, such as through the proposed peer support group model, which creates a safe environment for both ABMY survivors and those at risk of sexual abuse and CRSV.

Overall objective of the session: To increase trainee peer support group leaders' capacity to integrate ABMY survivors in peer support groups without raising ABMYs' fear of stigma.

Materials needed:

- Flip chart sheets
- Markers

Time:1 hours and 30 minutes

Instructions for the facilitator:

Step 1: Tapping into local community social programs

1. Welcome the participants and share with them that this session is going to focus on a strategy to integrate ABMY survivors into peer support groups for ABMY without raising their understandable fear of stigma.
2. Ask participants to identify already-established community engagement practices that aim to involve vulnerable community members in different social programs.
3. After noting these contributions on a flip chart sheet, ask different participants to highlight the specific challenges that often constrain these different practices and lessons learned in community engagement that might also be applicable with ABMY survivors. List trainees' various contributions on a different flip chart sheet.

Step 2: Engaging ABMY survivors in existing adolescent/youth programming

1. To build on trainees' contributions, highlight that the general recommendation is to follow a staged approach in regard to ABMY survivors' engagement in a peer support group, by first attempting to engage them in the organization's general adolescent/youth programming, i.e., programs that do not raise discussion on topics that could be highly sensitive for some participants (e.g., sexual abuse, CRSV, forced labor).
2. Say *"The peer support group would thus be a later development in the course of ABMY survivors' continued involvement in adolescent/youth activities of a leisure/educational nature, and include non-ABMY survivors as well. In this way, the peer support group would provide continuity of care once ABMY survivors have gained enough confidence with their peers and adult activity leaders. Although it is not guaranteed that ABMY survivors will accept this complementary offer of support when the time comes, this strategy would make it easier for ABMY survivors to take that step."*
3. Say, *"In the context of ongoing adolescent/youth activities, activity leaders could ask participants about topics they would like to discuss in a group format, and prepare related discussions to set the scene for the later establishment of a peer support group by the end of this series of group activities. If participants have difficulty formulating different topics of group interest, activity leaders can list a series of topics on a flip chart sheet that are relevant for that context, including one that discusses issues related to adolescent/youth sexuality and harm prevention. If, for example, most community members are aware of sexual violence in their communities, adolescents and youth may wish to discuss this topic further with the peer leaders."*

Step 3: Identifying hard-to-reach ABMY survivors

1. Tell participants that after establishing the necessary staged approach towards ABMY survivors' engagement in a peer support group, it may still be difficult to identify ABMY survivors in the community to ensure their participation in the organization's adolescent/youth programming, because of their characteristic tendency to keep a low profile.

2. Tell participants that in this case scenario, the MHPSS trainer and project staff will plan and conduct an outreach effort to make sure that ABMY survivors in the community know about the organization's ongoing adolescent/youth programming and become interested in participating.

3. Ask participants *"How might you go about this outreach effort in your operational context?"*

4. After participants share responses, share the following key points:

    - Unless trainees are already aware of these cases in the community and can easily approach them to inform them about their organization's adolescent/youth-oriented activities, coordinate this outreach effort with other community leaders and community workers who might know about these cases. Before reaching out to survivors, trainees should recommend community leaders and community workers to ask ABMY survivors for their consent to be contacted by the trainee. This step is necessary to ensure that survivors remain centered in all activities, even during outreach efforts.

    - Some ABMY survivors may, in fact, be under the supervision of other humanitarian and protection agencies (national or international) for other reasons (e.g., children associated with armed forces and armed groups [CAFAAG], unaccompanied minors) and may have disclosed their stories of sexual abuse or CRSV to trusted caseworkers. In this case, trainees may find it useful to first map these key informants in the community before contacting them for an individual or group meeting. Again, before reaching out to survivors, trainees should ensure that case workers or humanitarian and protection agencies have the consent of the survivor to be contacted.

Step 4: Linkage with the peer support group

1. Tell participants that at a point during their participation in adolescent/youth programming when peer support group leaders perceive that identified ABMY survivors could welcome this type of complementary support, they can approach them and their parents or other caregivers to discuss this new proposal and, if accepted, conduct a group screening interview.

2. Share the following criteria that peer support group leaders will use to determine ABMY's readiness to take part in the planned peer support group, based on the following criteria:

    a. ABMY's regular involvement in general adolescent/youth programming during the entire program cycle and successful completion, as noted by his active participation and new friendships made.

    b. ABMY's interest in maintaining links with the organization's activities for adolescents and youth upon completion of the program cycle in which he was participating.

    c. ABMY's existing link with other support services in the community during his involvement in the organization's adolescent/youth programming.

3. Say, *"The basic criteria for admission into the planned peer support group is that the ABMY survivors must be engageable and not display aggressive or threatening behavior towards others at any time."*[6]

Session D: Screening prospective ABMY peer support group members

Background for the facilitator: Prior to involving ABMY survivors and those at risk in a peer support group, trainees need to contact prospective group participants to ensure that they understand the purpose of the group and their role in achieving its intended objectives. This preliminary exchange will allow trainees to screen potential participants to determine whether or not they are an appropriate fit for the group. If some are not, trainees will be able to refer these ABMY to other available supports.

Overall objective of the session: Understand the process to screen prospective ABMY peer support group members for participation in a peer support group; apply learning to facilitate screening interviews in the community; assess whether ABMY are an appropriate fit for the planned peer support group.

6 Group screeners should not carry out the initial meeting with prospective group participants if they find them under the influence of drugs or alcohol, or out of touch with their surroundings in any way. If they express suicidal ideation, the group screeners should try to calm and reassure them, while seeking appropriate external supports for extended protection from harm.

Materials needed: Screening interview guide for prospective ABMY peer support group members handout (Handout 6.4); article excerpt (Handout 6.5); data recording form (Handout 6.7); list of identified organizations, centers, and associations that provide services/programming/information to ABMY in the community.

Time: 5 hours (with breaks)

Step 1: Screening Prospective ABMY (10 minutes)

Instructions for the facilitator:

1. Explain that this session will provide guidance and materials on facilitating screening interviews with prospective ABMY peer group participants. Once the peer support group leader and project staff have identified and established contact with a prospective ABMY who may benefit from a peer support group, they will conduct a screening interview to assess the ABMY's interest and whether he might be an appropriate fit for this type of group.
2. Hand trainees a copy of the screening interview guide, Handout 6.4.
3. Tell trainees that this pair-based model of interviewing is strongly recommended, as it allows the peer support group leader to conduct the interview while their assistant records answers and fills in any gaps.
4. Emphasize that the interview should not be carried out if the ABMY is under the influence of drugs or alcohol or out of touch with their surroundings in any way. If they express suicidal ideation, the peer support group leader should try to calm and reassure them, while seeking appropriate external supports for extended protection from harm.
5. Ask for volunteers to read Part 1 in the guide out loud. Ask trainees if they have any questions and answer their questions.

Step 2: Extended interview to identify potential barriers affecting ABMY engagement in the peer support group (1 hour and 30 minutes)

Instructions for the facilitator:

1. Tell participants that some prospective participants they interview during the screening process may express reluctance about linking up with this type of group at the conclusion of the screening interview, for different reasons. Refer to a relevant role play activity scenario acted out by the group where this was the case.
2. Explain that to avoid excluding these ABMY from group involvement prematurely, it is important to understand possible reasons for their reluctance to participate. A more in-depth assessment of the challenges they are currently facing will help to better understand their contrary feelings about taking part in this type of group.
3. Explain that although some reluctant ABMY may agree to pursue the extended interview, they may become emotionally distressed as it unfolds. The peer support group leader leading the interview, therefore, needs to be prepared to offer PFA in a way that is trauma-informed and extend the interview over time to avoid further destabilizing reluctant ABMY. This basic knowledge and related skills will be equally applicable should some ABMY become emotionally unstable during the actual group sessions once the peer support group is finally launched (see trauma-informed considerations in Adjunct to Handout 6.4).
4. Emphasize that the lead interviewer needs to reassure the ABMY and the caregiver/parent that confidentiality will be respected at all times, and to show respect for their way of telling their story.
5. Tell participants that they will receive an article to read, which will provide them with necessary background information to understand the major barriers that might hold reluctant ABMY back from participating in the peer support group. Explain that different barriers are situated across the levels of the socioecological model (see figure 1.). The socioecological model considers the complex interplay between individual (e.g., ABMY), family (e.g., parent, sibling, relative), community (e.g., peers, religious leader, community leader, youth group), and social (e.g., laws/policies, government agencies, law enforcement, health facility) factors. It allows us to understand the range of factors that prevent ABMY from engaging with peers and other community members.
6. Hand out the following article excerpt to each trainee (see Handout 6.5).

Peninah Kansiime et al., "Barriers and facilitators to physical and mental health help-seeking among Congolese male refugee survivors of conflict-related sexual violence living in Kampala", *Social Work and Social Sciences Review* 19, no. 3 (2018): pp. 152—173. Excerpt: Barriers to help-seeking, p. 158. *(Attachment to print and hand out to each trainee)*

7. Reconvene the group and then ask them to break into small groups to contextualize these findings and add new barriers to help-seeking to this list that they consider relevant in their operational context.

   Sample contextualization questions:

   Which of the noted individual barriers may be relevant in this context?

   Which of the noted family barriers have you noticed in this context?

   Which of the community barriers may be disrupting ABMYs' social engagement in this context?

   Which societal barriers may discourage ABMYs' social participation?

8. Upon completion of this small group exercise, ask representatives for each small group to share the recorded results of their discussions with the wider group.

9. Following this discussion, ask trainees to return to their groups to complete/adapt the questionnaire related to potential barriers that obstruct social contact across the different socioecological layers in Handout 6.6. Explain that this questionnaire will be completed only when the ABMY appears hesitant about the idea of participating in the group.

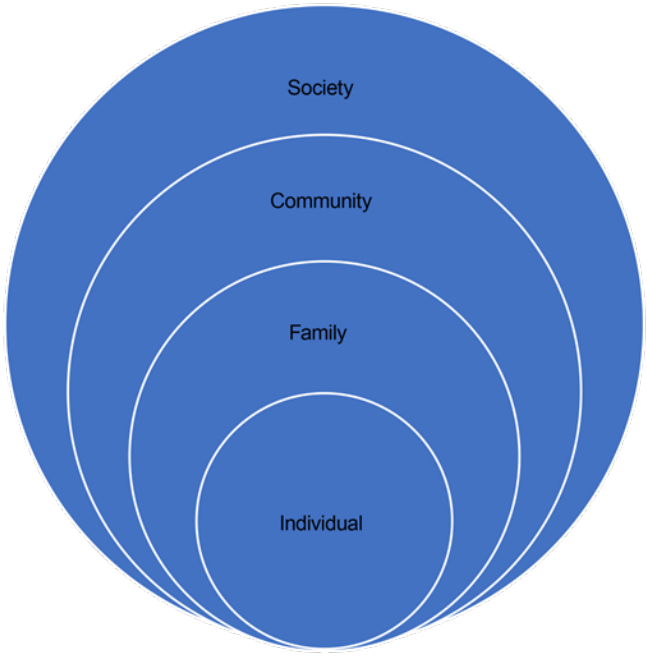
10. Circulate among the groups to answer any questions that arise about the activity. Probe group discussion as needed:

    a. How may your responses change for ABMY who are part of the LGBTQI+ community?

    b. How may your responses change for ABMY with disabilities?

    c. How may your responses change for younger adolescent boys (10—14 years) compared to male youth (19—24 years)?

Figure 1: Socioecological model



Step 3: Data recording form (15 minutes)

1. Explain that the group will now review the **data recording form** (Handout 6.7). Remind trainees that the form will be used by a project team member during the screening interview.
2. Ask for a volunteer/s to read the form out loud for the group.
3. Close the discussion by asking trainees if they have any questions about the form or data recording process, and whether they would make any changes to the form based on their context.

Step 4: Screening interview role play (35 minutes)

1. Tell participants that they are going to do a role play activity using the group screening interview guide handout and the data recording form. Remind the interviewer pairs that this face-to-face encounter with prospective group participants should be held preferably in the place where the peer support group will be held.
2. Ask participants to form groups of four, and assign a role to each individual: ABMY, caregiver/parent, lead interviewer, and notetaker.
3. After 15 minutes, convene the full group and ask a group/s to re-enact their role play.
4. Ask for volunteers to share feedback on the role play:
    a. What did the lead interviewer and notetaker do well?
    b. How could the process be improved?
5. Ask the group if they have any final questions about the screening interview.

Step 5: Data management and confidentiality (15 minutes)

Background for trainer: Generally speaking, trainees will have had experience with their agency's data management system, including protocols for ensuring confidentiality and security of project materials, particularly regarding any information collected about an ABMY. However, it is pertinent to review those protocols with trainees to ensure confidentiality and security of screening interview information

Instructions for the facilitator:

1. Explain to trainees that the confidentiality and security of project materials, particularly any information that is collected about an ABMY, is pertinent.
2. Ask trainees whether their organization has existing protocols, procedures, or policies related to data management, confidentiality, and security. Then ask trainees the advantages of having such policies in place.
3. Prior to this training, the trainer should meet with the team to discuss how the peer support group materials will be managed, and the trainer should relay these procedures to the group. If there are outstanding questions about data management, the trainer can make the following suggestions, noting that a data management procedure will be confirmed with the project team after the training:
    a. All completed data recording forms are centralized in the agency location where the group members will be meeting on a regular basis, and stored in a locked cabinet that only group facilitators can unlock; or
    b. The notetaker completes the data recording form directly on their portable computer, tablet, or smartphone, and transfers all forms to an organizational computer at the central office and makes all saved forms password protected.

Step 6: Outreach work to identify isolated ABMY survivors (1 hour)

1. The MHPSS trainer introduces this step by explaining to trainees that, although they may have identified a number of prospective peer support group participants within their organization's ongoing adolescent/youth programming, there may be ABMY survivors that remain out of the program's view that also need to be identified to prevent their prolonged isolation. It will, therefore, be necessary to conduct outreach work to identify socially withdrawn ABMY survivors before conducting the planned screening interviews.

2. The MHPSS trainer asks trainees to break into pairs. Then, the trainer provides a list of identified organizations, centers, associations that provide services, programs, and information to ABMY in the community and assigns a number of these organizations to each pair.

3. The MHPSS trainer then asks trainees to contact staff representatives from their assigned organizations, centers, or associations to meet with them for the purpose of introducing themselves and their organization, and discussing the plan to implement a peer support group for ABMY in the community, including ABMY survivors.

4. During these outreach meetings, the MHPSS trainer instructs trainees to answer any questions organizational representatives may have about the peer support group. At the conclusion, trainees can then ask the representatives about ABMY survivors they may know about in the community that they think could benefit from the planned peer support group. If some names are provided, trainees will also need to convene with the representatives on how best to arrange a meeting with the ABMY survivors and, if necessary, with their parents/caregivers at the same time.

5. On completion of this preliminary outreach exercise, the MHPSS trainer regroups the trainees to define the final list of prospective group participants to be contacted for the initial interview and assigns different ABMY to different interviewer pairs.

6. Before launching the screening interviews, the MHPSS trainer provides their contact information and/or that of relevant project staff in case trainees have questions or concerns during the screening process.

Step 7: Final screening session with trainees following completion of initial interviews with prospective group participants (1 hour and 15 minutes)

Background for trainer: Reconvene the trainees after they have completed their assigned screening interviews.

Instructions for trainer:

1. Explain that the next session will focus on reviewing the information collected by the different interviewer pairs to determine whether the interviewed ABMY are an appropriate fit for the planned peer support group.

2. Create two lists of ABMY, one containing the names of ABMY who agreed to participate in the peer support group, and the second list containing the names of ABMY who disagreed with this proposal.

3. Review the first list and discuss with the trainees, based on the completed data recording form (Handout 6.7) and individual screening evaluation form (Handout 6.8), whether the prospective group participants who agreed to participate would be an appropriate fit for the group. Trainees can share any feedback on other pairs' determinations. For example, the MHPSS trainer can ask the group: *"Do you agree with other pairs' determination of whether the ABMY was a good fit to participate in the group?"*

4. If the final general recommendation is to divert some interviewed ABMY to a different program, develop an alternative care plan for them; otherwise, screen in the rest.

5. Review the second list and discuss the plans for follow-up care jointly developed between the interviewer pair and reluctant ABMY at the end of the extended interview (see Handout 6.4: Extended interview guidelines). The MHPSS trainer asks trainees to provide their feedback on the reported follow-up care plans to ensure their appropriateness.

Note: The exercises contained in Session E below will help trainees refine their follow-up care plans before meeting again with reluctant ABMY survivors.

Session E: Facilitating ABMY linkages with the peer support group.

Notes for the facilitator: The following session provides a set of measures intended to help ABMY survivors who face multiple social connectedness barriers to overcome them.

Overall objective: To provide non-specialist trainee peer support group leaders with the guidance they need to help ABMY survivors of sexual abuse and CRSV overcome barriers to participation in the peer support group.

Materials needed:

- Data recording forms containing information about barriers that obstruct social contact identified during the group screening procedure, Handout 6.7: Data recording form
- Handout 6.9: Promoting social engagement with reference to the socioecological model
- PowerPoint slides or flip chart with the barriers to social participation that the interviewer pairs identified and recorded during their initial interviews with ABMY
- Flip chart and flip chart-size sheets
- Markers

Time: 2 hours and 45 minutes

Expected outcomes:

The non-specialist peer support group leader trainees will be able to re-engage those prospective group participants that, despite meeting group admission criteria, expressed reluctance about joining the peer support group following the initial interview, to help them overcome those barriers that discourage them from taking part in social activities.

Instructions for the facilitator:

1. Explain to trainees that this session will focus on strategies to address the barriers that might discourage ABMY from taking part in social activities.
2. On a flip chart sheet or PowerPoint slide, post the barriers that cause ABMY to feel reluctant about taking part in social activities that the interviewer pairs identified and recorded during their initial interviews with ABMY.
3. Briefly review the different identified barriers obstructing social contact.
   Distribute Handout 6.9: Promoting social engagement with reference to the socioecological model to each trainee. Explain that this handout lists culturally appropriate strategies to help reluctant ABMY to link up with the group inspired by PFA.
4. Ask for a volunteer to read the strategies associated with each level out loud.
5. Ask trainees to form small groups and take 10 minutes to contextualize each of the highlighted measures to support survivors' participation in social activities, and brainstorm for additional ones at each different level of the socioecological model.
6. Ask groups to write each contextualized measure on a separate note card.
7. Refer participants to the below questions written at the front of the room to support their decision-making:

   Sample contextualization questions:

   Which of the suggested individual/family/community/societal-level measures to encourage ABMY linkage with the group would be entirely appropriate in this context?

   Which ones shouldn't be applied in this context, and why?

   Which alternative measures could be effective at each of these different levels in this context?

8. Once the training participants have completed the list of potentially useful measures to encourage ABMYs' linkage with the group and appropriately contextualized them, ask trainees to select those measures that are most relevant for the ABMY they interviewed.
9. Then ask the trainees to break into pairs, with one taking the role of interviewer and the other as the ABMY respondent. The MHPSS trainer then instructs the interviewers to refer to the suggested measures, while conducting mock interviews with their pair.

10. Once the interviewer pairs have sufficiently rehearsed the suggested follow-up interview with reluctant ABMY and have the **referral information on hand** (see Handout 6.9), declare that now trainees are able to meet with reluctant prospective group participants again to provide follow-up support.

11. Remind participants that they should not coerce or manipulate any ABMY to participate in the peer group. Participation is completely voluntary. At this point, the facilitator's objective is simply to provide follow-up support to reluctant ABMY in their life setting, to increase the chances that they may want to link up with the group at a later point. Should some still not want to participate in the group after receiving necessary follow-up support, these ABMY will at least be connected and accompanied by staff linked to other community supports with which the facilitators will have helped to connect them. If they do wish to connect, facilitators will be able to proceed with them, as with all other ABMY that are willing to participate in the group.

Section 2: Peer support group activities

Overall section objective: To provide non-specialist peer support group leader trainees guidance on ways to build trust among group members during the initial stages of the group's development.

Materials needed:

- Flip chart
- Flip chart-size sheets
- Post-it notes
- Markers

Training time required: 4 hours and 30 minutes

Expected outcomes:

Trainees will understand the importance of building trust in the early stages of group development, and become familiarized with different strategies and tools to enhance group trust-building.

Instructions for the facilitator:

1. Start the session by congratulating trainees for identifying ABMY to participate in peer support groups.
2. Next, say *"This section of the training will focus on strategies to ensure trust within the peer support group. It is broken up into seven sessions that provide guidance on ways to build trust among group members during the initial stages of the group's development."*
3. *"Before we start, there are a few logistical arrangements to consider before launching the peer support group:*

   After establishing the regular meeting venue, you must arrange a regular day and time for weekly meetings that fits into everyone's schedule. Keep in mind that young people's attention span is longer in the morning than in the afternoon/late afternoon. The ideal would be to meet at least twice a week with ABMY, in the morning, for at least an hour and up to 90 minutes."

Session A: Group grounding activities

Step 1: Familiarizing group participants with each other

Notes for the facilitator: The peer support group leader can choose to foster mutual recognition within the group in several different ways. Generally, a set of culturally familiar, group-based game activities through which young group participants can comfortably and safely share aspects that make up their identity is a good start. As peer support group leaders prepare their group, they can explore and select a set of traditional group games that most young people in context are likely to be familiar with and which serve the combined purpose of getting to know each other and feeling at ease in each other's company. Activities of this kind can be repeated at the start of each new meeting, or even during mid-session breaks, as energizers or warm-ups for group discussions.

If for any reason this type of resource is not available in context, group leaders can research (and possibly adapt) playful group activities for adolescents and youth on the internet that allow participants to get to know each other.

Instructions for the facilitator:

1. Explain that the first session will focus on activities to build trust among ABMY during the initial peer support group meetings.

2. Say *"Let's start by discussing the first meeting of the newly formed peer support group. Prior to engaging members in group discussions, leaders should arrange the meeting space so that group participants can all view each other while keeping enough space between them so that they feel they have their own space."*

3. Explain that the first group meeting is meant for personal introductions and to help the group's membership feel at ease in each other's company, assuming that not all will have been previously acquainted with each other.

4. Ask the trainees to write down on Post-it notes examples of how they, as group leaders, can foster mutual recognition and trust within the peer support group.

5. After 5 minutes, ask trainees to stick their Post-it notes on a flip chart paper and ask for a volunteer to read the strategies out loud.

6. Then ask participants to share their experiences with these strategies with the group. Use the following probing questions, as needed:

    a. What are some challenges you faced in facilitating this strategy?

    b. Why do you think this strategy was successful?

    c. Why do you think this strategy would work with ABMY in a peer support group?

7. After the discussion, share the following:

    "As demonstrated by this activity, there are many different ways to foster mutual recognition within the group. Generally speaking, a set of culturally familiar, group-based game activities through which group participants can comfortably and safely share aspects that make up their identity is a good start. As you prepare the peer support group, explore and select a set of traditional group games with which most young people in context are likely to be familiar, and which serve the combined purpose of getting to know each other and feeling at ease in each other's company. Activities of this kind can be repeated at the start of each new meeting or even during mid-session breaks, as energizers or warm-ups for group discussions. If for any reason this type of resource is not available in context, group leaders/trainees can research and possibly adapt playful group activities for adolescents and youth on the internet that allow participants to get to know each other."

8. Explain that next, we will practice two group activities that the trainee peer support group leaders may consider using with their peer groups.

9. Tell trainees that the first group activity is called **identity circles**, which provides an opportunity group participants to get to know each other by discussing the values that make their identity and how they prioritize them in their life. The second group activity is called the **"common three" game**, which provides an opportunity for group participants to connect by learning about similarities shared among them.

10. Hand each trainee Handout 6.10: Sample grounding activities.
    Ask trainees to form groups of 10 and for volunteers to lead each activity using the sample grounding activities handout.

11. After 30 minutes, bring the group back together to debrief. Use the following probing questions:

    a. How did you feel during each activity?

    b. What aspects of each activity were difficult to facilitate? Were the instructions clear?

    c. What adaptations to the activities would make them more contextually relevant to your context?

Step 2. Survivor-centered approaches to responding to disclosures of sexual violence or discomfort during group activities

Indroduction:

The MHPSS trainer explains to trainees that at any time during the group activities, an ABMY may disclose their experience of sexual violence or other traumatic experience, or become distressed. The physical and psychological safety of all group members, regardless of their survivor status, is the priority. It is likely that a disclosure or visible discomfort from one ABMY may lead to other disclosures from different group participants, or provoke general distress within the group. The peer support group leader should provide PFA after a disclosure, while the project staff person/ co-facilitator redirects the conversation in ways that all group members feel safe.

Overall objective: To provide trainees necessary guidance on how to adequately respond to spontaneous disclosures of sexual violence experiences in group settings.

Materials needed:

- Chairs in a circle for group role plays.
- *How to Support Survivors of Gender-based Violence When a GBV Actor is not Available in your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners* ("GBV Pocket Guide", printed copies for each trainee available in multiple languages at https://gbvguidelines.org/en/pocketguide/).

Training time required: 2 hours and 30 minutes

Expected outcomes:

Trainee peer support group leaders will acquire the appropriate communication skills to respond to spontaneous disclosures of difficult life contents in the group.

Empathetic listening

Notes for the facilitator:

1. Explain that group members who feel compelled to share their story of sexual abuse or CRSV in the course of group sessions expect to be heard and trust that the group facilitator and peers will listen. They share their experience because they trust that those around them will express empathy in response. Peer support group leaders should first express appreciation to the ABMY for trusting the group with their story, and then take the lead in exemplifying calm, shame-reducing, and empathetic responses for other group members. For example, saying "*It takes a lot of courage to share your story with us. How can I/we support you?"* While peer support group leaders should encourage group members to share their stories, personal emotions, and reactions to traumatic events in their lives, they should also recommend that group members should refrain from sharing specific details of their trauma. This norm is recommended in order to protect all participants from being retraumatized during group discussions.
2. Emphasize that the peer support group leader should not encourage group members to engage in full disclosures of traumatic content by pressing them to go into greater detail about related experiences. Instead, provide space for everyone to share what's on their mind and respond calmly and empathetically to each. The group facilitator should emphasize the importance that anything shared in the group must remain confidential among group members.

Bringing closure and providing future direction

Explain that peer support group leaders can bring closure to group members' traumatic disclosures by reiterating their courage to share these difficult life experiences with the rest of the group, and then asking them how it felt to have shared these personal parts of their life story. At the conclusion, the group facilitator can openly acknowledge the limitations of discussing these events in necessary depth in the group setting, given time constraints and competing agendas, but point instead to trusted counseling/therapy resources in the community that group members are encouraged to contact if they wish to elaborate these experiences more extensively. The peer support group leaders can offer to make referrals, and if they prefer can even accompany group members to their first appointment.

Additional resources:

1. Hand each trainee a copy of the GBV Pocket Guide, a field-friendly resource for frontline practitioners in all humanitarian sectors, including a decision tree, dos/don'ts, and sample scripts of what to say to a survivor. Explain that given some of the group members have experienced sexual abuse or CRSV, it is possible that some will disclose these experiences with the facilitator directly or with their peers in a group setting. The GBV Pocket Guide provides basic information and resources on how to support someone if they share these types of experiences. The GBV Pocket Guide is available in multiple languages to print at https://gbvguidelines.org/en/pocketguide/. A self-guided training is also available at the same link.
2. Instruct trainees to take 15 minutes to read the GBV Pocket Guide. After 15 minutes, respond to any questions/ comments from trainees.

3. Next, explain to participants that they will use information that learned from the GBV Pocket Guide and previous PFA trainings, to discuss a case study where an ABMY discloses sexual abuse or CRSV in a group setting. Instruct trainees to form groups of three.

4. Hand out copies of the Handout 6.11: Responding to ABMY disclosures case study and assign a unique case study number to each group.

5. After 15 minutes, ask each group to provide a brief summary of the context of their case study, then share the responses to the discussion questions.

6. After each group shares their responses, ask the trainees for feedback and if they would handle the disclosure any differently. Use the answer key in Handout 6.11: Responding to ABMY disclosures to guide the discussion.

7. Close the activity, by handing each trainee the answer key in Handout 6.11: Responding to ABMY disclosures. Remind trainees to keep a printed copy of the GBV Pocket Guide with them, and review it prior to the peer support groups.

Role plays:

1. Break the trainees into groups of five.

2. Assign each group one of two scenarios to role play:

    a. An ABMY discloses a case of CRSV.

    b. An ABMY starts crying during a grounding activity.

3. After 15 minutes, ask each group to perform their scenarios.

4. After each role play, ask the other trainees:

    a. What steps were taken by the peer support group leader and the co-facilitator/project staff to ensure the safety and well-being of all group members?

    b. Is there anything you, as a peer support group leader or co-facilitator, would have done differently? Please explain.

5. Close the discussion by reiterating key points and referring back to the section on PFA.

Step 3. Defining the group's general purpose

Instructions for the facilitator:

1. Explain that during the early stages of the group's development, the new members will need to acquire a clear understanding of the general purpose of this type of gathering.

2. Present the following text to trainees to be used in the first session to describe the group's purpose:

    This peer support group is meant as a place where group members can trustfully engage in mutual support to address common needs that are difficult to solve on one´s own. We sometimes need to rely on each other to achieve certain ends, as existing formal services in the community cannot cover all our needs.

3. Tell trainees to invite questions from ABMY group participants and engage in short discussions with them regarding the group's purpose to make sure that they have all understood the nature of the group, before moving forward with group activities.

4. Present the following questions on a PowerPoint slide or flip chart paper. Explain that these are potential discussion questions to elicit discussion among group members regarding the main purpose of the group, and confirm participants' understanding of the main purpose. Ask for a volunteer to read the questions aloud.

Sample contextualization questions:

Is it clear why we are all here today?

Does this sound to you like a good reason to come together? Why do you say that?

Are there any other good reasons to meet like we do?

Close the discussion by asking and responding to any questions from trainees.

Step 4. Members' specific role and responsibilities in the group

Instructions for the facilitator:

1. Remind peer support group leader trainees that they need to indicate to group members what is expected of each of them during group gatherings to gradually achieve this general purpose. It will be important that members understand at the outset that their main task is to:

   Think things through together, to the advantage of the group as a whole, relying minimally on the group's leader for necessary direction.

