

EXECUTIVE SUMMARY

Caring for Boys Affected by Sexual Violence

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This initial scoping study into sexual violence affecting boys sought to understand the existing knowledge base on the drivers of sexual violence affecting boys, and the existing intervention practice in this area. It is the first stage of a wider project, and designed to inform the future planned work of Family for Every Child member organisations; to understand how social norms around gender influence how we care for boys affected by sexual violence; and to identify what is being done by likeminded organisations to ensure that boys affected by sexual violence recover fully and grow up in a permanent, safe and caring family or quality alternative care, where needed.

This study explores both sexual abuse experienced by boys, including sexual exploitation, as well as harmful sexual behaviour of boys. These are referred to collectively in the report as 'sexual violence'. The study uses a working definition of harmful sexual behaviour of children as 'sexual activity where one individual has not consented, or where their relationship includes an imbalance of power, for example due to age, intellectual ability, physical ability or impairment (disability), or physical strength'.¹ By considering both sexual abuse of boys and harmful sexual behaviour of boys the aim is not to imply that one leads to the other in a deterministic way. In fact, boys who have experienced sexual abuse and boys who have been actors in harmful sexual behaviour share a number of indicators, as well as risk and resilience factors, which is one reason for considering both in this study. Another reason is that many of the interventions to address child sexual abuse and children's harmful sexual behaviour are delivered by the same service providers, although requiring different approaches. Finally, the study sought to understand whether and how social norms around gender and masculinity influence sexual abuse experienced by boys and harmful sexual behaviour of boys, which will be explored through primary research being carried out by Family for Every Child. To discourage the perception that sexual abuse is a cause of harmful sexual behaviour, the authors have strived to consider each independently of the other, while recognising that it is possible for boys to be both a victim of sexual abuse and an actor in harmful sexual behaviour.

This study comprised a literature review and key informant interviews. Children and families were not consulted in the study, as they will participate in the primary research for the second stage of this project, with all the due safe-

¹ Working definition developed by reference group of Family for Every Child members, secretariat staff and consultant.

guards a more in-depth study can provide for on such sensitive issues. However, this does limit the findings of this initial study. The sheer lack of data on sexual violence affecting boys also limits the findings of the study, as well as fuelling and being fuelled by misconceptions and biasing donor interest and funding.

The study provides a number of key findings

Sexual violence affecting boys remains largely unknown, unacknowledged and not responded to, across a wide range of contexts and cultures, mostly as a result of gendered social norms, which influence perceptions of boys' vulnerability. These also pose an obstacle to disclosure by boys, identification and acceptance by others, recognition of harm caused, and recognition of the support needed to recover.

Boys may be made vulnerable to sexual violence as a result of their parents' actions, including abuse and neglect, exposure of children to their own sexual activity or pornography, and involvement in transactional sex. They may also be made vulnerable to sexual violence by their parents' inaction, including their failure or inability to take measures to protect them from environmental risks including those posed by information technology.

Yet caregivers' capacity to protect boys from sexual violence may be hindered by poverty, insecurity, and taboos and attitudes about sex and sexuality. This can be further complicated in countries where homosexuality is illegal. Children with disabilities need additional protection as they are more vulnerable to sexual abuse than children in the general population. They are also disproportionately highly represented among actors in harmful sexual behaviour. However, it is important that recognition of this does not lead to stereotyping of children with disabilities. Boys from the gay, bisexual and transgender and intersex population are at heightened risk of sexual abuse, and when they do not receive needed support at home they may look elsewhere, exposing them to further risk or leading to family separation.

Regarding children's care, the study found that sexual violence can be a cause or consequence of family separation for all children, but that boys are affected in particular ways. Boys are affected by early marriage, which leads to loss of parental care, although to a far lesser extent than girls. Boys may be placed alongside adult males when in need of care and protection following sexual abuse, and re-victimised, due to lack of shelters that accept boys. They are often perceived as perpetrators when disclosing sexual abuse, particularly abuse by females, and detained

rather than protected.

Children in foster care are affected by sexual violence at higher rates than children in the general population, but data are limited on how boys in particular are affected. Children in residential care are affected by sexual violence at higher rates than children in family-based care, with boys affected in particular ways. Boys are vulnerable to both sexual abuse and engaging in harmful sexual behaviour while in residential care, particularly where boys in need of care and protection are placed with offenders.

