

Caring for Boys Affected by Sexual Violence



Family
for every child

Contents

i	Acknowledgements
1	Executive summary
7	Introduction
9	Research design and methodology
12	Findings
25	Interventions
39	Conclusion and recommendations

Acknowledgements

A reference group of Family for Every Child member organisations proposed and guided the design of this study: Zenaida Rosales of The Center for the Prevention and Treatment of Child Sexual Abuse in the Philippines, Yaim Chamreun of First Step Cambodia, Krishna Thapa of Voice of Children in Nepal, Rita Panicker of Butterflies in India and Muhammad Ihsan of Muhammadiyah in Indonesia.

The report was written by Zosa De Sas Kropiwnicki Gruber and Laura Tuggey (née Brownlees) of Proteknôn Consulting Group and Camilla Jones of Family for Every Child. Sara Lim Bertrand and Ana Dols Garcia of Proteknôn Consulting Group supported data collection, analysis and translation. Camilla Jones undertook the key informant interviews, which were transcribed by Joyce Ferreira and Payal Saksena.

We are very grateful for the participation of 20 key informants, including independent consultants and representatives of the following organisations: Barnardo's, Butterflies, Center for the Prevention and Treatment of Child Sexual Abuse, Challenging Heights, Childline South Africa, ChildLinK, Children in Distress Network, CONACMI, ECPAT International, First Step Cambodia, MesMac, Paicabi, Promundo, Saath Saath, Terre des Hommes Netherlands and Voice of Children. We are also grateful to the many other organisations and individuals (including the International Centre at the University of Bedfordshire, Girls Not Brides, Together for Girls and UNICEF Office of Research – Innocenti) that contributed to this study by sharing the work they have been doing on the issue over many years, whether in research, policy or programming.

We are also grateful to the following people who provided critical feedback on the draft report: Lopa Bhattacharjee, Mark Capaldi, Suzanne Clulow, Amanda Griffith, Alastair Hilton, Jayaraj K.P., Omattie Madray, Caryn Onions, Hugh Salmon and Jane Warburton.

The report was published in 2018.

Executive summary

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 safeguards 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.

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

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 behav-

our 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 international 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 violence 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.

Introduction

Family for Every Child is an international alliance of 33 civil society organisations working to mobilise knowledge, skills and resources around children's care. This study was proposed by five member organisations of the alliance, who met in the Philippines in February 2017 for a practice exchange on child sexual abuse. They wanted to gain a better understanding of how social norms around gender influence how we care for and protect boys affected by sexual violence, and what is already being done by likeminded organisations to ensure that boys affected by sexual violence grow up in a permanent, safe and caring family or in quality alternative care, where needed. The purpose of this initiative was to identify and share how understanding and addressing boys' care and support needs can help prevent sexual violence and its negative effects.

The study sought to answer two questions:

1. What global, regional or country-specific knowledge exists on the drivers of sexual violence affecting boys? Sub-questions focussed on culture, context, social norms around gender and the role of parents and caregivers.
2. What promising or best practice interventions exist with evidence of demonstrable effectiveness?

This study explores both sexual abuse experienced by boys, including sexual exploitation, and harmful sexual behaviour of boys; these are referred to collectively in the report as sexual violence. By considering both in this study the aim is not to imply that one leads to the other. Boys who have experienced sexual abuse and boys who have been actors in harmful sexual behaviour share a number of indicators, such as sexualised behaviour and using sexual language, 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 harmful sexual behaviour of children are delivered by the same service providers, although requiring different approaches. This is discussed further in the report.

The terms 'victim' and 'survivor' have been used variously in this report. This is in consideration of the fact that it is possible to be a victim of an event but not defined in totality as a victim, as well as to recognise the different practices and preferences of our member organisations around the use of these terms. The term 'survivor' is often preferred as it is more empowering, but 'victim' is commonly used, particularly in legal proceedings. For further discussion see Greijet and Doek 2016. The term 'actor' has been used, rather than 'perpetrator' or 'offender' to refer to children's engagement in harmful sexual behaviour.

Terminology: The term ‘harmful sexual behaviour’ was used with the understanding that the study would enable further consideration of different terms that could be used to describe such behaviour by Family for Every Child’s members. The reference group of members for the study met in February 2018 for the inception meeting regarding the primary research they will conduct in their respective countries on sexual violence affecting boys. During this meeting they reviewed the definitions of harmful sexual behaviour and related terms identified through the study, and agreed the following working definitions to be used in the primary research.

Harmful sexual behaviour “Harmful sexual behaviour of children is 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

Notes: The harm caused may be physical and/or emotional/psychological even though the behaviour is sexual in nature. The child with harmful sexual behaviour may use grooming, coercion or threats to influence the other person to comply with their wishes, or they may use force. This term is useful because it is not appropriate to label a child’s behaviour as abusive or criminal. However, it is important to intervene to protect the rights of other children and to support the child with harmful sexual behaviour to take responsibility for changing this behaviour. It is important to understand that the child’s sexual behaviour is due to an underlying vulnerability.

Problematic sexual behaviour: “Problematic sexual behaviour is behaviour that is a cause for concern in terms of the child’s age or developmental stage, according to the context; for instance, knowledge of sexual acts, or use of sexually explicit words or acts. Children’s sexual behaviour may be problematic, even if it is not yet causing harm to others. Children’s behaviour may be seen as problematic if the behaviour is recurrent.”²

Notes: Without intervention, problematic sexual behaviour may pose a risk to the child or others; for example bullying, stigmatisation, development of the child’s sexual identity and vulnerability to sexual abuse. It may also be disturbing for others. Problematic sexual behaviour can be divided into ‘self-focussed behaviour’ and ‘interpersonal behaviour’. Self-focussed behaviour may include compulsive masturbation and excessive interest in pornography. Interpersonal sexual behaviour may include sexual games with friends, sharing pornography and spying on others. The behaviour of some children, especially younger children, may not be considered as problematic yet. Factors to consider include whether it is spontaneous, whether is recurrent or not, whether the child has no inhibition, and whether the child can stop the behaviour. Tools are available and further tools should be developed to help understand what behaviour is age-appropriate in the context.

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

2 Ibid.

Research design and methodology

This study comprised a review of over 100 documents in English, Spanish and French, and 20 semi-structured key informant interviews. Literature was identified through key informant interviews, Family for Every Child member organisations and searches of websites and resource databases.² Search terms were chosen to ensure a focus on boys, rather than girls or adult men. Priority was given to literature and evidence gathered in low- and middle-income contexts, to reduce the dominance of evidence from high-income contexts, where more research is conducted. For this initial scoping study, a systematic search of academic literature was not possible, but identified articles were included. Relevant points and summaries from non-English documents were translated and incorporated directly into the analysis tool. To assist analysis of the literature and key informant interviews, a coding structure was developed and incorporated into Atlas.ti,³ with reports for each code generated on MS. Word.

Key informants were identified from within and outside the Family for Every Child alliance, and interviews took place with: Family for Every Child member organisations (10), other local and national civil society or non-governmental organisations (6), and international non-governmental organisations and consultants (4). Sampling was purposive and based on key informants' relevant knowledge and experience. The interviews were semi-structured in nature and were undertaken online, with the support of a professional interpreter if needed. An ethical protocol was designed for and used in the study, drawing upon Family for Every Child's Child Safeguarding Policy and Standards for Consultation and Research, and governing confidentiality, consent and data protection. Upon gaining consent the interviews were recorded and then transcribed. Key informants were guaranteed anonymity, asked whether they agreed to the use of quotations, as well as to reference being made to their organisations, and whether they wanted to be acknowledged by name in the report, with most preferring to remain anonymous.

We made the conscious decision not to consult children and families in this study. This was because children and families will participate in primary research for the next stage of this project, and because research and consultations on sexual violence are highly sensitive, requiring more time to be invested in the design of tools and ethical procedures than a study such as this could allow.

Limitations

This study was not able to explore the lived experiences of boys, including their experiences as children rather than as males, and how these inform their vulnerability to or protection from

2 Websites and databases searched include: EBSCOHost, Rise Learning Network [<https://riselearningnetwork.org>], Mental Health and Psychosocial Support Network [<https://mhps.net>], Population Council [<http://www.popcouncil.org>], Save the Children Resource Centre [<https://resourcecentre.savethechildren.net>], UNICEF Innocenti [<https://www.unicef-irc.org>], the Better Care Network [<http://www.bettercarenetwork.org>], Global Partnership to End Violence Against Children [<http://www.end-violence.org>], the Oak Foundation [<http://oakfnd.org>], ECPAT [<http://www.ecpat.org/>], Observatorio de Igualdad de Género de América Latina y el Caribe and Observatorio Internacional de Justicia Juvenil [<http://www.oijj.org/es>]

3 Qualitative data analysis and research software.

sexual violence either as victims or actors. This will be studied through primary research in the second phase of this project. This study did not provide any concrete findings regarding prevalence, due to the reasons discussed below. Any statistical evidence shared within this study should be considered in light of the fact that under-reporting of incidents of sexual violence is very common in general, including for boys.

The majority of existing research and interventions on child sexual violence focus on girls, or on engaging men and boys for the prevention of violence against women and girls, which limits understanding of risks boys face and support they need (UNICEF 2017b; Hossain and McAlpine 2017; UNICEF 2014b; Chynoweth 2017). It also fails to respond to evidence that boys are affected by sexual violence in humanitarian and development settings (UNICEF Philippines and Council for the Welfare of Children 2016b; OCHA 2016; Hossain and McAlpine 2017). Boys may be abused or exploited by people outside the family such as friends, classmates, partners (UNICEF 2017b) or by male and female adult relatives, and may be subjected to the harmful sexual behaviour of other children (Pawlack and Barker 2012; Street 2008; Blagbrough 2008 cited in Family for Every Child 2012; Lompero and Engelbrecht 2012; UNICEF Philippines and Council for the Welfare of Children 2016b; Contreras, Heilman, Barker, Singh, Verma and Bloomfield 2012; Lillywhite and Skidmore 2006).

Insufficient data on the nature and magnitude of sexual violence affecting boys allows a number of assumptions and biases to persist (UNICEF 2017b). These assumptions and biases include the propensity to focus on boys as actual or potential ‘perpetrators’ of sexual violence, over and above recognising the potential for boys to be sexually abused themselves, or indeed viewing boys with harmful sexual behaviour as victims. This series of assumptions and biases includes the misconception that sexual abuse leads to harmful sexual behaviour in a deterministic way, and therefore the idea that a child who has been sexually abused is inevitably a risk to others (Ogloff, Cutajar, Mann and Mullen 2012; Lillywhite and Skidmore 2006; UNICEF 2000; Davis and Miles 2014; KI (key informant) 15 Chile). Such biases affect all aspects of programming, from donor interest and funding to government buy-in and resultant availability of appropriate services (KI 1 Cambodia; KI 2 Guyana). They also result in the overwhelming majority of services catering to girls (KI 6 Global). They may also lead to a lack of recognition of specific risks boys face; for example indication that boys are the primary victims of sexual exploitation online in the Middle East (Chynoweth 2017) and the widespread sexual abuse of boys in English football.⁴

What we know about boys and sexual violence is limited by the lack of clarity and standardisation in the definitions, samples and methodologies used in various studies. This makes it difficult to make accurate assessments of the scale of the problem. There is a lack of data in general on sexual violence against boys (Dolan 2014) and what data do exist is inconclusive. A recent study by the World Health Organization (2017) reports broad variation in reported levels of sexual violence.

4 <http://www.bbc.co.uk/news/uk-43069415>

Furthermore, in many contexts boys' experiences of sexual violence are not always identified as abusive (Jewkes, Morrell, Hearn, Lundqvist, Blackbeard, Lindegger, Quayle, Sikweyiya and Gottzén 2015; Pawlack and Barker 2012; Hilton 2008), or their sexual behaviour is not recognised as harmful (Marasca and Falcke 2015; Lompero and Engelbrecht 2012; Rosales 2012; Ricardo and Barker 2008). This results in sexual violence affecting boys remaining unrecognised, unreported and rarely responded to. Boys can be affected by sexual violence in any care setting, but when considering alternative care this study only identified data on boys in foster and residential care.