2. Explain to trainees that they should communicate the following to group members next:

   With this general task in mind, each of you will need to be mindful about positively contributing whatever you feel you can to the group, e.g., experiences, insights, and skills, take part in every decision that the group makes, and always maintain an attitude of openness, receptivity, and respect towards other members' views.

Step 5. Ground rules for social interaction within the group

Instructions for the facilitator:

1. Explain to trainees that at this early stage in the group's development, they need to prompt group members to develop a set of clear and easy-to-follow norms that each group member must consistently abide by to allow the group to do its work. While it is important that group members formulate these norms themselves, to increase the likelihood that they will abide by them, the peer support group leader can also fill in gaps where group members might have overlooked some important norms. For example, avoiding outward displays of hostility towards other group participants, coming to the group sober and drug-free, and not bringing any weapons to the session. Peer support group leaders should also encourage group members to share group norms that will help create emotional safety in the group. This can include setting boundaries on how much detail group members should share about their traumatic experiences, and ways to ensure that all group members have opportunities to speak in the group.

2. Share the other important group norms with the trainees on a slide or flip chart paper:

   - 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 others' contributions, not being verbally aggressive or judgmental, and 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, these 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.

3. Explain that with young group participants, it is often useful to post the group norms in a place where everybody can see them, and to which the peer support group leader can easily refer to during sessions, in case a participant breaks a norm.

4. Tell trainees that they will do an activity to gain a better understanding of this group development activity.

5. Instruct trainees to break into smaller groups. Each group should write down a list of group norms on a flip chart paper.
6. After 5—10 minutes, ask groups to take turns sharing their group norms to the entire group.
7. Close the activity by asking a volunteer to share the key differences and similarities across the group norms.

Session B: Building a cohesive peer group

Note to trainer: This session contains information on approaches the peer support group leader can use to:

- deepen the level of group interactions; and
- help group members converge around a shared, youth-led transformational project.

Overall session objective: To provide guidance to trainees on a general strategy to continue building group cohesiveness once group members have developed basic interpersonal trust.

Materials needed:

- Pre-prepared short life story of a young male that reflects similar struggles as those group members are going through
- Copies of Handout 6.12: Experiential sharing summary sheet
- Flip chart paper
- Markers

Time allocation: Several 1 hour and 30 minute group sessions (as needed)

Expected outcomes:

Trainees will know how to help group members draw maximum benefit from available peer support in the group by helping them become aware of their shared concerns, establish common objectives, and then plan and implement joint action to achieve them, with wider family/community support.

Instructions for the facilitator:

1. Explain the session objective: To provide guidance on a general strategy to continue building group cohesiveness once group members have developed basic interpersonal trust.
2. Explain the session's expected outcomes: Trainees will know how to help group members draw maximum benefit from available peer support in the group by helping them become aware of their shared concerns, establish common objectives, and then plan and implement joint action to achieve them, with wider family/community support.

Step 1. Assessing group members' readiness

1. Explain that the first part of this session will focus on how to determine whether group members are ready to engage in activities beyond the group grounding phase—the trust-building activities that were just discussed.
2. Share the following on a slide or flip chart paper, and read aloud to the group:

It is important to note from the outset that any attempt to enable regular peer support beyond the group grounding phase will only truly succeed once members are sufficiently at ease in each other's company. This comfort level may take more or less time to develop depending on the group's composition. Some of the following group member attitudes and behaviors may indicate to the group leader that members are ready to engage in more intensive group interactions:

- *Group members show dedication to the group by attending scheduled meetings regularly and on time.*

- *Group members respect established group norms quite consistently or otherwise easily re-directing when reminded by their peers.*
- *Individual group members address the entire group when they have something to contribute.*
- *None of the group members are isolating or being isolated by others within the group.*
- *Individual group members freely exchange personal information among each other.*

If the group as a whole appears to be lacking these attitudes and behaviors, peer support group leaders can opt to extend the group grounding phase as long as necessary.

Step 2. Encouraging intensified peer support

Instructions for the facilitator:

1. Explain that now this group will discuss approaches to deepen the peer support group members' interaction.
2. Explain that once group members have established a sufficient level of interpersonal trust, the grounds are set to gradually intensify peer support and build a self-sustaining support network over the remaining sessions. With this purpose in mind, the group leader will first need to help group participants to gradually deepen the level of their in-group interactions by encouraging them to share their current life challenges, so that they can recognize any existing commonality of life experiences.
3. Explain that the group leader, therefore, should initiate group discussions regarding the types of psychosocial concerns that group members might currently face in their lives, to encourage group members to share their life experiences. As group members engage in experience-sharing discussions, the group leader should begin to point out common themes across the group's membership, thus helping group members understand that they are not alone with their personal struggles.
4. Tell trainees that peer support group leaders can begin to set the tone for increased sharing of life experiences among group members by engaging participants in one of the following activities:

Activity 1: Short life story of a young male that reflects similar struggles as those group members are going through	**Activity 2: Adult male guest speaker from the community**
• Share the story of a young male whose life experiences and resulting psychosocial challenges resemble those of group participants. The story should conclude with a description of strategies used by the main character to cope with these experiences. • At the story's conclusion, peer support group leaders can ask different group members about what impressed them most about what they have just heard, and why. Allow the discussion to develop spontaneously	• Identify and invite an adult male in the community who underwent a similar set of life experiences in their past and who may be willing to share his story with the group. • After the guest speaker shares their story, invite questions from the group members, and moderate as needed.

5. Explain that to conclude these activities, the group leader can ask group members whether they would like to share a similar personal story that others can learn from. They can share their story in a way that feels most comfortable to them: by improvising the verbal narrative, or writing about it first and then sharing it with the group verbally, or depicting it in a drawing and then providing explanations. Not all will take up this suggestion right away. However, it may just take one or two volunteers to encourage others to share their personal experiences. At the conclusion of each narrative, group leaders can then invite other group members to share their comments and ask questions.

6. As group members engage in experiential sharing, the group's co-leader takes note of and summarizes individual member responses (see Handout 6.12), so that after the session, the group leaders can review collected information and highlight emerging common themes across the group's membership. Noted common themes should then be recorded on a large flip chart sheet of paper to be posted at the next session for the group's viewing.

Session C: Recognizing each other as sources of meaningful support

Note to trainer: This section contains information on approaches that the peer support group leader can use to identify shared coping and problem-solving strategies among group members and recognize each other as sources of meaningful support.

Overall session objective: To provide guidance to trainees elicit to support group members to recognize their strengths and weaknesses; their common responses; and, in so doing, also recognize each other as potential sources of meaningful support.

Materials needed:

- Flip chart paper
- Markers

Time allocation: Several 1 hour and 30 minute group sessions (as needed)

Expected outcomes:

Trainees will have the knowledge and experience to support group members to recognize their strengths and weaknesses; their common responses; and, in so doing, also recognize each other as potential sources of meaningful support.

Instructions for the facilitator:

1. Explain the session objective: To learn how members in the group cope and problem solve the shared challenges that they face.
2. Explain the session outcome: Trainees will have the knowledge and experience to support group members to recognize their strengths and weaknesses; their common responses; and, in so doing, also recognize each other as potential sources of meaningful support.
3. Explain that the group leader should start by reflecting the common personal challenges back to the group at the conclusion of the second session (which might be extended to two or three sessions, depending on the group). Trainees should note these challenges on a flip chart sheet posted for continuous reference by the group. The peer support group leader, with the group's support, can then link different coping strategies together to establish commonalities in group members' resilient responses. For example, *"What are similarities among the way group members addressed the challenges they faced in the stories that they shared the other day?"*

Session D: Recommended thematic sessions

Overall session objective: To provide guidance to trainees on approaches to use with group members to identify thematic areas for discussion and skill-building during peer group sessions.

Materials needed:

- A4 sheets of paper
- Flip chart sheets
- Pens/colored markers
- 10 physical objects
- Handout 6.13: Participatory ranking methodology

Time allocation: 3 hours

Expected outcome:

Trainees will learn how to facilitate the participatory ranking methodology (PRM)[7] with peer group members that results in identification of thematic areas for discussion and skill-building.

Step 1: PRM: Identifying shared areas of interest

1. Explain that the next activity will demonstrate an approach that peer leaders will facilitate with peer support groups, called PRM. Peer support leaders will help group members identify topic areas that they are interested in learning more about, and reach consensus on shared areas of interest that will be used by the peer leader to facilitate future group sessions. These complementary discussion sessions will help to consolidate group trust before and during the group action phase below.
2. Break trainees into groups of four or five people.
3. Use Handout 6.13: Participatory ranking methodology to facilitate the PRM exercise with the trainees.

Step 2: Implement skill-building/discussion sessions based on shared areas of interest

1. Explain that after activities that align with the group's interests are identified, they should begin by facilitating activities related to the topic that relates to the area of interest ranked highest, and then go down the list until all the major topics of interest are covered.
2. Tell participants that recommended resources (listed below) may support the development of group discussion and skill-building sessions in line with group members' interests, or otherwise complement them. If the group is having difficulty deciding which topics to focus on, peer support group leaders can suggest these topics based on their perceived relevance in context.
3. Share the below list of resources with trainees and ask them to work in pairs. If trainees do not have access to a computer or printer, take time to project the resources on a screen in the room and print copies of relevant handouts/guides for trainees.
4. Once the groups are formed, tell each group to select an activity in the Program H curriculum for role play. Instruct participants that they will role play the activity in later session after they have time to prepare for the role play.

Recommended resources/training curriculum for skills-building sessions

1. Promundo-US and University of Pittsburgh Medical Center, *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood* (Washington, DC and Pittsburgh: 2018). https://www.equimundo.org/wp-content/uploads/2018/06/PM-Manhood-2-0-curriculum-v12-2-E.pdf.
2. **Sexual reproductive health and rights (SRHR)**
    a. Advocates for Youth, *Rights, Respect, Responsibility: A K-12 Sex Education Curriculum* (no date). https://www.advocatesforyouth.org/resources/health-information/rights-respect-responsibility-a-k-12-sex-education-curriculum/.
    b. Promundo-US and University of Pittsburgh Medical Center, *Manhood 2.0*, Session 5: Sexual and reproductive health.
    c. Inter-Agency Working Group on Reproductive Health in Crises, *Adolescent Sexual and Reproductive Health ASRH Toolkit for Humanitarian Settings* (2020). https://iawg.net/resources/adolescent-sexual-and-reproductive-health-asrhtoolkit-for-humanitarian-settings-2020-edition.
3. **Healthy relationships**
    a. Promundo-US and University of Pittsburgh Medical Center, *Manhood 2.0*, Session 6: Violence and Relationships
    b. Kidpower International's Teenpower Skills resources
    c. Search Institute's resources on healthy relationships

7 Adapted from Tool 4 of the "I'm here approach". Women's Refugee Commission, "I'm here approach", no date. https://www.womensrefugeecommission.org/special-projects/im-here-approach/.

4. **Transforming masculinities**
    a. Equimundo's Program H (used in over 32 countries)
    b. Manhood 2.0 (adapted to US context)
    c. Programme Ra (adapted for the Lebanese context in partnership with ABAAD – Resource Center for Gender Equality)
5. **Human Rights and the intersection of Child Rights**
    a. Council of Europe, *Compass: Manual for Human Rights Education with Young People* (Strasbourg: 2023). https://www.coe.int/en/web/compass.
    b. Universal Declaration of Human Rights Trainings and Resources
6. **Civic engagement**
    a. Council of Europe, Presentation of the project "Competencies for Democratic Culture", no date. https://www.coe.int/en/web/education/competences-for-democratic-culture.
    b. OECD, Global Competency Framework (not a curriculum)
7. **WASH**
    a. Project Wet resources
    b. UNICEF WASH page and resources for working with children/youth

Step 3: Implement art/movement/music activities

1. Explain to trainees that peer support group leaders can intersperse a series of relaxing activities throughout the discussion/skill-building sessions as appropriate to enhance positive MHPSS outcomes.
2. Share Handout 6.20: Facilitation guides for group-based non-specialized MHPSS activities.
3. Ask participants to review the handout on their own, and answer any questions that arise. Offer to project resources on the wall, if helpful.
4. To close the discussion, ask trainees to stand in a circle and each share a body/movement/art/music activity that they have facilitated with ABMY in the past.

Session E: Group action plan

Overall session objective: To provide guidance to trainees to strengthen the group's resolve to act on common life challenges.

Materials needed:

- Flip chart paper
- Markers
- Handout 6.13: Participatory ranking methodology
- Handout 6.14: Linking psychosocial concerns with fundamental human rights
- Handout 6.15: Possible steps to build consensus
- Handout 6.16: Collective action plan
- Create PowerPoint slides which present each human right, or project the rights or "articles" on a screen from https://www.un.org/en/about-us/universal-declaration-of-human-rights

Time allocation: 1 hour and 30 minutes.

Expected outcome:

Trainees will learn how to facilitate approaches with peer group members that result in a collective action to address their common challenges.

Step 1: Linking psychosocial concerns with human rights

Instructions for the facilitator:

1. Explain the session objective: To provide guidance to trainees to strengthen the group's resolve to act on common life challenges.

2. Introduce the session:

   "To strengthen the group's resolve to act on common life challenges, peer support group leaders can raise group members' awareness about the existing link between their challenging life experiences and the deprivation of their rights. Some ABMY may not have made the association between their life challenges and barriers they face to access their rights. For this reason, they may also feel they have no grounds to demand changes. Some ABMY may feel they are mostly to blame for their difficult life situation. When ABMY become aware of their universal human rights, their desire to improve their living conditions is validated, and they have universally recognized rights to demand a better living condition. They can also understand that improving access to their rights requires a collective response in which they have a role to play.

   "This session contains several different components. In the initial step, peer support group leaders will make group participants aware of the existing link between their shared life challenges and their rights which they are currently being deprived. With this increased awareness and understanding about their compromised rights, in the next step peer support group leaders will support group member to reach consensus on a shared life challenge that, from their perspective, requires priority consideration and which can only be effectively tackled through a collective response, involving their families and the wider community. Finally, peer support group leaders will support their group to define a specific objective to strive for that will improve their access to their rights and plan a collective strategy to achieve it."

3. Tell participants that the following activity can be implemented by peer support group leaders using flip chart paper or a whiteboard to help group members establish links between their shared life challenges (as clarified during the experiential sharing phase) and their rights as defined by the Universal Declaration of Human Rights. Explain that on December 10, 1948, the United Nations General Assembly Universal proclaimed the Declaration of Human Rights as a common standard of achievements for all peoples and all nations. It sets out the fundamental human rights to be universally protected.

4. Share the 30 articles, or rights, presented in the Universal Declaration of Human Rights (see https://www.un.org/en/about-us/universal-declaration-of-human-rights).

5. Ask trainees to form small groups.

6. Hand each group Handout 6.14: Linking psychosocial concerns with fundamental human rights. Ask the group to discuss life challenges that ABMY face in their context, and discuss the fundamental rights related to those challenges.
   After 15 minutes, ask each group to share their work, providing space for feedback and questions after each group's presentation.

Step 2: Participatory ranking exercise

1. Explain that the next activity will demonstrate an approach that peer leaders will facilitate with peer support groups, called PRM. Peer support leaders will use the results from the previous exercise to help group members reach consensus on a common life challenge requiring their priority consideration and which, from their perspective, can only be effectively addressed through a collective response, i.e., group-family-wider community partnership.

2. Break trainees into groups of four to five. Use Handout 6.13: Participatory ranking methodology to facilitate the PRM exercise with the trainees.
   Hand each participant a copy of Handout 6.13 (part 1 only) to adapt for their peer groups.

Step 3: Collective action plan

1. Explain that after the PRM exercise, peer leaders can support group members to formulate a concrete action objective in relation to the prioritized life challenge they wish to tackle, and design a plan for collective action to achieve this objective.

2. Explain that the peer support group leader can provide a format to help the group design a collective action plan. The scope of the collective action plan needs to be manageable by the group given its operational timeframe and available resources. The proposal could be, for example, to partner up with different agencies in context to support and reinforce an aspect of their ongoing humanitarian-development-peace actions. Or, it could be to develop a new resource which the community is lacking. It may involve raising awareness through participatory research about an issue that requires further attention. In this case, the peer support group leader can support group members to conduct research in ways they find highly engaging and motivating (e.g., through Photovoice,[8] where participants register the challenges they face in images and then invite the community for a presentation followed by a discussion that will lead to collective action).

3. Hand each trainee copies of Handout 6.15: Possible steps to build consensus and Handout 6.16: Collective action plan. Use the handout to facilitate a discussion about how to support the peer group to develop a collective action plan.

Session F: Implementing the collective action plan

Overall session objective: Provide guidance to trainees to prepare peer group members to implement their collective action plan.

Materials needed:

- Flip chart paper
- Markers
- Handout 6.17: Community mapping activity

Time allocation: 1 hour and 30 minutes.

Expected outcome:

Trainees will learn how to facilitate approaches with peer group members that provide an opportunity to assess their personal strengths, access capacity-building resources, and engage their formal and informal support systems.

Step 1. Self-assessment of available personal strengths

1. Explain the session objective: To provide guidance to trainees to prepare peer group members to implement their collective action plan.

2. Explain that the session will provide guidance to implement some strategies to prepare group members to implement their collective action plan.

3. The first step is to encourage group members to ask for their peers' feedback on what they think they are personally good at in relation to the proposed action plan. The group can choose to provide written or verbal feedback to peers. The co-leader should document the feedback on a flip chart paper.

4. To close the discussion, the peer leader can ask if they were surprised by any of the feedback, and reinforce that everyone has personal strengths to contribute to the project.

5. Then, the group leader can encourage group members to respond to the following prompts, verbally or in writing:

    a. *Reflect on what you would love to try out or learn to do better in relation to the proposed action plan.*

    b. *Do you feel energized by being around other people, or does this make you feel tired?*

8 Kirsten Budig et al., "Photovoice and empowerment: evaluating the transformative potential of a participatory action research project", *BMC Public Health* 18 (April 2018): 432. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5335-7.

6. The co-leader should document responses on separate flip chart papers.

7. Close the session by asking group members to identify any similarities or differences across the responses, highlighting the strength of group members who have difference ambitions and preferences for interacting with people.

Step 2. Community mapping and identifying capacity-strengthening resources

1. Explain to trainees that before launching the planned collective initiative, and depending on the need some group members may have for capacity-building to implement their assigned task, the peer support group leaders can identify available training opportunities within the organization that group leaders are based in, or in the wider community, and facilitate linkages between group members and these resources. Group participants' capacity-building for this specific purpose may require a time investment of several weeks. Peer support group leaders will be able to verify group members' readiness to carry out their assigned task by convening with their instructors for a verbal performance evaluation.

2. Explain that group leaders can facilitate a community mapping activity with group members to support their identification of formal and informal support, services, and resource persons available in their community. Explain that this group will practice the activity to familiarize themselves with the exercise.

3. Instruct trainees to break into groups of five.

4. Use Handout 6.17: Community mapping activity to facilitate the community mapping activity.

5. To close the session, hand out a copy of Handout 6.17 to each participant. Explain that they can use the guide and data collection form to facilitate the activity with peer groups and record notes, respectively. Address any questions about the activity.

Step 3. Linkage with families and communities

1. Explain to trainees that the community mapping activity provides an opportunity for group members to identify external (family and community-based) supports they will need to implement the action plan successfully. Now, group leaders need to support group members to assign a specific role to each identified external supporter.

2. Tell trainees to use the community mapping forms to write a list of the external supports on a flip chart paper, then ask the group members if any supports are missing.

3. After the list is finalized, peer leaders work with group members to establish contact with the identified external supports to invite them to an information gathering. At this meeting, group members will be in charge of presenting the action plan, its rationale, and objective, and requesting feedback from the supporters, as necessary to refine the action plan. Finally, group members will inform the family/community members attending this meeting about their proposal to involve them in specific support roles and gather their feedback. The peer leader will review the feedback with group members during their next session and integrate the feedback into the action plan.

Step 4. Action plan implementation

1. Explain to trainees that once group participants have acquired the necessary training to implement their assigned task, the group members should convene to review and revise the action plan as needed. After the group agrees that the action plan is finalized, the peer leader will tell the group that they are ready to start the action plan. The peer support group leaders should follow the group's progress in the community by accompanying/checking in with different members, while implementing their tasks and by calling group-community meetings at strategic intervals. These group/community meetings should be agreed upon with external support, and integrated into the action plan.

Session G: Group closing activities

Overall session objective: To raise trainees' awareness about the importance of investing time to ensure an appropriate group termination process, to allow group participants to synthesize their group experience and carry over their group gains to the next step in life.

Materials needed:

- Paper and pens

- Materials to celebrate the group's achievements
- Handout 6.18: Group termination activities

Expected outcome:

Trainees will be able to sensitively ensure group members' smooth transition from their group experience to a more informally structured peer support system.

Instructions for the facilitator:

1. Explain the session objective: To raise trainees' awareness about the importance of investing time to ensure an appropriate group termination process, to allow group participants to synthesize their group experience and carry over their group gains to the next step in life.
2. Explain that there may be many reasons why a peer leader will need to end the peer support group activities (e.g., funding, migration patterns). Tell trainees that you will demonstrate a safe and respectful approach to close the peer support group.
3. Use Handout 6.18: Group termination activities to facilitate the group closing activity.
4. To close the session, hand out a copy of Handout 6.18 to each participant. Explain that they can use the guide to facilitate. Address any questions about the activity.

Section 3: Facilitating group supervision

Overall section objective: To select a reduced group of peer support group leader supervisors among the trainees, and provide them with instruction on supervisory tasks.

Materials needed:

- Printed copies of Handout 6.19: Recommendations for peer leader supervision and supervision tool

Training time required: 2 hours

Expected outcomes:

The selected peer support group leader supervisors will develop knowledge and hands-on skills for conducting the supervision task.

Instructions for the facilitator:

1. Explain the session objective: To select a reduced group of peer support group leader supervisors among the trainees and provide them with instruction on supervisory tasks.
2. The trainer will select group leader supervisors according to the following key criteria:
    - The entire group of trainee peer support group leaders will have first conducted one cycle of group activities with ABMY, including survivors and SOGIESC.
    - At this stage, the trainer will announce the need to select a group leader supervisor or supervisors, depending on the number of facilitators having conducted a group, and invite expressions of interest from the group leaders.
    - The trainer will take these expressions of interest and invite those who replied positively to take part in a supervision training, as outlined in Handout 6.19: Group supervision tool.
    - The trainer will issue pre- and post-tests linked to the training, and select those candidates with the highest scores.
3. Use Handout 6.19: Group supervision tool to facilitate the exercise.
4. To close the session, hand out a copy of Handout 6.19 to each participant. Explain that they should use this tool to support group supervision. Address any questions about their supervisory role and the group supervision tool.

MODULE 7

Guidance for urban service providers working with displaced LGBTQI+ youth

Module 7: Guidance for urban service providers working with displaced LGBTQI+ youth

Summary description

This module aims to provide targeted guidance to participants who are already working or intend to work with crisis-affected LGBTQI+ youth in urban settings on components of the peer group model that should be adapted to the urban context and for displaced LGBTQI+ youth.

Overall time needed: 225 minutes

Overall objectives:

1. Understand unique risks and capacities of LGBTQI+ youth in urban contexts.
2. Understand key considerations and approaches for adapting the peer group model for LGBTQI+ youth in urban settings who are survivors of sexual violence.
3. Understand promising non-specialized activities with urban LGBTQI+ youth survivors of sexual abuse and conflict-related sexual violence (CRSV) that aim to improve their mental health and well-being.
4. Understand key considerations for working with crisis-affected girls and female LGBTQI+ youth in urban settings.

Table 2. Overview of workshop on guidance for urban service providers working with displaced LGBTQI+ youth

Topic	Time estimated (minutes)	Materials
1: Introduction to unique risks and capacities of crisis-affected LGBTQI+ youth in urban contexts	45	Markers, small pieces of paper or sticky notes, 3 sheets of large flip chart paper, stickers
2: Adapting the peer group model for LGBTQI+ youth in urban settings who are survivors of sexual violence	75	Markers, 6 sheets of large flip chart paper
3: Unique considerations for working with girls and female youth with diverse SOGIESC	45	Flip chart paper, markers
4: Adapting the peer support group tools to working specifically with LGBTQI+ adolescent girls and female youth	60	Markers, 6 sheets of large flip chart paper

Topic 1: Introduction to unique risks and capacities of displaced and crisis-affected LGBTQI+ youth in urban contexts

Time: 45 minutes

Materials needed:

- markers
- small pieces of paper or sticky notes
- three sheets of large flip chart paper
- stickers

Objective: Explore the unique risks and capacities of crisis-affected LGBTQI+ youth in urban contexts.

Background for facilitator:

Urban environments present a plethora of risks for crisis-affected and displaced LGBTQI+ youth survivors. Nevertheless, there are also many opportunities for LGBTQI+ youth survivors to thrive. Displaced LGBTQI+ youth may face an intersection of sexual and gender-based violence (GBV) risks, poverty, discrimination, and stigma, and lack of access to basic needs like food, education, and shelter,[9] due to the intersection of their marginalized identities. Urban contexts are diverse, and each survivor's experience is unique; however, there are some aspects about urban contexts that can influence LGBTQI+ youth survivors' experiences. This topic section aims to increase participants' understanding of those aspects.

Instructions for the facilitator:

1. Tell the participants that this module aims to provide considerations on how to adapt components of the peer group model to urban contexts and for displaced LGBTQI+ youth. Remind participants about the training's ground rules and how we will work together to maintain a safe learning environment for all participants.
2. Tell the participants that you will start this module with a group-based activity to understand the capacities of and risks faced by LGBTQI+ youth in urban contexts that may differ from non-urban contexts.
3. Divide participants into groups of three or four people. Distribute approximately 50 small pieces of paper, tape or large sticky notes, and pens to each group.
4. Tell participants that they have 4 minutes to write down the capacities or strengths of LGBTQI+ youth living in urban areas. Tell them to write down one idea per piece of paper/sticky note. Walk around to the different groups to answer questions and clarify the instructions, as needed.
5. After approximately 4 minutes, tell participants that they have another 4 minutes to write down the risks faced by LGBTQI+ youth living in urban areas.
6. While the participants are working, use large pieces of flip chart paper to draw two overlapping circles and write "Risks" over one circle and "Capacities/strengths" over the other circle (see Figure 2 below).
7. After approximately 4 minutes, ask participants to take 15 minutes discuss their notes as a group and decide whether the note is a capacity/strength, risk, or both (center). Ask for one volunteer from each group to stick their notes on the Venn diagram.
8. As participants are discussing and placing the stickies on the Venn diagram, distribute approximately 30 stickers to each group.
9. Once all the groups finish placing/taping their stickies to the Venn diagram, tell them to take 10 minutes to review the Venn diagram and place stickers on ideas that they do NOT agree with.
10. After approximately 10 minutes, review the Venn diagram and identify the ideas that have the most stickers. Ask participants to share why they do not agree with those ideas. Remind them that everyone has their own experiences. For example, not only do urban contexts differ, but some practitioners also have experience

9 Women's Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees' Risk of Gender-Based Violence* (New York and Washington, DC: 2016). https://www.womensrefugeecommission.org/research-resources/mean-streets/.

working with LGBTQI+ youth in urban areas, while others may have experience working with displaced adolescents in rural areas. Ask the entire group if they agree to keep the idea in the current area, or move it to another area of the Venn diagram.

11. Close the activity by asking participants to share one key takeaway from the activity that will inform their current or future work with LGBTQI+ youth in urban contexts.

Note the following points for the participants:

- Using a strength-based approach to working with LGBTQI+ youth means that you should consider the strengths and capacities of youth not only the risks and challenges they face. Some strengths and capacities of LGBTQI+ youth in urban contexts may include:
    - The presence of LGBTQI+ communities and allies may be more visible and accessible in urban contexts compared to rural contexts. Many LGBTQI+ youth flee to cities which are typically more diverse than rural areas, and therefore include communities that are more accepting to people with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC).
    - Urban contexts are demographically larger and more anonymous than rural settings, making the perception of SOGIESC diversity less dangerous, thereby decreasing risks for LGBTQI+ youth.[10]
    - Resources and support services may be more tailored and/or accessible for LGBTQI+ youth in urban contexts compared to rural contexts. Urban areas tend to have a concentration of resources and support services for all people, including LGBTQI+ youth, compared to rural areas. Some of these organizations are LGBTQI+ led and/or refugee-led, and therefore best-placed to provide tailored services and support to displaced LGBTQI+ youth.
- Unique risks faced by crisis-affected LGBTQI+ youth in urban contexts:
    - Compared to refugee settlements where the humanitarian community is accountable to provide basic needs, such as shelter, food, and health services, for each individual, crisis-affected LGBTQI+ youth in urban contexts may not know how to access humanitarian assistance, or humanitarian assistance may not exist.
    - Many LGBTQI+ youth in urban contexts live without caregivers or family members. They may face discrimination from landlords due to their diverse SOGIESC. In a study conducted by WRC on GBV risks faced by urban refugees, refugees reported having to move frequently and being evicted abruptly, leaving them homeless and exposing them to greater GBV risks.[11]
    - Since LGBTQI+ youth in urban settings have often discontinued their education in order to flee prosecution, violence, and discrimination in their home communities, they may not have the skills or knowledge to obtain formal employment. In addition, they may be discriminated against during job interviews due to their displacement status and/or gender identity, sexual orientation, or sex characteristics. Due to these barriers, among others, LGBTQI+ individuals are more likely to be employed in the service sector, such as at bars, clubs, or performance arts. These jobs often require work at night, and therefore they may face protection risks travelling to and from work at night. Lack of access to formal employment and other safe income-generating activities increases their risk of sexual exploitation in the context of selling sex.[12] This form of sexual exploitation puts youth at further risk for other forms of violence, such as physical violence, sexual harassment, and blackmail.[13]

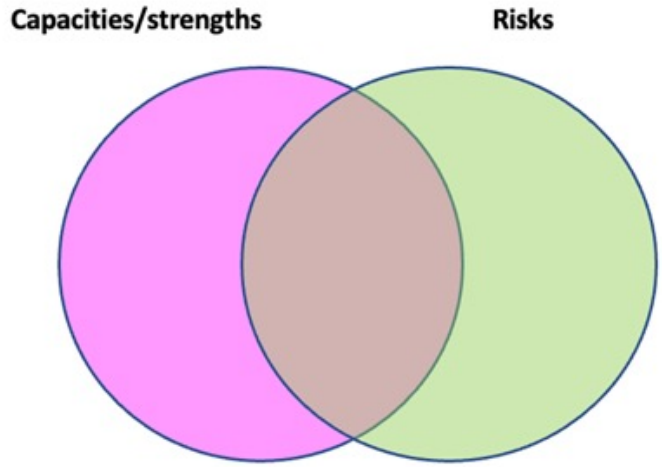
10 Danielle Roth et al., *Cycles of Displacement: Understanding Exclusion, Discrimination, and Violence against LGBTQI People in Humanitarian Contexts* (New York: International Rescue Committee 2021). https://www.rescue.org/uk/report/cycles-displacement-understanding-exclusion-discrimination-and-violence-against-lgbtqi.