Conscription into armed forces and groups can be a cause or consequence of family separation and can expose boys to extreme forms of sexual violence. Boys without any adult care are particularly vulnerable to sexual violence. Migration can be a rite of passage into 'manhood' and boys are often under great pressure to earn a living, to fulfil the expectations of becoming a man. However, boys 'on the move' are vulnerable to sexual violence while in transit or at their destination, and often struggle to access support. Unaccompanied boys are vulnerable to sexual violence when in exploitative work, particularly when living with their employers, and may be separated from their families in the first place as a result of trafficking for sexual exploitation. Sexual violence among boys living on the street is prevalent, particularly from authority figures and other street boys as part of establishing dominance or to secure protection.

This study used a prevention model to analyse identified interventions. Prevention interventions were therefore considered at three levels: primary, secondary and tertiary. Primary interventions aim to prevent sexual violence before it occurs. Secondary interventions focus on identifying children who are at greater risk and addressing those specific risks factors early on. Tertiary interventions are implemented after sexual abuse occurs. The study found that addressing gendered social norms is critical to preventing sexual violence affecting boys, across primary, secondary and tertiary prevention interventions. However, in general there is a lack of material suitably tailored to boys and a lack of clarity on whether there should be separate interventions for girls and boys. Children's participation would be critical in addressing social norms, as well as in other aspects of prevention interventions. Yet children's participation in programme development and implementation was found to be ad hoc and poorly documented.

Regarding primary prevention interventions, the study found that, while families could play a key role in primary interventions, and should do so due to the clear influence of parent-child interactions on children's sexual behaviour, they are often unable to do so. The study found limited

evidence of the effectiveness of primary interventions in reducing the incidence of sexual violence affecting boys, even where evaluations showed changes in the knowledge, attitudes or skills of participants. The value of secondary interventions being designed to address risks particular to the local area was noted, as were the risk factors of boys' identity and environment.

The majority of findings regarding interventions focussed on tertiary prevention interventions, which appear to be lacking for boys. The modality of tertiary services may not be appealing to boys, and most evidence on interventions to support the recovery of boys displaying harmful sexual behaviours comes from high-income countries. Child protection systems need to be better equipped to meet the needs of boys affected by sexual violence, and a focus on prevention of family separation, and on reintegration, is needed. Therapeutic interventions for children and their families greatly support recovery but are rarely available. Given the extent of the problem, any intervention to prevent violence against children needs to be scalable.

Conclusion

The scoping study concludes that socio-cultural norms related to childhood, gender, masculinity and sexuality perpetuate sexual violence affecting boys, increase the vulnerability of boys to sexual violence, and contribute to under-reporting. Generalised neglect and abuse of children, and poor parent-child attachment, can be drivers of children's harmful sexual behaviour and make boys more vulnerable to sexual abuse. Boys in residential care, particularly that which is institutional in nature, are at heightened risk of sexual violence, as are unaccompanied boys, especially those who lack any adult care.

This study suggests that a multi-layered prevention strategy is needed to reduce vulnerabilities and risk factors, and to identify boys who are at greater risk and address those risk factors early on, as well as to intervene when sexual violence occurs. However, evidence on interventions for boys affected by sexual violence identified through this study is limited, which is likely to be because such interventions rarely exist. This study suggests that this is influenced by the lack of data regarding sexual violence affecting boys.

Despite a level of data that shows boys without adult care are affected by sexual violence, evidence on interventions that can prevent sexual violence at the secondary level is lacking. Families and informal and formal child protection systems within communities and governments have a major role to play in preventing sexual violence from affecting

boys, as does the media, but they need to be equipped to understand the issue in context.

The study makes the following recommendations.

Learning and reflection:

- In-depth qualitative research with meaningful participation from boys, parents, caregivers and members of the community is needed to understand:
 - how boys are affected by sexual violence;
 - the socially constructed, fluid and contested nature of masculinity in boys' lives;
 - how boys themselves engage with social norms as they transition between life stages;
 - whether and how gendered social norms and notions of masculinity increase the risk of boys being sexually abused, or influence boys or girls to become actors in harmful sexual behaviour;
 - how best to meet the needs of boys affected by sexual violence.
- Further learning through research and well-evaluated pilot interventions is needed to understand which interventions are effective for boys at risk of or affected by sexual violence in specific settings.
- Boys are not a homogenous group and factors such as age, different abilities and sexual orientation should be included in any learning process or intervention.
- Donors, policymakers, researchers, programmers and practitioners must consider how stereotypes around masculinity affect resource allocation, programming priorities and targeting for prevention interventions.
- Further research into the specific vulnerabilities of boys in alternative care to sexual violence is needed.
- Boys should be involved in evaluations of existing sexual violence prevention programmes, to help consider whether separate services and materials should be provided for boys and girls.
- Further research into the experiences of children who have been actors in harmful sexual behaviour, including those convicted of offences, would be valuable to furthering understanding of this complex behaviour.