Although this study sought to understand factors that increase the vulnerability of boys to sexual violence, it was very difficult to identify risk and resiliency factors specific to boys. The literature is laden with generalised statements, stereotypical notions and untested assumptions about pathways to violence and victimisation, as well as simplistic dichotomies identifying girls as victims and boys as perpetrators.

This study will highlight some of the arguments that have been made about masculinity and sexual violence in the literature. It suggests that more research needs to be done to understand the socially constructed, fluid and contested nature of masculinity in boys' lives (Ramphele 2000; Morrell 2001; Connell and Messerschmidt 2005; Connell 2009), and how boys themselves engage with these social norms as they transition between life stages (Ricardo and Barker 2008).

Findings

Sexual violence affecting boys remains little known and rarely responded to due to gendered social norms

Many parents and other duty bearers struggle to see their sons as vulnerable to sexual violence. As a result, they often do not take steps to prevent or protect boys from sexual violence. Boys may enjoy greater levels of autonomy and freedom of movement than girls (El Feki, Heilman and Barker 2017; Hilton 2008; Chynoweth 2017; KI 2 Guyana). Families may blame boys and struggle to recognise them as having been abused, as shown by research in Chile and Guatemala (ECPAT 2010; ONG Raices 2010; ECPAT 2011). In Ghana, some boys are expected to defend themselves from attack and are blamed if they cannot (KI 10 Ghana). Parents may also differ from boys in what they consider to be abusive. For example, in Cambodia it is widely perceived as normal for parents and other adults to touch and kiss babies' and young children's genitals in a practice that is more common for boys than girls after nine years of age (Hilton 2008).⁵ Some describe this as harmless while others, particularly boys, describe it as unwanted touching that causes embarrassment and anger, and it features in accounts of grooming behaviour by boys who were later sexually abused (ibid.).

Studies undertaken in low- and middle-income contexts suggest that, out of desperation, boys may be encouraged directly or indirectly into sexually exploitative relationships by their parents, who do not always see them as harmful (Davis and Miles 2013; Frederick 2010; Davis and Miles 2014; UNICEF 2000; Hilton 2008; Subedi 2002; Ryckmans 2008; Eckman 2007; Naved and Amin 2013; Greijet and Doek 2016; Ricardo and Barker 2008). Where money is exchanged the activity is often socially perceived as employment and therefore not posing a risk, particularly for online activity where there is no physical contact (Jayaraj 2016; ECPAT 2010; Havenaar 2013). The harmfulness of protracted exploitative relationships between boys and adults is often downplayed, by referring to them in transactional or affective terms (Hilton 2008; Jewkes, Vundule, Maforah and Jordaan 2001; Barker and Ricardo 2005).

In some cultures, sexual exploitation of boys is supported by harmful social norms and practices (UNICEF 2000). Ricardo and Barker (2008) refer to the sexual exploitation of boys by tourists in Haiti, by older businesswomen in the Democratic Republic of Congo, who refer to the boys they exploit as 'kamuke' and 'petit poussins', and the gender variant boys in Indian dance troops (Launda dancers). In the North West Provinces of Pakistan and Afghanistan, pre-adolescent boys live in the homes of influential men in a centuries-old practice called 'bacha baazi' ('play boy') where boys are provided with clothes and food in exchange for sexual services (Frederick 2010). In some parts of India and Pakistan there is a tradition of having young boys 'launda nach' (boy dancers) dress as females and dance at weddings (Frederick 2010; KI 19).

⁵ Adult respondents in Hilton's 2008 study shared that the practice is done to show affection and give comfort and described it as a traditional practice, particularly up to the age of around three years.

Sexual abuse of boys by women is often taken less seriously than sexual abuse of girls by men, and sometimes even seen as positive. In many contexts boys are not considered to have virginity, honour and future marriage prospects at stake, so sexual abuse is seen as less important (Hilton 2008; Chynoweth 2017). In some cultures in Sub-Saharan Africa, boys are applauded for their sexual prowess and encouraged to have multiple sexual partners (Ricardo and Barker 2008). When they report sexual violence it is not seen as a serious matter, but downplayed as a learning experience on the journey into manhood (ibid.). A key informant from the UK recalled a newspaper article of a father describing his 11-year-old son as having a ‘notch on his belt’ after he was sexually abused by a woman (KI 7). Another key informant noted that in Guatemala sexual abuse of boys is “seen as something positive for the teenager’s sex life” (KI 16). In this context, males who had their first sexual experience as children with a female relative are not seen as having been abused, compared to if a girl was abused by a male relative (KI 16 Guatemala).

As well as being a barrier to preventing and recognising sexual abuse of boys, gendered social norms often discourage boys from reporting sexual abuse. In many cultures, boys are not permitted to show vulnerability or emotion, which are seen as signs of cowardice, weakness or being effeminate (UNICEF 2017b; Hilton 2008; Eckman 2007; Smith 2012). Boys are often discouraged from reporting because of likely stigmatisation (Know Violence in Childhood 2017) or because social norms dictate that boys should show self-reliance, stoicism and psychological resilience (Frederick 2010; Jewkes et al. 2015; Chynoweth 2017).

In some contexts, sexual abuse of boys is downplayed and under-reported due to negative social attitudes towards homosexuality. In Ghana, where homosexuality is illegal, many parents deny that their son has been sexually abused, fearing that it would bring shame upon the family (KI 10 Ghana). Boys in turn do not report for fear that their sexual orientation would be confused (KI 10 Ghana; Chynoweth 2017). It is not uncommon for males to experience an erection during sexual violence, which may cause anxiety and confusion about what this means about their sexuality (Chynoweth 2017; KI 9 UK), which may in turn limit their willingness to disclose. In Chile, research found that parents are more conscious of and have a stronger reaction to sexual abuse and exploitation of sons than daughters, due to fear that “his sexual orientation might be at risk by this experience” (ONG Raices 2010: 57), which may limit reporting. In the Middle East, therapists working with male survivors of sexual violence from Syria noted that it may take 12 to 15 sessions before disclosure, if at all, with male research participants noting the deep, enduring shame and risk that any such disclosure would cause (Chynoweth 2017).

Gendered social norms also play a role in limiting the identification of boys’ harmful sexual behaviour. Rosales (2012) argues that the mantra ‘boys will be boys’ is a common way of explaining away harmful sexual behaviour in the Philippines. Ricardo and Barker (2008: 20) argue that many boys in South Asia believe that they need to engage in acts of “sexual conquest” to prove their manhood, and early signs of harmful sexual behaviour are therefore downplayed or ignored. The Inter-American Commission on Human Rights (2015: 2) notes that “in many societies some violent conduct among male children and adolescents [...] is considered part of the

learning process and a normal way for boys to prove or demonstrate their manhood”.⁶ The lack of public discourse and visibility around sexual violence affecting boys may also be a barrier to disclosure. One participant in research on the sexual abuse of refugee boys in Jordan noted that mothers often first describe the sexual violence their sons have experienced as ‘bullying’ before later describing the sexual act (Chynoweth 2017). This study did not find significant data to enable conclusions to be drawn on whether gendered social norms influence boys or girls to become actors in harmful sexual behaviour. However, this is something that will be explored through primary research during the next phase of this project.

Boys may be made vulnerable to sexual violence as a result of their parents’ actions or inaction

Boys can be exposed to sexual violence by their parents’ involvement in transactional sex, but often in different ways to girls. A study in South Asia found that growing up in a brothel places children at risk of sexual abuse by clients, guards and others around the brothel (Frederick 2010). While girls are often prepared from a young age to enter prostitution, boys are more likely to work as pimps, guards or in other ancillary roles (*ibid.*). Studies in Guatemala (ECPAT 2010) and several locations in Africa (Ricardo and Barker 2008) found that many boys involved in commercial sexual exploitation grew up in areas where adult sex work was conducted.

Harmful sexual behaviour may be prompted by children witnessing sexual acts between their parents, particularly when living in cramped conditions (KI 1 Cambodia; Chynoweth 2017). Harmful sexual behaviour can also be reinforced by what children observe and learn from their parents’ relationships within the family. Researchers argue that harmful sexual behaviour is often learned through reinforcement, role modelling and discourses that encourage boys to use violence within relationships as a sign of strength (Jewkes et al. 2015; Barker and Ricardo 2005). Eckman (2007) notes that in the Balkans although young men condemned the use of violence against women, they felt it was justified on certain occasions that involve women trying to assert their power over men and boys; this finding is supported by a study in the Middle East and North Africa (El Feki et al. 2017). Referring to studies in Mexico and Colombia, Maraska and Falcke (2015: 202) argue that adolescents who observe “aggressive scenes between parents were more likely to perceive the violence as something justifiable in a loving relationship, a belief that predicts the perpetration of aggression against partners”. Research in many low- and middle-income countries indicates that peers can be negative role models, by normalising aggression or actively encouraging violence in affective sexual relationships (Marasca and Falcke 2015; Vorng 2014; Ricardo and Barker 2008; Shute, Owens and Slee 2009).

Harmful sexual behaviour may be taught to boys through their parents’ actions. A study in the Philippines found that when boys younger than 12 are exposed to pornography by their parents, it normalises abusive and violent sexual behaviour in their own intimate relationships

6 For a discussion on masculinity and harmful sexual behaviour see Fulu 2013; Davis and Miles 2013; Eckman 2007; Jewkes, Sikweyiya, Morrell and Dunkle 2011; El Feki et al. 2017; Barker and Ricardo 2005; Khan, Townsend and Pelto 2014; Pawlak and Barker 2012; Ricardo and Barker 2008.

(Davis and Miles 2013). One study found that nearly half of boys who engaged in harmful sexual behaviour attributed it to pornography, which many were shown by their parents (Lomperio and Engelbrecht 2012). A number of authors argue that exposure to pornography is a risk factor for children's harmful sexual behaviour (Ryckmans 2008; Lomperio and Engelbrecht 2012; Seto and Lalumière 2010; Chynoweth 2017; Ricardo and Barker 2008; Davis, Hilton, Socheat and Chamreun 2017).

Despite a common perception that children's harmful sexual behaviour results from their own experiences of sexual abuse, as a cycle of violence, evidence suggests that generalised neglect and abuse of children and poor parent-child attachment are greater determinants. Pithers et al. (1998 cited in Dartnall and Astbury undated) found that children who are actors in sexual violence against other children grow up in families with high levels of stress including low income, criminal arrest, family violence, sexual abuse, lack of social support and poor parent-child attachment, with an emphasis on stresses related to family interactions. Through in-depth research into harmful sexual behaviour of children in Cambodia, researchers found no indication that any single factor leads to a child's involvement in harmful sexual behaviour, but identified clear patterns of neglect from parents and carers, and children's experiences of and exposure to various forms of violence and feelings of isolation (Davis et al. 2017).

A meta-analysis of 59 studies suggests that poor childhood attachment increases the risk of male childhood sexual abuse, because boys seek relationships with adults other than their usual caregivers from whom they can derive support and "fulfil their intimacy needs" (Seto and Lalumière 2010: 530). In South East Europe, weak attachment to father figures was highlighted as a risk factor for boys in relation to the use of violence in intimate relationships (Eckman 2007). Jewkes et al. (2011) argues that in South Africa the lack of emotional support provided to boys by their parents damages their self-esteem and personality development, which contributes to harmful sexual behaviour.

Parents often underestimate the risks of information technology to their children in relation to sexual violence, or are unable to adequately supervise children's information technology use and online relationships. This often results from parents' own lack of information, skills and experience (KI 2 Guyana). Some parents are extremely proud that their children can use technology, seeing it as a sign of intelligence rather than something that carries risks (KI 12 Nepal). Yet boys can be subjected to sexual harassment, sexual solicitation and pornography online (Hilton 2008; Forss 2011; Havenaar 2013; Svedin and Back 2003). Mobile phones are a tool through which abusers can reach boys, beyond the gaze of their parents, to groom them, access images of them and arrange meetings (Hawke and Raphael 2016; Digidiki and Bhabha 2017; Lillywhite and Skidmore 2006). According to a key informant in the UK, certain boys are more vulnerable, including those with a low sense of self-esteem, who seek external support and affirmation as a result (KI 9). ECPAT (2011) found that middle-class boys in Colombia are most at risk of sexual exploitation through information technology, and invisible to child protection services that usually target boys living on the street. Boys may also use technology to share sexually explicit images and videos of other children with their peers or use images they have to blackmail other children (KI 2 Guyana; KI 12 Nepal; Chynoweth 2017).