11 Women's Refugee Commission, *Mean Streets*.

12 Sarah Chynoweth, *"We Keep It in Our Heart": Sexual Violence Against Men and Boys in the Syria Crisis* (Geneva: UNHCR, 2017): p. 46. https://www.refworld.org/reference/research/unhcr/2017/en/119183.

13 Sarah Chynoweth, *Sexual Violence against Men and Boys in Conflict and Displacement: Findings from a Qualitative Study in Bangladesh, Italy, and Kenya. Synthesis Report* (New York and Washington, DC: Women's Refugee Commission, 2020). https://www.womensrefugeecommission.org/research-resources/sexual-violence-against-men-and-boys-in-conflict-and-displacement-findings-bangladesh-italy-kenya/.

Figure 2: Venn diagram activity



Topic 2: Adapting the peer group model for LGBTQI+ youth in urban settings who are survivors of sexual violence

Time: 75 minutes

Materials needed:

- markers
- six sheets of large flip chart paper

Objective: Understand approaches for working with crisis-affected LGBTQI+ youth survivors of sexual abuse or CRSV in urban settings.

Background for facilitator:

Humanitarian practitioners working with LGBTQI+ youth must be sensitive and responsive to the needs and experiences of LGBTQI+ youth, while recognizing their strengths. A dearth of evidence exists on effective approaches to working with crisis-affected LGBTQI+ youth survivors of sexual abuse or CRSV, including in urban settings. However, LGBTQI+ communities worldwide have been leading movements to create their own subculture and activist groups. When possible, engage with LGBTQI+ led organizations and groups to ensure that approaches used when working with LGBTQI+ urban youth and facilitating peer support groups. Also, respond to the wishes, ideas, and preferences of LGBTQI+ youth and ensure their protection.

Urban service providers should be aware of the unique challenges faced by LGBTQI+ survivors of sexual violence. They should understand the importance of providing services that are sensitive to the gender identity and sexual orientation of the survivors. They should also be aware of the legal and social barriers that can hinder LGBTQI+ survivors from accessing services and support. LGBTQI+ youth who have experienced sexual violence face unique challenges in accessing support services and healing from their trauma. Many survivors of sexual violence face stigma and discrimination, but LGBTQI+ survivors may face additional barriers due to their sexual orientation, gender identity, or expression. Urban service providers who work with LGBTQI+ youth survivors of sexual violence need to be aware of these issues and work to create safe and inclusive spaces for them to heal.

One promising approach to supporting LGBTQI+ youth survivors of sexual violence is through peer support groups. These groups can provide a space for survivors to connect with others who have had similar experiences, including those unique to their SOGIESC, and to receive support from and social connection with peers. Peer support groups can also empower survivors to take control of their healing process and to develop a sense of agency and resilience.

Instructions for the facilitator:

1. Explain to the participants that the aim of this session is to understand approaches for working with crisis-affected LGBTQI+ youth survivors of sexual abuse or CRSV in urban settings.

2. Explain that peer support groups can provide a safe and supportive space for LGBTQI+ youth to share their experiences, express their feelings, and receive support and connection from others who have had similar experiences. Group participation can help build trust and rapport among the youth, and create a sense of community and belonging. Providing safe spaces for LGBTQI+ youth is essential, as they need a place where they can feel safe, accepted, and understood. Service providers should create a welcoming environment that provides emotional support, connection with peers, and access to resources. Peer support groups can be held in safe spaces such as community centers, support groups, and drop-in centers, where youth can express themselves without fear of judgment or discrimination.

3. Explain that creating safe spaces for LGBTQI+ youth in urban humanitarian settings is not solely about the physical space, but also requires intentional effort and strategies to ensure that these spaces are psychologically safe (e.g., free of discrimination, criticism, harassment, or physical and emotional harm). Ask participants to share some approaches that can help facilitate safe spaces when facilitating peer support groups for LGBTQI+ youth in such settings (10 minutes).

4. Note the following points:

    - **Establish clear ground rules**: Establishing clear ground rules at the beginning of each meeting can help create a safe and respectful environment. These rules can include things like confidentiality, active listening, and respect for different perspectives.

    - **Use inclusive language**: The language used in the group should be inclusive and welcoming to all members, regardless of their sexual orientation, gender identity, or sex characteristics. Facilitators can use gender-neutral language and avoid assumptions about pronouns or gender identities.

    - **Foster a sense of community**: Encouraging group members to share their experiences and perspectives can help foster a sense of community and create a space where everyone feels heard and understood. Facilitators can also organize social events or activities outside the group meetings to further build community.

    - **Address discrimination and prejudice**: It is important to address any discrimination or prejudice that may arise within the group or in the wider community. Facilitators should be prepared to address any harmful comments or behaviors, and provide education and resources on how to be a better ally.

    - **Foster peer connections**: Peer support groups can facilitate connections between LGBTQI+ youth who may otherwise feel isolated or disconnected. By bringing together individuals who share similar experiences, peer support groups can help reduce feelings of loneliness and create a sense of solidarity and mutual support.

    - **Identifying and building on strengths**: Peer support groups can serve as a platform for LGBTQI+ youth to identify and build on their strengths. By sharing their experiences and perspectives, they can identify common challenges they face and the coping mechanisms they have developed. This can help them recognize their strengths, resilience, and capacity to overcome obstacles. As a result, they can develop a sense of empowerment and agency, which can lead to better mental health outcomes and improved well-being.

    - **Incorporate youth perspectives**: Peer support groups can involve LGBTQI+ youth in the design and implementation of programs and services, ensuring that their perspectives and experiences are represented. This can help ensure that services and resources are relevant and responsive to the unique needs of LGBTQI+ youth. Ask participants to share strategies to incorporate youth perspectives in the design and implementation of program and services (5 minutes). Note the following key points:

        - **Incorporate LGBTQI+ cultural icons and references into the peer support group discussions and activities.** This can include famous LGBTQI+ activists, artists, and performers, as well as events and cultural traditions that are significant to the LGBTQI+ community. This will not only validate their culture and identity, but also help them connect with their community and find strength in their shared experiences.

- **Encourage LGBTQI+ youth to share their own experiences, stories, and perspectives with the group**. This allows them to take ownership of their identities and cultural backgrounds, while also learning from one another and finding strength in their diversity.
- **Provide opportunities for leadership and skill-building** within the peer support group. Peer support groups can also help LGBTQI+ youth develop leadership and advocacy skills. By working together, they can identify issues that affect them and plan actions to address them. This can include raising awareness, advocating for policy change, and organizing events. Through this process, they can develop leadership skills, such as communication, negotiation, and conflict resolution. They can also gain a sense of agency and ownership over their lives and communities, which can contribute to their overall sense of empowerment. For instance, you could create roles for group facilitators or organizers, and offer training and resources to help LGBTQI+ youth develop their leadership and communication skills. This will not only give them a sense of ownership over the group, but also empowers them to use their voices and advocate for themselves and their community.
- **Encourage the use of their own cultural language** within the peer support group. This means using terminology and expressions that are unique to the LGBTQI+ community, as well as incorporating elements of their own cultural backgrounds, such as language, traditions, and customs. This will help create a safe and inclusive space where LGBTQI+ youth can express themselves authentically and find strength in their shared cultural identities.
- **Provide education and resources**: Peer support groups can provide education and resources on topics such as sexual health, gender identity, and discrimination, as well as access to referrals to medical, legal, or other services that may be relevant to the youth's needs and preferences.
- **Ensure confidentiality and privacy**: Peer support groups must ensure that the confidentiality and privacy of the youth's information and experiences are protected. This can help create a safe and trusting environment where youth feel comfortable sharing their experiences.
- **Provide ongoing support**: Peer support groups can provide ongoing support to LGBTQI+ youth as they navigate their experiences and work towards their goals. This can help create a sense of continuity and stability in the youth's lives, which can be especially important in times of crisis and upheaval.

5. **Note the following points for the participants:**

    1. **Barriers to accessing services:** Many LGBTQI+ youth survivors of sexual violence may face barriers to accessing support services due to fear of discrimination, lack of awareness of available resources, or a mistrust of authority figures. It is important for service providers to build trust with survivors and to ensure that they are aware of the resources available to them.
    2. **Intersectionality**: LGBTQI+ youth survivors of sexual violence may experience multiple forms of marginalization, including racism, ableism, and classism, in addition to discrimination based on their sexual orientation or gender identity. Service providers should be aware of the intersectional nature of oppression, and work to create an inclusive space that acknowledges and values the unique experiences and perspectives of all survivors.
    3. **Trauma-informed care**: Survivors of sexual violence may experience a range of physical, emotional, and psychological symptoms related to their trauma. Service providers should be trained in trauma-informed care and be prepared to respond to survivors in a compassionate and empathetic manner.
    4. **Confidentiality**: Confidentiality is essential to building trust with survivors and creating a safe space for them to share their experiences. Service providers should have policies and procedures in place to ensure that survivors' information and experiences are kept confidential.
    5. **Language and culture**: LGBTQI+ youth survivors of sexual violence may have their own cultural language and icons that are important to their identity and healing. Service providers should be sensitive to these cultural nuances and incorporate them into their support services.
    6. **Empowerment and self-determination**: Peer support groups can be a powerful mechanism for empowering survivors to take control of their healing process and to develop a sense of agency and resilience. Service providers should support survivors in making their own decisions about their healing process, and provide resources and referrals that are relevant to their needs and preferences.

7. **Signs of distress**: Peer support group leaders should be aware of the following signs of distress, which may require appropriate referrals:
    - depression, anxiety, and suicidal thoughts;
    - substance abuse and risky behaviors;
    - social withdrawal and isolation;
    - physical symptoms, such as headaches and stomachaches; and
    - disrupted sleeping and eating patterns.
8. Next, explain to participants that they will break into five groups to tailor one thematic area of the peer support group training curriculum (see Thematic Areas 1—5 in Handout 6.1: Training curriculum overview) to address the capacities and needs of LGBTQI+ youth in urban contexts. If the training has covered Module 8, Section 1: Overview of monitoring and evaluation, break the participants into six groups to discuss all six thematic areas of the training curriculum.
9. Pass out Handout 7.1: Adapting the peer support group model to urban LGBTQI+ youth to participants.
10. Tell participants that each group will have 20 minutes to answer the questions for their respective group, and record key points on the flip chart paper to share back with the full group.
11. Reconvene the groups and ask each group to share key points from their discussion with the broader group. Each group has 4 minutes to present and 4 minutes to answer questions and share additions. Use Handout 7.2: Answer key: Adapting the peer support group model to urban LGBTQI+ youth to make clarifications and guide the discussion.

Topic 3: Key considerations for working with girls and female youth with diverse SOGIESC

Time: 45 minutes

Materials needed:

- flip chart paper
- markers

Objective: Understand key considerations for working with girls and female youth with diverse SOGIESC youth in crisis-affected urban settings.

Notes for the facilitator:

Girls and female youth with diverse SOGIESC face additional risks and vulnerabilities due to gender inequality that discriminates against women and girls and perpetuates heteropatriarchy, privileging heterosexual white men. Violence and discrimination against women occur because patriarchal societies sexually objectify women and treat them as incapable of being men's equals. Collectively, women across the globe have fought for their human right to own and inherit property, the right to education, and to drive a car, among others.

Living with intersectional identities can further compound forms of discrimination. Displaced lesbian and bisexual youth experience intersecting systemic inequalities due to their identity as a woman, as part of the LGBTQI+ community, as refugees and asylum seekers, and adolescents and young people,[14] which puts them at greater risk for violence, including sexual violence.[15] Due to sexism and LGBTQI+ discrimination, lesbian and bisexual women may experience sexual violence based on the social stereotype that a lesbian is a women who has 'never had a real man'. This form of discrimination may be manifested as 'corrective' or 'punitive' rape, in which men rape women assumed to be lesbian to try to 'cure' their sexuality.[16]

14 Andrew Gorman-Murray, "Problems and possibilities on the margins: LGBT experiences in the 2011 Queensland floods". *Gender, Place and Culture* 24, no. 1 (February 2016): pp. 37–51. https://www.tandfonline.com/doi/full/10.1080/0966369X.2015.1136806.

15 UN Women, *Human Rights of LBTIQ Women in Ukraine* (Kyiv: 2019). https://ukraine.un.org/sites/default/files/2020-09/cedaw%20lbtiq%20eng_compressed.pdf.

16 Ibid.

LBTQI+ women may also refuse to report sexual violence to law enforcement out of fear of being traumatized again by law enforcement officers. In addition to the consequences faced by cisgender and heterosexual men and boy survivors, lesbians and bisexual girls and female youth may face specific consequences, such as unwanted pregnancy due to rape, forced marriage, vaginal injuries, breast and nipple mutilation, and related trauma.[17] Further, health care providers may refuse to provide quality services, including clinical management of rape, to LBTQI+ women, due to homophobia, transphobia, or a lack of knowledge, skills, and capacities.[18] Displacement or conflict settings further exacerbate GBV risks for both women and girls and LGBTQI+ youth, due to decreased protection and economic capacity.

Instructions for the facilitator:

- Tell the participants that this session focuses on the unique risks faced by displaced LBTQI+ girls and youth. You will explore approaches to mitigate the risks that LBTQI+ girls and youth face and better support their mental health and psychosocial support (MHPSS) outcomes through peer support groups.
- Ask participants about some of the risks faced by displaced LBTQI+ girls and youth may which differ from the risks faced by displaced GBTQI+ boys and male youth. Ask a volunteer to write the risks on the whiteboard or a flip chart paper.
- Explain to them that displaced LBTQI+ girls and youth face overlapping vulnerabilities based on these marginalized identities, which put them at greater risk for sexual violence. These risks are due to gender inequality that discriminates against women and girls. Violence and discrimination against women occur because patriarchal societies sexually objectify women and treat them as incapable of being men's equals. *Reference facilitator notes above to clarify risks shared by participants during the discussion.*
- Next, create groups of three to five participants, then hand out approximately 20 stickers to each group. Each group should receive a different color or shape. Assign a group identity to each color or shape. For example, blue stickers represent lesbian girls, and purple stickers represent bisexual female youth. Explain to participants that they have 10 minutes to work with their groups to apply their sticker to the risks they believe their group identity faces. For example, displaced lesbian girls face increased risk of sexual violence due to being a girl, a lesbian, and someone who is displaced. Identities include: displaced lesbian girl, displaced bisexual girl, displaced transgender woman, displaced lesbian woman, and displaced bisexual woman.
- Move around the room to answer questions and clarify instructions.
- After 10 minutes, ask each group to state their group identity and explain why they placed their stickers where they did. *Reference facilitator notes above to clarify risks shared by participants during the discussion.*
- Close the activity by asking participants to share one key takeaway from the activity that will inform how they work with displaced LBTQI+ girls and female youth.

Key points to highlight during discussion:

- An overlap of different identities and multiple discrimination against different groups of persons exists. When designing approaches to address the MHPSS needs of displaced girls, one has to understand that girls can be different and belong to various ethnic, national, or age groups, have different sexual orientations and gender identities, have disabilities, etc.
- Lesbian women experience sexual violence, including rape, because of their identity as women, in addition to their sexual orientation.
- LBTQI+ women may also refuse to report sexual violence to law enforcement out of fear of being traumatized again by law enforcement officers. In addition to the consequences faced by cis hetero 'straight' men and boy survivors, lesbians, bisexual girls and female youth (and transgender men) may face specific consequences such as unwanted pregnancy due to rape, forced marriage, vaginal injuries,

17 Norwegian Red Cross and International Committee of the Red Cross, *"That Never Happens Here": Sexual and Gender-Based Violence Against Men, Boys and/Including LGBTIQ+ Persons in Humanitarian Settings* (Oslo and New York: 2022).

18 The World Bank, *Violence Against Women and Girls Resource Guide: Brief on Violence Against Sexual and Gender Minority Women* (Washington, DC: 2015). https://documents.worldbank.org/en/publication/documents-reports/documentdetail/573191611149890222/violence-against-women-and-girls-resource-guide-brief-on-violence-against-sexual-and-gender-minority-women.

breast and nipple mutilation, and related trauma.[19]

- Health care providers may refuse to provide quality services, including clinical management of rape, to LBTQI+ women, due to homophobia, transphobia, or a lack of knowledge, skills, and capacities.[20]

Topic 4: Adapting the peer support group tools to working specifically with LBTQI+ adolescent girls and female youth

Time: 60 minutes

Materials needed:

- flip chart paper
- markers

Objective: To adapt the peer support group tools to effectively address the unique needs and experiences of LBTQI+ adolescent girls and female youth. Through this adaptation, the goal is to create an inclusive and supportive environment that empowers participants to explore their identities, share their experiences, and foster a sense of belonging within the group.

Notes for the facilitator:

In this session, we will explore the process of adapting the peer support group tools to cater specifically to the unique needs and experiences of LBTQI+ adolescent girls and female youth. Similar to all adolescents and youth, creating an inclusive and safe space for participants is of utmost importance, as we aim to empower them to freely express their identities, share their stories, and foster a sense of belonging within the group. By understanding the challenges they may face, and tailoring our support materials accordingly, we can cultivate a supportive environment that encourages growth, self-discovery, and empowerment, for all LBTQI+ adolescent girls and female youth.

Instructions for the facilitator:

1. Explain to the participants that the aim of this session is to understand approaches for working with crisis-affected LBTQI+ youth survivors of sexual abuse or CRSV. You will build on what was discussed in the last session, to focus specifically on girls and female youth.

2. Explain that peer support groups can provide a safe and supportive space for LBTQI+ youth to share their experiences, express their feelings, and receive support and connection from others who have had similar experiences. Group participation can help build trust and rapport among the youth, and create a sense of community and belonging. Providing safe spaces for LBTQI+ youth is essential, as they need a place where they can feel safe, accepted, and understood. Service providers should create a welcoming environment that provides emotional support, connection with peers, and access to resources. Peer support groups can be held in safe spaces such as community centers, support groups, and drop-in centers, where youth can express themselves without fear of judgment or discrimination.

3. Explain that creating safe spaces for LBTQI+ youth is not solely about the physical space, but also requires intentional effort and strategies to ensure that these spaces are psychologically safe (e.g., free of discrimination, criticism, harassment, or physical and emotional harm). Ask participants to share some approaches that can help facilitate safe spaces when facilitating peer support groups for LBTQI+ youth in such settings (10 minutes).

4. Next, explain to participants that they will break into five groups to tailor one thematic area of the peer support group training curriculum (See Thematic Areas 1—5 in Handout 6.1: Training curriculum overview) to address the capacities and needs of LBTQI+ youth. If the training has covered Module 8, Section 1: Overview of monitoring and evaluation, break the participants into six groups to discuss all six thematic areas of the training curriculum.

5. Pass out Handout 7.6: Adapting the peer support group model to LGBTQI+ youth to participants.

6. Tell participants that each group will have 20 minutes to answer the questions for their respective group and record key points on the flip chart paper to share back with the full group.

19 Norwegian Red Cross and International Committee of the Red Cross, *"That Never Happens Here"*.

20 https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs6206/files/downloads/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf

7. Reconvene the groups and ask each group to share key points from their discussion with the broader group. Each group has 4 minutes to present and 4 minutes to answer questions and share additions. Use Handout 7.7: Answer key: Adapting the peer support group model to urban LGBTQI+ youth to make clarifications and guide the discussion.

MODULE 8

Guidance for developing and implementing a monitoring and evaluation framework for your peer support group

Module 8: Guidance for developing and implementing a monitoring and evaluation framework for your peer support group

Introduction to the Monitoring and Evaluation framework

This document outlines the processes and principles involved in the monitoring and evaluation (M&E) of peer support groups and corresponding activities that aim to address symptoms of non-pathological distress and support the mental health and psychosocial well-being of adolescent boys and male youth (ABMY) in all their diversity, who are at risk or survivors of sexual violence in crisis. M&E is a process whereby key data is collected, compiled, and analyzed in order to demonstrate changes that have occurred following the implementation of an intervention, program, or project, and to assess if and how the intervention, program, or project has achieved its desired results.

This document is intended for use by 1) peer support group trainers or M&E specialists who aim to impart a highly accessible set of skills and knowledge to peer support group leaders, and **2) peer support group leaders** as they develop and implement peer support groups and corresponding activities.

Section 1: Overview of M&E aims to support mental health and psychosocial support (MHPSS) trainers and peer support group leaders by providing a basic overview of M&E and the components necessary to develop a comprehensive M&E system for an intervention, program, or project. It also provides guidance to ensure that participants are intentionally involved in M&E processes, including M&E framework design and implementation.

Section 2: Developing an M&E plan for your peer support group takes this information a step further by providing guidance for peer support group leaders on how to develop and implement an M&E framework for peer support groups and corresponding activities for ABMY who are survivors or at risk of sexual violence in crisis settings. It provides a template theory of change (ToC) and M&E framework for the intervention, and lists example indicators that may be tailored for your specific intervention.

Section 3: Data collection tools for your peer support group shares tools and templates for means of verification that can be used by peer support group leaders, as well as approaches for M&E of your particular intervention.

The objectives of this document are to:

1. **Enhance the knowledge of humanitarian program staff, including non-specialist peer support group leaders,** on the utility of M&E, and the basic processes and principles that guide its development and implementation.
2. **Provide humanitarian program staff, including non-specialist peer support group leaders, with the information and guidance necessary to tailor and implement a comprehensive M&E plan for a non-specialist led peer support group and corresponding activities** for ABMY who are survivors or at risk of sexual violence in crisis settings.

Section 1: Overview of Monitoring and Evaluation

Purpose of this section: Provide a basic overview of M&E and the components necessary to develop a comprehensive M&E system for an intervention.

Target audiences for this section:

- Peer support group trainers and M&E specialists should refer to this section as they train non-specialist peer support group leaders who aim to establish and run peer support groups and corresponding activities involving ABMY survivors or those at risk.
- Trained non-specialist group facilitators should also reference this section as they tailor and implement an M&E plan for their particular non-specialist-led peer support group and corresponding activities.

Training time required: 2 hours and 30 minutes

Instructions for MHPSS trainers:

1. In advance of the three-day training, read the following section in its entirety (Section 1). Review the "Overview of M&E" presentation slides to ensure that you are comfortable with the content and the delivery of the content.
2. On the third day of the training, conduct this five-part M&E training with non-specialist peer support group leaders. This training will occur directly after that of Module 6, which covers implementing the peer support groups, their corresponding activities, and working with adolescents with diverse sexual orientation, gender identity, gender expression, and sex characteristics, respectively.
3. Use the "Overview of M&E" presentation slides to deliver the training content to the non-specialist peer support group leaders. Note that the information that is included in the slides has been directly pulled from each of the subsections in this section. It will be important to use these sessions as a guide when training the group facilitators. You are not required to read word-for-word from this section when delivering the content to the non-specialist peer support group leaders. You should, however, aim to present all information included herein.
4. Conclude the M&E training by reminding the non-specialist peer support group leaders that they are welcome to reference the sessions in this section when they and their intervention teams begin their work on Section 2, where they will tailor and implement their own M&E plan for a non-specialist led peer support group.

Table 3. Overview of Workshop on Monitoring and Evaluation

Session	Learning objective(s)	Timing	Materials
A. What is M&E and how is it used?	• Define M&E and differentiate the concept of monitoring from that of evaluation. • Understand the use and utility of M&E.	25 minutes	"Overview of M&E" presentation slides 1—7, projector to show the slides
B. Principles of participatory M&E	• Define when and how participants should be involved in M&E. • Understand the principles of participatory M&E.	25 minutes	"Overview of M&E" presentation slides 8—12, projector
Break		15 minutes	

C. Developing a ToC	• Understand the use and utility of a ToC. • Understand the components of a ToC.	25 minutes	"Overview of M&E" presentation slides 13—19, projector
D. Developing a ToC	• Understand the components of an M&E framework. • Understand the different types of indicators and how they contribute to an intervention's ToC. • Explore the various types of data sources that can be used to inform an intervention's indicators.	45 minutes	"Overview of M&E" presentation slides 19—29, projector
E. Collecting, analyzing, and evaluating M&E data	• Understand key considerations when collecting, analyzing, and evaluating M&E data.	15 minutes	"Overview of M&E" presentation slides 30—32, projector

Session A: What is M&E and how is it used?

Objectives:

- Define M&E and differentiate the concept of monitoring from that of evaluation.
- Understand the use and utility of M&E.

Time: 25 minutes

Materials needed:

- "Overview of M&E" presentation slides 1-7
- projector to show the slides

Monitoring and evaluation (M&E) is a process used to collect data, demonstrate the changes (positive or negative, direct or indirect) that have occurred following the implementation of an intervention, and to assess if and how the intervention has achieved its desired results.

The two components of M&E, monitoring and evaluation, are linked but are separate. Each helps us to examine intervention quality and make recommendations on the improvements necessary for greater impact.

- ***Monitoring*** is the routine collection of relevant information on the intervention, program, or project over time. We analyze this information to measure the ongoing performance of the intervention.
- ***Evaluation*** is the collection of specific information on the intervention at specific time points (for example, before and after implementation). We analyze this information to evaluate whether, and if so how, the intervention was successful in bringing about its desired changes.

For M&E to effectively measure performance and changes before, during, and after the implementation of an intervention, we must design a comprehensive M&E plan before the start of the intervention. M&E is integral to the design of your intervention, and its activities must be planned alongside those of the intervention.

Why is M&E important to the delivery of an intervention?

A strong M&E plan that describes the whole M&E system for the intervention along with a comprehensive tool kit of all required protocols, tools, and guidelines for data collection and analysis, will ultimately help to:

- ensure the most effective and efficient use of resources;
- make informed decisions using objective evidence on the ongoing operations of the intervention models and approaches;
- demonstrate progress and monitor that each intervention component is being realized within the planned timeframe;
- objectively assess the extent to which the intervention components are leading to the desired outcomes, in what areas and among what populations are they most effective, and where improvements may be considered; and
- gain evidence for advocacy and scaling up the approach and/or lessons learned.

Session B: Principles of participatory M&E

Objectives:

- Define when and how participants should be involved in M&E
- Understand the principles of participatory M&E

Time: 25 minutes

Materials needed:

- "Overview of M&E" presentation slides 8—12
- projector to show the slides

Involving participants in the design and implementation of an M&E framework is ethical, feasible, and useful. It helps to ensure that the M&E process best responds to their needs and expectations on the intervention, and promotes their robust buy-in and engagement.

When collaborating with participants on the development and implementation of an M&E framework, we must operate under the following principles:

- **Participants must voluntarily agree to participate.** Participants must understand the conditions involved in their participation of the M&E framework, including any costs, harms, and risks that may arise from their participation, and consent to take part.
- **Participants must voluntarily agree to participate.** This could, for example, involve them learning or reinforcing knowledge or a skill, like M&E, that they can use in other facets of their lives.
- **Staff working to implement the peer support group, including the M&E plan, must work to identify and address the costs, harms, and risks to participant engagement prior to any involvement.** This includes, for example, working to protect their anonymity and confidentiality. In providing anonymity, identifying information of individual participants (name, contact information, place of residence, etc.) must be ensured. In maintaining confidentiality, only certain people involved in the data collection and analysis process should have access to the responses of participants and their identifying information. Note that additional safeguards may need to be put in place for some particularly vulnerable groups, like children and adolescents, to participate. Further details on this, as related to implementing a peer support group and corresponding activities for ABMY who are survivors or at risk of sexual violence, is included in the following section.
- **Prior to involving participants in the M&E process for the peer support group, staff should conduct some capacity and skill-building activities with participants to ensure meaningful participation in the design and implementation for the M&E framework.** This will not only help to increase participant capacities and skills, but also help to increase their confidence in their abilities to make more substantial contributions to the M&E of the peer support group activities.

- **Participants must be supported throughout the M&E processes by staff**. Staff should undergo training on participatory approaches and methods; ethical approaches to data collection; and psychological first aid (PFA) and prevention of sexual exploitation and abuse (PSEA), as relevant. Staff should work to ensure that participant engagement builds on local norms and cultural practices and occurs at appropriate times, in accessible places if in-person, and using accessible modes if remote.

M&E is a process. Participants should be regularly engaged in the M&E of the intervention. Their involvement should not take place once or twice over the course of the lifecycle of the intervention, but should instead occur routinely.

Session C: Developing a theory of change

Objectives:

- understand the use and utility of a ToC
- understand the components of a ToC

Time: 25 minutes

Materials needed:

- "Overview of M&E" presentation slides 13—19
- projector to show the slides

To design an intervention and its corresponding M&E framework, it is first necessary to develop a ToC. **A ToC provides a streamlined, linear interpretation of both the planned resources and the desired outcomes of the intervention. It also helps us to explore the steps needed to achieve the desired outcomes.**

A ToC is beneficial in that it can help visually organize and present the resources, activities, outputs, and outcomes of an intervention, and communicate the intervention goals and process. A ToC diagrams the activities of an intervention and the resources that are needed to implement those activities. It then works to show how the activities of the intervention lead or contribute to the ultimate desired outcomes or impact of the intervention.

A ToC has several key components, including:

- **Problem:** The issue that your intervention aims to solve.
- **Target participants:** The people who are facing the problem and will participate in the intervention that aims to address that problem.
- **Barriers and assumptions:** Barriers to intervention implementation and assumptions (regarding the context, setting, participants, etc.) about the conditions needed for the intervention to enable the desired outcomes.

The linear interpretation of the steps needed to address the problem and achieve the desired outcomes of the intervention is expressed through the following ToC components:

- **Impact:** The major, long-term change that we wish to see in our area of work.
- **Outcomes:** The changes in knowledge, attitudes, and behaviors that we hope to see because of intervention implementation. This often occurs in the medium term, following implementation.
- **Outputs:** Tangible products that result from the activities.
- **Inputs:** The services, activities, tasks, or interventions that use the resources to produce the outputs.
- **Resources:** Investments required to support the "inputs" or activities.