Primary interventions:

- Primary interventions that address gendered social norms should be implemented more broadly, paying special attention to disadvantaged communities and minorities.
- Raise awareness of sexual violence affecting boys within broader programming work, for example linking with child protection, health and education interventions.
- Ensure that national laws fully comply with relevant inter-

national standards and instruments, and are fully implemented, to ensure that boys affected by sexual violence are duly supported.

- Recognise the key role of families in protecting boys from sexual violence or perpetuating it, and ensure they are also targeted in primary interventions.
- Provide sex and relationships education, and education on how to use the internet safely, to all children, and engage parents in its content.
- Work with the media to educate them on the dynamics of problematic and harmful sexual behaviour within the local context, and work to reduce current characterisations of children who engage in harmful sexual behaviour as perpetrators.

Secondary interventions:

- Pay particular attention to developing and providing educational and support services to boys without adult care, who are particularly vulnerable to sexual violence.
- Develop and provide educational and support services for boys at heightened risk of sexual violence, such as boys without any adult care, boys from the LGBTI community, boys with disabilities, boys whose parents are engaged in transactional sex, and boys living in insecure communities.
- Include children with disabilities in sex education and encourage caregivers and other service providers to recognise and respond appropriately to their burgeoning sexual maturity.
- Provide interventions to address family dysfunction, including domestic violence, alcohol and substance misuse, and parental trauma. Provide interventions to address child abuse and neglect and poor parent-child attachment as drivers of both child sexual abuse and harmful sexual behaviour of children. This can include addressing harmful social norms relating to masculinity and sexual violence.
- Put in place national systems to protect children from exposure to pornography, grooming and sexual exploitation online.
- Work with child protection systems to address the lack of residential care services for boys affected by sexual abuse so that they do not have to be detained alongside boys or men in conflict with the law, and to address harmful social norms that lead to boys being perceived as perpetrators and detained when disclosing sexual abuse.
- Pay particular attention to children in alternative care, who have been shown to be more vulnerable to sexual abuse and harmful sexual behaviour, considering the different ways in which boys and girls are affected.
- Ensure quality standards, codes of conduct and complaint mechanisms are in place to prevent sexual vio-

lence in institutional care, including specific measures to prevent sexual violence, and mandate institutions to report on incidents that occur and on how they are dealt with.

Tertiary interventions:

- Provide training, awareness raising and on-going support to child protection and other service providers working with children to help them recognise and respond to sexual abuse affecting boys, be sensitive to issues around sexuality, and develop locally-appropriate, effective and meaningful interventions.
- Develop and provide specialist training, awareness-raising materials, and pathways for support to build the capacity of a wide range of actors, including those from the education and health sectors, on understanding and preventing harmful sexual behaviour of boys and girls.
- Involve children in determining whether services for boys should be integrated with those for girls.
- Ensure that interventions do not inadvertently deter boys and their families from accessing them due to a perception that they are designed for homosexual boys.
- Ensure that mechanisms for children to report sexual abuse are boy-sensitive.
- Ensure that boys who experience sexual abuse have access to services by developing boy-friendly services.
- Raise awareness with caregivers, practitioners and service providers to reduce discrimination towards boys affected by sexual violence and boys from the LGBTI community.
- Strengthen therapeutic approaches to working with children and families, particularly approaches that are sensitive to context and culture and can be implemented in low- and middle-income contexts.
- Develop context-specific methods and tools, building on lessons from existing interventions, to assess children who display harmful sexual behaviours, ensuring that these methods and tools assess behaviours in relation to the child's age and development.
- Develop a model of support to children who display harmful sexual behaviour that is flexible to the individual needs of each child, including their age and development.
- Consider the establishment of diversion programmes for child actors in harmful sexual behaviour that are less punitive, and help to address children's underlying development issues.



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