Caregivers' capacity to protect boys from sexual violence may be hindered by poverty, insecurity and taboos and attitudes about sex and sexuality

Poverty may limit parents' capacity to protect their children from sexual violence, both sexual abuse and exploitation they experience and harmful sexual behaviour they become involved in. Findings from Syrian refugees, and from Cambodia and South Africa, suggest that parents who are working long hours are often forced to leave their sons unsupervised, which exposes them to sexual abuse or to peers who groom them into sexually harmful relationships (Hilton 2008; KI 20 South Africa; De Sas Kropiwnicki 2017; Chynoweth 2017). A key informant from Guyana notes that although parents are usually aware of problematic or harmful sexual behaviour of boys on minibuses, there is little they can do as it is the only form of affordable public transport for their children to travel to school (KI 2).

Insecurity in the community can limit parents' capacity to protect boys from becoming involved in harmful sexual behaviour, much of which may be coerced. Some may be too afraid to intervene when they learn that their sons are engaged in harmful sexual behaviour, particularly when it is related to the activities of gangs or powerful actors in the community. According to Naved and Amin (2013), parents in Bangladesh are afraid to intervene and stop their sons from engaging in harmful sexual behaviour because their sons are affiliated with powerful gangsters or politicians. Similarly, a key informant from Guatemala noted that gangs use boys to blackmail girls and their families for sexual abuse and exploitation (KI 16). Given fears of repercussion, the gangs are immune to prosecution and families have little power to protect their children (KI 16 Guatemala). These examples highlight the challenge that often exists in determining the extent to which a child may be considered culpable for harmful sexual behaviour, and reinforces the need for nuanced and in-depth assessments to be made.

Many societies still believe information about sex and sexuality should be withheld from children (Karlsson and Karkara 2003; Thomsen 2007). Some children and caregivers are simply unaware about sexual abuse and strategies used by offenders, such as grooming and exposure to pornographic materials (KI 2 Guyana). Children and caregivers may fill a gap in their awareness about sexual development and relationships through inaccurate and often harmful images, particularly pornography (KI 5 Global). Children with disabilities are particularly vulnerable as, due to the misconception that they are asexual, they are not guided on sexuality and intimate relationships by parents, teachers and health professionals, leaving them at risk of sexual abuse (Child Welfare Information Gateway 2012 cited in Richardson et al. 2015; Chappell 2014; Hanass-Hancock, Henken, Pretorius, de Reus and van Brakel 2014; Wazakili, Mpofu and Devlieger 2009; Ellery, Lansdown and Csaky 2011; Algood, Hong, Gourdine and Williams 2011).

With regards to harmful sexual behaviour, Romero Cabrebra, Navarro Hernández and Meyer Froese (2014) state that approximately 20 to 30 per cent of children and young people who display harmful sexual behaviour have a learning disability, but this information is not disaggregated by sex. These authors suggest that this is related to a lack of comprehension of in-

terpersonal boundaries and taking responsibility, combined with a lack of support from adults and a dearth of external boundaries (ibid.). If this is the case, and one needs to be careful of perpetuating stereotypes, such information and guidance could also reduce the likelihood of the sexual behaviour of children with disabilities inadvertently harming others.

In Cambodia, Lao PDR, Thailand and Vietnam it is feared that communication about these matters would be seen as some form of sanction and encouragement (Vorng 2014). In South Asia, it is not appropriate for fathers to discuss such matters with their sons because it would call into question their authority and role as disciplinarians (Khan et al. 2014). This failure to openly share information with boys enhances their vulnerability to sexual abuse and harmful sexual behaviour (KI 16 Guatemala; KI 2 Guyana; KI 8 Philippines; KI 10 Ghana; KI 19 India; KI 20 South Africa). It also makes boys fearful of confiding in their parents about intimate issues including sex, and many turn to their peers, television, media and the internet for information and support instead (Vorng 2014), which places them at risk of sexual violence. In South Africa, social workers and other professionals are increasingly stepping in to guide boys on gender roles and relationships, as a result of the increasing absence of male role models within families (KI 20).

Boys questioning their sexuality often do not receive much-needed acceptance and support from their families. This is despite adolescents who are part of the lesbian, gay, bisexual, transgender or intersex (LGBTI) population likely being disproportionately vulnerable to sexual abuse (WHO 2017). A study in Cambodia suggests that many parents do not speak about sexual issues and would struggle to speak openly about them to children, and in relation to boys engaged in same-sex relationships, or those who identify as transgender, this would be more difficult (Hilton 2008). In Colombia, it was found that fathers are often intolerant of same-sex relationships and are the key actors pushing children to leave home as a result (ECPAT 2011). In the UK, a key informant provided an example of a 17-year-old boy living with a very conservative female foster carer who did not support him when he was exploring his sexuality and sexual orientation (KI 7). This left him vulnerable to online sexual predators who took advantage of this lack of support and care; a dynamic frequently identified in this study. Lack of support and acceptance from caregivers leads boys in diverse contexts to turn to online support groups and websites for acceptance and information, advice and support about their sexuality, through which, if the sites are not adequately monitored or users' anonymity protected, boys could be targeted by sex offenders (KI 9 United Kingdom; KI 12 Nepal; ECPAT 2011 referring to Colombia). It is even more challenging for families to offer support and acceptance in relation to same-sex relationships when homosexuality is illegal, as in Ghana (KI 10). In Ghana, homosexuality is prohibited by law and boys risk arrest and stigmatisation within their families and communities for experimenting with same-sex relationships (KI 10 Ghana). This poses a challenge for caregivers in residential care homes as to how to keep these boys safe (ibid.).

Sexual violence can be a cause or consequence of family separation for all children, but boys are affected in particular ways

In some contexts, boys can be removed from the family and detained if they report sexual abuse. In many cases, boys are seen as the aggressor rather than as having been abused, particularly if they are abused by a woman or by someone respected in the community. A key informant from Guatemala provided an example of a 16-year-old boy who was placed in a care centre after his aunt reported that he had been raped by a 35-year-old woman (KI 16). In Colombia, a boy who had been sexually exploited was placed in an adolescent detention centre for causing physical damage to the female perpetrator (Terre des Hommes 2008). They may also be seen as complicit in a criminal offence where homosexuality is illegal or taboo, resulting in them being removed from their family and placed in juvenile detention centres, as described by a key informant from Afghanistan (KI 17). In Lebanon and the Kurdistan Region of Iraq, boys who are sexually abused have been placed in juvenile detention centres due to lack of other options (Chynoweth 2017). Boys may also be placed in adult jails alongside men (KI 6 Global) or in juvenile detention centres following sexual abuse within the family home, due to lack of residential care options (Wing, Koster and Griffin 2005). Children in such circumstances are exposed to a range of possibilities of re-victimisation including harmful sexual behaviour of their peers, sexual abuse by adult inmates, police officers and justice personnel (KI 6 Global; Wing et al. 2005; Delap, Georgalakis and Wansbrough-Jones 2009; Ottolini 2016).

Early marriage is a form of sexual violence and leads to a loss of care, as children assume the adult role of spouse and may leave the family home and community altogether. Boys are affected by child marriage, although to a far lesser extent than girls. Globally, 18 per cent of children married under the age of 18 are boys (UNICEF 2014a). Greene, Perlson, Taylor and Lauro (2015) note that marriage of adolescent boys is related to constructions of masculinity: to be socially ascribed the status of 'men', they have to take on the responsibility of marriage and work. Child marriage also fuels a cycle of poverty, poor health and vulnerability when children are taken out of school and face decreased livelihood opportunities as a result (ibid.).

Research suggests that family separation and boys' unfulfilled attachment needs are risk factors for sexual violence. Research in the Philippines found that boys cared for by relatives when their parents migrate for work are more vulnerable to sexual assault than girls (University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation and UNICEF Philippines 2016). An ECPAT study in Colombia found that when fathers have migrated or absented the family, boys often look for alternative paternal figures, which leads them to be sexually exploited by pimps and 'clients' (ECPAT 2011).

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

Studies in the US have found that rates of sexual abuse of children in foster care are higher than for children in the general population (Keshavarzain 2015) although Keshavarzain does not note who the perpetrators of this sexual violence were. Considering this, Keshavarzain observes that the rapid expansion of foster care in low- and middle-income countries, sometimes without adequate support mechanisms in place, is particularly alarming. Little recent⁷ data on the vulnerability of boys in particular to sexual abuse within foster care could be found in this study. However, a study in the Netherlands found that mild intellectual disability was a greater risk factor than gender in relation to sexual abuse in foster care (Euser, Alink, Tharner, van Ijzendoorn and Bakermans-Kranenburg 2016). Out of 118 fostered children involved in a study in the UK (Biehal, Cusworth, Wade and Clarke 2014), 10 girls and two boys reported sexual abuse. The authors use this data to argue that girls are far more likely to be sexually abused in foster care than boys (ibid.). However, it could be that more boys had experienced sexual abuse but did not report it for the reasons explored in this study. The authors argue that high-quality procedures could have prevented these perpetrators from being selected as foster carers (ibid.).

Children in residential care are affected by sexual violence at higher rates than children in family-based care, with boys affected in particular ways

In group care, children have been found to be almost four times more likely to experience sexual abuse than children in family-based care (Sherr, Roberts and Gandhi 2017; Keshavarzian 2015 citing Barth 2002, Pinheiro 2006 and Hobbs, Hobbs and Wynne 1999) although Embleton et al. (2016) find the reverse in a study in western Kenya. Boys in residential care are affected by both sexual abuse and harmful sexual behaviour in particular ways, each of which respectively will be discussed here.

Boys may experience sexual abuse by caregivers and support staff in residential settings.⁸ Frederick (2010) argues that in South Asia corporal punishment is common in residential care and this reinforces power imbalances between staff and children, which can be transformed into sexual abuse (ibid.: 11). Ryckmans (2008) provides an example from Nepal of 55 boys who were sexually abused by the director of a residential centre under the threat of being evicted to live on the street. The Asian Centre for Human Rights (2010) reported that boys were routinely subjected to sexual abuse by staff of a residential facility in New Delhi. According to a key informant (KI 6 Global), in many countries the very limited numbers of shelters that work specifically with boys means that many boys who are victims of sexual violence are placed in shelters for adult men, exposing them to the possibility of re-victimisation.

⁷ Inclusion criteria for this study set a cut-off date of 2007 for the literature review, although this was expanded to 2000 following the initial scan of documents.

⁸ For a historical account of the sexual abuse of boys in residential care see Bode and Goldman (2012).

Boys with disabilities are particularly vulnerable to sexual abuse in residential care because they are dependent on others for their care, often unable to report the abuse, and rarely believed (Hilton 2008; Romero Cabrera et al. 2014). Children who experience sexual violence when already outside of family care are often placed in rehabilitation centres (KI 14 Ghana; KI 17 Afghanistan). While some such centres are high quality, boys who have experienced sexual exploitation sometimes reject them, for example in Chile where boys felt that society might identify them as homosexuals and subject them to further stigma and social exclusion (ECPAT 2011).

Boys are also vulnerable to the harmful sexual behaviour of other boys in residential care. In the Philippines, the majority of cases involving harmful sexual behaviour received by Family for Every Child member organisation, the Center for Protection and Treatment of Child Sexual Abuse, were referrals from residential care settings involving boys (Rosales 2012). This is the same for Family for Every Child's member organisation First Step Cambodia, although they have found that many institutions do not disclose sexual violence and so they receive a majority of their referrals involving harmful sexual behaviour from NGOs, who work with the children in community-based settings (KI 1). This was echoed by a key informant from Cambodia who further noted that the cases they receive are likely to be the tip of the iceberg owing to the non-disclosure of sexual violence by institutions (KI 1 Cambodia). Being of low age, physical size and maturity were also all highlighted as factors making boys in Guyana, South Africa, Kenya and South Asia vulnerable to harmful sexual behaviour from their peers (KI 2; KI 18; Frederick 2010; Embleton et al. 2016).