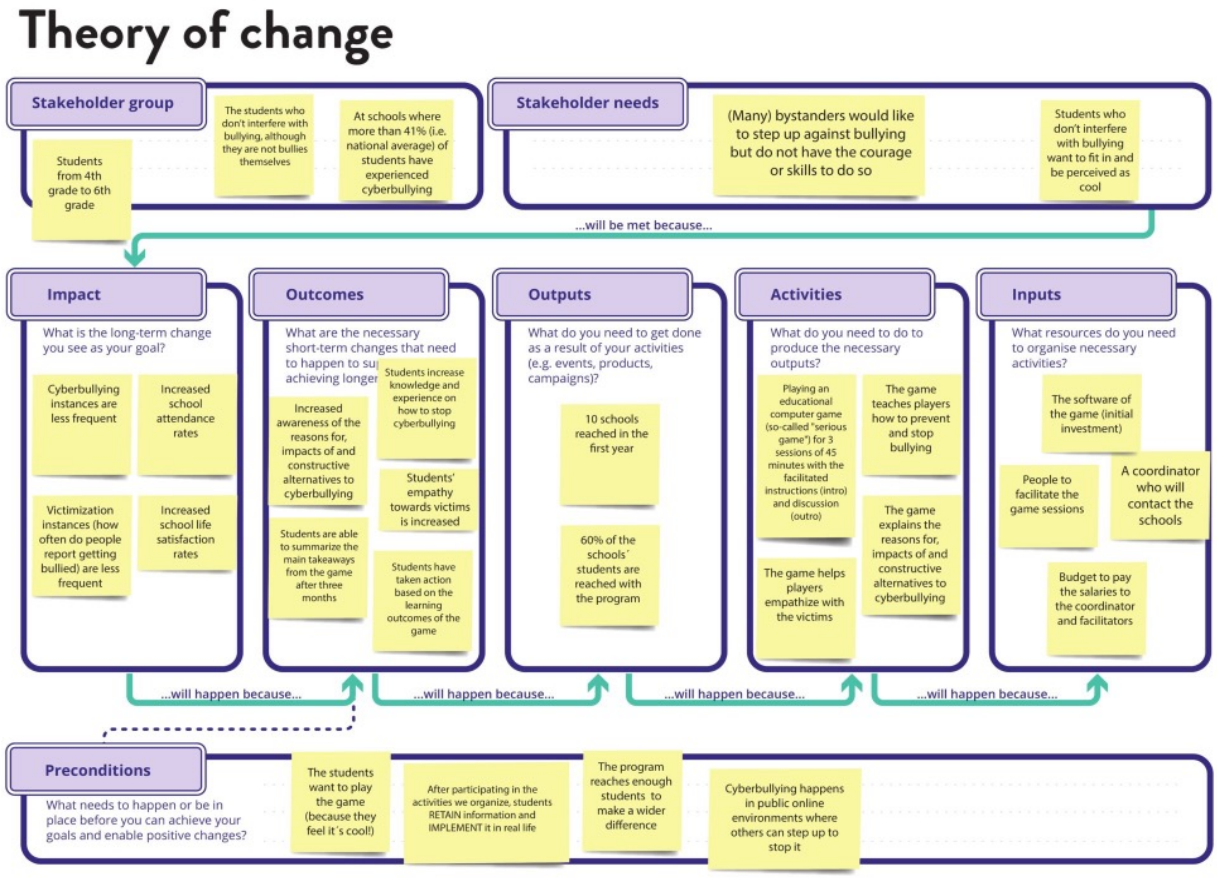
Additional guidance on developing a ToC is available here and here.

Exercise 1: Theory of change example

Exercise: The following page provides an example of a ToC created by Stories for Impact about a cyber-bullying prevention program for students. More information on this example and developing a ToC can be found here. Review this ToC, and make sure that you understand each component and the ways to which they relate to one another.

Bonus exercise: List some data and data sources that you could use to monitor progress at each step of the ToC, and determine whether the intervention has achieved its desired results. This content will be covered in the next subsection.

Note: In the following section, you will be provided with a ToC for a peer support group model for ABMY, in all their diversity, who are survivors or at risk of sexual violence in crisis settings, as well as guidance on ways to adapt this ToC to your particular context and needs.



Session D: Creating an M&E framework

Objectives:

- Understand the components of an M&E framework.
- Understand the different types of indicators and how they contribute to an intervention's ToC.
- Explore the various types of data sources that can be used to inform an intervention's indicators.

Time: 30 minutes

Materials needed:

- "Overview of M&E" presentation slides 19—29
- projector to show the slides

Step 1: Identifying indicators

After the ToC is developed, you can create and/or identify relevant indicators. **An indicator is a unit of measurement that helps us determine how we measure our results and whether the intervention has achieved its desired results**. An indicator can be quantitative (e.g., percentages or numbers of people) or qualitative (e.g., attitudes, knowledge or beliefs, perceptions on quality).

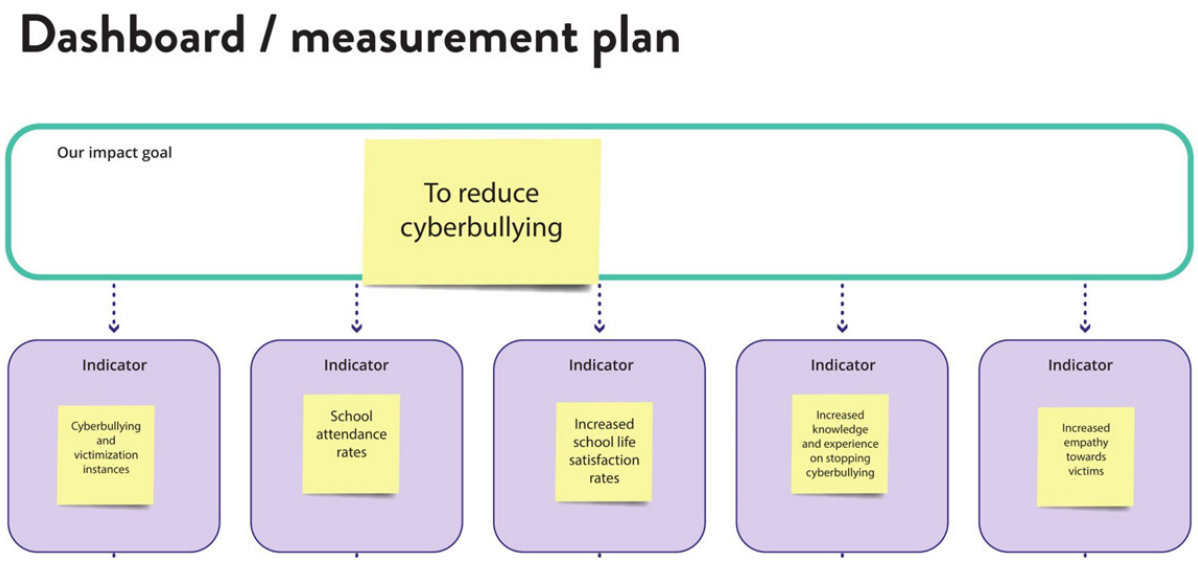
Indicators should be developed to correspond with each component of the ToC:

- **Process indicators** measure inputs and/or intervention activities. Examples include:
    - number of training sessions delivered to staff;
    - number of intervention sessions delivered to participants; and
    - number of staff hired to support the intervention.
- **Output indicators** measure the services provided by the intervention and the quality of these services. Examples include:
    - number of participants who attended at least X percent of intervention sessions;
    - number of referrals made for those participating in the intervention; and
    - percentage of participants who attended at least X percent of intervention sessions and rank the quality of the sessions as 'good' or 'excellent'.
- **Outcome indicators** measure the knowledge, attitudes, and behaviors of the participants. Examples include:
    - average score on an intervention assessment;
    - percentage of participants who score on an intervention assessment improved by at least 50 percent (assessment takes place before the intervention at baseline and after the intervention at endline); and
    - percentage of participants who report more favorable attitudes towards gender equality at endline.
- **Impact indicators** include higher-level measures in the wider community that the intervention is serving. They are not usually measurable in the timeline of an intervention, but can be helpful to consider.
  To the greatest extent possible, indicators should also be SMART:
    - **Specific**: The indicator should be focused and related to a specific component of the ToC.
    - **Measurable**: The indicator should be able to be observed, counted, and/or analyzed by quantitative or qualitative means.
    - **Attainable**: The indicator should be achievable and realistic, as related to the intervention.
    - **Relevant**: The indicator should relate well to the intervention and the overall desired impact.
    - **Time-bound**: The indicator should be attached to a timeframe.

Exercise 2: Theory of change example with indicators

Exercise: The following page provides a data management plan with indicators for the example of a ToC created by Stories for Impact about a cyber-bullying prevention program for students in Module 8, Section 1, Exercise 1. More information on this example and developing indicators can be found here. Review each indicator to understand how they feed into the various ToC components.

Bonus exercise: List what data sources would be needed to collect data for each of these indicators. The following sub-section will provide more information on this. Find some examples of responses for this exercise here.



Step 2: Selecting means of verification

To show how close an intervention is to the desired path, outputs, and outcomes within a ToC, data must be collected and monitored from the appropriate sources. **Also known as means of verification (MoVs), these data sources can come from several levels (including the individual and programmatic levels), can be collected routinely or periodically over the life of an intervention, and produce quantitative data (i.e., numerical data) or qualitative data (i.e., descriptive data).**

Examples of MoVs that collect quantitative data include:

- **Baseline/endline surveys on knowledge, attitudes, and practices**: These surveys can be designed according to the content of the intervention and can be used to get information about the participants' knowledge, attitudes, and practices before and after participating in a specific intervention.
- **Service records and statistics**: Service records and statistics are a type of routine, administrative data that collect information at facilities on participant's experiences as they utilize services, including those on health.
- **Registers**: Registers are a type of routine, administrative data, that collect general, often background information on participants.
- **Observation checklists**: Observation checklists are set lists of questions that assist an observer in evaluating whether the intervention is being implemented as intended.
- **Post-intervention feedback forms**: These feedback forms can be qualitative, quantitative, or both. They can be used to get information about the participants' perceptions of the intervention after participating.

Examples of MoVs that collect qualitative data include:

- **Focus group discussions**: Focus group discussions (FGDs) are qualitative interviews that can be arranged with small groups of similar (by age, gender, education, etc.) participants to garner community or group level inputs and gain in-depth understandings of community/group norms, attitudes, or reactions. FGDs can be helpful in obtaining qualitative data in social contexts by understanding how experiences, perspectives, and recommendations align or differ among different parties involved in the change process that results from the implementation of the intervention.
- **In-depth interviews**: In-depth interviews (IDIs) are qualitative interviews that can be arranged with individual participants to garner their inputs and gain in-depth understandings of their norms, attitudes, or reactions. Again, these MoVs can be helpful in obtaining data in social contexts by understanding how the experiences, perspectives, and recommendations of individuals within a certain population group or role in the community align or differ among different parties involved in the change process that results from the implementation of the intervention.
- **Key informant interviews**: Key informant interviews (KIIs) are qualitative interviews with people who know what is going on in the community (i.e., community and religious leaders). Their purpose is to collect information from a wide range of people who have first-hand knowledge about the issues addressed by the intervention.
- **Post-intervention feedback forms:** These feedback forms can be qualitative, quantitative, or both qualitative and quantitative. They can be used to get information about the participants' experience and perceptions of the intervention after participating.

A robust M&E system should include a combination of quantitative and qualitative approaches so that different types of information can be compared and verified across multiple sources of data, collected from both the intervention and from other evidence generated on the topic. MoVs should be selected in consideration of the ToC and what approaches may be most relevant and accessible to staff and participants using the available time and resources.

Session E: Collecting, analyzing, and evaluating M&E data

Objectives:

- Understand key considerations when collecting, analyzing, and evaluating M&E data

Time: 15 minutes

Materials needed:

- "Overview of M&E" presentation slides 30—32
- projector to show the slides

M&E can produce a lot of data. Some of this data, like monitoring data, will be collected regularly to help determine whether the intervention activities are being implemented as intended and are resulting in certain outputs. Other data, particularly data for evaluative purposes, will largely be collected either at the beginning and end of implementation, or only at the end, in order to measure and evaluate the effects of the intervention on the target population. It is therefore imperative that staff develop an M&E data collection and analysis plan that describes in detail who will be collecting what data and when, where this data will be stored and how it will be managed, and what steps are necessary to analyze the data and produce indicators.

Considerations for collecting data

It is critical to be thoughtful when considering who will be engaging with participants to collect the data. It is, for example, important to consider the age, preferred language, and gender of data collectors in relation to those of the participants, so that the participants feel comfortable in sharing their experiences. Other characteristics such as ethnicity, religion, and sexual orientation may also need to be considered depending on the context.

Considerations for analyzing data

When evaluating the analyzed data and interpreting the results, we should be considerate of both positive and negative findings. If the intervention did not appear to result in any changes, or did not result in any positive changes, we need to explore and work to understand why this is the case. These findings are just as important as those that show that our intervention works, as they can help to inform changes and improvements.

Considerations for evaluating your results

Results should always be interpreted in a wider context. For example, it could be that despite the excellent work of peer support group leaders to provide psychosocial support to participants, the evidence shows that the psychosocial well-being of the participants actually decreased. This result could be explained due to a number of factors, such as the indicators not corresponding well to the support provided. Further detail on this as related to a peer support group for ABMY survivors, or those at risk of sexual violence, is included in the following section.

Section 2: Developing a monitoring and evaluation plan for your peer support group

Purpose of this section: This section aims to help humanitarian program staff, including non-MHPSS specialist group facilitators, apply the learnings from the previous section, to develop a comprehensive M&E framework for their particular peer support group model and corresponding activities for ABMY who are survivors or at risk of sexual violence in crises.

Target audience for this section: Trained peer support group leaders and the larger intervention team should use this section as they tailor and implement an M&E plan for their particular non-specialist-led peer support group and corresponding activities.

Instructions for this section: The ToC, indicators, MoVs, and tools shared below should serve as the basis to develop the M&E framework for the peer support group intervention and corresponding activities. The intervention team should refer to the guidance below, and work together to adapt and tailor these items to the context, participants, resources, staff capacities, and overall project needs, in order to effectively monitor and evaluate the particular intervention being implemented.

Exercise 1: Adapting the theory of change for your peer support group

Overview: In designing your particular peer support group intervention and its corresponding M&E plan, it is first necessary to adapt your ToC. The ToC in Infographic 1 is a generalized ToC for a peer support group intervention model, and corresponding activities, for ABMY who are survivors or at risk of sexual violence in crises. Using the prompts below, work with your team to refine the ToC to best fit your particular needs (Infographic 2). While the inputs and specific activities (such as the corresponding activities like movement, music, art, and dance) that you choose to implement (and are outlined in your ToC) may differ somewhat from those on the following page, the overall goals and outcomes should generally be consistent.

Instructions:

As a team:

1. Review both the previous subsection on the ToC and Infographic 1, the generalized ToC for a peer support group intervention and corresponding activities model for ABMY in all their diversity who are survivors of sexual violence in crises.
2. Respond to each of the prompts below and build your own ToC using Infographic 2. If you find that your particular peer support group intervention and corresponding activities model has differences to that outlined in Infographic 1, make the necessary adjustments in your ToC.
    - What is the desired impact of your peer support intervention? How (if at all) does it differ from that outlined under impact in Infographic 1?
    - What strategies and activities do you anticipate will lead to your intervention's desired impact? Are there new or different activities than those listed in Infographic 1?
    - What outcomes will result from your intervention's particular activities? Are there new or different outcomes to those in Infographic 1?
    - What immediate outputs will need to result from your intervention's activities to result in your desired outcomes? Are there new or different outputs to those in Infographic 1?
    - Are you making any assumptions on your context, staff, and resources? If so, what are they?

- Is there anything that may make it difficult (barriers) to implement the intervention the way that you've planned it?

3. As you refine particular elements of the ToC to fit your needs, continue to check that the inputs, activities, outputs, outcomes, and impact of your ToC link to one another and contribute towards achieving the impact that you envision.

4. Before finalizing your ToC, assess that it meets the following quality criteria. If not, continue to revise as needed.

   - **Is this ToC plausible?** Has the team created (or adapted) a compelling and linear trajectory that would lead to the long-term goal in this community?

   - **Is this ToC feasible?** Does the team have the capacities and resources to implement the activities that would be required to produce outputs and the desired outcomes?

   - **Is this ToC testable?** Will the team be able to clearly measure the activities, outputs, and outcomes of the ToC, and monitor and evaluate progress along the way?

Infographic 1. ToC for a peer support group intervention model, and corresponding activities for ABMY in all their diversity who are survivors of sexual violence in crises

PROBLEM

Crisis-affected AMBY survivors of sexual violence lack MHPSS services (specialized and non-specialized)

KEY AUDIENCE

ABMY who are survivors of sexual abuse and/or CRSV

RESOURCES

Training package for non-specialized MHPSS providers to conduct tailored and survivor-centered peer support groups and corresponding activities for ABMY survivors in all their diversity

Trained staff: peer support group leader; peer support group leader supervisor

ASSUMPTIONS

Functioning referral pathway for participants who exhibit the need for specialized mental and physical health care and services; peer leaders trained on PFA and PSEA; sufficient funding to support peer leader and group activities; safe modes of communication between peer leaders and participants

INPUTS / ACTIVITIES

What steps are needed to implement the intervention?

Peer support group leader identifies prospective participants for their planned peer support group and assesses social engagement barriers that might complicate some prospective participants' linkage with the peer support group

Peer support group leader creates a space where ABMY feel physically and psychologically safe

Peer support group leaders build necessary trust among group members during the initial stages of the group's development

Peer support group leaders progressively strengthen group cohesiveness after the establishment of basic group trust

OUTPUTS

What results from the activities allow for outcomes to be realized?

Peer support group leaders implement regular peer support groups that are survivor-centered, and relevant and appropriate to the context and resources on-hand

Peer support group leaders implement non-specialized corresponding activities, such as music, art, storytelling, and movement, that are relevant to the context and resources on-hand

Peer support group leaders refer ABMY survivors for specialized care and services as needed and appropriate

OUTCOMES

What changes do we hope to see from the outputs?

Reduced symptoms of non-pathological distress and enhanced feelings of resiliency, emotional connection to peers, and knowledge and use of coping strategies among ABMY survivors who participate in the intervention

Specialized mental and physical health treatment and services are received as needed and appropriate by ABMY survivors who participate in the intervention via the referral pathway

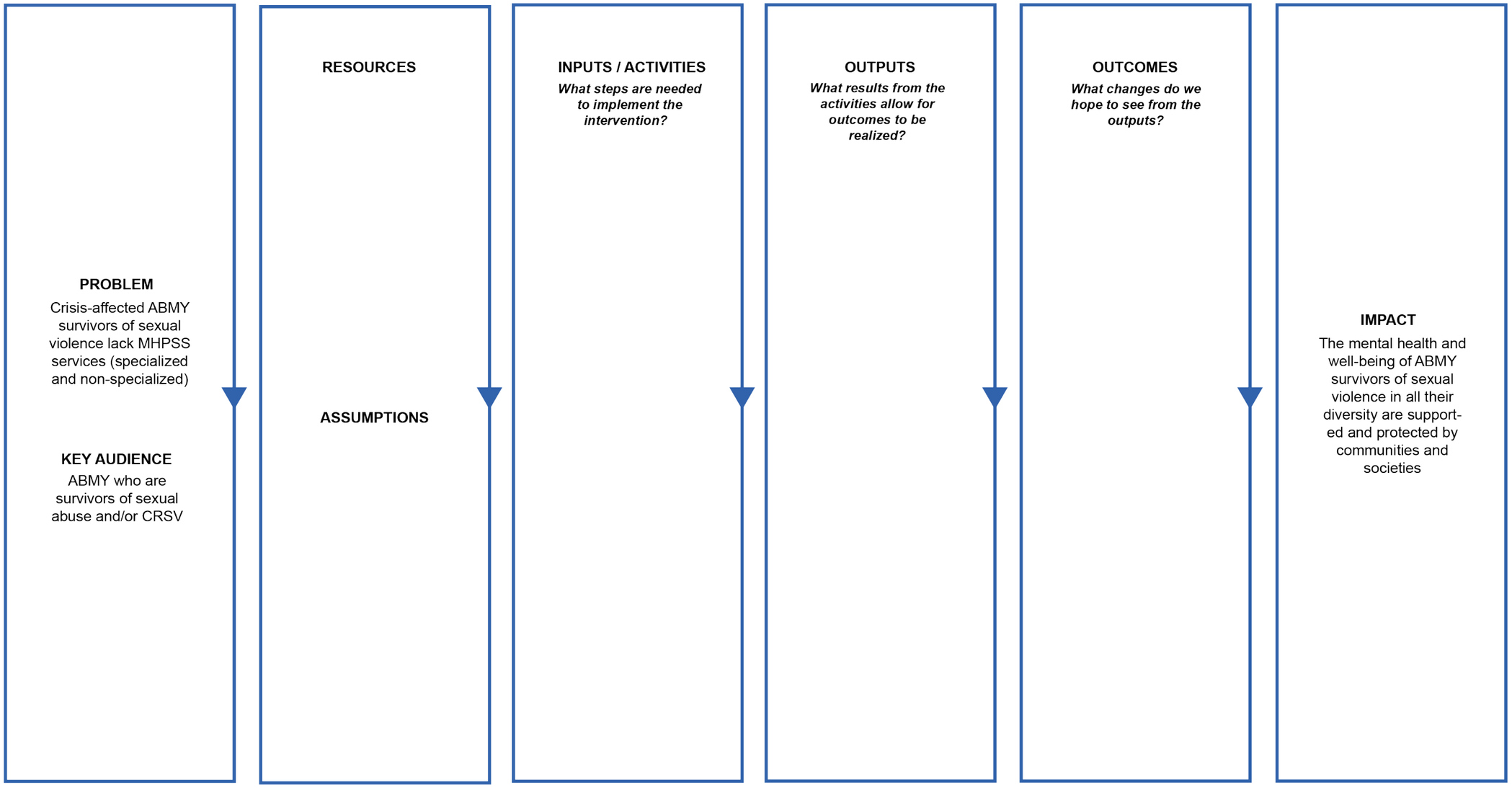
WIDER BENEFITS:

Enhanced sense of feeling seen and supported among ABMY survivors in all their diversity in crisis

IMPACT

The mental health and well-being of ABMY survivors of sexual violence in all their diversity are supported and protected by communities and societies

Infographic 2. ToC for **your** peer support group intervention model, and corresponding activities for ABMY in all their diversity who are survivors of sexual violence in crises



Adapting the M&E plan for your peer support group

Once the intervention team has adapted the ToC to fit the peer support group intervention model and non-MHPSS activities that will be implemented in your particular context, it will be critical to build the rest of your team's M&E plan. **Your M&E plan will describe the whole M&E system for the peer support group intervention and corresponding non-specialized MHPSS activities, and include a comprehensive tool kit of all required tools and guidelines for data collection and analysis.**

The following subsections provide templates and guidance to develop each of these components.

Exercise 2: Setting up your M&E framework

Overview: An M&E framework is a key part of an M&E plan that compiles the outcomes, outputs, and activities of the intervention and describes the ways that they will be measured and assessed. Thinking through what data will best help you to monitor and evaluate whether you meet each of the stepwise components of the ToC, as well as how this data can be feasibly collected, measured, managed, analyzed, and reported, is integral to the development of a comprehensive M&E system.

Instructions for setting up your M&E framework:

As a team:

1. As a team, review the outcomes, outputs and activities of your adapted ToC, and adapt or develop objectives that correspond to each of these components using the template (see Table 4).
2. For each objective, adapt or develop one or more indicators that are SMART (specific, measurable, attainable, relevant, and time-bound). Each indicator should have its own row in the template.
3. Consider your available resources (staff time, technological capabilities, etc.) and determine how the indicators will be measured, how often they will be measured, compiled, and assessed, and who will be responsible for them. You will use this information in the following exercise, where you will further build your intervention indicators.

As you review each component of the ToC and think through what data will best help you to monitor and evaluate it, **it is important to consider the following points:**

- **Indicators, which are the units of measurement that helps us determine how we measure our results and whether the intervention has achieved its desired results, should correspond to each of the adapted ToC's outcomes, outputs, and activities.** They should be able to be feasibly and accurately measured by non-specialized MHPSS staff using either qualitative or quantitative methods, and available resources.
- **As possible, standard indicators that have been defined, tested, and recommended for use involving the mental well-being and support of adolescents and youth should be incorporated into your M&E framework.** The Inter-Agency Standing Committee's "Common monitoring and evaluation framework for mental health and psychosocial support in emergency settings: with means of verification (version 2.0)", for example, is a key resource that contains standard indicators that may be able to be contextualized and adapted to your particular intervention. Using standard indicators can be useful as these indicators often have tools available, and you may be able to compare your results to other interventions.
- **We often do not monitor and evaluate the intervention's impact, as this is a longer-term goal that can extend beyond the timeline and scope of the intervention.** For example, in the case of intended impact of the peer support group intervention model, it may not be possible to fully assess by the end of the intervention if the mental health and well-being of ABMY survivors or those at risk of sexual violence are supported and protected by communities and societies.

Table 4. Monitoring and evaluation framework for a peer support group intervention model for ABMY who are at risk or survivors of sexual violence in crises

		GOAL	INDICATOR(S)	MEANS OF VERIFICATION What is the data source?	NOTES
INPUTS/ ACTIVITIES	Peer support group leader identifies prospective participants for their planned peer support group, and assesses social engagement barriers that might complicate some prospective participants' linkage with the peer support group	Peer support group leader identifies prospective participants for their planned peer support group, and assesses social engagement barriers	**Indicator 1a1:** At least X prospective participants have been identified for the planned peer support group	Peer group participant identification form	
			Indicator 1a2: At least 1 strategy per barrier to social engagement is implemented following barrier analysis	Barrier mitigation strategies list	
	Peer support group leader creates a space where ABMY feel physically and psychologically safe	Peer group members feel safe during the sessions	**Indicator 1b1:** Percent of participants in the peer support groups who self-report that they felt physically safe in the provided space during the most recent session	Peer group feedback form	Could also use FGDs and IDIs to measure this or similar indicators following participation
			Indicator 1b2: Percent of participants in the peer support groups who self-report that they felt psychologically safe during the most recent session	Peer group feedback form	Could also use FGDs and IDIs to measure this or similar indicators following participation

	Peer support group leaders build necessary trust among group members during the initial stages of the group's development	Peer group members feel trustful of their leader and peers	**Indicator 1c1:** Percent of participants in the peer support groups who self-report that they trust that experiences and information that they shared during the most recent session will remain confidential	Peer group feedback form	Could also use FGDs and IDIs to measure this or similar indicators following participation
	Peer support group leaders progressively strengthen group cohesiveness after the establishment of basic group trust	Peer support group leaders progressively strengthen group trust during the sessions	**Indicator 1d1:** Peer support group leaders conduct at least 1 trust-building exercise per session	Facilitator tracking sheets	
			Indicator 1d2: Peer support group leaders review and revise (as needed) ground rules for engagement at each session	Facilitator tracking sheets	

OUTPUTS	Peer support group leaders implement peer support groups that are survivor-centered, relevant and appropriate to the context and resources on-hand	Peer support groups are implemented with ABMY	**Indicator 2a1:** Number of peer support group sessions held by facilitator	Facilitator tracking sheets	
			Indicator 2a2: Number of participants in the peer support groups by session	Attendance sheets	Other measures of attendance are possible, like average number of sessions attended or missed by participant, dropout rate, completion rate
	Peer support group leaders implement non-specialized corresponding activities, such as music, art, storytelling, and movement, that are relevant to the context and resources on-hand	Relevant corresponding activities are identified and implemented with ABMY	**Indicator 2b1:** Number of corresponding activity exercises conducted by facilitator	Facilitator tracking sheets	ABMY could use participatory ranking methodology to determine most relevant activities
	Peer support group leaders refer ABMY survivors for specialized care and services as needed and appropriate	Non-specialist peer support group leaders can identify and refer ABMY survivors in need of immediate, specialized care and services	**Indicator 2c1:** Percent of non-specialist group facilitators who demonstrate knowledge of procedures for referral by successfully following referral checklist	Referral record	

OUTCOMES	Reduced symptoms of non-pathological distress and enhanced feelings of resiliency, emotional connection to peers, and knowledge and use of coping strategies among ABMY survivors who participate in the intervention	ABMY survivors who participate in the intervention have reduced symptoms of non-pathological distress and enhanced feelings of resiliency, emotional connection to peers, and knowledge and use of coping strategies	**Indicator 3a1:** Percentage change in ABMY survivors who self-report receiving adequate peer support post intervention	Peer group participant survey (pre/post) to measure knowledge, attitudes, and behaviors Adapt and then add the multidimensional scale of perceived social support to the peer group participant survey	May also make this a post-test only and measure those who self-report improvements in support. This would be less robust, but also requires less resources and time May also use FGDs and IDIs to measure this or similar indicators
			Indicator 3a2: Percentage change in ABMY survivors who self-report reduced symptoms of non-pathological distress post intervention	Peer group participant survey (pre/post) to measure knowledge, attitudes, and behaviors Adapt and then add the Patient Health Questionnaire 9 to the peer group participant survey	May also make this a post-test only and measure those who self-report reductions in distress. This would be less robust, but also requires less resources and time May also use FGDs and IDIs to measure this or similar indicators
			Indicator 3a3: Percentage change of ABMY survivors who self-report enhanced post-intervention feelings of resilience and coping from intervention	Peer group participant survey (pre/post) to measure knowledge, attitudes, and behaviors Adapt and then add the child and youth resilience measure to the Peer group participant survey	May also make this a post-test only and measure those who self-report enhanced feelings. This would be less robust, but also requires less resources and time May also use FGDs and IDIs to measure this or similar indicators.

			Indicator 3a4: Percentage change of ABMY survivors who self-report improved mental well-being post intervention	Peer group participant survey (pre/post) to measure knowledge, attitudes, and behaviors Adapt and then add the "Short Warwick-Edinburgh mental well-being scale" to the peer group participant survey	May also make this a post-test only, and measure those who self-report improved mental well-being. This would be less robust, but also requires less resources and time May also use FGDs and IDIs to measure this or similar indicators
	Specialized mental and physical health treatment and services are received as needed and appropriate by ABMY survivors who participate in the intervention via the referral pathway	ABMY survivors who have been identified with immediate, specialized needs are referred to appropriate health or other care and service providers in a timely manner	**Indicator 3b1:** Percent of ABMY participants who are referred for specialized services and/or care within X time period, among those who have been determined to have immediate specialized needs	Referral record	

Exercise 3: Developing your indicators

Overview: While the M&E framework provides a general overview of intervention's indicators and how they will be measured, the templates below will allow the intervention team to determine in greater detail the targets for these indicators, as well as when, how, and who will collect, compile, review, monitor, and evaluate them. It is integral for all team members to work together to decide this information and be on-hand to talk through and resolve any bottlenecks when data collection is actually taking place.