Overcrowding, staff shortages, lack of child protection procedures and inadequate facilities make children vulnerable to harmful sexual behaviour among their peers in residential care (Asian Centre for Human Rights 2010; KI 20 South Africa) and many residential carers lack the knowledge and skills to identify which children are most vulnerable, identify potential risks within peer groups, or manage these risks to protect all children including the most vulnerable (KI 18 South Africa). Even when quality standards are in place sexual violence can occur, for example after lights-out or in outside spaces beyond adult gaze (KI 14 and KI 10 Ghana). Studies and key informants from Mexico, India and the UK found that occurrence of, and inadequate responses to, sexual violence in residential care may lead boys to run away, which heightens their risk of sexual abuse and sexual exploitation (UNICEF 2000: 96; Jayaraj 2016; KI 9 United Kingdom; Asian Centre for Human Rights 2010). Frederick (2010) argues that there are few opportunities for boys to seek help or report harmful sexual behaviour as ombudspersons, counsellors and other reporting mechanisms are often lacking. Wing et al. (2005) and the Asian Centre for Human Rights (2010) note that the prevalence of harmful sexual behaviour of boys in residential care is related to the fact that boys in need of care and protection, and boys officially classified as juvenile offenders requiring 'rehabilitation', often have to live together in the same facility.

Children placed in boarding schools to access education sometimes face similar challenges to those placed in institutional care including limited contact with home and lack of support to

overcome prior experiences of violence (Jones 2016). In a 2006 study in Peshawar, Pakistan, boys reported sexual abuse by teachers (Frederick 2010 citing ECPAT International and Pakistan Paediatrics Association 2006) in a boarding school (Frederick 2010). In a 2005 study in Nepal, boys reported sexual abuse in schools, but the study did not clarify the incidence of abuse by staff versus harmful sexual behaviour of fellow students (Frederick 2010 citing Child Workers in Nepal and UNICEF 2005).

In faith-based boarding schools these challenges may be more pronounced, if spiritual welfare and education is emphasised above emotional care and needs (Jones 2016). Boys may also be vulnerable to sexual abuse by spiritual leaders. Despite the attention directed to sexual abuse perpetrated by Catholic priests in the media, and research indicating that boys are more likely to be sexually abused by clergy members than girls globally (Stemple 2009), boys are also abused by other trusted religious leaders charged with their care and education (Ponton and Goldstein 2013). Research on the sexual exploitation of boys in Cambodia found that boys were sexually abused by monks when they resided at pagodas (Hilton 2008). A key informant noted that in Afghanistan sexual abuse occurs in Madrassas where boys of different ages are living and studying to be Mullahs (KI 17) and a key informant in Guyana referred to the sexual abuse of boys in faith-based settings (KI 2). Stemple (2009) argues the data available on sexual abuse in faith-based settings merely represents the tip of the iceberg when one considers under-reporting caused by the lack of public openness, victim blaming and fear of community rejection. It seems that sexual abuse may be particularly prevalent in such settings due to a combination of children being ‘cared’ for by people who abuse with impunity, lack of oversight and reporting mechanisms, and overwhelming power dynamics between abusers and the children they abuse.

Conscription into armed forces and groups can be a cause or consequence of family separation and can expose boys to sexual violence

Boys may be more likely to be recruited and used by armed actors when separated from their families. Research in three West African countries found that boys are more likely to be recruited into armed groups if they do not have the protection of parents or caregivers (Delap 2005). Similarly, UNICEF (2017a: 15) argue that boys are more likely than girls to migrate alone and in so doing face “acute risks of forced conscription, torture or sexual violence” particularly during conflict. If children are not already separated from their families, recruitment and use by armed forces and armed groups (armed actors) often leads to this, which further enhances boys’ vulnerability to sexual violence (Street 2008). Once associated with armed actors, boys may be subject to rape, sexual torture, genital mutilation, sexual humiliation, sexual enslavement, and forced incest (Ricardo and Barker 2008).

The vulnerability of boys to recruitment and use by armed forces and armed groups for sexual purposes was outlined in the Paris Principles (UNICEF 2007b), despite the earlier Cape Town Principles and Best Practices (UNICEF 1997) referring only to the recruitment of girls for sexual

purposes (Sivakumaran 2010). Save the Children (2012) found that men and boy combatants in Liberia were at significantly more risk of experiencing sexual violence than non-combatants. Studies in Liberia and Colombia found high rates of sexual abuse amongst boys associated with armed actors, although not as high as for girls (Sivakumaran 2010; El Tiempo 2014). Sivakumaran (ibid.) notes that boys sexually abused by armed actors do not report due to stigma and fear of rejection by communities, an issue that also affects girls. Nevertheless, UNICEF argues that gender stereotypes that assume boys are less vulnerable persist and, as a result, “keep severely traumatized boys from getting the help they need” (UNICEF 2017a: 15).

Boys can experience various forms of sexual violence during armed conflict, including torture during captivity and detention; as part of initiation rites; for the enjoyment of commanders; and as part of efforts to spread fear among families and communities (Ricardo and Barker 2008; Chynoweth 2017; Russell 2007; Sivakumaran 2010; El Tiempo 2009), including to encourage submission and the sharing of strategic information (Oosterveld 2014). Government forces can also use threats of sexual violence towards male and female family members to force boys attached to opposition groups to surrender themselves (ibid.). In Pakistan and Afghanistan, pre-adolescent boys were kept for sexual services by military commanders as a symbol of status and prestige (Frederick 2010). In Colombia, sons of women in positions of leadership were sexually abused by the armed forces as an intimidation tool (El Tiempo 2014). Boys may also be encouraged or required to demonstrate their power and masculinity through harmful sexual behaviour against civilians (Barker and Ricardo 2005). During civil wars in Liberia and Sierra Leone, conscripted boys were forced to rape their mothers and sisters (Ricardo and Barker 2008).

Boys on the move are vulnerable to sexual violence while in transit or at their destination, and often struggle to access support

In many societies migration constitutes a rite of passage and is central to the construction of ‘successful’ manhood for boys (Monsutti 2007; Ali 2007; Crivello 2011; Broughton 2008). A key informant from Nepal reported that many boys migrate from rural to urban areas alone to further their studies and find employment (KI 3). Upon arrival, they find it difficult to get gainful employment and out of desperation accept exploitative labour conditions, where they are at risk of sexual violence (ibid.). In Guatemala City, ECPAT (2010) found that many boys who are sexually exploited have migrated from different regions of Guatemala without any family support, and that half of these boys are transiting from other Central American countries on their way to the USA. Research found that many boys engaged in sexual exploitation in Colombia and Cambodia had migrated from rural, outlying and impoverished areas to find employment in the city (ECPAT 2011; Davis and Miles 2014). Unaccompanied refugee and asylum-seeking boys are also vulnerable to sexual violence (UNHCR 2012; Beise and You 2017). A report on the experiences of refugee children travelling from Africa and the Middle East into Europe across the Mediterranean argued that boys also experience sexual abuse during the journey and at border crossings, although this is rarely discussed (UNICEF 2017a). A study on sexual

violence affecting men and boys in the Syria crisis found that boys as young as 10 experience sexual violence while in Syria, particularly while in detention, and refugee boys experience sexual abuse from older boys and men from their own and the host community (Chynoweth 2017). Older unaccompanied refugee boys can often be difficult to place in alternative care and are usually placed in shelters with adult men, posing a risk of sexual violence (Beise and You 2017). Chynoweth (2017) also highlights the double stigma faced by boys from the LGBTI community who are also refugees (Chynoweth 2017). Boys transiting from Afghanistan through Iran, Pakistan and elsewhere are similarly vulnerable (KI 17 Afghanistan). As above in reference to Syria, harmful sexual behaviour of boys towards other boys has also been reported as taking place in refugee camps in Greece as a means of asserting power and dominance among children (Digidiki and Bhabha 2017).

Boys on the move who experience sexual violence often do not receive the protection, health-care and psychosocial support that they require. UNHCR (2012: 3) notes that many refugee boys who experience sexual and gender-based violence are not able to report their experiences or access the necessary support because “sexual violence against men and boys is less understood or acknowledged” than that affecting women and girls and remains a “recurrent protection concern in situations of conflict and displacement”. A key informant noted that undocumented boys who come to South Africa are at heightened risk because they lack parental care, struggle to find suitable shelter, and sleep in close quarters with adults (KI 13). Many are denied access to services and face xenophobia from the community, which leaves them particularly vulnerable to all forms of violence, including sexual abuse (KI 13 South Africa). In Italy, many unaccompanied boys who migrate from countries such as Egypt are prevented from travelling to their intended destinations elsewhere in Europe by police operating in the train station. They were left without needed services and forced to engage in survival sex (ARTE 2017).

Unaccompanied boys are vulnerable to sexual violence when in exploitative work, and may be separated from their families in the first place as a result of trafficking for sexual exploitation

Wherever children are living with their employers they are subject to the complete authority of the employer and are therefore at high risk of sexual abuse (Frederick 2010). Boys are particularly at risk in workplaces outside public view, such as when staying overnight in their place of work or their employer’s home (Frederick 2010; KI 14 Ghana; KI 17 Afghanistan; Chynoweth 2017 citing Terre des Hommes 2016). This may involve working as assistants to overland truck drivers, in hotels, restaurants, or other people’s homes, or during apprenticeships (Frederick 2010; KI 14 Ghana; KI 17 Afghanistan). A key informant from Ghana noted that when working in an employer’s home boys can be sexually abused by their female employers (KI 14). Evidence from South Asia suggests that boys become vulnerable to sexual abuse and sexual exploitation when trafficked into exploitative work (Frederick 2010). Boys in various communities in South East Asia, the Middle East, North Africa and the Balkans may accept exploitative working conditions to avoid reproach and disparagement from families, peers and the community

for not earning an income (Davis and Miles 2013; Eckman 2007; El Feki et al. 2017; Ricardo and Barker 2008). In much of Africa, exploitative work is the only way boys can earn enough to marry, be socially recognised as men, and help their families (Barker and Ricardo 2005). Studies in Colombia and Mexico found that boys who were sexually exploited came from poor families which were unable to meet their needs, and from peripheral, marginalised areas (UNICEF 2000; ECPAT 2011).

Research on child trafficking for sexual exploitation tends to focus on girls. However, in some contexts boys are also trafficked for this purpose. Research indicates that boys in Kathmandu are hired as porters and helpers by trekking agencies, but once on the long treks they find out that they are instead there for the explicit purpose of providing sexual favours (Subedi 2002). A study in Cambodia reports the situation of a boy who was trafficked from Cambodia to Malaysia for sexual purposes (Hilton 2008). In Mexico, UNICEF found that boys from rural or outlying areas are trafficked to Acapulco for the purposes of sexual exploitation, specifically pornography (UNICEF 2000).

Sexual violence is prevalent among boys living on the street

Boys living on the street are more vulnerable to sexual violence than boys working on the street and returning home at night, but all are vulnerable (Subedi 2002; Davis and Miles 2014; Frederick 2010). A review of sexual exploitation and abuse in South Asia found that boys who live on the street and are separated from their families face some of the highest incidences of sexual abuse and sexual exploitation by local gangs, police, shopkeepers and community members (Frederick 2010). In Cambodia and the Philippines, police often perpetrate sexual abuse and extort money from boys living on the street under the threat of removal and arrest (Hilton 2008; Vorng 2014).

Data from the literature and key informants referred to the prevalence of harmful sexual behaviour among boys living on the street (KI 1 Cambodia; KI 3 and KI 12 Nepal; KI 16 Guatemala; KI 17 Afghanistan). A key informant shared that in Nepal ‘senior’ boys sexually abuse ‘junior’ boys who, due to their age, size or relative time spent on the street, are perceived as weaker (KI 12 Nepal). This may include sending ‘junior’ boys to clients to engage in commercial sexual exploitation (KI 12 Nepal). Younger boys and newcomers may submit to such behaviour in exchange for protection from theft, physical and sexual violence (Frederick 2010). Boys may also be instructed by others to engage in harmful sexual behaviour against girls living among them (Kim and Pierce-Weeks 2013), often as a form of “initiation sex” (Smeaton 2012: 57). Such acts may form a part of initiation into the group, or serve as a test of allegiance and loyalty to a gang, as observed by a key informant in Guatemala (KI 16 Guatemala). Smeaton (2012) refers to examples in eastern Africa where boys engage in harmful sexual behaviour to establish dominance and protect territorial areas, such as sleeping places.

Interventions

This study aimed to identify interventions to prevent the sexual violence affecting boys, including any good or best practice. Prevention interventions can be considered at three levels: primary, secondary and tertiary. Primary interventions aim to prevent sexual violence before it occurs. This may involve addressing social norms and values that underpin attitudes towards gender, parenting, sex, relationships and violence within particular societies. This often requires the modification of deeply-ingrained behavioural norms, such as the belief that violence is not only normal but sometimes justifiable (Butchart and Hillis 2016).

Secondary interventions focus on identifying children who are at greater risk, and addressing those specific risks factors early on. They usually provide individualised support such as counselling and capacity building to at-risk children and their families in high-risk communities or situations. There is little information available about secondary interventions which target boys specifically, which is likely to be because these interventions are lacking.

Tertiary interventions, sometimes referred to as response services, are implemented after sexual abuse occurs. They aim to ensure it is not repeated or complicated (Romero Cabrera et al. 2014). They include clinical care, usually provided by health care workers, which includes immediate or short-term care and long-term health care including mental health care (WHO 2017). Healthcare is often a key priority and first-line service due to the often urgent need for medical care for children who have experienced sexual violence, including prevention of exposure to HIV. Clinical care should be provided in a child-friendly manner, in accordance with the core guiding principles of the UN Convention of the Rights of the Child, and involves the provision of immediate psychosocial support to enable the child and their non-offending caregivers to understand the wider support and options that are available to them (WHO 2017). Non-clinical child protection, legal or social services are also provided and may be tailored to the specific needs of children who have experienced sexual violence, as discussed here. Some contexts have a system where it is mandatory to report sexual abuse of children, but the best interests of the child should always be the primary consideration when taking actions on behalf of children (Erikson 2012). Due to the range of actors that may become involved in supporting a child who has experienced sexual violence, strong case management and referral systems are critical. Tertiary interventions may also include wider support such as building 'life skills', including confidence, social skills and coping strategies, which strengthen children's resilience and enable them to take part in community activities (Hilton 2008). Depending on children's age, situation and the context they may also be offered access to education or income generation and vocational training opportunities (KI 2 Guyana). Tertiary interventions may include more specialised therapeutic or treatment services, as will be discussed here. Specific therapeutic or treatment services for children who display harmful sexual behaviour have also been developed, and will be discussed here separately.

It is rare for specialised services to be regularly available in rural communities (KI 2 Guyana), and in some countries such communities may lack regular access to basic services as well.

However, supporting children within their own communities and ensuring relevant local actors are involved, where appropriate, is in many cases a key factor in supporting children's recovery (KI 19 India; K20 South Africa). This study found more detailed knowledge of effective tertiary prevention strategies existed, but mainly from high-income contexts. Some argue that focus on secondary and tertiary interventions has diverted attention from primary prevention strategies (Hendry, Intebi, Gerbaka, Gray, van Niekerk and Roylance 2014). This is problematic because response strategies will never reach all affected children (KI 11 Global).

Addressing gendered social norms is critical to preventing sexual violence affecting boys, across primary, secondary and tertiary prevention interventions

As this study shows, prevailing notions of masculinity and gendered social norms and social expectations of boys around the world prevent sexual abuse affecting boys and boys' harmful sexual behaviour being recognised, reported and prevented, including through prevention interventions at the tertiary level. Gendered social norms and notions of masculinity can result in extremely weak responses by service providers who fail to listen to or believe boys affected by sexual abuse (Kim and Pierce-Weeks 2013). They can also lead to attitudes that fuel harmful sexual behaviour of boys, such as the sexual entitlement that many men feel, and beliefs that sexual violence in relationships is normal. Although many of the norms affecting boys who are sexually abused and boys who are actors in harmful sexual behaviour are the same, or occur within the same context, they need to be addressed and discussed in their own right. Further research is also needed to understand whether and how gendered social norms and notions of masculinity increase the risk of boys being sexually abused as the vast majority of research to date has focussed on how they increase the risk of women and girls being sexually abused.

Notions of masculinity and gendered social norms need to be questioned and challenged (UNICEF and Council for the Welfare of Children 2016a). This study identified a number of well-evaluated projects that do this. However, this 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 participants' knowledge, attitudes or skills (Hendry et al. 2014). It should be noted that the aim of these projects is usually to prevent sexual violence against women and girls, rather than sexual violence experienced by boys. However, the techniques they use may be useful in addressing the vulnerability of boys to sexual abuse. While social norms and notions of masculinity may drive boys' vulnerability to sexual abuse in a different way to the way in which they drive girls' and women's vulnerability, changing them may have a positive impact on both sexual abuse affecting boys and the harmful sexual behaviour boys become involved in or initiate themselves.

Men, boys, women and girls need to be encouraged to critically reflect on, question and change gender norms and privileges that create and reinforce gender inequality (Pawlak and Barker 2012). This was evidenced in impact studies carried out by the Stepping Stones project in South Africa and Program H in Brazil and India, which led to behaviour change among adult

men, in terms of reducing intimate partner violence perpetration amongst other things (Ricardo and Barker 2008). Research by the MenEngage Alliance and Instituto Promundo (Hendry et al. 2014) suggests that prevention initiatives that encourage men and boys, alongside women and girls, to critically reflect on questions or change social norms that create and reinforce gender inequality are more effective than those that engage boys and men in narrow discussions about sexual exploitation and legal sanctions. There is also a need for sustained awareness raising that engages peer groups, social groups and entire communities in questioning, criticising and constructing norms relating to masculinity, sexuality and gender (ibid.). It can be effective to involve a variety of actors in changing harmful social norms and questioning stereotypes, including community leaders, religious leaders, men in positions of power, celebrities, and women and girls, who also contribute to and reinforce gender norms (ibid.). Transformation of gender norms can also be effective if it focuses on the primary socialisation institutions of the family and the education system, particularly as a high number of referrals of sexual violence affecting children often come from schools (Ricardo and Barker 2008; KI 3 Nepal).

Current evidence on effective interventions indicates the importance of participatory, group-based interventions, including larger-scale social norm and community mobilisation approaches, and the value of addressing structural issues such as gender, parenting and economics (Fulu 2014). In Nepal, Save the Children's Choices curriculum⁹ aims to stimulate reflection and discussion between 10-14-year-old children on power and gender. A case-control study of Choices suggested that participation broadened children's perception of gender roles, including the role of women as wage earners and men as nurturers, and may have helped participants recognise that sexual harassment and teasing of boys who step out of the 'gender box' is inappropriate (Butchart and Hillis 2016). ECPAT International has a programme to promote awareness of the harms and consequences of commercial sexual exploitation of children, men's roles in perpetrating sexual exploitation, and their potential to be catalysts for change. The programme is delivered through forums with teachers and parents and is followed by three-day, in-school workshops featuring dynamic group educational activities. It is designed for 14-16-year-old boys and presented by men. Evaluations show that 40 per cent of participating students achieved positive behaviour change and 90 per cent had discussed sexual exploitation with their families (Hendry et al. 2014). As part of wider efforts to address gendered social norms, Promundo have developed Program H,¹⁰ which engages young men and their communities in critical reflection upon rigid norms about manhood to change attitudes and behaviour (Hendry et al. 2014). It has been used in Latin America, the Caribbean, Asia, Sub-Saharan Africa, Central America, the United States and Canada and has been evaluated as successful with every group in the different countries it has been used with or adapted for, including in decreasing intimate partner violence (Butchart and Hillis 2016; Population Council 2006). Such interventions should, and often do, include an element of educating children on sexual violence so that they can identify when it is taking place and take action. For example, Save the Children's Safe You and Safe Me¹¹ workbook, which targets children aged seven to 12, has been cited by Syrian refugee boys as helpful and led to disclosures of sexual abuse

9 https://resourcecentre.savethechildren.net/node/9378/pdf/2009_savethechildren_choices.pdf

10 <https://promundoglobal.org/programs/program-h/>

11 <https://resourcecentre.savethechildren.net/sites/default/files/documents/2833.pdf>

(Chynoweth 2017). However, in general there is a lack of material and programmes suitably tailored to boys (ibid.) and a lack of clarity or consensus on whether there *should* be separate materials or programmes for girls and boys.

Children’s participation in programme development and implementation appears to be ad hoc and poorly documented

Children’s participation in the development, delivery and evaluation of programmes on sexual violence appears to be ad hoc and poorly documented. A key informant from the UK described how their organisation consults with boys to find out what does and does not work and what support boys need, noting that they tend to consult with boys informally as they are usually less willing to engage than girls (KI 7). There are a few notable exceptions, but without specific focus on boys. Handicap International’s Ubuntu Care project, implemented in Burundi, Rwanda and Kenya, engages children with disabilities in their own protection from sexual violence. Family for Every Child member organisation in Brazil, Projeto Legal, has engaged groups of adolescents in their own protection from sexual violence, including sensitising peers and influencing the development of policy. Children’s views and experiences were not taken into account during the development of many policies on sexual violence in South Asia, despite children’s participation leading to policies that more fully address key issues, such as the immediate causes of vulnerability and the participation of families and communities in the recovery and reintegration of exploited children (Frederick 2010). Participatory programming appears to be much more developed in work combating the sexual exploitation of children (Hendry et al. 2014); a focus of a current learning project of the RISE Learning Network on Recovery and (Re)Integration from Child Sexual Exploitation,¹² which Family for Every Child coordinates.

Given the extent of the problem, any intervention to prevent sexual violence against children needs to be scalable

Piloting resource-intensive intervention models in low- and middle-income settings that cannot be scaled will do little to reduce overall rates of sexual violence or to support all children that need services, and costs may act as a deterrent (KI 11 Global). Stopping sexual violence has to be seen as both essential and possible (KI 11 Global). A number of lessons have been learned from interventions focussing on preventing violence against women and girls that nonetheless are relevant to consider here. Fulu suggests that group-based community-focussed interventions can be scaled up as add-ons to large-scale programmes in various sectors such as education, economic development, social welfare and health as a ‘franchise’ model with potentially low incremental costs (Fulu 2014). It is important to build in systems to monitor and evaluate potential for replication and scale-up from the project design and planning stage, as otherwise lack of evidence may be interpreted as a lack of impact. Evidence of impact will enable the right interventions to be selected for the specific issues faced by children in diverse

12 <https://riselearningnetwork.org/>

settings (KI 11 Global). Once a project has been piloted successfully it is important to engage those who can help replicate it elsewhere, such as the relevant government ministries, to create ownership, even if this process takes longer. However, in some contexts this may mean that programmes are replicated without the same quality and are less successful (KI 20 South Africa).

The relevance or transferability of programmes from one context to another cannot be assumed, although some programmes have been successfully implemented more widely within a region, for example across a number of countries in Latin America (Hendry et al. 2014). Implementing programmes beyond one region is more challenging but has been done. Stepping Stones has been adapted from use in South Africa to over 40 countries around the world (ibid.). Program H was developed in Latin America and the Caribbean and has been used in Asia, Sub-Saharan Africa, Central America, the United States and Canada (Hendry et al. 2014). According to Frederick (2010), referring to South Asia, barriers to replication and scale-up of quality programmes include lack of dissemination of the required skills and experience needed to do the work, due to lack of linkages between stakeholders and a general reluctance to share experiences and ideas with others.

Primary prevention interventions

Families could play a key role in primary interventions, but are often unable to do so

Addressing sexual violence affecting children involves recognising parents and families as children's primary caregivers and protecting and supporting them in this role (Karlsson and Karkara 2003). Recognising and fulfilling boys' desire for attachment and emotional support is the first protection parents and caregivers provide against sexual violence. A synthesis of the findings from two reviews of parenting interventions in low-middle and high-income countries (Dartnall and Astbury undated) highlights two studies in low- and middle-income countries appraised as high quality, showing potential for parenting interventions to be effective in such settings. Two-thirds of the interventions in high-income settings were effective based on parents' self-reports and child abuse rates in official records (ibid.). One programme reviewed was 'Healthy Start Hawaii', a home visiting intervention for children at risk of abuse, to support children's health and development and to improve parent-child interactions (ibid.). The programme provided access to social services and parenting education and had positive outcomes on intimate partner violence within the household (ibid.). However, the review did not identify evidence around the value of parenting interventions in reducing the risk of sexual violence affecting children, whether their vulnerability to being sexually abused themselves or the factors that make them vulnerable to exhibiting harmful sexual behaviour.