Instructions: Please copy/paste and fill out the table below for each of your intervention's particular indicators.

Indicator	
Definition	
Purpose	
Baseline value *If data at baseline is available via literature or pre-intervention, add it here*	
Target value *What value do you hope to reach post-intervention?*	
Means of verification *What is the data source?*	
Frequency *How often will it be measured? Compiled? Assessed?*	
Responsible *Who will measure it? Compile it? Assess it?*	
Reporting *How and when will it be reported internally? Externally (if at all)?*	
Quality control *How will the team determine that the data is accurate, and identify and correct any errors?*	

Section 3: Data collection tools for your peer support group

Overview: The following tools can serve as your MoVs, with which you can calculate the indicators in your M&E framework, and determine how your intervention contributes to achieving the desired outputs and outcomes outlined in your ToC. These tools are templates, and can be revised to fit your particular needs.

Peer group participant identification form

Use to address goal: Peer support group leader identifies prospective participants for their planned group and assesses social engagement barriers

Use to inform Indicator 1a1: At least X prospective participants have been identified for the planned peer support group

Overview:

As your team performs outreach activities and gathers information on potential participants for the peer group(s), it will be integral to think about the composition of the individual group(s). If more than one group will be formed, it will be important to form individual groups based on shared characteristics among the survivors. For example, those currently attending school may be well-placed to have their own group, as their availability will be dictated by their school participation. Similarly, those living in a particular area or location may be better posed to meet together in that or a nearby area, whereas those living in a different area or location may need their own group. Shared experiences, such as marriage, can also serve as a good basis on which group composition can be based, as this can help further group cohesion and sharing. It will also be important to note if potential participants have physical disabilities, as this can inform the choice of meeting space. Other key information, such as sexual and gender orientation, may also be useful to forming the groups. Note that along with any other information kept on potential participants (i.e., contact info), the information shared in this tool should be protected and confined to only those who need it.

Indicator calculation: Count the number of prospective participants identified (you may need to compile this information from multiple forms) and compare that to the minimum number planned.

Peer group participant identification form

LOCATION: _____

NAME	AGE	HOUSEHOLD LOCATION	SCHOOL AND WORK STATUS				MARITAL STATUS				CHILDREN	DISABILITY	NOTES
			CURRENTLY IN SCHOOL	CURRENTLY WORKING	CURRENTLY IN SCHOOL AND WORKING	NOT CURRENTLY IN SCHOOL OR WORKING	SINGLE	MARRIED	DIVORCED	WIDOWED	YES	YES	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

Barrier mitigation strategies list

Use to address goal: Peer support group leader identifies prospective participants for their planned peer support group and assesses social engagement barriers

Use to inform Indicator 1a2: At least one strategy per barrier to social engagement is implemented following barrier analysis

Overview:

A barrier analysis can be used to help the peer group intervention staff better understand the barriers and facilitators for ABMY to access available support, resources, programs, information, and services—both formal and informal. The peer group intervention staff can then use that information to inform their intervention design.

BACE (Barriers to Accessing Care Evaluation) is an example of a barrier analysis tool that measures barriers to accessing mental health care. It is a self-report instrument that asks questions on around 30 different barriers to care, and has a special focus on stigma-related barriers. It includes a 'treatment stigma' subscale to assess to what extent the stigma associated with mental health care has been a barrier for an individual. It is a recommended quantitative tool by Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support, and is included in their report "Common monitoring and evaluation framework for mental health and psychosocial support in emergency settings: with means of verification (version 2.0)."

After conducting a barrier analysis, peer group intervention staff can use the tool below to develop mitigation strategies.

Indicator calculation: Review the list and determine if least one strategy per barrier to social engagement is being implemented.

Barrier mitigation strategies list

IDENTIFIED BARRIER	MITIGATION APPROACH	POINT PERSONS(S)	NEXT STEPS		MONITORING STRATEGY
			IMMEDIATE NEXT STEP(S)	LONGER-TERM PLAN	

Peer group feedback form

Use to address goals: 1) Peer group members feel safe during the sessions, and 2) peer group members trust their peer support group leader and peers.

Use to inform:

Indicator 1b1: Percent of participants in the peer support groups who self-report that they felt physically safe during the most recent session.

Indicator 1b2: Percent of participants in the peer support groups who self-report that they felt psychologically safe during the most recent session.

Indicator 1c1: Percent of participants in the peer support groups who self-report that they trust that experiences and information that they shared during the most recent session will remain confidential.

Overview:

The peer group feedback form is purposed so that the intervention team can better understand and monitor how peer group participants feel that the sessions are working, assess their satisfaction, and identify areas that may need improvement. The template below collects both qualitative and quantitative data from participants during the implementation of the sessions.

Instructions for peer support group leaders:

1. Set aside about 10 minutes at the end of each group session to briefly explain the purpose of the feedback form and allow participants to fill it out.

Considerations for peer support group leaders:

- Note that the form is currently designed to be asked following each peer support group session. If you would like to ascertain feedback at the conclusion of the peer support group on overall satisfaction and areas for improvement, please note to revise the language in the ToC and indicators, and form accordingly.
- If participants have lower literacy levels, it may be necessary to adopt a revised or different way to elicit group feedback. You could conduct focus groups with the participants using some or all of the questions in the form, read the form out loud to the participants, ask them to provide the quantitative responses on their own, and work with them to provide the qualitative responses, etc.
- Point out to participants that this form does not ask for their name, and it will not be traced back to them.

Indicator calculation:

1. Using the forms, determine the total number of participants in the peer support groups (count the number of forms received).
2. Using the forms, add up the number of participants who self-report that they 1) felt physically safe during the most recent session; 2) felt psychologically safe during the most recent session; and 3) trust that what that they shared during the session will remain confidential.
3. Take each count from step 2 and divide it by the total number of participants.

Peer group feedback form

Date: **Session number:** **Facilitator:**					
Part 1. Mark how strongly you agree or disagree with each of the following four statements:					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I feel satisfied overall with today's group session.					
2. During today's group session, I felt physically safe.					
3. During today's group session, I did not feel that people would embarrass, humilate, reject, or punish me for sharing my experiences.					
4. I trust that the information that I shared during the session will not be shared with those beyond this group.					
Part 2. Provide a short response to the following two questions:					
5. What did you like the most about today's goup session?					
6. What would you like to see changed in the next group session?					

Facilitator tracking sheet

Use to address goals: 1) Peer support group leaders progressively strengthen group trust during the sessions; 2) peer support groups are implemented with ABMY; and 3) relevant corresponding activities are identified and implemented with ABMY.

Use to inform:

- **Indicator 1d1**: Peer support group leaders conduct at least one trust-building exercise per session.
- **Indicator 1d2**: Peer support group leaders review and revise (as needed) the ground rules for engagement at each session.
- **Indicator 2a1**: Number of peer support group sessions held by facilitator.
- **Indicator 2b1**: Number of corresponding activity exercises conducted by facilitator.

Overview:

The facilitator tracking sheet aims to summarize and track information about each session delivered.

Instructions for peer support group leaders:

1. At the end of each group session, fill out the tracking sheet.
2. If a session did not take place and/or did not go as planned, fill out the appropriate columns.

Other considerations::

- For Indicator 2a1, you could revise this indicator to determine the average number of sessions per facilitator, the total number of sessions held across facilitators, etc.

Indicator calculation:

- For indicator 1d1, determine the total number of sessions where at least one trust-building exercise was conducted.
- For indicator 1d2, determine the total number of sessions where the ground rules for engagement were reviewed and revised as needed.
- For indicator 2a1, count the number of peer support sessions conducted by each facilitator.
- For indicator 2b1, count the number of sessions in which corresponding activity exercises were conducted.

Facilitator tracking sheet

FACILITATOR NUMBER/NAME:						
SESSION NUMBER	DATE	ESTABLISH SAFE PHYSICAL ENVIRONMENT BY		ESTABLISHES TRUST BY		CORRESPONDING ACTIVITY CONDUCTED DURING SESSION
		REARRANGING SEATING AS NEEDED	MAKING SURE SPACE IS PRIVATE	CONDUCTING AT LEAST ONE TRUST-BUILDING EXERCISE	REVIEWING AND REVISING GROUND RULES	

Attendance sheet

Use to address goal: Peer support groups are implemented with ABMY.

Use to inform Indicator 2a2: Number of participants in the peer support groups by session.

Overview:

The attendance sheet aims to track the number of ABMY attending each peer support group session.

Instructions for peer support group leaders:

1. Fill out this sheet for each participant at each session, noting which participants are present and which are absent.
2. At each session, total the numbers of present and absent participants, and add that information to the bottom two rows of the sheet.

Key considerations:

Depending on needs and interests, the language in the ToC, indicator, and sheet could be revised so that other measures of attendance could be determined, such as the average number of sessions attended or missed by participant, dropout rate, and completion rate. This information can be provided by facilitator, or aggregated from among all peer support groups.

Indicator calculation:

Use the bottom two rows of the sheet to determine the number of participants in the peer support groups by session.

PEER GROUP ATTENDANCE SHEET

GROUP FACILITATOR NUMBER/NAME:									
SESSION NUMBER: SESSION TITLE:									
PARTICIPANT NUMBER	NAME	SESSION ATTENDANCE X=PRESENT, O=ABSENT							
		1	2	3	4	5	6	7	8
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
TOTAL PRESENT									
TOTAL ABSENT									

Referral record

Use to address goal: 1) Non-specialist peer support group leaders can identify and refer ABMY survivors in need of immediate, specialized care and services; and 2) ABMY survivors who have been identified with immediate, specialized needs are referred to appropriate health or other care and service providers in a timely manner.

Use to inform:

- **Indicator 2c1:** Percent of non-specialist group facilitators who demonstrate knowledge of procedures for referral by successfully following referral checklist post-training.
- **Indicator 3b1:** Percent of ABMY participants who are referred for specialized services or care within X time period, among those who have been determined to have immediate specialized needs.

Overview:

The referral record aims to document and track referrals facilitated by non-specialist group facilitators, to ensure that ABMY survivors or those at risk who have been identified with immediate, specialized needs are referred to appropriate health or other care and service providers in a timely manner.

Instructions for peer support group leaders:

1. While following the intervention's referral checklist for an ABMY participant in need of immediate, specialized care and services, fill out this record.
2. Fill out this sheet when services or care were contacted for referral and when they were actually received. You may need to follow up with the participant to determine this information.

Key considerations:

The referral record will only be filled out by those non-specialist group facilitators whose participants have been identified to have immediate, specialized needs.

Indicator calculation:

- For indicator 2c1, use the records to determine the total number of non-specialist group facilitators who have referred ABMY participants for specialized services or care. Then determine the number of facilitators who followed and signed the referral checklist (see column in record). Divide the latter by the former.
- For indicator 3b1, use the records to determine the total number of ABMY participants who have been referred. For each referred ABMY participant, determine the (approximate) number of hours between services or care were contacted for referral and when they were actually received. Determine the percentage of ABMY participants who are referred for specialized services or care within X time period, among those who have been determined to have immediate specialized needs.

REFERRAL RECORD

FACILITATOR NUMBER/NAME:								
PARTICIPANT NUMBER/NAME:	FOLLOWED AND SIGNED REFERRAL CHECKLIST	REFERRING TO X SERVICES AND CARE, PER THE CHECKLIST		NAME OF REFERRED SERVICES AND/OR CARE	DATE CONTACTED SERVICES AND/OR CARE FOR REFERRAL	TIME CONTACTED SERVICES AND/OR CARE FOR REFERRAL	DATE PARTICIPANT RECEIVED REFERRED SERVICES AND/OR CARE	TIME PARTICIPANT RECEIVED REFERRED SERVICES AND/OR CARE
		REFERRAL TO MENTAL HEALTH SERVICES AND CARE	REFERRAL TO PHYSICAL HEALTH SERVICES AND CARE					

Peer group participant pre-post survey

Use to address goal: ABMY survivors who participate in the intervention have reduced symptoms of non-pathological distress and enhanced feelings of resiliency, emotional connection to peers, and knowledge and use of coping strategies**.**

Use to inform:

- **Indicator 3a1:** Percentage change in ABMY survivors who self-report receiving adequate peer support post intervention.
- **Indicator 3a2:** Percentage change in ABMY survivors who self-report reduced symptoms of non-pathological distress post intervention.
- **Indicator 3a3:** Percentage change of ABMY survivors who self-report enhanced feelings of resiliency and coping post intervention.
- **Indicator 3a4:** Percentage change of ABMY survivors who self-report improved mental well-being post intervention.

Overview:

The peer group participant pre-post survey aims to gather data on self-reported changes in perceived symptoms of non-pathological distress and enhanced feelings of resiliency, emotional connection to peers, and knowledge and use of coping strategies before and after engaging in the intervention.

Instructions for peer support group leaders:

1. After adapting the ToC, develop your pre-post survey using the evidence-based scales and questionnaires listed in Table 5, as it pertains to the indicators you would like to measure.
2. Before beginning the first peer group session, interview each participant individually. Record each of their answers on paper or digitally. This will be your baseline data.
3. Review the answers from baseline and calculate their scores for each scale or questionnaire. Store the participants' answers and their calculated scores in a locked cabinet or on a password-protected computer.
4. After your last peer group session, interview each participant individually again, using the same pre-post survey that you administered at baseline. This round of data collection will be your endline. Record the answers on paper or digitally. Review the answers from endline and calculate the scores for each scale or questionnaire.

Key considerations:

- Depending on other outcomes and indicators you include in your adapted ToC, you may need to add scales and questionnaires to the pre-post survey. For any additional indicators you intend to measure in the pre-post survey, be sure to use evidence-based scales and questionnaires as your means of verification to ensure the validity of the changes you want to measure.
- Based on your context, you may need to translate the pre-post test survey into a local language. Before translating the survey, research online to find verified translations of the scales and questionnaire you want to use. This is important, as the meaning of questions or answers in the translated version may not match the original statement in English, which would diminish the validity of the scale or questionnaire to capture the idea you want to measure.
- Some questionnaires and scales are designed for specific age ranges or developmental stages. You may need to research and add appropriate questionnaires and scales for the age group you will work with.

Indicator calculation:

- For indicators 3a1, 3a2, 3a3, and 3a4, calculate each peer group participant's score for each set of scales or questionnaires as described in the links.
- For indicator 3a1, calculate the number of peer group participants who reported receiving more adequate peer support at endline as compared to baseline based on the scoring criteria (see links in Table 5). Divide this

number by the total number of peer group participants and multiply by 100.

- For indicator 3a2, calculate the number of peer group participants who reported reduced symptoms of non-pathological distress at endline as compared to baseline based on the scoring criteria (see links in Table 5). Divide this number by the total number of peer group participants and multiply by 100.
- For indicator 3a3, calculate the number of peer group participants who reported enhanced feelings of resiliency and coping post at endline as compared to baseline based on the scoring criteria (see links in Table 5). Divide this number by the total number of peer group participants and multiply by 100.
- For indicator 3a4, calculate the number of peer group participants who reported improved mental well-being at endline as compared to baseline based on the scoring criteria (see links in Table 5). Divide this number by the total number of peer group participants and multiply by 100.

Table 5. Means of Verification (MoV) examples for relevant Theory of Change (ToC) indicators

MoV	Relevant indicator(s)	Summary	Age range	Link(s)
Multidimensional Scale of Perceived Social Support	Indicator 3a1: Percentage change in ABMY survivors who self-report receiving adequate peer support post intervention.	This self-report tool measures perceptions of support. A sub-scale is available on friends, which could be adapted for use here.	12+	Original scale (friends subscale is items 6, 7, 9, and 12), scoring options
Patient Health Questionnaire 9	Indicator 3a2: Percentage change in ABMY survivors who self-report reduced symptoms of non-pathological distress post intervention.	Patient Health Questionnaire 9 is a nine-item self-report measure of depressive symptoms.	18+	Original questionnaire, translations in multiple languages
Generalized Anxiety Disorder 7	Indicator 3a2: Percentage change in ABMY survivors who self-report reduced symptoms of non-pathological distress post intervention.	Generalized Anxiety Disorder 7 is a seven-item self-reported measure of anxiety symptoms.	12+	Original questionnaire, scoring, interpretation, and translations in multiple languages
Child and Youth Resilience Measure	Indicator 3a3: Percentage change of ABMY survivors who self-report enhanced feelings of resiliency and coping post intervention.	The 28-item measure provides an overview of an individual's resilience at a moment in time using a socioecological perspective.	5—23	Original questionnaire
Short Warwick-Edinburgh Mental Well-being Scale	Indicator 3a4: Percentage change of ABMY survivors who self-report improved mental well-being post intervention.	The Short Warwick-Edinburgh mental well-being scale is a seven-item measure of mental well-being.	11—17, 18—25	Scale

World Health Organization 5 Well-being Index	Indicator 3a4: Percentage change of ABMY survivors who self-report improved mental well-being post intervention.	The WHO-5 is short self-reported measure of current mental well-being.	9+	Original questionnaire (available in multiple languages)

Closing

Time: 20 minutes

Materials needed:

- training evaluation forms (1 per participant)
- training certificates (1 per participant)

Objectives:

- Close the workshop by thanking participants for their engagement, summarizing key learnings, answering any last questions, and providing an opportunity for participants to evaluate the workshop.

Instructions for the facilitator:

1. Thank the participants for their participation and dedication in this workshop (2 minutes).
2. Summarize the topics that were covered throughout the training using flip chart part or PowerPoint slides and answer any last questions (3 minutes).
3. Provide contact details in case there are questions on the workshop content.
4. Distribute the training evaluation form (15 minutes).
5. Provide training certificates to each participant.

Annexes

Annex 1. Additional monitoring and evaluation tools

The tools below may also be useful in monitoring and evaluating your intervention:

a. Participatory ranking methodology

- Purpose: To understand needs and priorities of adolescent boys. May be used prior to the start of the intervention only to inform the project design, including key content areas for program curriculum.

b. Group well-being activity[21]

- Purpose: To obtain perspective about the nature of child well-being in the current protective environment of the community. Specifically, we want to learn more about what it means for a child to be doing well, and not doing well, in the community risk environment previously identified.

c. Web of support[22]

- Purpose: To obtain perspective about resource persons and institutions available for children in the community. Specifically, we want to build on the previous session and learn more about the systems of support, care and protection that exist for children in response to the risks previously identified.

d. Community mapping[23]

- Purpose:
  - To obtain perspective about community resources available for children in the community. Specifically, we want to build on the previous session and learn more about how accessible these community resources are for children and areas within the community that are protective and promotive of child well-being and protection.
  - To understand where adolescents might go for services, the quality of the information and services they obtain, and any key barriers to obtaining services.

e. KIIs with service providers and project staff

f. IDIs with caregivers/guardians and ABMY participating in the intervention

21 Ahmed Harris Pangcoga and Katherine Gambir, *Our Voices, Our Future: Understanding Risks and Adaptive Capacities to Prevent and Respond to Child Marriage in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)* (Woking, New York, Washington, DC, and Cotabato City: Plan International, Women's Refugee Commission, and Transforming Fragilities, 2022). https://plan-international.org/philippines/publications/our-voices-our-future/.

22 Tool co-developed by World Vision and Colombia University. Should not be shared externally without permission. Adapted from World Vision International, *Analysis, Design and Planning Tool (ADAPT) for Child Protection* (Monrovia: Integrated Ministry, 2011). https://www.childprotectionforum.org/wp-content/uploads/2016/05/CP-ADAPT_2-May-2012.pdf.

23 Adapted from K. Hallman, "Girls' participatory action quantified tools (G-PAQT) kit" (New York: Population Council, 2016).

Annex 2. Additional indicators

Overview:

The table below lists some additional indicators that may be useful for the M&E of your particular intervention. As you develop your ToC and M&E framework, please review, adapt, and include these indicators as relevant. Note that you may need to identify or develop means of verification that can collect data to inform these indicators.

INDICATOR(S)	MEANS OF VERIFICATION *What is the data source?*	NOTES
Percentage change in knowledge on X (i.e., ABMY survivor needs, services, and care) among non-MHPSS staff post-training	Non-MHPSS staff survey (post test) to measure knowledge, attitudes, and behaviors	May also make this a pre-post test May also use FGDs and IDIs to measure this or similar indicators
Percentage change among non-MHPSS staff who self-report increased confidence to support ABMY survivors post-training	Non-MHPSS staff survey (post test) to measure knowledge, attitudes, and behaviors	May also make this a pre-post test May also use FGDs and IDIs to measure this or similar indicators
Percentage change among non-specialist group facilitators with knowledge of procedures for referral of ABMY with specific protection and mental health needs post-training	Referral records	
Percentage change among non-specialist group facilitators who demonstrate knowledge of procedures for referral by successfully following referral checklist post-training	Fidelity tracker	
Percent of local staff who feel that the training package is acceptable and relevant to the context	FGDs and/or KIIs	May also develop indicators that speak to the review and provision of feedback by community members, if time and resources allow
Percent of organizations and agencies who receive information on intervention and agree to provide specialized care and services to identified ABMY survivors as part of the referral pathway	Outreach and engagement log	May also develop indicators that speak to the participatory and localized approach, i.e., number of specialized care and services that have been identified by community members to be a part of the referral pathway

Percent of group facilitators who pass training post-test	Group facilitator training post-test	May also use training attendance, sheets and data on topics covered per training session to meet this objective Other objectives could be # of group facilitators trained, % of group facilitators who participated in x amount or all training sessions, % of group facilitators who can demonstrate x competencies following training
Percent of participants in the peer support groups who self-report that they feel that that their peers can be relied upon for continued support	Peer group feedback form	May also use FGDs and IDIs to measure this or similar indicators following participation
Group members, supported by the group leader, develop a joint action plan to achieve their common objective with external supports	Facilitator tracking sheets	

Handouts

Module 6 – Handout 6.1: Training curriculum overview

Notes: Handout to print for each participant

Preparing for a peer support group		
Thematic area	Objectives	Contents
1. Setting up a peer group meeting space (Module 6, Section 1, Session A)	To develop knowledge and skills related to the identification and set up of safe and appropriate spaces to convene peer support groups.	In preparation for the launching of the planned peer support group, trainee peer support group leaders will need to identify and arrange an appropriate space in the community to conduct the planned group sessions and make other important logistical arrangements. This first thematic area discusses associated tasks.
2. Preliminary identification of prospective group participants and screening (Module 6, Section 1, Session B—D)	To develop knowledge and skills in the implementation of the suggested client identification procedure.	This thematic area focuses on the identification of prospective group participants in the community by the trainee peer support group leaders and on the screening interview they must carry out to ensure that the identified adolescent boys and male youth (ABMY) meet the criteria for admission into the peer support group. It outlines a strategy to identify and sensitively interview the ABMY survivors of sexual abuse and conflict-related sexual violence. Although some interviewed ABMY meet criteria for admission into the peer support group, others may not feel inclined to socially engage at this level, due to a set of internal and external barriers that undermine their engage at this level, due to a set of internal and external barriers that undermine their social participation. The proposed interview schedule, therefore, includes an exploration of these types of barriers.

3. Help seeking support and referrals (Module 6, Section 1, Session E)	To develop knowledge and skills in promoting help-seeking behavior among ABMY.	The third thematic area discusses ways in which the trainee peer support group leaders can facilitate help-seeking among prospective group participants that, despite meeting group admission criteria, express strong reservations about joining the peer support group due to identified social participation barriers. Alternatively, for those interviewed ABMY that are decidedly against participating in a peer support group or who do not meet admission criteria, the second section also discusses ways to facilitate referrals to other appropriate community resources.
Facilitating a peer support group		
4. Peer group-focused activities (Module 6, Section 2, Session A—G; Module 7, optional)	To develop knowledge and skills in building group and community cohesion by facilitating trust, engaging peers and the wider community in youth-led projects and self-improvement activities, and making necessary referrals to ABMY-friendly services.	This thematic area describes the staged activities group facilitators need to carry out to gradually intensify peer support within their groups and establish cooperative links with the wider community to contribute to community cohesion.
Supervising, monitoring and evaluating a peer support group		
5. Facilitating group supervision (Module 6, Section 3)	To develop knowledge and skills in facilitating group leader supervision	This thematic area initially presents a supervision tool that can be applied by mental health and psychosocial support trainers or other qualified agency staff involved in quality control activities.
6. Developing and implementing a monitoring and evaluation (M&E) framework (Module 8, Section 1)	To gain an introductory understanding of monitoring and evaluation	The final thematic area of this training curriculum concludes with an M&E framework that will need to be contextualized in each operational setting. This section of the training only provides an overview of monitoring and evaluation—the remainder of the curriculum, Module 8, Sections 2 and 3, on developing and implementing an M&E framework for a peer support group, should be completed by the peer support group leaders with an M&E specialist.
Annexes		
This section contains facilitation guides to implement a wider range of activities in support of group members' mental health and psychosocial well-being alongside the peer support group sessions—see Handout 6.2.		

Module 6 – Handout 6.2: Sample training agenda (handout to print for each participant)

DAY 1

Time	Training topic
08:30 – 08:45	Warm-up group exercise
08:45 – 09:15	• Welcome from the mental health and psychosocial support trainer and introductions. • Distribution of handouts among participants and overview of the training curriculum on peer support groups with adolescent boys and male youth (survivors of sexual abuse and conflict-related sexual violence). • Participant questions.
09:15 – 10:00	Module 6/Section 1/Session A: • Setting up a peer group meeting space. • Final discussion on related topics.
10:00 – 10:15	Coffee/tea break
10.15 – 13.00	Module 6/Section 1/Sessions B—D: • Preliminary identification of prospective group participants and screening. • Small group work, presentations in open forum, role-plays. • Final discussion on related topics.
13.00 – 14.00	Lunch
14.00 – 16.00	Module 6/Section 1/Sessions B—D: • Help-seeking support and referral. • Final discussion on related topics.
16.00 – 16.30	Summary of day's learning, final questions, and end of day's training.

DAY 2

Time	Training topic
08:30 – 08:45	Warm-up group exercise
08:45 – 09:00	Recap on Day 1 learning and review of Day 2 agenda
09:00 – 10.00	Module 6/Section 2/Sessions A—G • Peer group-focused activities. • Small group work, presentations in open forum, role plays. • Final discussion on related topics.
10:00 – 10:15	Break
10.15 – 13.00	Module 6/Section 2/Sessions A—G (continued)
13.00 – 14.00	Lunch

14.00 – 16.00	Module 6/Section 3: • Supervision Module 8/Section 1: • Monitoring and evaluation framework
16.00 – 16.30	Summary of day's learning, final questions, and end of day's training.

Module 6 – Handout 6.3: Checklist on meeting space arrangements

Check box	Meeting space arrangements
	Identify a large enough and easily accessible space to welcome at least 10—12 participants for group meetings that include in-session mental health and psychosocial support trainer activities.
	Ensure that the identified space is well-lit and well-ventilated, offering some degree of privacy, to increase group members' sense of safety and reduce disruptive noise.
	Remove or cover any easy distractions on the walls.
	Set out large enough tables in the room so that group participants can sit around them for small group discussions, and record the results of these discussions in writing.
	Ensure bathrooms are easily accessible from the place of gathering. Washrooms should meet the minimum standards for water, sanitation and health in humanitarian settings, including locked doors and handwashing station.[24]
	Set up a hydration point in the meeting room.
	If possible, reserve this space for exclusive use by the peer support group for its entire duration of 5—6 weeks..

24 Mary Picard et al., *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (Geneva: Sphere, 2018). https://www.spherestandards.org/handbook/editions/.

Module 6 – Handout 6.4: Screening interview guide for prospective ABMY peer support group members

Part 1. Screening interview guide

Background

Peer support group leaders can use this guide to assess whether adolescent boys and male youth (ABMY) are an appropriate fit for the peer support group, after informing them about the group's general purpose and their role in achieving its intended objectives. Since the peer support group is intended for all ABMY, and not specifically for ABMY survivors, this initial interview is not intended to shed light on experiences of sexual abuse or conflict-related sexual violence (CRSV). Evidence otherwise indicates that ABMY survivors may sooner opt to decline possible linkage with available services to overcome experiences of CRSV, especially if they were already marginalized as people with diverse sexual orientation, gender identity, gender expression, and sex characteristics, due to help-seeking barriers such as shame and stigma, fear of retaliation from the perpetrator or community if their story is revealed, and even discrimination and victim-blaming treatment from service providers.[25]

Preparing for the screening interview

1. The peer support group leader will have established contact with the ABMY survivors and those at risk, and their parents/caregivers, during their participation in the adolescent/youth programming.
2. The peer support group leader (lead interviewer) identifies a project team member to record the discussion using the data recording form (see Handout 6.7).
3. The interview should not be carried out if the ABMY is under the influence of drugs or alcohol, or out of touch with their surroundings in any way. If they express suicidal ideation, the peer support group leader should try to calm and reassure them, while seeking appropriate external supports for extended protection from harm.

Instructions for the peer support group leader/lead interviewer

1. Introduce your name, organization, and role. Allow the project team member taking notes to introduce themselves, and then allow space for the ABMY and their parent/caregiver to introduce themselves.
2. Explain that the purpose of the discussion is to share information about a new adolescent/youth program, and learn more about the ABMY's interest in joining the program.
3. Explain to the ABMY and (if present) accompanying parent/caregiver about the organization's plan to develop a peer support group for adolescents/youth, the main purpose of which will be to continue supporting adolescents and youth by helping them undertake joint action projects, with the aim of improving their well-being and protection through increased access to community and institutional social and protection supports.
4. Provide supplementary information about the planned peer support group for adolescents/youth, including the composition of the group, expected duration, and participation requirements. For example, *"The peer support group will meet twice weekly for six weeks, and offer young males like you an additional point of contact with peers and a safe space right here in our organization, where you can safely share their experiences and work together towards common goals. It will be run by us, [state organization name], and your regular attendance at all sessions is an essential requirement."*
5. Ask the ABMY and accompanying parent/caregiver if they have any questions, and provide clear, comprehensive responses. If you do not have adequate information to answer a question, let them know that you will follow up with them after discussing the question(s) with other project staff.