Caregivers also need to balance boys' need for protection with their desire for autonomy. Families must give children space to grow while monitoring their relationships with peers, which

is where sexual violence often occurs (KI 15 Chile). However, this study shows that there are often limits as to what parents can supervise, both within school and the wider community. Families can also play an active role in providing appropriate information and guidance about sex and relationships to protect boys from sexual violence, including responding to boys' need for acceptance of their sexuality. However, as discussed earlier in this report, the capacity or willingness of parents to play these roles is often hindered by social norms and taboos, or lack of parental awareness of child sexual abuse and the dynamics of grooming.

This study highlights the limited knowledge, skills and experience parents have of the risk of sexual violence posed by information technology and online relationships and how to address this risk. This is despite the growing influence of media and technology in children's lives, both as a source of entertainment and information, but also as a potential source of sexual violence, including exposure to pornography and grooming for sexual exploitation. As a result of the pace at which technology use is developing and proliferating, it is recommended that interventions start to target children at an early age (Hendry et al. 2014). It is also important to consider use of media and technology in programming. This study found examples from Nepal and South Africa of visual media on sexual violence being positively responded to and more successful than print media or other awareness-raising actions (Butchart and Hillis 2016; KI 3 Nepal), but this might not be the case everywhere (Vorng 2014).

Secondary prevention interventions

Some secondary interventions are designed to address risks particular to the local area

In Brazil, Petrobras seeks to strengthen the ability of community groups to recognise and address the risk of sexual exploitation associated with transient oil industry workers (Hendry et al. 2014). In Cambodia, ChildSafe has created a network of informants who report instances of child sexual exploitation and abuse, and has produced public service announcements and advertising campaigns that draw attention to these issues (Davis and Miles 2014). Through these efforts, it has become commonly understood that the beaches and other key tourist areas are higher-risk areas for sexual abuse and exploitation (ibid.). In neighbourhoods where there has been a breakdown in the rule of law and resultant presence of gangs, street fighting, or families engaging in criminal conduct, it is important that communities can empower themselves, partner with security institutions, and create positive social spaces for young people (Romero Cabrera et al. 2014).

Boys may be at risk because of their identity or environment

ECPAT Brazil implemented a programme targeting transsexual people between 16 and 25 years old from impoverished areas, as research had indicated that they were at heightened

risk of engaging in paid sex (Hendry et al. 2014). They involved young people as social educators, who were able to identify children at risk of sexual violence through outreach, and offered services such as peer counselling, referrals to health care, opportunities for social interaction, and social reintegration through the creation of financial independence (ibid.).

In some contexts, helplines have been useful in connecting adults and children with problematic or harmful sexual behaviour with prevention services

Finkelhor (1983 cited in Engelbrecht 2018) provides a model to understand why and how someone might sexually abuse. It describes four preconditions of sexual abuse (ibid.): 1) motivation, including becoming sexually aroused by children or by hurting children; 2) a lack of internal inhibitors: the abuser must allow themselves to seek sex with children which would require, for example, a lack of empathy and no impulse control; 3) a lack of external inhibitors, which include the environmental protectors of children, which include parents, teachers, the law, and even something as simple as public lighting; 4) lack of resistance: the child's own resistance to the sexual abuse, often targeting children they see as particularly vulnerable and employing grooming techniques. The model is often used to design prevention interventions, but the first and second preconditions are often overlooked, and there is a predominance of interventions focussing on educating children, particularly girls, in relation to the fourth precondition. Stop It Now¹³ is an intervention in the UK with demonstrated positive results in terms of people seeking and accessing help with their behaviours and thoughts. It runs campaigns and offers a helpline to adults worried about the sexual behaviour of adults or children, or those worried about their own sexual thoughts towards children, including those with concerns about their online sexual behaviour.

Tertiary prevention interventions

Tertiary interventions for boys appear to be lacking largely due to limited recognition that boys can be affected

Hendry et al. (2014) found that the majority of interventions at this level concerned with sexual violence affecting boys focus on addressing harmful sexual behaviour of boys rather than sexual abuse of boys. This is likely due to the gender-biased way that boys are viewed, as already discussed. Lompero and Engelbrecht (2012: 33) found that when discovering harmful sexual behaviour, many parents in the Philippines “remained passive, claiming that the children were just playing, or by defining the behaviours as normal sexual curiosity and experimentation”. When it comes to sexual abuse of boys, the challenges in recognising that abuse has occurred limit boys' access to services, which in turn reduces the evidence-base on their needs and how best to meet them. A study on sexual violence affecting men and boys in the Syria crisis identifies a number of tertiary interventions in place across the Middle East, but notes that

13 <https://www.stopitnow.org.uk/>

these may be biased against heterosexual males, as service providers assume only females and homosexual males are at risk of sexual violence (Chynoweth 2017).

In some cultures, families may prefer to respond to sexual abuse of boys through traditional dispute resolution mechanisms, as they do for girls (Chynoweth 2017). Boys and their families that do report abuse are often failed by unsupportive child protection systems (Frederick 2010; Smith 2012; Vorng 2014; Pawlack and Barker 2012). A key informant from the United Kingdom observed: “We’re giving a child less of a service as a result of their gender [...] We are making them more vulnerable as we can’t see a child, we see a male” (KI 7). Research suggests that actors within the child protection system, such as law enforcement officials, prosecutors and judges, do not believe that boys can be abused (Oosterveld 2014). A key informant in South Africa said that the police “do not really think that a boy child can be abused [and] they are not sure of their protocol and procedures” (KI 18 South Africa). Some service providers consider it normal that adolescent boys exchange sex for favours and may only consider this situation abusive or exploitative when the age difference is particularly pronounced (Pawlak and Barker 2012). Russell (2007) argues that this is particularly the case during conflict, where sexual violence is accepted as a consequence.

Boys who report are often stigmatised by their communities and rejected by their families (Pawlak and Barker 2012; Hilton 2008; Subedi 2002; Frederick 2010; Davis and Miles 2013; UNHCR 2012; Eckman 2007; Haile, Kebeta and Kassie 2013; Oosterveld 2014; Karlsson and Karkara 2003; Ricardo and Barker 2008). Families who report abuse may be blamed as neglectful parents or having poor morals (Chynoweth 2017). They may also be obstructed by power relations in local communities. Doctors and teachers are respected and powerful figures in rural communities, which poses difficulties when parents report that they have perpetrated sexual abuse (KI 13 South Africa; KI 17 Afghanistan; KI 3 Nepal). In Afghanistan, boys who were abused by a headmaster were placed in a detention centre while the headmaster remained free (KI 17). In Nepal, the community turned on a boy and his parents for acting out of “self-interest” when they reported that he was sexually abused by a medical practitioner (KI 3 Nepal). Eventually, it was very difficult for the family to remain in the community and the boy dropped out of school (*ibid.*). To avoid stigma, shame and social exclusion, many parents try to resolve such situations informally within the community (KI 17 Afghanistan; KI 3 Nepal).

Lesbian, gay, bisexual and transgender children often don’t receive as much support as other children as “they don’t quite fit anywhere” (KI 6 Global) in the standard range of services. This is despite the high levels of homophobia, stigma, discrimination and stereotyping (Pawlak and Barker 2012) they experience, and that many boys who are sexually abused by a same-sex perpetrator experience regardless of their sexuality. In many countries, homosexuality is taboo or illegal. This presents a major challenge for organisations working on sexual violence affecting boys (Pawlak and Barker 2012; KI 8 Ghana). ECPAT recommends that when working with boys who have been sexually exploited it is important to differentiate between their sexual identity and the consequences of the commercialisation of their sexuality (ONG Raices 2010), and to offer them space to engage with their sexuality in a free and constructive way (ECPAT 2010).

Child protection systems need to be better equipped to meet the needs of boys affected by sexual violence

One of the most common reasons for not reporting sexual violence is fear of re-victimisation and reprisals, and in many cases boys, quite rightly, do not have confidence in the system (Digidiki and Bhabha 2017). Shame may be another reason. A WHO study identified an emerging trend of the hidden nature of many boys' needs and problems, which often become known only after months of contact (WHO 2000; cited in Hilton 2008). Longer-term approaches, flexibility and creativity are important in effective programme design (ibid.). In many countries, the police are rarely well-informed, usually lack specialist training, particularly in terms of child-friendly responses, and often do not believe boys can be abused (KI 3 Nepal; K 8 Philippines; KI 10 Ghana; KI 14 Ghana; KI 18 South Africa). A key informant described how research indicates that South Africa's child protection system is completely lacking when it comes to boys and disclosure, as boys are simply not disclosing to social service professionals or others in the system (KI 20). Other service providers, including teachers, social workers and their assistants, alternative caregivers, health professionals, law enforcers, lawyers and judges, also need to be strengthened in their knowledge, attitudes and capacities to support boys affected by sexual violence (UNICEF Philippines and Council for the Welfare of Children 2015). This requires service providers, particularly those from the health and education sectors, to understand and recognise changes and difficulties requiring some discussion and possibly further engagement with a specialised provider (KI 11 Global). This should include a focus on awareness of gender, sexuality, and how to address homophobia and stigma that can arise from consensual same-sex relationships or sexual abuse by someone of the same sex (Pawlak and Barker 2012).

Legal systems rarely support boys who experience sexual abuse. In some contexts, such as parts of Latin America, child sexual abuse is not treated as a crime but as a moral issue, and in some countries the judicial process is hostile towards children (Hendry et al. 2014). Even where justice systems are not overtly hostile towards children, just the need to retell their experience in a court setting demands support and resourcing to prevent re-traumatisation (KI 20 South Africa). An example of such resourcing is of 'blue rooms' set up in Bulgaria under European Directive 2012/29 that enable the child to give a statement to court without having to sit in court or face the defendant (Raicheva 2016). However, experience in Bulgaria shows that such mechanisms are not always utilised and that laws and policies may need to be amended to make their use mandatory (ibid.). Such systemic problems combine with specific barriers within the law to block boys from receiving an adequate response from justice systems. Boys who have been sexually abused may struggle to be viewed as victims in the eyes of the law, due to social norms that result in a tendency for boys to resort to violence and crime to deal with their experiences (KI 9 UK). In many contexts, legislation only covers sexual abuse and exploitation of girls, and few national legal systems recognise the rape of boys (Hilton 2008; Frederick 2010; KI 12 Nepal; Chynoweth 2017). Criminal and procedural laws are also often unclear, incomplete or poorly implemented (Hilton 2008). In several countries in South Asia, the police use outdated sodomy laws concerning homosexual behaviour to punish boys who have

been sexually exploited (Frederick 2010). The law may also fail to protect some groups: in Pakistan, some provisions of legislation to tackle child prostitution only apply to girls under sixteen, leaving boys and older girls unprotected (Frederick 2010). Where relevant legislation does exist, it may not be enforced or fully implemented. In Peru, despite laws that criminalise child sexual abuse, it is widely tolerated and perpetrators are often granted immunity (Hendry et al. 2014).

The modality of tertiary services may not be appealing to boys

The use of talking therapies is not always effective for boys, for whom it is often hard to talk about what has happened due to cultural pressures and concepts of masculinity. A key informant from Ghana described how relationship building with boys is more effective when based on games and activities (KI 14 Ghana). The effectiveness of high-energy activities has been noted in a variety of contexts including South East Asia, and helplines may be attractive to males, particularly as they offer anonymity and confidentiality, and the flexible hours needed by working boys (Hilton 2008; Chynoweth 2017). In Guyana, around a third of boys who were offered counselling services chose not to take up this offer, so a significant part of the intervention concerned involves helping boys understand that they have been abused (KI 2).