25 Shaquita Tillman et al., "Shattering silence: exploring barriers to disclosure for African American sexual assault survivors", *Trauma Violence Abuse* 1, no. 2 (April 2010): pp. 59—70. https://journals.sagepub.com/doi/10.1177/1524838010363717. Angie C. Kennedy et al., "A model of sexually and physically victimized women's process of attaining effective formal help over time: the role of social location, context, and intervention", *American Journal of Community Psychology* 50, nos. 1/2 (September 2012): pp. 217—228. https://pubmed.ncbi.nlm.nih.gov/22290627/. Sarah E. Ullman, "Mental health services seeking in sexual assault victims", *Women & Therapy* 30, nos. 1/2 (2007): pp. 61—84. As reported in Maria Hardeberg Bach et al., "Underserved survivors of sexual assault: a systematic scoping review", *European Journal of Psychotraumatology* 12, no. 1 (April 2021): 1895516. https://psycnet.apa.org/record/2007-08175-004.

6. Explain to the ABMY why they could be interested in the group, and how they could benefit from joining. For example, *"We've noticed that you are making friends with other adolescents in the program who may have similar experiences as you. The peer support group may be a good way of maintaining contact with friends, and joining efforts to tackle common priority concerns."*

7. Ask the ABMY if the peer support group is something that they may be interested in joining. For example, *"Does the group as described sound like something you might be interested in joining? Do you think the group could be useful to you?"*

8. If the ABMY survivor agrees to participate in the peer support group, thank them for their trust, and provide them information on the group starting date, meeting place, and time, while assuring their availability for a check-in upon request at any time until the starting date. The notetaker should also thank them for their time and trust.

9. At the end of the interview, the notetaker uses the data recording form (Handout 6.7) to read the responses back to the ABMY, and asks them to verify their accuracy. The notetaker also collects any final inputs.

Part 2. How do you respond when the ABMY or their caregiver/parent declines to participate in the peer support group?

Background

The mental health and psychosocial support (MHPSS) trainer reminds the trainee peer support group leaders that some prospective participants may express reluctance about linking up with this type of group at the end of this initial interview, for a wide variety of reasons. **If some ABMY appear undecided about taking part in the peer support group**, and to avoid excluding them from the group prematurely, the interviewer pair can proceed as follows:

- Empathize with those ABMY who express reluctance about participating in the peer support group at the end of the initial interview. Inform them that it is not crucially important to make the decision about participating right away. However, tell them that, to not exclude them prematurely, you would like to explore with them whether there are any barriers right now that might prevent them from participating, since you might be able to help them overcome them.
- The interviewer pair can refer to Handout 6.6 for guidance on conducting an extended interview of potential barriers at different levels that might discourage participation in the peer support group.

  Note: The trainee peer support group leaders, assisted by the MHPSS trainer, will have already adapted the extended interview contained in **Handout 6.6** after conducting the training exercise contained in **Subsection D/ Step 2, pp. 15-17.**
- At the end of the extended interview, the interviewer pair need not ask reluctant potential participants about their feelings regarding participation in the peer support group. The interviewer pair can instead develop a basic plan with the ABMY to respond to potential psychosocial barriers. Then, follow through with its implementation.

  Note: Although some reluctant ABMY may agree to pursue the extended interview, they may become emotionally unstable as it unfolds. Be prepared to offer psychological first aid in a way that is trauma-informed, and extend the interview over time to avoid further destabilizing the ABMY (see **Adjunct to Handout 6.4—Trauma-informed considerations**).

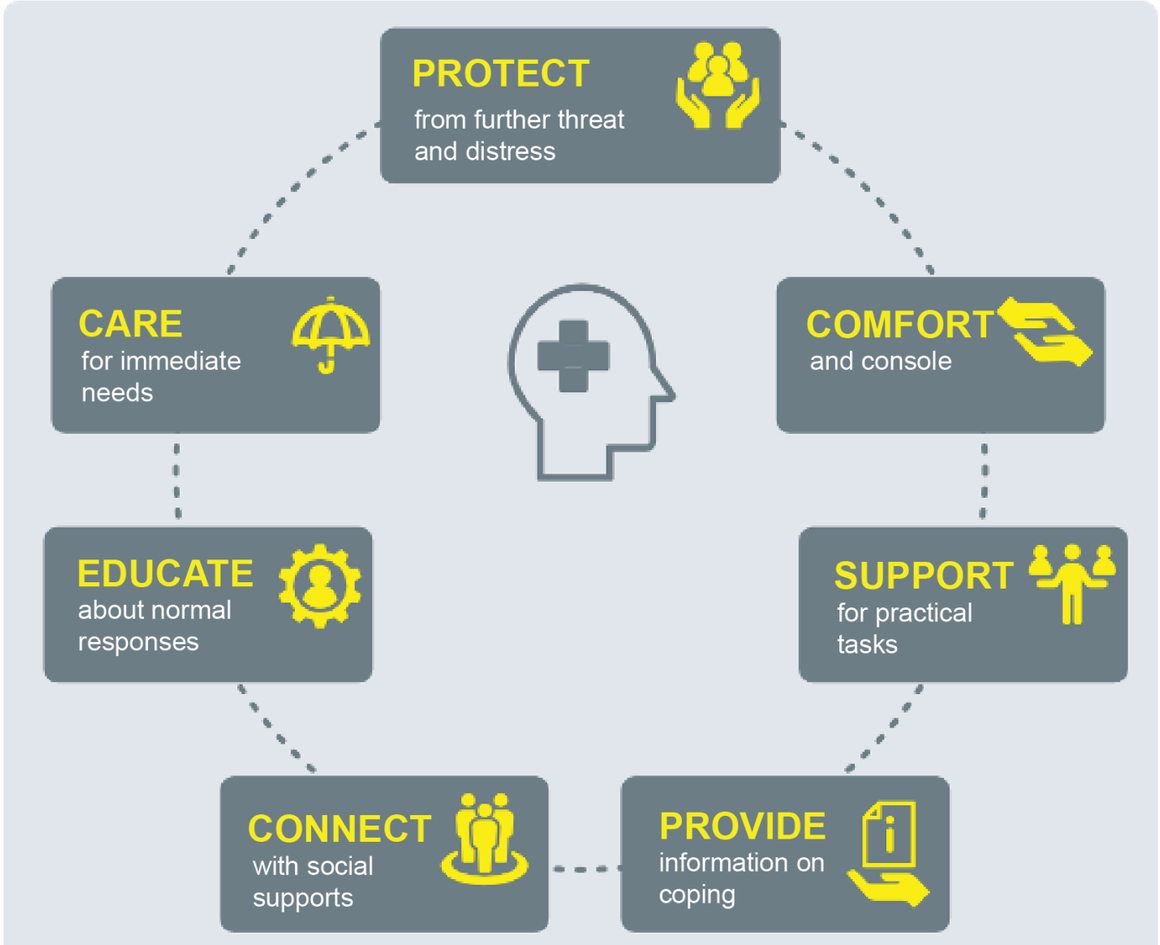
Adjunct to Module 6 – Handout 6.4. Trauma-informed considerations.
Post-trauma support: providing psychological first aid

Traumatic events have the potential to threaten our sense of safety, overwhelm our emotions and disconnect us from the people and places that matter to us. Social support is central to recovery in the aftermath of trauma exposure.

When supporting people affected by traumatic events, remember the key principles for trauma-informed care, which aim to redress the harm trauma causes:

Safety
Trust
Collaboration
Choice
Empowerment

PFA offers a flexible practical framework for supporting our colleagues and fellow citizens.



Tips on coping following trauma exposure

- Give yourself **time and space** to recover
- Try to **keep to routines** where possible
- **Be gentle with your body** — it's likely to be in alarm mode for a while
- **Trust your brain.** Allow yourself to think about what has happened so you can process the memory
- **Avoid avoidance** — with time you will be able to cope

Module 6 – Handout 6.5: Article excerpt on barriers to help-seeking

Peninah Kansiime, Claire van der Westhuizen and Ashraf Kagee

"Barriers and facilitators to physical and mental health help-seeking among Congolese male refugee survivors of conflict-related sexual violence living in Kampala"

Social Work & Social Sciences Review 19, no. 3 (October 2018): pp.152—173.

https://journals.whitingbirch.net/index.php/SWSSR/article/view/1196.

Article excerpt

Barriers to help-seeking.

Socio-cultural and political factors

One of the major socio-cultural factors that emerged in the data was the way in which masculinity was conceptualised. Participants stated that in many African cultures, a man is a symbol of strength and authority, and is expected to fight off abuse, including sexual abuse. Baraka stated:

In my culture a man … or in my tribe … if a man is raped it's a disaster… in my tribe you are called like a 'Mukumbira'. You are not supposed even to be talking to people; you are not supposed to sit where men are seated or even where kids are seated.

For him, his experience of being raped stripped him of his masculinity and his place as a respected member of society.

Sexual violence was also considered a taboo or curse and was considered an abomination that goes contrary to African norms. Djamba stated *'I never shared these issues of being raped. I never shared it. I could not afford. I am an African.'* His identity as an African did not permit him to share information of his abuse with others.

Some participants were concerned that they would be considered homosexuals hiding under the guise of being male victims of rape, as community members would react with disbelief and labelling. Baraka stated:

The most (important) question you find in the community is, 'if the males are the rapists, so who rapes them?' And then the confusion of saying homosexuality and male rape.

Respondents stated that homophobia existed in communities and also among service providers. Alongi stated:

I went to many organisations that help refugees. Really I did not get any assistance because they were saying that a man cannot be raped; they were regarding me as a gay …

Shame emerged as an important theme among participants. Shame was related to stigma and discrimination, all of which impeded help-seeking. Kangelu stated:

When I was in front of people I had fear, I was ashamed … I did not know what could be their reaction after explaining what I went through.

A service provider participant stated:

There is stigma attached to this particular form of injury, and initially the person may be ashamed or may be shy or may be so traumatised to come and tell another person of their experience and the need for the help …

Some participants stated that the nature of services was a barrier to help-seeking. For example, having to disclose their experience to a female counsellor. Elombe stated:

I discussed with a counsellor called (name of the counsellor). That also was a barrier to me because I couldn't talk to a woman that this happened to me.

Health system and infrastructural barriers

Health system and infrastructural barriers also emerged as a major theme in the data. Participants stated that the language barrier created a communication gap between themselves and service providers which delayed

help-seeking and delivery and compromised confidentiality. Baraka stated that:

I am not speaking English; I need an interpreter … I won't be sure that this interpreter should hear what I went through because I like confidentiality.

Several participants also noted that ignorance about sexual violence against men was a barrier to help-seeking. Elombe stated that: *'I would sit with a counsellor who is a professional social worker and tell him my problem but he was the first person to laugh. And he could be amazed and say I have never heard this.'* The data also revealed that there was limited information about the availability of services for male survivors of CRSV and where to find them. The public health facilities to which participants were referred did not have the skilled personnel and resources to attend to the peculiar needs of male survivors. The data also revealed that long distances to health facilities and refugee service organisations, in addition to the lack of transport fare to access them, hindered help-seeking. Djamba stated that:

I found myself being sick again. Because I could walk from where I am … walking on foot. When you go back even you cannot even breathe at night. The whole body is paining … Participants added that at times the climatic conditions did not provide an environment conducive for walking.

Participants shared that the inadequate, ineffective and sporadic nature of services, especially in government health facilities were a barrier to help-seeking. Imani shared that:

I got the treatment in KCCA [Kampala Capital City Authority] clinic but I was not satisfied with the treatment I got there. Then I went to Mulago but there the challenge was that they did not have time to listen to me and the treatment I got there was not efficient.

Participants also stated that they found it tedious to seek various forms of help in different places and at times as they were made to wait in the queue for long hours without food. Matadi stated:

I took a risk of starting my journey at 5:00 a.m. It was still dark. I was received at 1:00 pm, then the doctor left for lunch only to come back at 3:00 p.m. … He received me not even for 5 minutes ...

We found that some of the methods used to deliver services were barriers to help-seeking. Tambwe said:

…the lady who was counselling me brought me a knife there (as part of the counselling therapy to overcome the fear of knives). Since that day I did not come for counselling again because I hate a knife. It's the one which killed my mother.

Furthermore, the high turnover of staff in organizations offering psychological services was a barrier to help-seeking. Elombe stated that:

… the counsellor who used to help me left her office and went somewhere. And I had to get another counsellor from another organization but this counsellor was not really interested ... Participants also stated that the poor infrastructure of the health facilities was a barrier to help-seeking, as they were forced to visit more than one facility for different services. A service provider participant stated: 'There are no facilities that you can get help where you have gone … so they say, 'We don't have this' or 'We can't do this', so you don't get attention that you need.' Also, some care organizations did not maintain their privacy and confidentiality. Baraka stated:

… that doctor told me to sit in a line of people, in the middle of ladies. … She opened my pants. When she saw me she was like, 'No! No!' So when she shouted everyone who was around, even these women who were seated, they stood up. I felt embarrassed in front of everyone. I just wore my clothes and marched out.

Poverty and livelihood barriers

The data revealed that male survivors of CRSV were heads of households who had competing priorities, the most important of which was to provide a livelihood for their families. Fumu shared that:

'what stopped me from accessing help is the means of living … the financial means. Because by myself, by ourselves in the family really we could not afford'.

Participants stated that due to medical and treatment-related problems, they were unable to work and earn a living. Alongi stated:

When they operated me, they gave me six months of not doing heavy work, not eating hard food, but being a refugee I don't have any support where I can get someone to pay my house rent, so I was forced to work for the survival of my family.

Some participants found it hard to adhere to their medication regimens due to the lack of food. Tambwe stated:

…He also gave me some pain killers for the waist which was painful … The medicines were very strong and I failed to swallow them because I had no food.

Physical effects of CRSV

Some participants did not seek help because of the adverse physical effects on their bodies as a result of CRSV. Some survivors reported losing control of their sphincter muscles. A service provider participant stated:

I remember one time there, things that touched me when I was interviewing a client and he urinated where he was sitting. Can you imagine that?! We were just sitting out on the grass as we talked. He told me, 'I am sorry. I am going to urinate where I am sitting', because he could not go anywhere.

Such injuries required survivors to wear adult diapers if they needed to go in public, which many could not afford. A service provider participant stated:

In the injury, they might lose their sphincter that is what makes the anus continent. … If it is unable to hold the gas it can be a social embarrassment …And if it cannot hold stool, then when people start holding their nose, you begin to feel uncomfortable to be in society.

Fear of marital disharmony and breakup

Some participants stated that seeking help led to marital disharmony and breakup.

Elombe stated:

I could not tell my wife that I was sexually abused. I was risking; I thought I was going to risk my marriage so I decided to keep quiet.

Baraka stated:

I had problems in my family because my wife … when I told her that I was a male survivor, she told me, 'I don't deal with homosexuals.' She left.

Self-sufficiency

Some participants stated that they did not seek help for personal reasons. For example, Lisanga stated: '*… because I am a medical personnel, I tried to get some medicine in the pharmacy, while running to here (Uganda)*.' Other participants were not willing to talk about what happened and therefore preferred to handle their experiences their own way.

Module 6 – Handout 6.6: Supplementary interview questions on barriers that obstruct social contact

(Handout to print for each participant)

Instructions: In groups, review and edit the following interview questions related to barriers obstructing social contact to ensure they are relevant to your context. The final questionnaire may be used with adolescent boys and male youth who initially decline participation in the peer support group to better understand barriers that obstruct social contact.

1. **Individual-level barriers**

    a. Do you feel uncomfortable when you are outdoors?

    b. Do you experience pain in any part of your body during the day?

    c. Is all your time taken up by an activity or set of activities these days?

    d. Do you feel you can manage on your own quite independently these days?

Additional questions:

2. **Family-level barriers**

    a. Are you worried about the way your wife/family/extended family might react if they knew you were participating in a peer support group?

Additional questions:

3. **Community-level barriers**

    a. Are you worried about the way others may treat you if they knew you were participating in a peer support group?

Additional questions:

4. **Society-level barriers**

    a. Are there any language barriers that might prevent you from seeking help?

    b. Do you feel that there aren't any available services in the community that can help in your situation?

    c. Or are these services way out of your reach?

    d. Are you concerned that there aren't any staff in these services that will be willing to listen to you and understand you?

    e. Is there something about approaching different services you know of in the community that just doesn't feel right to you?

Module 6 – Handout 6.7: Data recording form

(Handout to print for each participant)

Name of survivor				
Name of accompanying parent/ caregiver/social contact				
Survivor's age				
Survivor's contact information				
Group screening team names				
Date and time of meeting				
Place of meeting				
Initial questions asked by respondent or primary caretaker	1. 2.			
Interviewee's motivation to participate in the peer support group (circle one)	YES	NO	MAYBE	
Extended interview questions	Individual	Family	Community	Society
Help-seeking barriers				
Coping responses				
Responses to help-seeking support questions				

Module 6 – Handout 6.8: Individual screening evaluation form

(Handout to print for each participant)

Key questions (check one)	1	2	Notes
Did the prospective group member seem to understand the group's purpose?			
Did he ask questions to find out more about the group?			
Did he point to a personal concern he thought could be appropriately addressed in the group?			
Would he be exposing himself to greater risk by participating in this group?			
Is he in regular contact with someone who can support his group involvement?			
Did he display any behavior during the interview that made you think that he may not be an appropriate fit for the group? E.g., poor eye contact, minimal verbalization, aggression.			

Key: 1 = Screen in; 2 = Refer.

Module 6 – Handout 6.9: Promoting social engagement with reference to the socioecological model

(Handout to print for each participant)

The mental health and psychosocial support (MHPSS) trainer can ask different trainees to read these support recommendations aloud.

Individual level:

- Ask survivors how they are eating, sleeping, washing, and clothing themselves these days, and what their specific needs are in this respect. Then, assist them to identify available supports in proximity to address unmet needs in these basic areas.
- Ask survivors about any aches or pains they might be experiencing at this time, and whether or not they are taking any medications to alleviate pain. Many survivors may have ongoing medical issues without giving them proper attention, due to scarce funds and concern for secrecy. They might be taking medications that are actually harming them. If any are physically injured or suffering infections (which may be related to their experiences of sexual abuse or sexual violence, e.g., sexually transmitted infections, including HIV) and are not being monitored medically, provide survivors with vital information on the importance of seeking timely care for these injuries and/or infections, and existing medical services in nearby locations where they can receive necessary care for them. It may also be appropriate to meet with medical staff beforehand, with the survivor's prior consent, to assist them to formulate questions in a sensitive fashion during the medical exam.
- Invite interviewed survivors to visit the organization where the peer support group meetings will be held, to meet with associated staff members and familiarize them with the organization's activities, with an emphasis on those that aim to counter stigma and discrimination. Encourage them to ask as many further questions as they want about the organization and the peer support group.
- Ask survivors how they are coping with their present distress, and encourage them to avoid coping styles that may put them at risk (e.g., illicit drug use) and emphasize coping strategies that have kept them safe in the past.
- Provide any other type of requested information or orientation.

Family level:

- Help survivors reunify with family members if they have been separated, by linking them up with family tracing services in the community. Facilitate any other links that survivors feel are meaningful at this time.

Community level:

- Identify obvious dangers which survivors reluctant to join a peer support group continue to be exposed to in their immediate surroundings, and discuss with them what they can do right away to get out of harm's way. Ongoing dangers can be explored by asking survivors about their current fears and worries, before assisting them to identify available supports in their proximity that can help to remove these dangers.

Societal level:

- Reassure survivors that language will not be an issue in the peer support group, and that if they need to access any other service, they can be accompanied by a language interpreter.
- Explain to contacted survivors the history of your organization in context, its sponsors, staff qualifications, acquired professional experience working with adolescent boys and male youth (ABMY) in the community, respect for privacy and confidentiality, and plans to continue working in this community in the future. Reassure survivors that services provided are entirely free of cost.
- Work out a way that contacted survivors can easily reach the group meeting space if there are any transport issues.
- Sensitize, through public information campaigns, radio messaging, and other available channels, the public at large and other service providers based in different community resources on how best to respond to sexual abuse and conflict-related sexual violence (CRSV), as necessary, to create a welcoming atmosphere for ABMY survivors of sexual abuse and CRSV.

Referrals

- Foreseeably, peer support group leaders will have noted a range of different issues during the group screening interview that may require prompt attention by available health and social services in the community. In this case, it is important that interviewers know about all the available interagency referral pathways so that they can facilitate necessary referrals for ABMY.
- Generally, trainees with an extensive background in community support will already be aware of different types of available community resources to refer certain cases to. In fact, the agencies they work for may have already filled out a **four or five Ws mapping matrix (who, what, where, when, and for whom)** in which all agencies operating in different sectors provide essential information about their activities in the community, to facilitate case referrals.
- The mental health and psychosocial support (MHPSS) trainer can use the (possibly) available four or five Ws mapping matrix, or else ask the trainees to break into small groups and list the names and addresses of different available community resources within a specific sector of activity, e.g., health, education, protection, and food security. The mental health and psychosocial support trainer can then compile this information and hand a clean copy to each trainee so that they know where to refer prospective group participants, whether or not they accept to participate in the peer support group. The MHPSS trainer can also hand them a copy of the GBV Constant Companion.[26]

26 GBV in Shelter Programming Working Group, "GBV constant companion" (2019). https://sheltercluster.org/gbv-shelter-programming-working-group/documents/gbv-constant-companion.

Module 6 – Handout 6.10: Sample grounding activities

1. Activity 1: Identity circles

Instructions:

Make sure each group participant can be paired with another before starting.

- For this preferably indoor activity, start by dividing the group in half and asking participants to create two concentric circles, that is, one outer circle surrounding an inner circle. Participants in both circles should be facing each other, and pair up according to their position in their respective circle. This activity can be done with the participants standing up, or sitting on the floor or chairs.
- The peer support group leader then hands out five index cards that they will have purchased previously, and a pen, to each participant.
- Then, the peer support group leader prompts the participants to think about their values, and write one value on each index card, so that by the end of this activity they have written down a total of five values. Some general categories for ease of reference might be their cultural traditions, language, religious beliefs, what they feel they are particularly good at, activities they enjoy, etc.
- Next, the peer support group leader prompts participants to order their values by order of importance.
- Finally, the peer support group leader encourages participants to share their noted values with the person with whom they are paired, for five minutes. Once the group has completed this first round of sharing, the outer circle can rotate one partner to the right, so that each member can once again share their index cards, but with a different pair.

2. Activity 2: “Common three” game

Instructions:

- The peer support group leader divides the group into three teams, and asks each team to discuss their interests and find three things they have in common for 5 minutes.
- At the end of this time period, the peer support group leader asks one of the participants in each team to share the commonalities they have found with the larger group, so that they can all get to know each other better.

This activity can be repeated several times, by shuffling the teams around.

Module 6 – Handout 6.11: Responding to ABMY disclosures—Group activity

The following case studies present fictional scenarios of sexual abuse or CRSV disclosure by an adolescent boys and male youth (ABMY) peer group member. After reading the assigned case study, discuss with your group members how you, as a peer support group leader, would respond to the disclosure.

Case study 1: Zin

Zin, 12 years old, lives in a refugee camp with his mother and three younger sisters. He sells food at a motorbike station after school to generate income for his family. He has been participating in the peer support group for about two months. During a poem writing session, he starts crying, then proceeds to share with the group that one motorbike driver gives him a bad feeling. He says that the driver was nice to him initially, and pays him three times the price of what Zin charges for food, which buys clothes and school supplies for his sister and himself. However, the driver has started to sit closer to Zin and even started touching him, saying that he does this to make Zin feel warm. Zin expresses that he doesn't want this man touching him, but he needs the money, so he doesn't know what to do.

Case study 2: Ahmed

Ahmed, 16 years old, lives in a shelter for LGBTQI+ youth. Ahmed is very friendly, and his jokes make the other ABMY group members laugh. He has not shared details about his life in his home country with the other group members. During a drawing activity, he draws a picture of his home, burning with red and orange flames, surrounded by uniformed men with guns, and children crying. He volunteers to show his drawing with the group. He shared that when he was 10 years old, soldiers forced their way into his family's home, and he was forced to watch his younger sister being raped by a soldier. He says that he was ashamed that he did not stop them from hurting his sister.

Case study 3: Marcos

Marcos, 19 years old, arrived in your country two years ago. His parents and siblings did not come with him, as the family did not have enough money to flee together. A social worker found him an apartment and a job doing manual labor in the city. During a discussion with peer group member, Marcos seems uncomfortable. When another peer asks what is wrong, he shares that he incurred a physical injury at work one day, which prevented him from working for a month. He failed to earn enough money to pay rent. The apartment owner demanded the money and threatened to evict Marcos. Two weeks went by, then the owner knocked on the door, and said since he had not paid his rent, he either had to leave his apartment immediately, or sleep in bed with the owner's wife. Marcos says he does not want to go back to his apartment, because even though he started paying rent two weeks ago, the owner still knocks on his door and threatens to evict him unless he sleeps with the owner's wife.

<u>Instructions for group work:</u>

- How do you respond to the ABMY?
- 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 services may the ABMY need?

Answer key: Adapted from Handout 7 of Session 4 in UNHCR, *SGBV Prevention and Response: Training Package* (Geneva: 2016). https://www.unhcr.org/583577ed4.pdf.

	Zin	**Ahmed**	**Marcos**
Responding to disclosure	Thank the ABMY for sharing the challenge that he is facing. Ask him if he wants support, or if he'd like to go to a private room to talk more.	Same	Same
Next steps	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, rela-tives, 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 wellbeing, while also taking into account their views and those of their parents/caregivers.	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.	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 themselves does not want.

Who to involve	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. 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.	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.	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.
Consent	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.	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, 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.	At age 19, as an adult, the survivor can and should provide consent for themselves on any necessary decisions.

Procedures	Best interest procedures, including best interest assessments and best interest determinations, where necessary, are very important for responding to sexual and gender-based violence 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.	Same	N/A
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 children who have recently been in school or want to be in school, we should focus on getting them into school. Where income is a problem, livelihoods or material support should be provided to the family, not directly to 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 could take the form of vocational training or livelihoods activities, but accelerated learning programs 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.

Module 6 – Handout 6.12: Experiential sharing summary sheet

(Handout to print for each participant)

	Participant 1	Participant 2	Participant 3	Etc.
Needs/challenges	1.	1.	1.	
	2.	2.	2.	

Module 6 – Handout 6.13: Participatory ranking methodology (PRM)

Instructions: Trainers can reference this handout to implement the PRM exercise, then hand a copy of this guide to trainees to use as a guide to facilitate PRM with their peer groups.

Time: 30 minutes

Materials needed:

- PRM data collection form
- 10—12 different physical objectives (e.g., pen, pencil, piece of paper, rubber band, twig, leaf)

Objectives: 1) Identify and prioritize thematic areas for future group sessions; or 2) identify and prioritize major shared concerns among group participants.[27]

Key steps:

Part 1

1. Tell the group *"Our second activity will take about 30 minutes."*
2. Introduce one of the following activities:
    a. *"Now that we know each other bit better, the next activity will help us identify the key risks that adolescent boys and male youth in our community face and rank the issues to determine as a group which topics we want to learn more about during the group sessions."*
    b. *"Now that we have a shared group understanding of the different life challenges group members face, and how they relate to our fundamental rights, the next activity will build on that discussion to identify and rank issues to determine as a group which shared life challenge the group wants to address together and with our community supports."*
3. You will start by listing those issues. Ask for a volunteer to read about the list of life challenges/risks on the flip chart paper that were shared by participants in the previous activity. Make sure that each issue is understood clearly by all participants.
4. Ask participants to assign the physical objectives to each life challenge.
5. Once each issue has a physical object associated with it, ask the participants to put the objects in order, from the most important concern that they want to address collectively, to the least important concern. You may have to remind the group what the physical items represent.
6. Ask participants if they wish to make any changes to the order. Note down any disagreements participants have about the order. Allow participants to make any final changes to the ordering of the objects, and note down the final ranking.

Part 2: Developing a list of discussion/skill-building topics based on PRM results (Note: Module 6, Section 2, Session D—Recommended thematic sessions only)

1. Review the list with project staff to identify a set of topics that relate to the group's interests.
2. At the next group session, validate the defined topics with the group participants, and make final modifications.
3. Explain to the group that the plan is to organize a number of sessions to provide them with more concrete information and skill-building opportunities in relation to these topics, so that they will be able to thrive better with the support of other group members.
4. Review the list with project staff to identify activities that relate to the selected topics.

27 Adapted from Tool 4 of the "I'm here approach". Women's Refugee Commission, "I'm here approach", no date. https://www.womensrefugeecommission.org/special-projects/im-here-approach/.

Module 6 – Handout 6.14: Linking psychosocial concerns with fundamental human rights

Instructions: As a group, agree on five life challenges faced by all ABMY in your context. Then, agree on the fundamental rights related to those challenges. Use the table below or flip chart paper to write your group's responses.

Shared life challenges (as determined by the group)	**Related fundamental rights** (as described in the Universal Declaration of Human Rights)
1.	- -
2.	- -
3.	- -
4.	- -
5.	- -

Module 6 – Handout 6.15: Possible steps to build consensus

	Possible steps	Details	Role of peer support group leader
1.	Agree on the objective(s)	All parties must agree on the goal(s)	• Facilitate the development of shared goals • Identify shared interests that may underlie differing perspectives
2.	Define the problem	Identify the barriers that stand in the way	• Take a flexible, problem-solving approach • Facilitate the identification of problems
3.	Brainstorm solutions	Brainstorming involves creating a list of possible solutions	• Facilitate the creation of a list of solutions. • Remain open-minded and focus on areas or "zones" of agreement.
4.	Discuss pros and cons, narrow the list	Evaluate the potential solutions and reduce the list to realistic options	• Facilitate the identification of pros and cons • Be transparent Tip: If power dynamics or excessive attention to individual agency mandates are a clear barrier, it can be useful to invite colleagues to 'take off their agency hats' for a short time, in order to problem-solve.
5.	Adjust and compromise	Compromise will be needed to reach a result that the group can accept. Sometimes, consensus may not be possible when a group is sharply divided, and it may be necessary to temporarily 'let go' of trying for consensus.	• Remain impartial, use active listening skills • Test for agreement by summarizing ideas and asking for a vote Tip: Groups can waste time talking around ideas they mostly agree on. Check levels of disagreement (i.e., "I cannot agree to this" versus "I don't like this, but I can go along with it"). Tip: While consensus is important, co-chairs should recognize when groups are clearly divided, and accept that consensus may emerge later.
6.	Decide	Decision-making should be a shared process and should not be dictated. It can follow a standard agreed process (e.g., majority vote).	• Facilitate a shared decision-making process • Discuss the implications Tip: In cases where views differ but there is potential for consensus, it can be useful to extend the decision-making process over multiple meetings. Additional time allows ideas to settle and tempers to cool, while also enabling one-on-one discussions.

7.	Act	Implement the group's planned initiative	• Event reports • Pre-post surveys • Stakeholder plans/budgets
8.	Monitor and evaluate	Always assess the decision's impact and effectiveness	• Facilitate M&E • Revisit the decision, if necessary

Adapted from Global Nutrition Cluster, *Nutrition Cluster Handbook: A Practical Guide for Country-Level Action* (Geneva: UNICEF, 2013).

Module 6 – Handout 6.16: Collective action plan

Collection action plan worksheet	
Activity goal	
What will you do to reach that goal?	
Task breakdown	
Person(s) assigned to each task	
Additional training requirements	
Required additional supports	
How long will the activity last?	
How will you know that you are making progress towards your goal?	

Module 6 – Handout 6.17: Community mapping activity

Time: 1 hour

Materials needed:

- at least 2 large sheets of paper and 10 markers
- 30 small stickers of three different colors (10 of each color)
- colored makers or crayons
- community mapping data collection sheet

Objectives: Understand the supports available to peer group members in the community, so the peer leader can facilitate linkages among these resources and the group members to enhance their capacity to implement the action plan.

Key steps:

1. Tell the group that they will be drawing a map of their "walkable" community. Explain that by community, we mean the area around where they live. Tell them you want the drawing to include everything that exists in this area, including places and people. You may ask them to list some things that are in the area where they live.
2. Break adolescent boys and male youth (ABMY)/trainees into smaller groups of three or four, and give each group a large sheet of paper and markers.
3. Give the small groups 15—20 minutes to draw their maps. If they are stuck, you may suggest that they start by drawing the safe space and then draw everything that is around it. Remind the ABMY that they can also draw important people on their maps.
4. If the ABMY are able to write, ask them to label things on their maps. If there is no one in the small group who can write, you may label things for them when they have completed the drawing.
5. Once the maps are finished, give each participant 10 stickers of one color. Ask them to put the stickers on places where ABMY can receive information and services. They can put more than one sticker on one place if ABMY spend a lot of time there. Collect the unused stickers.
6. Give each participant 10 stickers of the second color. Ask them to put these stickers on places where ABMY go when they need help or support. They can put more than one sticker on one place if ABMY get a lot of information or services there. If there is nowhere they can go, they do not have to place any stickers.
7. Give each participant 10 stickers of the third color. Ask them to put these stickers where there are external (family and community-based) supports they will need to engage in order to implement the action plan successfully.
8. Ask each group to present their map to the others.

Notes:

- Some ABMY may have trouble drawing their community. If ABMY are very unfamiliar with the concept, the facilitator may assist by asking ABMY to describe where things are, and drawing the first few things on the map. Once the ABMY are more comfortable with the concept, they may continue to draw the map.

Community mapping data collection form

Today's date (day/month/year)	
Facilitator name	
Notetaker name	
Location of group meeting	
Participant names	
Where ABMY get information and services	
Where ABMY can get information and services to build their capacity	
Where ABMY go when they need help or support	
External (family and community-based) supports they will need to engage	
Additional notes	

Module 6 – Handout 6.18: Group termination activities

Bringing closure to the group

The group's termination is as important as all previous phases in the group's development. It is a moment for individual group participants to reflect back on their group experience and share with co-participants how the group has contributed to their well-being, while also receiving encouraging feedback from others regarding their own positive contributions to the group's development.

The peer support group leader can promote these exchanges by encouraging group members to reflect on their time together and note some of the fondest memories related to their group participation, as well as the positive changes that have come about in their lives since they started attending this peer support group. Peer support group leaders can, for example, suggest that group participants write the following sentence on a sheet of paper and then complete it with as many answers as they can come up with:

"If my heart could talk, it would say…."

Then, ask them to share these answers with the rest of the group.

Termination need not mean that the peer support group stops meeting after this point. Rather, group participants may express a wish to continue meeting, although on an informal basis, without the peer support group leader. In this case, after group members have discussed how the group has impacted them, they may choose to spend some time thinking through how to continue meeting in the future. Peer support group leaders can support any new arrangements the group needs to continue meeting independently.

Group leaders will have worked hard to reach this point and to bring closure to this initial group experience. It is appropriate to celebrate the group's achievements in ways that creatively express the participants' feelings about the group. For this reason, prior to this final group gathering, peer support group leaders can ask group members how they would like to celebrate the formal end of the group experience and make necessary arrangements, with their active participation. Their proposals will, necessarily, have to adjustable to available organizational budgets.

Module 6 – Handout 6.19: Recommendations for peer leader supervision and supervision tool

The non-specialist peer support group leaders will need follow-up supervision by qualified supervisory staff once they have completed their basic training as peer support group leaders. During this supervision time, they will be able to on one hand debrief and receive necessary emotional support, and on the other make sure that they are applying the proposed methodology correctly.

To the extent possible, it is highly desirable to organize the planned supervision in a group format, once a week, at least at the outset. In this group check-in format, the supervisor can encourage experiential sharing, active listening, and joint problem-solving among peer support group leaders, while at the same time model their role to facilitate a similar process among the young group participants they are supporting.

The supervisor, who should also be known to adolescent boys and male youth (ABMY) group members, can also engage in occasional drop-in supervision to support the group leaders during their group sessions.

Supervision tool

The supervision tool presented below provides peer support group supervisors with a general step-by-step procedure to conduct a supervision session and collect the essential points that have been discussed in the group sessions.

Step 1: Ask each peer support group leader attending the group supervision to summarize the preceding group session they had with ABMY against their available session notes, with the instruction to highlight progress made by individual group members and challenges encountered during the session.

The supervisor can provide some structure for these presentations by posing the following questions:

- How do you see the group developing so far?
- What challenges interfere in group interactions?

Step 2: Encourage peer support group leaders to share their own feelings about their involvement in the group, as well as their own proposals to work out any existing bottlenecks.

The supervisor can stimulate answers by posing the following questions:

- How do you feel about your involvement in the group so far?

- How do you think that noted challenges can be appropriately addressed?

Step 3: Encourage other peer support group leaders to provide their own constructive feedback about what has just been shared by their colleague, and engage in broader group discussions based on these exchanges.

The supervisor can encourage group feedback by posing the following question:

- What is your take on what was just shared by our colleague?

Step 4: The supervisor can complement the feedback provided by suggesting innovative approaches adapted to the group's style, for further reinforcement. It is important to ensure that peer support group leaders stay on track with the group's stated general purpose.

Step 5: The supervisor should encourage self-care by asking peer support group leaders a question like:

- How are you taking care of yourself during this period?

Final note:

The supervisor should make sure that by the end of the supervision session, peer support group leaders feel that their concerns have been appropriately addressed.

Module 6 – Handout 6.20: Facilitation guides for group-based non-specialized MHPSS activities

In this section, peer support group leaders will find references to artistically oriented activities with proven beneficial effect on psychosocial well-being and which young people, in particular, usually enjoy. Group leaders will find sample group-based mental health and psychosocial support (MHPSS) activities within different forms of artistic expression and accompanying internet-based links for each category, so that they can extend those activities in which their groups show greater interest. These types of activities may not be suitable for adolescent boys and male youth (ABMY) at risk or survivors of sexual abuse and conflict-related sexual violence in every cultural context, or may need to be adapted. Together with peer group members, group leaders will need to select, and possibly adapt, those activities that can be safely implemented in each context.

Activity type 1: Visual art/creation

1.1 This is how I get when…

Time needed	60—75 minutes
Materials needed	Cards or paper sheets; different color markers
# of participants	10—12 participants
Objective	This mindfulness-based art exercise aims to help group members cope with their anger, although the same exercise can be done in respect to any other strong emotion

Facilitator instructions:

Step 1: Hand each group member a card or sheet of paper, and ask them to draw an image that represents anger or any other emotion on it with the color markers provided.

Step 2: When they are finished drawing the image, ask them if they would like to share it with the rest of the group. For example, saying “This is how I get when…”

Step 3: Bring closure to this activity by encouraging group members to look at the card or sheet of paper when they are feeling angry or experiencing any other emotion, and turn it over. This action represents letting go of the emotion, and thus gaining control over the emotion.

Step 4: Ask group members how they felt after turning over their card or sheet of paper.

1.2 Dream scenario

Time needed	60 minutes
Materials needed	Notetaking template; large sheets of paper (10); markers/colored pencils; audio recorders (1)
# of participants	6—8 participants
Objective	To understand the hopes and dreams for adolescents held by participants

Facilitator instructions:

Step 1: Distribute large pieces of paper and colored markers to each participant.

Step 2: Say, *"For the final activity, we want to know what your hopes and dreams are for adolescents in your community. Please draw your dream scenario for the future of adolescents in your community. This isn't about drawing what is realistic for the future. It's about drawing your most ideal situation for adolescents in your community."*

Prompt (if needed): Can you use your imagination to draw the future you wish for adolescents in your community?

Step 3: Allow participants time to draw their dream scenarios.

Step 4: After each participant is finished drawing their scenario, say: *"We'd like you to present your drawings to the group and explain what your dream scenario for adolescents looks like."*

Step 5: After everyone has presented their drawing, thank them for sharing.

Step 6: The documenter should take a photo of each drawing and record key themes/concepts from the drawings.

1.3 Picture stories/cartooning

Time needed	60—75 minutes
Materials needed	Paper sheets; different color markers or pencils
# of participants	10—12 participants
Objective	To help participants assess risks surrounding different events in their lives

Facilitator instructions:

Step 1: Participants are asked to draw something that happened or is happening to them, in the form of a cartoon if they like. They can work individually, in pairs, or in groups.

The facilitator might provide an example of a story prompt as a starter, asking participants to draw a cartoon to tell the story about how Ali (aged 16 years, a Syrian refugee living in Beirut) was able to develop skills in entrepreneurship, after having been part of a recent livelihoods program.

Upon completion of this initial drawing, the facilitator asks participants *"How could you change this prompt to describe your own experience?"*

Step 2: Once they have completed their drawing, the facilitator can develop a series of follow-up questions to understand how ABMY perceive the risks they face from a certain event.

1.4 Body mapping

Time needed	1 hour
Materials needed	Flip chart paper (4 or 5 sheets per group); markers
# of participants	10—12 participants
Objective	To determine adolescent boys' knowledge of sexual and reproductive health-related topics

Instructions for facilitator:

Step 1: Gather a group of 8—10 adolescent boys of a similar age (i.e., aged 10—12, 13—16, 17—19). Tell the boys that they will be drawing pictures to show how boys change as they grow into adults. Explain that you will be dividing them into smaller groups and would like each group to draw three pictures:

- One picture of a young boy (aged 8 or 9), one of a boy their age, and one of an adult man. The pictures should be detailed and show not only how boys look, but also how they think and feel, and what they do. These drawings can show the changes that happen as boys grow into adults. If the boys are able, they can label parts of the body and the changes that boys experience.
- Remind the boys that there are no right or wrong answers, and that you are just interested in discussing what type of changes boys their age experience.

Step 2: Divide participants into three groups of three or four boys each. Give each group a flip chart-sized piece of paper (or three regular-sized pieces of paper) and some markers. If there is enough room, make sure each small group is seated sufficiently far apart from one another.

Step 3: Give the boys around 15 minutes to draw the body maps. You may answer basic questions but do not guide the boys too much in their drawing.

Step 4: Circulate the room and ask the different groups to show their drawings and explain what they have drawn. Use the following to guide discussion in small groups.

- Start small, with a less sensitive topic. For example, say *"Can you explain what the young boy is thinking? And what about the boy your age? Now the adult man?"*
- Ask about certain changes the boys have illustrated. For example: *"I see you drew the boy your age with facial hair. When does this change happen to boys? Do you know why it happens? How do boys in your community feel about this change?"*
- Try to cover the following topics: hair growth, vocal changes, body odor, wet dreams. You can ask the boys about any topics they may have missed in the drawing, by asking *"What about _____? Have you heard about that?"* If the boys say yes, ask the above questions about the changes (when they happen, why they happen, how boys in the community deal with these changes).

Step 5: Bring the boys back together to one large group. Use this list of questions to guide the conversation, and use the drawings to facilitate their responses:

- How did everyone feel drawing the body map? How did everyone feel sharing the body maps with other boys in this room?
- What do we call it when certain changes happen to a boy's body? What words do we use to describe this phase of a boy's life?
- How do boys first learn about what changes might happen during puberty?

Prompt: What do boys learn? How might a boy feel when he first learns this information? Is there anyone else who tells boys what might happen?

- How do boys feel when their bodies start to change?

Prompt: Is there anything or anyone who can help boys feel better about their bodies changing? Who?

- Is there anyone boys can go to with questions about changes happening to their bodies? Who?

Prompt: Anyone else? How might girls feel asking questions about the changes happening to their bodies? Is there anyone else that boys in this community wish they could talk to?

- Are there any other changes that might happen to boys your age that we can't see from the pictures you drew?

Prompt (if these aspects were not already mentioned): What about non-physical changes? Are there changes that might happen with a boy's feelings or mood? What about changes in what boys like to do with their free time, their interests, and who they like to spend time with?

- How do families feel about the changes that boys go through?

Prompt: Are there any changes in how boys interact with their families? Are there any changes in what they are allowed or able to do? Are there any different rules or expectations from families as boys get older?

Final note: Please refer to the following link for additional art-based activities, some of which may be more appropriately implemented by specialized MHPSS practitioners:
https://arttherapyresources.com.au/welcome-art-therapy-resources/

1.5 Gratitude paper chain

Time needed	30 minutes minimum
Materials needed	Multicolored paper; scissors; stapler
# of participants	10—12 participants
Objective	Participants identify aspects of their life for which they are grateful

Facilitator instructions:

Step 1: Take multicolored paper and cut it into different shapes and sizes.

Step 2: Hand individual pieces of paper to group members and ask them to write what they are grateful for on them.

Step 3: Ask group members to staple the edges of each piece of paper together to form a paper chain with different gratitude messages.

Step 4: Ask group members to identify their gratitude message and comment on it if they wish.

Activity type 2: Music

2.1 Music relaxation exercise

Time needed	60 minutes minimum
Materials needed	Prepare a relaxing and calming space to conduct this session. Choose some meditative or instrumental trance music, or appoint a group member to select it. Lay out floor mats so that group members can lie down on them.
# of participants	10—12 participants
Objective	The general aim of this session is to create an atmosphere that facilitates increased communication among ABMY who may find it difficult to express themselves in words
Disclaimer	These activities can be safely implemented by previously trained, non-specialized group leaders

Facilitator instructions:

Step 1: Introduce the experience by informing group members about what is going to happen during the session.

Step 2: Dim the lights and begin playing the selected music at a low volume, asking group members to close their eyes and relax their mind and body.

Step 3: At this point, the group facilitator has to guide group members into a state of mental and physical relaxation by talking them through an imagery script. For example, say:

"Become aware of your breathing. Feel what happens when you breathe in… and breathe out… Feel the flow of your breath entering your body and leaving it again, like a wave washing up onto the beach and then back down into the ocean… As you breathe out, let go…and relax… Now you will begin to feel very light, with soft breathing helping you to relax more and more…"

Step 4: Gently bring group members back to the here and now, by softly telling them that the music has now finished, prompting them to become aware of their body lying on the ground, and of the sounds around them.

Then suggest that they give their body a stretch, (their arms, their legs) and take a deep breath in and out.

Step 5: Finally, take a deep breath in… and out… and encourage the participants to sit up nice and slow in their own time, gently opening their eyes.

Step 6: To bring closure to this session, the group facilitator can engage group members in a discussion about what the experience was like for them. Did the music help them to relax? How do they feel now?

Final note: Please refer to the following link for additional music-based activities: Alex Ellis, "Music therapy with adolescents: A resource for all school-based practitioners, counselors, and clinicians. Session ideas", no date. https://blogs.cuit.columbia.edu/are2126/session-ideas/.

Activity type 3: Poetry

3.1 "I'm from…" (for literate groups only)

Time needed	60 minutes minimum
Materials needed	Pen/pencil; sheets of paper for writing; bowl/box/hat
# of participants	10—12 participants
Objective	Participants reflect on where they come from and connect with other participants on shared and divergent upbringings

Facilitator instructions:

Step 1: Explain to participants that for this activity, they will reflect on where they came from, and write a short poem based on different elements of their background. Instruct participants to share at least three or four lines per prompt, beginning each response with the words *"I am from..."* Tell them that they will have about 15 minutes to write their poem, and to write down what they are comfortable sharing with the rest of the group.

Step 2: On a large flip chart paper, present the prompts:

First stanza: Familiar sights, sounds, or smells of your neighborhood

Second stanza: Familiar foods

Third stanza: Family sayings

Fourth stanza: Friends and those who have influenced your life

Step 3: Hand a piece of paper and pen/pencil to each participant.

Step 4: After about 15 minutes, collect the responses and place them in a hat, bowl, or box. Ask for a volunteer to pick a poem and read it aloud. Ask the group who they think the poem was written by. Repeat this step until all the poems have been read.

Step 5: Facilitate a group discussion to wrap up the activity using the following questions:

- What is one new thing you learned about a member of this group?
- What is something surprising that you learned from the poem(s)?
- What do you have in common with another member of this group that you did not know before this activity?

Activity type 4: Breathing exercises

For breathing exercises that can be conducted by non-specialized group leaders, mostly for younger adolescents, see:

- Coping Skills for Kids, "Deep breathing exercises for kids", no date. https://copingskillsforkids.com/deep-breathing-exercises-for-kids.
- Coping Skills for Kids, "Is Coping Skills for Kids Evidence-based?", no date. https://copingskillsforkids.com/evidence-based.

Activity type 5: Recreational movement (dancing, sports, walking)

Time needed	60 minutes minimum
Materials needed	White board
# of participants	10—12 participants
Objective	Participants rank their sport/recreational activities and organize their top choice

Facilitator instructions:

- Ask group members what their favorite sport or recreational activity is. Once all the sports are on the board, ask the group to close their eyes, then raise their hand for each unique choice. Tally the choices at the end of the ranking, and share the winner with the group. As space and resources allow, organize the activity in collaboration with the group.
- Identify a safe space in the community for peer groups to play a sport. https://projectplay.org/youth-sports/playbook/encourage-sport-sampling/

Additional resources:

- Instructional videos on play with younger adolescents: Lego Foundation, "Learning through play: Let's play", no date. https://learningthroughplay.com/let-s-play.

Activity type 6: Mindfulness[28]

Time needed	60 minutes minimum
Materials needed	Floor mats
# of participants	10—12 participants
Objective	Participants develop focusing skills

Instruct participants to:

- Sit and take a few deep breaths. Close their eyes if they feel comfortable.
- Focus on what they hear outside the room they're sitting in for one minute.
- Focus on what they hear inside the room they're sitting in for one minute.
- Finally, focus on their own body for one minute. What is their body telling them? How do they feel?
- Sit quietly and take a few more deep breaths, then open their eyes when they're ready.

Activity type 7: Additional ideas to help ABMY manage their emotions and reduce stress through art and music

- Writing a book, short story, or graphic novel
- Composing music
- Writing poems or raps
- Dancing—either freestyle or making up choreography
- Singing—songs or melodies you've heard and love or make up your own
- Painting—try different mediums and canvases
- Drawing, sketching, or doodling
- Using your hands to create:
    - knitting (on a circular loom or with knitting needles)
    - crocheting
    - sewing
    - quilting
    - rainbow loom
    - weaving-see
    - collage making
    - woodworking
    - robotics
    - model-building

28 Mindful listening activity taken from Coping Skills for Kids, "How to deal with stress", no date. https://copingskillsforkids.com/how-to-deal-with-stress.

Additional resources:

Scott Roby et al., *Strengthening Facilitation Skills with Youth: A Trainer's Guide* (Washington, DC: Administration for Children and Families, 2022) is a comprehensive guide for facilitators working with young people, covering topics such as managing energy, debriefing, building trust, and challenging the comfort zone:

https://www.acf.hhs.gov/sites/default/files/documents/opre/Strengthening-Facilitation-Skills-Trainer-Guide.pdf.

The UNICEF “Adolescent Kit for Expression and Innovation” has some good exercises for adolescent psychosocial well-being:

UNICEF, “The Adolescent Kit for Expression and Innovation: Resources for programme coordinators”, no date https://www.adolescentkit.org/ProgRes/prog-res.html.

Module 7 – Handout 7.1: Adapting the peer support group model to urban LGBTQI+ youth

The aim of this activity is for each group to adapt key concepts in the peer support group training curriculum to address the capacities and needs of LGBTQI+ youth in urban contexts. Discuss the following questions according to your assigned group, and record key discussion points on the flip chart paper. After 15 minutes, the full group will reconvene for 4-minute presentations and 4 minutes of questions facilitated by each group.

Group 1

Group 1 will address **Thematic Area 1: Setting up a peer group meeting space (Module 6, Section 1, Session A)**. In preparation for the launch of the planned peer support group, trainee peer support group leaders need to identify and arrange an appropriate space in the community to conduct the planned group sessions and make other important logistical arrangements.

This first thematic area discusses associated tasks. Discuss the following question with your peers, and record key points for each question on the flip chart paper.

1. What specific considerations for identifying and arranging an appropriate space should be made for LGBTQI+ youth groups in urban contexts, based on their unique risks and capacities?
    - What safety concerns exist, and how should they be mitigated?
    - What legal barriers or concerns exist to establishing a LGBTQI+ youth group, and how should they be mitigated?
    - How may these considerations differ based on an individual's minority sexual orientation or gender identity? For example, what are the specific considerations for adolescent lesbian girls, compared to transgender male youth?

Group 2

Group 2 will address **Thematic Area 2: Preliminary identification of prospective group participants and screening, Module 6, Section 1, Sessions B—D** in the peer group support training curriculum. In this second thematic area, the training focuses on the identification of prospective group participants in the community by the trainee peer support group leaders, and on the screening interview they must carry out to ensure that the identified adolescent boys and male youth (ABMY) meet the criteria for admission into the peer support group. The thematic area outlines a strategy to identify and sensitively interview the ABMY survivors of sexual abuse and CRSV. Refer to **Module 6, Section 1, Sessions B—D** as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What strategies should be used to conduct outreach and identification of prospective LGBTQI+ youth group participants in urban communities, based on their unique risks and capacities?
2. What updates should be made to the screening interview, if any, to ensure it is appropriate for LGBTQI+ youth?

Group 3

Group 3 will address **Thematic Area 3: Help seeking support and referrals, Module 6, Section 1, Session E** in the peer group support training curriculum. The third thematic area discusses ways in which the trainee peer support group leaders can facilitate group integration among prospective group participants that, despite meeting group admission criteria, express strong reservations about joining the peer support group due to identified confidence barriers. Alternatively, for those interviewed ABMY who are decidedly against participating in a peer support group or do not meet admission criteria, the second thematic area also discusses ways to facilitate referrals to other appropriate community resources. Refer to **Module 6, Section 1, Session E** as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What are some strategies to facilitate group integration among prospective LGBTQI+ participants?
2. Describe how to facilitate referrals to LGBTQI+ friendly services.
3. What should be the profile of the group leader (e.g., male, female, LGBTQI+)?
4. How do you compose youth groups (e.g., lesbian youth only, or all LGBTQI+ youth in one group)?

Group 4

Group 4 will address **Thematic Area 4: Peer group-focused activities, Module 6, Section 2, Sessions A—G** in the peer group support training curriculum. Thematic Area 4 describes the sequence of activities that group facilitators need to carry out to instill an authentic dynamic of peer support among young members. Refer to **Module 6, Section 2, Sessions A—G** as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. How should these group activities be adapted for LGBTQI+ youth in urban settings?
    - Do you know about any group activities that have been successfully facilitated among LGBTQI+ youth? Please explain.
2. What questions/components to service provision should be adapted/added for working in urban settings with LGBTQI+ youth survivors?

Group 5

Group 5 will address **Thematic Area 5: Facilitating group supervision, Module 6, Section 3** in the peer group support training curriculum. Thematic Area 5 presents a supervision tool (Handout 6.19) that can be applied by mental health and psychosocial support trainers or other qualified agency staff involved in quality control activities. Refer to **Module 6, Section 3** and Handout 6.19 as needed.

Discuss the following question with your peers, and record key points for each question on the flip chart paper.

1. What adaptations would make to the supervision tool to address the needs and capacities of LGBTQI+ youth in urban contexts?

Group 6

Group 6 will address **Thematic Area 6: Developing and implementing a monitoring and evaluation framework, Module 8, Section 1** in the peer group support training curriculum. Thematic Area 6 provides an overview of M&E principles, and suggests a framework to guide M&E of the peer support group program. Refer to **Module 8, Section 1** as needed.

Discuss the following question with your peers, and record key points for each question on the flip chart paper.

1. What are some ethical concerns/considerations for collecting data from LGBTQI+ youth?
2. Are there any additional data points you would collect to better understand the urban context where LGBTQI+ youth live?

Module 7 – Handout 7.2: Answer key: adapting the peer support group model to urban LGBTQI+ youth

Peer support group curriculum thematic area	Topic	Key points
Thematic Area 1: Setting up a peer group meeting space	What specific considerations for identifying and arranging an appropriate space should be made for LGBTQI+ youth groups in urban contexts based on their unique risks and capacities? • What legal barriers or concerns exist to establishing a LGBTQI+ youth group, and how should they be mitigated? • What safety concerns exist, and how should they be mitigated?	• Group leaders should be knowledgeable about anti-LGBTIQ+ laws governing the country. In addition, group leaders should understand the stigma or other social norms, and safety risks specific to the potential meeting space that may put LGBTQI+ youth at risk and may cause further harm for survivors. • Group leaders should be aware of any laws that discriminate against LGBTQI+ people, such as laws that criminalize same sex relations. In places where anti-LGBTQI+ laws exist, group leaders should not publicly advertise that the space will be used to convene LGBTQI+ youth and should avoid selecting spaces that are in close proximity to institutions or communities that may not be supportive of LGBTQI+ rights. These institutions vary based on the context, but may include the police, government buildings, and religious institutions. • LGBTQI+ youth face heightened safety risks due to discrimination against LGBTQI+ people, including sexual and physical violence. In many contexts, meeting spaces advertised as “LGBTQI+ meeting spaces” deter LGBTQI+ youth from participating in such spaces for fear of stigma by community members, and these spaces may be targeted by anti-LGBTQI+ vandalism or violence. Therefore, unless advised otherwise by LGBTQI+ youth and/or LGBTQI+-led organizations, do not visibly identify the meeting space as one where LGBTQI+ youth convene. The space should be located in a safe area of the community with access to safe transportation to and from group activities.

Thematic Area 1: Setting up a peer group meeting space	How may these considerations differ based on an individual's sexual orientation or gender identity? For example, what are the specific considerations for lesbian youth compared with young transgender men?	• Risks, needs, and capacities differ based on an individual's unique and intersecting identities. Not all LGBTQI+ youth have the same risks, needs, and capacities. Similarly, not all lesbian youth or all young transgender men have the same risks, needs, or capacities. At the same time, specific considerations that address the sexual orientation or gender identity of youth should be addressed. For example, female youth may face greater safety risks due to their sexual orientation compared with male youth due to gender discrimination against women and girls. Given that transgender youth may be more visible than lesbians or gay men due to hormone therapy, they are often at a higher risk of being targeted by violence.
Thematic Area 2: Preliminary identification of prospective group participants and screening	What strategies should be used to conduct outreach and identification of prospective LGBTQI+ youth group participants in urban communities based on their unique risks and capacities?	• Coordinate with LGBTQI+ civil society organizations (CSOs) and other LGBTQI-led organizations and groups in the setting to understand how best to reach prospective LGBTQI+ youth survivors, and identify safe referral pathways with LGBTQI+ friendly service providers.
Thematic Area 2: Preliminary identification of prospective group participants and screening	What updates should be made to the screening interview to ensure it is appropriate for LGBTQI+ youth?	• Suicide ideation rates are higher among LGBTQI+ youth. Interviewers should be trained to identify signs of distress and share a LGBTQI+ friendly referral pathway and contact information for LGBTQI+ friendly service providers. • Interviewers should be trained on trauma-informed interview approaches to sensitively interview LGBTQI+ youth survivors of sexual abuse and conflict-related sexual violence (CRSV), such as asking youth for their preferred pronouns and not forcing disclosure. See the screening interview tool for LGBTQI+ youth groups, Handout 7.3.

Thematic Area 3: Help seeking support and referrals	What are some strategies to facilitate group integration among prospective LGBTQI+ participants?	• Some LGBTQI+ youth may not feel comfortable sharing details about their sexual orientation, gender identity, or sex characteristics with other group members. Ask group members what their preferred pronouns are, and do not force group members to disclose their LGBTQI+ status. • LGBTQI+ youth may not identify primarily as LGBTQI+. Rather, they may identify primarily as other identities such as a "student", "father", "survivor", or "refugee", or combination of identities that do not address their gender identity, sexual orientation, or sex characteristics.
Thematic Area 3: Help seeking support and referrals	Describe how to facilitate referrals to LGBTQI+ friendly services.	• Conduct service mapping to identify available LGBTQI+ friendly services in the community to create an appropriate referral pathway for LGBTQI+ youth. See Handout 7.4. • Follow your organization's guidelines for minor and adult referrals. Potential guidance may include: if the group leader identifies signs of distress during a group session, ask to speak to the youth in private and obtain their informed consent to refer them to an LGBTQI+ service. If the youth does not provide consent, share the contact information for the service provider with the youth so they can contact the provider in their own time, and offer to refer them at a later time if they wish. In some settings, practitioners are required by law to report cases of sexual violence to the health facility and/or police; however, a wealth of evidence demonstrates that mandatory reporting requirements are a key deterrent for disclosing cases and therefore linking survivors to timely, quality care.[29,30,31] See Handout 7.4.

29 N. Jagadeesh, P. Bhate-Deosthali, and S. Rege, "Ethical concerns related to mandatory reporting of sexual violence," I*ndian Journal of Medical Ethics* 2, no. 2 (April–June 2017): pp. 116–120. https://pubmed.ncbi.nlm.nih.gov/28195533/.