In addressing gaps in services for boys, it is unclear whether a same or mixed-gender approach would be most effective, and this requires further assessment according to the context (KI 11 Global), taking into account children's views and consideration of potential pros and cons, including duplication of resourcing. However, it is clear that services that explicitly target females can be off-putting to males (Chynoweth 2017). In 2000, Fundación Renacer in Colombia opened a care centre for boys who had experienced sexual exploitation, but over time found that it was more beneficial for children to share experiences in mixed contexts (ECPAT 2011). Others argue that male victims of abuse are a distinct group with diverse needs and cite evidence suggesting that gender-specific services are more effective in supporting healing and recovery (Hendry et al. 2014). In the Central African Republic, male survivors are put off by what they see as exclusively female services and the feminisation of the issue, leading to feelings of shame for using women's services (OCHA 2016). Many services for Syrian refugees are technically open to boys but are oriented to girls, and social workers are overwhelmingly women despite boys (apart from LGBTI boys) preferring to speak to men about their experiences (Chynoweth 2017). In many contexts, even diagrams used by health workers to guide assessments following sexual violence feature only female bodies (KI 2 Guyana). Others suggest that having a 'flagship' programme to support boys could be valuable to help others to understand the need (KI 11 Global). Family for Every Child's member organisation First Step Cambodia has developed in-depth training on boys' abuse and engaging with boys (KI 5 Global).

A focus on prevention of family separation, and reintegration, is needed

Despite it being widely accepted as best practice that perpetrators of child sexual abuse be removed from the family home or community, in many contexts it is still the child that is removed

and placed in alternative care for their safety. This is problematic for a number of reasons. Children need the support of safe, caring and permanent caregivers to grow and develop, and will usually recover best from sexual violence within a caring and protective family environment. Interventions that include supportive caregivers have a much greater chance of long-term success (Tabachnick and Pollard 2016; KI 1 Cambodia). Families can also be helped to provide longer-term support once external services end (KI 18 South Africa).

Conversely, poor-quality alternative care can expose children to the risk of further abuse, as already discussed. However, for some children, remaining with their usual caregivers will not be in their best interests, particularly if the abuse took place within the family or community and risks remain, or where abuse or neglect led to a child's experience of sexual violence. In such instances an individual assessment for each child is needed as to whether 'protective separation' from the family is required, or whether reconciliation and remaining with the family is an option (Romero Cabrera et al. 2014). Romero Cabrera et al. (2014) provide an assessment checklist for this purpose and note that removal may have counter-productive consequences, including avoiding shared responsibility, reducing the child's collaboration with interventions, and replicating or creating histories of exclusion and abandonment. Such decisions may therefore lead to children being placed in long-term alternative care. To prevent this being necessary, parents need to be supported in their role, by service providers who are knowledgeable on the support required and skilled in providing it, which is often lacking (KI 5 Global).

Many programmes supporting children affected by sexual violence therefore work with children separated from their families and have a reintegration and family strengthening component, which may involve stays in alternative care. The child's extended family or friends of the family may be able to provide appropriate care within the child's kin network. Where kinship care is not appropriate, high-quality foster care may be the best option as it keeps children in family and community-based care. However, foster carers may be reluctant to foster boys (KI 1 Cambodia) and foster carers will need specialist training and on-going support to be able to care for children who have experienced sexual violence (KI 18 South Africa; Hilton 2008). Family for Every Child's member organisation in the Philippines, the Center for the Prevention and Treatment of Child Sexual Abuse, has developed a training manual for foster carers that helps potential caregivers address challenging feelings as they learn more about the abuse that has taken place (Engelbrecht 2016). The manual is sensitive to the fact that boys can be sexually abused, although it does not yet include material specific to boys. The Guide to Problematic Sexual Behaviours (Romero Cabrera et al. 2014) developed for Family for Every Child's member in Chile, Paicabi, sets out practical steps and guidance for supporting foster carers and families to respond to children who have experienced sexual abuse or harmed others with their sexual behaviour, and support their long-term reintegration. Recognising that many children who have experienced sexual violence will be removed to residential care, Family for Every Child's member organisation in Cambodia, First Step, provides capacity building to residential care staff, which can play an important part in children's recovery (KI 1 Cambodia). Emerging findings from research in Nepal for the RISE Learning Network show that supported independent living, including moving into a new location, is another option that may need to

be considered for older boys for whom the shame and stigma experienced by boys and their families in their own community is too much.

Efforts at reintegration need to include understanding the capacity of the family to support the child, and ways of assessing the risk of and preventing further abuse (KI 1 Cambodia) or re-separation. Families may need to be supported to provide the protection children need, especially if the sexual violence has become known to the community and results in stigma, discrimination and marginalisation. This isolation, in combination with other factors including lack of support or alternatives for income, can result in some boys becoming more vulnerable and experiencing on-going sexual abuse and exploitation (Hilton 2008). Key informants from Ghana and Afghanistan described the importance of involving key stakeholders in the community (e.g. chiefs, elders and local government representatives) who can talk about issues in a way that is culturally sensitive, and encouraging and supportive to the families concerned (KI 14 Ghana; KI 17 Afghanistan).

Therapeutic interventions for children and their families greatly support recovery but are rarely available

For some children, recovery from their experience of sexual abuse may require an intensive therapeutic approach. In contexts where residential care can be high quality (with highly trained professional staff who can provide the 24-hour support needed and sufficient resources to ensure a high staff to child ratio and quality home environment), for some children such therapeutic interventions may be best provided in a residential setting, while the trauma and breakdown of attachment and associated behavioural difficulties are addressed (Narey 2016). Such a service is offered by Family for Every Child member organisation in the UK, The Mulberry Bush,¹⁴ which provides a therapeutic programme to children while working alongside their family, be that their family of origin, kinship carers, foster carers or adoptive family, towards reintegration. The Mulberry Bush is for children aged five to 13, and its work is based on psychodynamic and systemic principles. It works collaboratively with parents, carers and professional networks. The method includes the importance of reflective staff support to help staff process the impact of working with traumatised and abused children. This enables staff to stay close to the emotional states of the children, which is seen as the first step in helping them trust adults. This provision also offers families and carers residential therapeutic family weekends, based on multi-family therapy,¹⁵ so that they can start to re-build damaged attachments. In addition, strong emphasis is put on the children's education. Reviews of the long-term outcomes of children attending The Mulberry Bush show that children can make the same level of progress as children in mainstream settings (Gutman, Vorhaus, Burrow and Onions 2018; Price, Herd, Jones and Sampson 2018).

14 <https://mulberrybush.org.uk/>

15 Multi-family therapy is an increasingly popular, evidence-based approach that involves the bringing together of different families in a therapeutic context in order to work jointly to overcome each of their specific and very individual problems. For more information see: <https://www.annafreud.org/training/training-and-conferences-overview/training-at-the-anna-freud-national-centre-for-children-and-families/multi-family-therapy/>

Most evidence on interventions to support the recovery of boys displaying harmful sexual behaviours comes from middle- or high-income countries

A review by Family for Every Child member organisation, the Center for the Prevention and Treatment of Child Sexual Abuse, of treatment and rehabilitation of children who have presented harmful sexual behaviours in the Philippines found that the interventions were generic and not tailored to the child's assessed individual behaviours and needs (Lompero and Engelbrecht 2012). Programmes typically focus on value formation or character building, occupational therapy and income-generating skills training. The review acknowledges the importance of these types of programmes, but identifies a need to also address the complexity of the problems and issues. The authors argue that successful interventions require specialised, behaviour-specific treatment that includes developing an accurate understanding of the antecedents and patterns of harmful sexual behaviour, building empathy for victims, reframing cognitive beliefs about their sexual behaviours, and developing skills to manage internal and external triggers (ibid.).

Vigliotti (undated) describes a long-term treatment programme for children in the US who have displayed harmful sexual behaviour within the home or community. The treatment aims to prevent further victimisation of others through a comprehensive assessment and treatment course. The child is seen weekly for individual therapy with regular family sessions and treatment goals for all family members, which helps families problem solve, identify and build on existing strengths and resources, and ensures all family members will be safe from further harmful behaviours. The CAS-Sexual Violence Control Programme in Chile is a successful programme that emphasises the importance of tailoring interventions to the individual and involving families in therapeutic work (Borduin, Schaeffer and Heiblum 2009; cited in Tabachnick and Pollard 2016).

Three models have been developed in Australia, as described by Smallbone, Rayment-McHugh and Smith (2013),¹⁶ with reflections on their potential for application in other contexts. All involve families, but Smallbone et al. note that family-based treatments have been found to be problematic where there are breakdowns in family relationships, indicating the role of high-quality therapeutic residential care as described above. The Therapeutic Treatment Orders programme focuses on reducing the risk of further harmful sexual behaviour and helping children to develop new thinking and behavioural skills through one-to-one and group-based work. Providing such specialist interventions in regional and remote locations is challenging. A suggested response is the establishment of a system of local collaborative partnerships, which can be organised according to the circumstances of each case. These could be informal (for example with parents, extended family members and other responsible community members) or formal (for example with local professionals and paraprofessionals). The Griffith Youth Forensic Service has developed a similar, field-based, collaborative practice model. It aims to provide equitable access to specialist services regardless of location, from urban through to remote locations. Clinicians travel to the client to conduct assessments and provide specialist

16 The remainder of the text in this paragraph draws upon Smallbone et al. (2013) unless otherwise referenced.

services. An evaluation concluded that longer periods of time spent consulting with community members and other professionals for Indigenous and remote clients appeared to be fruitful in reducing recidivism (Allard, Rayment-McHugh, Adams, Smallbone and McKillop 2016). The Multisystemic Therapy for Youth with Problematic Sexual Behaviours programme is a widely-used, evidence-based model for working with youth with problematic sexual behaviour (Smallbone et al. 2013). Key to its effectiveness is the development of a comprehensive plan tailored to the life, family, school, and environment of each youth in treatment (ibid.). However, it is an intensive approach which may not be readily transferable to settings where clinicians are not present or available on a continuous basis.

Conclusion and recommendations

Research shows that socio-cultural norms related to childhood, gender, masculinity and sexuality increase the vulnerability of boys to sexual violence, both directly and indirectly. These norms and values contribute to under-reporting of sexual abuse of boys, the 'normalisation' of harmful sexual behaviours, and the prevailing assumptions that it is girls who are primarily affected by sexual violence. Harmful sexual behaviour of boys is often downplayed or normalised by caregivers as a natural sign of masculinity or adolescent experimentation. Yet evidence suggests that these behaviours are often rooted in the violent relationships that surround them, and impact upon their self-esteem and personality development. Generalised neglect and abuse of children, and poor parent-child attachment, can be a driver of children's harmful sexual behaviour and make boys more vulnerable to sexual abuse.

In the family and community environment, sexual violence affecting boys is often viewed through a different lens than sexual abuse affecting girls, and accepted or dismissed as being less risky, less harmful and even a 'rite of passage'. Transactional relationships are also often downplayed. In other situations, parents may blame boys, seeing them as weak or effeminate, and struggle to see them as victims. Boys are discouraged from reporting sexual abuse and may be stigmatised if they do so. This under-reporting is perpetuated by power relations within communities as well as an unsupportive child protection system. Some boys who are sexually abused are treated as perpetrators, removed from their families, and detained.

Not enough is known about sexual violence affecting boys in formal or informal alternative care, but boys who are separated from their families and without any alternative care are highly vulnerable to sexual violence. Unaccompanied boys associated with armed forces and armed groups, who have migrated, been displaced or trafficked, or who are living with employers or on the street, struggle to access services when they experience sexual violence. However, evidence regarding interventions that address the vulnerability of boys to sexual violence in these contexts is lacking.

This study aimed to identify interventions designed to prevent sexual violence affecting boys. The findings suggest that a multi-layered prevention strategy is needed to reduce vulnerabilities and risk factors, identify boys who are at greater risk and address those risk factors early on, and intervene when sexual abuse or harmful sexual behaviour has taken place. However, the lack of sufficient evidence or data regarding sexual abuse affecting boys and harmful sexual behaviour of boys influences the availability and uptake of relevant or effective prevention, care and treatment services.

This study identifies a pressing need to address social norms surrounding sexuality and masculinity, and understandings of sexual violence affecting boys both at community or societal level and within programmes. Families also need more support in terms of preventing, identifying and responding to sexual violence affecting boys. Where it is safe to do so, boys them-

selves should be empowered to speak out against the sexual abuse that is a dominant feature of their lives in many communities and families. The study's findings also highlight an overarching need to improve the capacities and attitudes of service providers whose preconceptions can mean that they are not able to identify, or sometimes even acknowledge, boys who are at risk of sexual violence. Evidence shows that primary interventions which address family, community and caregivers' relationships with boys, and their attitudes towards and knowledge about risks affecting them, can help protect them from sexual violence.