30 P. L. Kerr and R. Dash, "Ethical considerations in mandatory disclosure of data acquired while caring for human trafficking survivors," *AMA Journal of Ethics* 19, no. 1 (January 2017): pp. 45–53. https://doi.org/10.1001/journalofethics.2017.19.1.stas1-1701.

31 A. English, "Mandatory reporting of human trafficking: potential benefits and risks of harm," *AMA Journal of Ethics* 19, no. 1 (January 2017): pp. 54–62. https://doi.org/10.1001/journalofethics.2017.19.1.pfor1-1701.

Thematic Area 3: Help seeking support and referrals	What should be the profile of the group leader (e.g., male, female, LGBTQI+)?	• Ask LGBTQI+ youth if they have a preference for the profile of their group leader. Leaders of groups comprised of female-identifying LBTQI+ youth should be female or LGBTQI+. Most perpetrators of sexual violence are adult men, regardless of the survivor's sexual orientation or gender identity; therefore, you should not assume that male-identifying GBTQI+ youth are comfortable with male group leaders. See Handout 7.4.
Thematic Area 3: Help seeking support and referrals	How do you compose youth groups (e.g., lesbian youth only; or all LGBTQI+ youth in one group)?	• Individuals may have preferences about whom they interact with. Therefore, group leaders should ask potential participants for their preferences. See Handout 7.4.
Thematic Area 4: Peer group-focused activities	How should these group activities be adapted for LGBTQI+ youth in urban settings? • Do you know of any group activities that have been successfully facilitated among LGBTQI+ youth? Please explain.	• Many LGBTQI+ youth survivors are not only processing trauma due to their experience of sexual violence (among other challenges and discriminatory experiences), but also due to stigma associated with their gender identity, sexual orientation, and/or sex characteristics. Activities should slowly and safely explore participants' sense of self and identity through various forms of media, such as poetry, journaling, visual arts, dance and movement, and sport, among others. See Handout 7.5.
Thematic Area 5: Facilitating group supervision	What adaptations would make to the supervision tool to address the needs and capacities of LGBTQI+ youth in urban contexts?	• Given higher rates of suicide ideation among LGBTQI+ youth, you may consider adding a discussion topic to address distress signs exhibited by participants and follow up on referrals. • Given potential safety concerns about convening LGBTQI+ youth, you may consider adding a discussion topic about any safety risks experienced by the group leader or any of the participants as a result of their participation in the youth group or during their transit. Please refer to Handout 6.19 on facilitating group supervision.

Thematic Area 6: Developing and implementing a Monitoring and Evaluation Framework	What are some ethical concerns/ considerations for collecting data from LGBTQI+ youth?	• Lack of routine data collection on LGBTQI+ people inhibits policy makers, practitioners, and advocates from improving the health, safety, and well-being of LGBTQI+ people. Monitoring and evaluation (M&E) tools should collect data on participants' sexual orientation, gender identity, and sex characteristics, considering the following principles based on the report *Collecting Data About LGBTQI+ and Other Sexual and Gender-Diverse Communities*:[32]
		  • Inclusiveness: People deserve to count and be counted.
		  • Precision: Use precise terminology that reflects the constructs of interest.
		  • Autonomy: Respect identity and autonomy.
		  • Parsimony: Collect only necessary data.
		  • Privacy: Use data in a manner that benefits respondents and respects their privacy and confidentiality.

Thematic Area 6: Developing and implementing a Monitoring and Evaluation Framework	Are there any additional data points you would collect to better understand the urban context where LGBTQI+ youth live?	• LGBTQI+ youth face heightened barriers to accessing safe spaces and safe housing, and maintaining livelihood and educational opportunities, and face increased discrimination, stigma, and isolation from family and community members. Therefore, questions may address mobility, livelihood and educational opportunities, safe housing, and feelings of stigma, discrimination, and isolation. See Handout 7.6, which can be incorporated into the overall peer support group M&E framework.

32 Principles presented verbatim from Caroline Medina and Lindsay Mahowald, *Collecting Data About LGBTQI+ and Other Sexual and Gender-Diverse Communities:* Best Practices and Key Considerations (Washington, DC: Center for American Progress, 2022). https://www.americanprogress.org/article/collecting-data-about-lgbtqi-and-other-sexual-and-gender-diverse-communities/.

Module 7 – Handout 7.3: Group screening interview questions adapted to LGBTQI+ youth

Note: Handout to be printed for each participant.

Group screening interview

- Each member of the group screening pair introduces themselves to the interviewee and defines their function. One member of the group screening pair leads the discussion while the second one records prospective participant's answers (see Handout 6.7) and, at the end of the screening interview, reads their answers back to them to verify their accuracy and collect final inputs. The pair can then switch roles at the following interview.
- The member of the pair leading the discussion asks the prospective group participant if they would like to introduce themselves, share their preferred pronouns, and talk about their daily activities.
- The same member informs the prospective group participant that they are meeting with LGBTQI+ youth in the community who might be interested in joining a peer support group that is currently being set up by _____ organization. They would like to tell them more about this program as they believe that they could find it valuable to participate in this type of group.
- The same member asks the prospective group participant if they have any questions at the outset that they would like to ask. Is there anything they would like to know about the organization that the interviewers represent? Interviewers provide requested information. If the prospective group member is accompanied to this screening interview by a parent/caregiver or other trusted social contact, ask them whether there are any questions they may like to ask before going forward with the interview.
- Once initial questions have been fully addressed, the same member goes on to describe the purpose of the peer support group specifically designed for LGBTQI+ youth. For example, explain that the peer support group aims to provide a safe and affirming space where LGBTQI+ individuals can share experiences, receive support, and connect with peers who understand and respect their identities.
- To complete this introductory information, the same member provides additional important details about the planned group, including who will run the group, any time commitments, and where the group will meet, emphasizing the organization's commitment to LGBTQI+ inclusion and safety. If the peer support group has not yet been established, explain that the group will decide by consensus the logistics such as the meeting place and time and who will facilitate the sessions.
- The same member explains to the prospective group participant how they may benefit from participating in this group. The member explains that the peer support group could be a good way of making new friends who share similar experiences and challenges, and provides an opportunity to access LGBTQI+-centered resources and services. Indicate that the peer support group is not therapy and does not take the place of any clinical or therapeutic treatment. **If the youth is receiving mental health and psychosocial support (MHPSS) treatment, the peer leader should consult the youth's MHPSS provider prior to inviting the youth to participate in the peer group, in order to ensure that the peer group does not interfere with the MHPSS protocol**.
- The same member explains the potential risks associated with participating in the group. For example, interacting with a diverse group of peers may be overwhelming for some youth and elicit unfavorable emotions (e.g., stress, anxiety) based on past experiences with peers (e.g., harassment, bullying). Further, youth may be concerned about confidentiality.
- At this point, the same member can ask for the individual's feedback regarding their interest in participating in this support group. Does the group, as described, sound like something they might be interested in joining? How do they think it could be useful to them?
- If the prospective participant expresses any concerns or hesitations about joining this type of group, the member leading the screening interview should inquire about possible reasons with reference to barriers to help-seeking faced by LGBTQI+ individuals.
    - Explain that a more detailed assessment of the challenges they are currently facing will help to better understand their feelings about taking part in this type of group, and that they can meet several times to complete this information if they prefer. The same member should reassure them that confidentiality will be always respected, and show respect for their way of telling their story. If the individual being interviewed becomes upset while answering some questions, both team members should help them calm down, acknowledging the legitimacy of their feelings.

➔ It is essential to ensure that the screener has an updated referral pathway for LGBTQI+-centered services, should the prospective participant require additional support or resources beyond what the peer support group can provide.

Note: Throughout the screening process, always be sensitive to preferred pronouns and gender identities, and use affirming language and terminology that respects and recognizes the LGBTQI+ community.

Module 7 – Handout 7.4: Service mapping tool that identifies LGBTQI+ friendly services[33]

Use this tool to map existing services for LGBTQI+ youth in the community and to document information about them.

PART A: Step-by-step instructions on how to collect information for the mapping

Step 1: Define the geographical area for the mapping. Identify the geographical boundaries for the service mapping. Decide if you are mapping a city, region, district, or a smaller area based on the available LGBTQI+ friendly services in that location.

Step 2: Develop a list of all services, organizations, and groups in the area selected that provide care and support to LGBTQI+ individuals. Develop a list of services by sector. If there are non-official LGBTQI+ friendly services, you may point them out. Find out about available services using the following sources of information:

- existing LGBTQI+ organizations and support groups
- LGBTQI+ community centers
- health centers with LGBTQI+ specialized services
- LGBTQI+ friendly counseling and mental health services
- legal aid organizations with expertise in LGBTQI+ rights
- LGBTQI+ shelters or safe spaces
- helplines or hotlines that offer support to LGBTQI+ individuals
- LGBTQI+ specific programs within mainstream organizations
- other relevant LGBTQI+ friendly services

If there is no existing information on available services, you will need to reach out to LGBTQI+ community members, LGBTQI+ advocacy groups, health care providers, and other relevant stakeholders to gather information.

Step 3: Contact each service/organization/group on the list using the service information form, and collect information about the service, including contact details and specific services offered. Contact each service, organization, or group and collect detailed information about them using the LGBTQI+ Friendly Service Information Form (adapted from Part B). Ideally, a staff member should go to the service for a face-to-face meeting to collect information. However, if this is not possible due to constraints, information can be gathered through a phone conversation or an online form.

Step 4: Find out about and contact other services, organizations, or groups that provide care and support to LGBTQI+ individuals. Ask each service, organization, or group that you contact about other LGBTQI+ friendly services they are in contact with or know about. Contact these new services, organizations, or groups, and repeat Step 3 above. Response sectors and services may include health services; psychosocial support services, including social welfare and education services; safety services; law enforcement and criminal justice services; legal services; and child welfare and child protection services.

Step 5: Develop a list of services by sector.

➔ Regularly update this list as you become aware of new services or changes to services.

33 Adapted from UNICEF, "Tool 1: Service mapping tool", 2014. https://psea.interagencystandingcommittee.org/resources/mapping-tool-gbv-services.

PART B: Service information form

Name of service/organization and sector	
Specific services provided	
Location	
Phone number	
Main contact person	
Hours	
Target group	
Fee for services	
Geographic area served	
How to make a referral	
Additional information	

PART C: Who, what, where of LGBTQI-centered services

Sector	Name of service	Services provided	Exact location	Contact information

Module 7 – Handout 7.5: LGBTQI+ peer group activities: Exploring participants' sense of self and identity

Many LGBTQI+ youth survivors face the complex task of processing trauma stemming from their experiences of sexual abuse or conflict-related sexual violence (CRSV), as well as coping with the additional burdens of discrimination and stigma related to their gender identity, sexual orientation, and/or sex characteristics. To support their healing journey, it is essential to provide activities that foster a safe and gradual exploration of their sense of self and identity. Through diverse forms of media, such as poetry, journaling, visual arts, dance and movement, and sports, participants can express themselves authentically, on their own terms and in their own time, and find empowerment amid their unique challenges. These activities can allow them to reclaim agency over their narratives and build a stronger sense of self.[34]

Below, you can find suggestions for activities that can encourage participants to explore their identity and sense of self.

Notes for the facilitator: Always prioritize the participants' emotional well-being, and be prepared to offer additional support and resources as needed. Creating a safe and inclusive environment is vital to support the psychosocial health and well-being of LGBTQI+ youth survivors with experiences of sexual violence on their journey of self-exploration and healing. **These activities may elicit unpleasant emotions among the participants**, and should only be conducted when there is a trusted adult from within the organization who can emotionally support them in a case of need.

List of activities

1. **Poetry workshop**
    - Begin by explaining the power of poetry as a means of self-expression and healing, emphasizing that it can help participants process their experiences and emotions.
    - Start by brainstorming together in a group setting keywords that someone might use to describe them in a poem. They can also write those keywords in private.
    - Offer writing prompts that are sensitive to their experiences as LGBTQI+ youth survivors, allowing them to explore their identities, resilience, and healing journey.
    - Assure them that their privacy is paramount, and sharing their poems is entirely optional and welcomed only if they feel comfortable doing so.
    - Create a safe and supportive environment where participants can read their poems aloud if they choose, and encourage positive feedback and empathy from the group.
2. **Journaling**
    - Provide participants with notebooks or journals and writing materials, offering them a safe space to express their thoughts and emotions.
    - Offer writing prompts that promote self-reflection on their experiences of sexual violence and how it intersects with their LGBTQI+ identity.
    - Encourage them to journal regularly, reassuring them that the process is entirely personal, and that they can share as much or as little as they feel comfortable with.
    - Consider organizing small group discussions where participants can discuss their journaling experiences to foster connection and understanding.
3. **Visual arts**
    - Set up an art space with a range of art supplies, allowing participants to freely express themselves visually.
    - Provide prompts or themes that address their unique experiences as LGBTQI+ youth survivors and encourage them to explore their emotions, healing, and empowerment.

34 See Women's Refugee Commission, *Supporting Transwomen Refugees: Tailoring activities to provide psychosocial support and build peer networks among refugee and host community transwomen* (March 2017). https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Supporting-Transwomen-Refugees-Beirut-March-2017.pdf

- Offer guidance and support, while emphasizing that there are no right or wrong ways to create art; the process is about self-expression and healing.
- Respect their choice regarding the display or sharing of their artwork, creating an inclusive environment that celebrates their creativity.

Additional options

Identity collage: Provide magazines, newspapers, colored paper, scissors, and glue. Let participants create collages that show different parts of who they are, such as their gender identity, sexual orientation, interests, and dreams. Afterward, encourage them to talk about what each element means to them and how it shapes their identity.

Body mapping: Have big sheets of paper and art supplies ready. Ask participants to lie down on the paper and trace each other's outlines. Inside the outline, they can draw or write words and pictures that show how they feel about their bodies and their journey to accepting themselves.

Affirmation cards: Give participants index cards or small pieces of paper. Ask each participant to write positive messages about themselves, their identity, and their worth. They can decorate the cards however they like. Collect the cards, shuffle them, and give them back randomly. Participants can read the affirmations they get out loud or keep them as reminders.

Timeline of identity: Provide a long sheet of paper or a big board. Ask participants to make a timeline of their lives, focusing on important events related to their identity and self-discovery. They can include good and tough times. This activity can help them see how they've grown and stayed strong over time.

Mask making: Provide blank masks and art supplies. Ask participants to create masks that show how they act in front of others compared with how they feel inside. After making the masks, talk about how our identity can be like a mask we wear in different situations.

Letter to your younger self: Ask participants to write a letter to their younger selves, giving them support and advice from their current perspective. This activity can be emotional and healing, helping them feel compassion toward themselves.

Module 7 – Handout 7.6: Adapting the peer support group model to female-identifying LBTQI+ youth

The aim of this activity is for each group to adapt key concepts in the peer support group training curriculum to addressing the unique capacities and needs of female-identifying LBTQI+ youth. Emphasize that this activity is going to add another layer of analysis by focusing specifically on female-identifying LBTQI+ youth. Instruct participants to reconvene into the same groups as they did for the previous adaptation activity. Discuss the following questions according to your assigned group, and record key discussion points on the flip chart paper. After 15 minutes, the full group will reconvene for 4-minute presentations and 4 minutes of questions facilitated by each group. Instruct participants to build on the previous discussion concerning LGBTQI+ youth in urban contexts, by discussing considerations that are unique to female-identifying LBTQI+ youth.

Group 1

Group 1 will address **Thematic Area 1: Setting up a peer group meeting space (Module 6, Section 1, Session A)**. In preparation for the launch of the planned peer support group, trainee peer support group leaders need to identify and arrange an appropriate space in the community to conduct the planned group sessions, and make other important logistical arrangements.

This first thematic area discusses associated tasks. Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What specific considerations for identifying and arranging an appropriate space should be made for female-identifying LBTQI+ youth groups based on their unique risks and capacities? How do these considerations differ for male-identifying GBTQI+ youth?
    - What safety concerns exist, and how should they be mitigated?
    - How may these considerations differ based on an individual's minority sexual orientation or gender identity? For example, what are the specific considerations for adolescent lesbian girls compared with transgender female youth?

Group 2

Group 2 will address **Thematic Area 2: Preliminary identification of prospective group participants and screening, Module 6, Section 1, Sessions B–D** in the peer group support training curriculum. In this second thematic area, the training focuses on the identification of prospective group participants in the community by the trainee peer support group leaders, and on the screening interview they must carry out to ensure that the identified adolescent boys and male youth (ABMY) meet the criteria for admission into the peer support group. The thematic area outlines a strategy to identify and sensitively interview the ABMY survivors of sexual abuse and conflict-related sexual violence (CRSV). Refer to **Module 6, Section 1, Sessions B–D** as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What strategies should be used to conduct outreach and identification of prospective female-identifying LBTQI+ youth group participants based on their unique risks and capacities? How do these strategies differ for male-identifying GBTQI+ youth?
2. What updates should be made to the screening interview, if any, to ensure it is appropriate for female-identifying LBTQI+ youth?

Group 3

Group 3 will address **Thematic Area 3: Help seeking support and referrals, Module 6, Section 1, Session E** in the peer group support training curriculum. The third thematic area discusses ways in which the trainee peer support group leaders can facilitate group integration among prospective group participants who, despite meeting group admission criteria, express strong reservations about joining the peer support group due to identified confidence barriers. Alternatively, for interviewed ABMY who are decidedly against participating in a peer support group or who do not meet admission criteria, the second thematic area also discusses ways to facilitate referrals to other appropriate community resources. Refer to **Module 6, Section 1, Session E** as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What are some strategies to facilitate group integration among prospective female-identifying LBTQI+ participants? How do these considerations differ for male-identifying GBTQI+ youth?
2. Describe how to facilitate referrals to female-identifying LBTQI+ friendly services.
3. What should be the profile of the group leader (e.g., male, female, LBTQI+)?
4. How do you compose youth groups (e.g., lesbian youth only; or all female-identifying LBTQI+ youth in one group)?

Group 4

Group 4 will address **Thematic Area 4: Peer group-focused activities, Module 6, Section 2, Sessions A–G** in the peer group support training curriculum. Thematic Area 4 describes the staged activities that group facilitators need to carry out to instill an authentic peer support dynamic among young members. Refer to **Module 6, Section 2, Sessions A–G**, as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. How should these group activities be adapted for female-identifying LBTQI+ youth in urban settings? How do adaptations differ from male-identifying GBTQI+ youth?
    - Do you know about any group activities that have been successfully facilitated among female-identifying LBTQI+ youth? Please explain.
2. What questions/components to service provision should be adapted/added for working in urban settings with female-identifying LBTQI+ youth survivors?

Group 5

Group 5 will address **Thematic Area 5: Facilitating group supervision, Module 6, Section 3** in the peer group support training curriculum. **Thematic Area 5** presents a supervision tool that can be applied by mental health and psychosocial support (MHPSS) trainers or other qualified agency staff involved in quality control activities. Refer to **Module 6, Section 3**, as needed.

Discuss the following questions with your peers, and record key points for each question on the flip chart paper.

1. What adaptations would you make to the supervision tool to address the needs and capacities of female-identifying LBTQI+ youth in urban contexts? How do these adaptations differ from male-identifying GBTQI+ youth?

Group 6

Group 6 will address **Thematic Area 6: Developing and implementing a monitoring and evaluation framework, Module 8, Section 1** in the peer group support training curriculum. **Thematic Area 6** provides an overview of M&E principles, and suggests a framework to guide M&E of the peer support group program. Refer to **Module 8, Section 1** as needed.

Discuss the following question with your peers, and record key points for each question on the flip chart paper.

1. What are some ethical concerns/considerations for collecting data from female-identifying LBTQI+ youth? How do these ethical concerns/considerations differ from male-identifying GBTQI+ youth?
2. Are there any additional data points you would collect to better understand the context where female-identifying LBTQI+ youth live?

Module 7 – Handout 7.7: Answer key: Adapting the peer support group model to female-identifying LBTQI+ youth

Build on the previous discussion concerning LGBTQI+ youth in urban contexts, by discussing considerations that are unique to female-identifying LBTQI+ youth.

Peer support group curriculum thematic area	Topic	Key points
Thematic Area 1: Setting up a peer group meeting space	What specific considerations for identifying and arranging an appropriate space should be made for female-identifying LBTQI+ youth groups based on their unique risks and capacities? • What safety concerns exist, and how should they be mitigated?	• Female-identifying LBTQI+ youth face heightened safety risks due to discrimination against female-identifying LBTQI+ individuals compounded by discrimination against women and girls, including sexual and physical violence. In many contexts, given female youth face greater safety risks (e.g., sexual harassment, sexual violence) in the community compared with their male peers due to discrimination against women and girls, peer support group leaders should undertake significant consideration and analysis with female-identifying LBTQI+ led groups, including youth, to document safety risks and arrange logistics (e.g., time of day; length of session; available transportation; location of meeting; proximity to bars, police station, religious buildings) for convening the peer group accordingly.
Thematic Area 1: Setting up a peer group meeting space	How may these considerations differ based on an individual's minority sexual orientation or gender identity? For example, what are the specific considerations for adolescent lesbian girls compared with young transgender women?	• Female youth with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) are not a homogenous group. Risks, needs, and capacities differ based on an individual's unique and intersecting identities. Not all crisis-affected female-identifying LBTQI+ youth have the same risks, needs, and capacities. Similarly, not all lesbian youth or all young transgender women have the same risks, needs, or capacities. At the same time, specific considerations that address the sexual orientation or gender identity of youth should be addressed. For example, given that transgender youth may be more visible than lesbians or bisexual female youth due to hormone therapy, they are often at a higher risk of being targeted for violence.

Thematic Area 2: Preliminary identification of prospective group participants and screening	What strategies should be used to conduct outreach and identification of prospective female-identifying LBTQI+ youth group participants based on their unique risks and capacities?	• In many settings, female youth with diverse SOGIESC are less visible than their male peers, given greater bias and stigma against women and girls than men and boys. Therefore, peer leaders may face heightened challenges in identifying female-identifying LBTQI+ youth. Coordinate with female-identifying LBTQI+ CSOs and other female-identifying LBTQI+ led organizations and groups in the setting to understand how best to reach prospective female-identifying LBTQI+ youth survivors, and identify safe referral pathways with female-identifying LBTQI+ friendly service providers.
Thematic Area 2: Preliminary identification of prospective group participants and screening	What updates should be made to the screening interview to ensure it is appropriate for female-identifying LBTQI+ youth?	• Suicide ideation rates are higher among LGBTQI+ youth than their cis-heterosexual peers. Interviewers should be trained to identify signs of distress and share a female-identifying LBTQI+ friendly referral pathway and contact information for female-identifying LBTQI+ friendly service providers. • Interviewers should be trained on trauma-informed interview approaches to sensitively interview female-identifying LBTQI+ youth survivors of sexual abuse and conflict-related sexual violence (CRSV), such as asking youth for their preferred pronouns and not forcing disclosure. See Handout 7.3. Coordinate with female-identifying LBTQI+ CSOs and other female-identifying LBTQI+ led organizations and groups in the setting to ensure that the screening interview tool is adequate to meet the needs and experiences of female-identifying LBTQI+ youth.
Thematic Area 3: Help seeking support and referrals	What are some strategies to facilitate group integration among prospective LGBTQI+ participants?	• Some LGBTQI+ youth may not feel comfortable sharing details about their sexual orientation, gender identity, or sex characteristics with other group members. Ask group members what their preferred pronouns are, and do not force group members to disclose their LGBTQI+ status. • LGBTQI+ youth may not identify primarily as LGBTQI+. Rather, they may identify primarily as other identities such as a “student”, “father”, “survivor”, or “refugee”, or a combination of identities that do not address their gender identity, sexual orientation, or sex characteristics.

Thematic Area 3: Help seeking support and referrals	Describe how to facilitate referrals to LGBTQI+ friendly services.	• Conduct service mapping to identify the LGBTQI+ friendly services available in the community to create an appropriate referral pathway for LGBTQI+ youth. See Handout 7.4. Coordinate with female-identifying LBTQI+ CSOs and other female-identifying LBTQI+ led organizations and groups in the setting to ensure that the service mapping tool is adequate to meet the needs and experiences of female-identifying LBTQI+ youth.
Thematic Area 3: Help seeking support and referrals	What should be the profile of the group leader (e.g., male, female, LGBTQI+)?	• Ask LGBTQI+ youth if they have a preference for the profile of their group leader. Leaders of groups comprised of female-identifying LBTQI+ youth should be female or female-identifying LBTQI+. See Handout 7.4.
Thematic Area 3: Help seeking support and referrals	How do you compose youth groups (e.g., lesbian youth only; or all LGBTQI+ youth in one group)?	• This module addresses the adaptations for lesbian and bisexual youth, transgender young women, and queer and intersex youth. Individuals may have preferences in regard to whom they interact with. Therefore, group leaders should ask potential participants what their preferences are. See Handout 7.4.
Thematic Area 4: Peer group-focused activities	How should these group activities be adapted for female-identifying LBTQI+ youth? • Do you know about any group activities that have been successfully facilitated among female-identifying LBTQI+ youth in your setting? Please explain.	• Many female-identifying LBTQI+ youth survivors are not only processing trauma due to their experience of sexual violence (among other challenges and discriminatory experiences), but also due to stigma associated with their gender identity, sexual orientation, and/or sex characteristics. They may be fur-ther ostracized or discriminated against with-in the LGBTQI+ community for identifying as female, and /or for being a young transgender woman. Activities should slowly and safely explore participants' sense of self and identity through various forms of media, such as poetry, journaling, visual arts, dance and movement, and sport. See Handout 7.5. • Age-appropriate information sessions should be implemented on the stages of puberty for people with female anatomy. Peer support group leaders should share menstrual hygiene management resources and services available in the community.

Thematic Area 5: Facilitating group supervision	What adaptations would you make to the supervision tool to address the needs and capacities of female-identifying LBTQI+ youth?	• Given higher rates of suicide ideation among LGBTQI+ youth, including female youth with diverse SOGIESC, you may consider adding a discussion topic to address distress signs exhibited by participants and follow up on referrals. • Given safety concerns about convening female-identifying LBTQI+ youth, add a discussion topic about any safety risks experienced by the group leader or any of the participants as a result of their participation in the youth group or during their transit. Follow existing organizational mitigation plans to address safety concerns. Please refer to the Handout 6.19 on facilitating group supervision.

Thematic Area 6: Developing and implementing a Monitoring and Evaluation Framework	What are some ethical concerns/ considerations for collecting data from LGBTQI+ youth?	• Lack of routine data collection on LGBTQI+ people, including female-identifying youth with diverse SOGIESC, inhibits policy makers, practitioners, and advocates from improving the health, safety, and well-being of LGBTQI+ people. Monitoring and evaluation (M&E) tools should collect data on participants' sexual orientation, gender identity, and sex characteristics, considering the following principles based on the report *Collecting Data About LGBTQI+ and Other Sexual and Gender-Diverse Communities:*[35]
		  • Inclusiveness: People deserve to count and be counted.
		  • Precision: Use precise terminology that reflects the constructs of interest.
		  • Autonomy: Respect identity and autonomy.
		  • Parsimony: Collect only necessary data.
		  • Privacy: Use data in a manner that benefits respondents and respects their privacy and confidentiality.

35 Principles presented verbatim from Medina and Mahowald, *Collecting Data About LGBTQI+ and Other Sexual and Gender-Diverse Communities*.

Thematic Area 6: Developing and implementing a Monitoring and Evaluation Framework	Are there any additional data points you would collect to better understand the context where female-identifying LBTQI+ youth live?	• Given their female identity, female-identifying LBTQI+ youth may face different barriers to accessing safe spaces and safe housing, and maintaining livelihood and educational opportunities compared with their male-identifying peers, and face increased discrimination, stigma, and isolation from family and community members. Therefore, questions may address mobility, livelihood and educational opportunities, safe housing, access to appropriate LGBTQI+ centered services and information, and feelings of stigma, discrimination, and isolation. Given that women and girls are generally responsible for caretaking and housework responsibilities, you may consider asking question(s) about leisure time, opportunities for age-appropriate work, access to schooling, and caretaking responsibilities. See Handout 7.8, which can be incorporated into the overall peer support group M&E framework.

Module 7 – Handout 7.8: M&E tool to understand the lives of LGBTQI+ youth in urban settings

The main goal of this monitoring and evaluation (M&E) tool is to understand the lives of LGBTQI+ youth living in urban settings. We want to find out what difficulties or barriers they face in finding safe places, secure housing, and good opportunities for work and education. We also want to know how much discrimination, stigma, and loneliness they experience within their families and communities.

By gathering important information, we can better adapt our actions to their needs.

➔ This tool can be used in a group setting or individually. Explain to the participants the goal of this tool and ensure that they understand its purpose.

Suggested questions

Part A: Safe spaces and housing

- How safe do LGBTQI+ youth feel in public spaces within the urban area?
- Are there specific locations where they feel safer or more at risk?
- Do they have access to safe and affordable housing options?
- Have they experienced discrimination or harassment in housing arrangements?

Part B: Mobility

- What modes of transportation do LGBTQI+ youth typically use to navigate the city?
- Are there specific areas or times when they feel unsafe or vulnerable while traveling?

Part C: Educational opportunities

- Are LGBTQI+ youth able to access education without facing discrimination or exclusion?
- Do they feel comfortable being open about their identity at educational institutions?
- Are there any specific barriers they face in pursuing education?

Part D: Livelihood opportunities

- What types of employment or income-generating activities are available to LGBTQI+ youth?
- Have they faced discrimination or barriers in obtaining and maintaining employment?
- Are there specific skills or training they need to improve their livelihood prospects?

Part E: Stigma, discrimination, and isolation

- Have LGBTQI+ youth experienced stigma or discrimination based on their sexual orientation or gender identity?
- How do they perceive the level of acceptance and support from their family and community?
- Do they feel isolated or disconnected from their community due to their identity?

Part F: Mental health and well-being

- What mental health challenges do LGBTQI+ youth living in the urban area face?
- Have they sought or received any mental health support?

Part G: Access to support services

- Are there existing support services (e.g., LGBTQI+ organizations, helplines) in the city?
- How aware are LGBTQI+ youth of these services, and have they utilized them?

Part H: Incidents and reporting

- Have they experienced any incidents of violence, hate crimes, or abuse?
- Have incidents been reported to relevant authorities or support organizations?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REFUGEE
COMMISSION