There is very little evidence of tertiary programming that focuses specifically on the needs of boys affected by sexual violence. This is likely to be because such strategies and programmes rarely exist. This study suggests that this is due to:

- the majority of existing research and interventions focussing on girls, or engaging males for the prevention of violence against females;
- harmful social norms around gender, masculinity and sexuality;
- insufficient data on the nature and magnitude of sexual violence affecting boys.

The results of this are:

- a lack of accurate and conclusive data on the scale of the problem;
- limited understanding of the risks boys face and the support they need;
- lack of recognition of the specific risks boys face;
- lack of recognition that boys can be sexually abused; can be harmed by sexual abuse; and need help to recover;
- lack of recognition that boys who display harmful sexual behaviour are victims of child abuse and neglect, but have not necessarily experienced sexual abuse themselves;
- the misconception that sexual abuse leads to harmful sexual behaviour and that a boy who has been sexually abused is therefore a risk to others.

Quality family-based care is nearly always preferable to residential care, especially when considering the higher reported rates of sexual abuse for children in residential and foster care respectively. However, there is an important role for residential care in the provision of long-term therapeutic care for children who have been sexually abused within a family setting or who have struggled to overcome the trauma of their experience within a family-based setting. While such provision does not yet exist in most low- and middle-income contexts, and is still rare in some high-income contexts, it is something that can be considered as part of care reform efforts. Finally, interventions need to focus on addressing significant gaps and failings within legal systems, many of which do not recognise boys as victims of sexual violence. Boys are both criminalised and detained with adult offenders, or suffer from stigmatisation and discrimination which leaves them vulnerable to re-victimisation. Efforts are needed to bring national laws in line with international conventions and standards.

While this study highlights some of the key drivers of sexual violence, it is important to think critically about why some boys are more at risk than others, and the varied ways that boys with different characteristics, and living in different situations and contexts, will experience and

be affected by sexual violence. It is evident that more needs to be done to consider the highly contextual and situational interaction of risk and resiliency factors in the lives of boys and how this affects their protection from or vulnerability to sexual violence, and their wider experiences of life. It is also clear that the nature of the situation is changing, due to increased access to the internet, both in terms of exposure to pornography and exposure to grooming and sexual exploitation. In-depth, participatory, primary research is needed to recognise these differences and identify the care, treatment and support needs of boys who are vulnerable to or affected by sexual violence. This research would help to develop a more nuanced understanding of how social norms and context influence sexual violence affecting boys over the life course.¹⁷

The findings suggest that protecting boys from sexual violence and harmful sexual behaviour requires a multi-layered strategy, but how this can be done requires further exploration through research and well-evaluated pilot interventions. This study highlights the need for donors, policymakers, researchers, programmers and practitioners to consider how stereotypes around masculinity have affected resource allocation, programming priorities and targeting when it comes to strategies to prevent and respond to sexual violence. This needs to involve representatives focussing on violence against women and those focussing on violence against children, as in both fields boys are prone to being rendered invisible. In order to be effective, relevant and sensitive to the local context, this multi-layered strategy can only be developed on the basis of evidence, gathered at a local level with meaningful participation from children, adults, caregivers and community members.

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.

¹⁷ By considering childhood in relation to the life course, one focuses on the socially constructed boundaries between – and the transitions into – the stages associated with early and middle childhood, adolescence, youth and adulthood (Huijsmans 2016; Valentine 2003. This perspective would help us to understand how norms, practices and expectations associated with masculinity shift as boys make these transitions, and how boys' understanding and engagement with these norms and expectations changes over time.

- 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 international 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, alco-

hol 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 violence 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 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.

References

- Algood, C., Hong, J., Gourdine, R. and Williams, A. (2011)** Maltreatment of children with developmental disabilities: An ecological systems analysis. *Children and Youth Services Review*, 33 (7), p.1142-1148.
- Ali, S. (2007)** 'Go west young man': The culture of migration among Muslims in Hyderabad, India. *Journal of Ethnic and Migration Studies* 33 (1), p.37-58.
- Allard, T., Rayment-McHugh, S., Adams, D., Smallbone, S. and McKillop, N. (2016)** Responding to youth sexual offending: a field-based practice model that 'closes the gap' on sexual recidivism among Indigenous and non-Indigenous males, Australia. *Journal of Sexual Aggression*, 22 (1).
- ARTE (2017)** Video: *Mineurs isolés, enfants en danger* <http://info.arte.tv/fr/mineurs-isoles-enfants-en-danger>
- Asian Centre for Human Rights (2010)** *Juveniles fleeing from torture and abuse: A fact-finding report on the fleeing of juveniles from the Government Observation Home, Special Home and Children's Home (Combined) for boys at Berhampur under Ganjam District of Orissa*. ACHR: New Delhi.
- Barker, G. and Ricardo, C. (2005)** *Young men and the construction of masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, conflict and violence, conflict prevention and reconstruction*. *Social development papers, no. CPR 26. Conflict prevention and reconstruction series*. Washington, DC: World Bank.
- Barth, R. (2002)** *Institutions vs. foster care: The empirical base for the second century of debate*. Chapel Hill, NC: UNC, Jordan Institute for Families.
- Beise, J. and You, D. (2017)** *A child is a child: Protecting children on the move from violence, abuse and exploitation*. New York: UNICEF.
- Biehal, N., Cusworth, L., Wade, J. and Clarke, S. (2014)** *Keeping children safe: Allegations concerning the abuse or neglect of children in care: Final Report*. NSPCC and University of York.
- Bode, A. and Goldman, J. D. G. (2012)** The impact of child sexual abuse on the education of boys in residential care between 1950 and 1975. *Pastoral Care in Education*, 30 (4), p.331-344.
- Broughton, C. (2008)** Migration as engendered practice: Mexican men, masculinity, and northward migration. *Gender and Society*, 22 (5), p.568-589.
- Butchart, A. and Hillis, S. (2016)** *INSPIRE: Seven strategies for ending violence against children*. Geneva: World Health Organization.
- Chappell, P. (2014)** How Zulu-speaking youth with physical and visual disabilities understand love and relationships in constructing their sexual identities. *Culture, Health and Sexuality*, 16 (9), p.1156-1168.
- Chynoweth, S. (2017)** "We keep it in our heart": Sexual violence against men and boys in the Syria Crisis. Geneva: UNHCR.
- Connell, R. W. (2009)** *Gender*. 2nd ed. Cambridge: Polity Press.
- Connell, R. W. and Messerschmidt, J. M. (2005)** Hegemonic masculinity: rethinking the concept. *Gender and Society* 19(6), p.829-859.
- Contreras, M., Heilman, B., Barker, G., Singh, A., Verma, R. and Bloomfield, J. (2012)** *Bridges to adulthood: Understanding the lifelong influence of men's childhood experiences of violence, analysing data from the International Men and Gender Equity Survey*. Washington DC: International Center for Research on Women and Rio de Janeiro: Promundo.

Crivello, G. (2011) 'Becoming somebody': Youth transitions through education and migration in Peru. *Journal of Youth Studies*, 14 (4), p.395-411.

Dartnall, E. and Astbury, J. (undated) *Parenting interventions for the prevention of child abuse. Reviewing the evidence.* Available at https://www.phasa.org.za/wp-content/uploads/2011/08/Dartnall-and-Astbury_Parenting-interventions.pdf

Davis, J., Hilton, A., Socheat, N. and Chamreun, Y. (2017) *Children first: An initial exploration of sexually harmful behaviours among Cambodian children.* Phnom Penh: First Step Cambodia.

Davis, J. and Miles, G. (2013) Hidden in plain sight: A baseline study on the sexual exploitation of male masseurs in Metro Manila. *Philippine Journal of Child Sexual Abuse*, 3.

Davis, J. and Miles, G. (2014) "I want to be brave": A baseline study on the vulnerabilities of street-working boys to sexual exploitation in Sihanoukville. Phnom Penh, Cambodia: Love 146.

Delap, E. (2005) *Fighting back: Child and community-led strategies to avoid children's recruitment into the armed forces and groups in West Africa.* SCUK: London.

Delap, E., Georgalakis, J. and Wansbrough-Jones, A. (2009) *Missing: Children without parental care in international development policy.* London: EveryChild.

De Sas Kropiwnicki, Z. (2017) *Exile identity, agency and belonging in South Africa: The Masupatsela generation.* Palgrave Macmillan: New York.

Digidiki, V. and Bhabha, J. (2017) *Emergency within an emergency: The growing epidemic of sexual exploitation and abuse of migrant children in Greece.* Boston: FXB Centre for Health and Human Rights and Harvard University.

Dolan, C. (2014) *Into the mainstream. Addressing sexual violence against men and boys in conflict.* A

briefing paper prepared for the workshop held at the Overseas Development Institute, London, 14 May 2014. Plan International, Refugee Law Project and War Child.

Eckman, A. (2007) *Exploring dimensions of masculinity and violence.* Western Balkan Gender-Based Violence Prevention Initiative. CARE and International Center for Research on Women.

ECPAT (2010) *La explotación sexual comercial de niños y adolescentes varones en Guatemala.* Guatemala.

ECPAT (2011) *Estudio de las manifestaciones locales de explotación sexual comercial de niños y adolescentes, incluyendo la especificidad de víctimas jóvenes hombres y los modelos de atención a víctimas.* Chile.

El Feki, S., Heilman, B. and Barker, G. (2017) *Understanding masculinities: Results from the international men and gender equality survey, Middle East and North Africa.* Cairo and Washington DC: UN Women and Promundo US.

Ellery, F., Lansdown, G. and Csáky, C. (2011) *Out from the shadows: Sexual violence against children with disabilities.* London: Save the Children/Handicap International.

El Tiempo (2009) La historia oculta de los hombres que fueron abusados en la guerra. *El Tiempo*, 13 December 2009. Available at <http://www.eltiempo.com/archivo/documento/MAM-3759006>

El Tiempo (2014) El drama de los hombres violados en la guerra. *El Tiempo*, 6 September 2014. Available at <http://www.eltiempo.com/archivo/documento/CMS-14496395>

Embleton, L., Nyandat, J., Ayuku, D., Sang, E., Kamanda, A., Ayaya, S., Nyandiko, W., Gisore, P., Vreeman, R., Atwoli, L., Galarraga, O., Ott, M. and Braitstein, P. (2016) Sexual behaviour among orphaned adolescents in Western Kenya: A comparison of institutional and family-based care settings, *Journal of Adolescent Health*.

Engelbrecht, L. (2016) *Caring for a sexually abused child in your foster home: A guide for foster parents*. Philippines: Centre for the Prevention and Treatment of Child Sexual Abuse.

Engelbrecht, L. (2018) What about us? An initial literature review of research on boys. *Journal of Child Sexual Abuse*, the Philippines.

Erikson, A. (2012) *Caring for child survivors of sexual abuse. Guidelines for health and psychosocial service providers in humanitarian settings*. New York: International Rescue Committee.

Euser, S., Alink, L. R. A., Tharner, A., van Ijzendoorn, M. H. and Bakermans-Kranenburg, M. J. (2016) The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 29, p.83-92.

Family for Every Child (2012) *Towards a family for every child: A conceptual framework*. London: Family for Every Child Secretariat.

Forss, M. (2011) *Children's experiences of sexual harassment and abuse on the internet*. Save the Children, <https://www.slideshare.net/fobba/seksuaalinenhrint-web2011-eng>

Frederick, J. (2010) *Sexual abuse and exploitation of boys in South Asia: A review of research findings, legislation, policy and programme response*. Innocenti Working Paper No. 2010-02. Florence: UNICEF Innocenti Research Centre.

Fulu, E. (2013) *Why do some men use violence against woman and how can we prevent it? Quantitative findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV.

Fulu, E. (2014) *A summary of the evidence and research agenda for What Works: A Global Programme to Prevent Violence against Women and Girls*. Pretoria, South Africa: Medical Research Council.

Greene, M. E., Perlson, S., Taylor, A. and Lauro, G. (2015) *Engaging men and boys to end the practice of child marriage*. GreeneWorks and Promundo: Washington DC.

Greijer, S. and Doek, J. on behalf of the Intera-gency Working Group on Sexual Exploitation of Children (2016) *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*. ECPAT International and ECPAT Luxembourg.

Gutman, L., Vorhaus, J., Burrows, R. and Onions, C. (2018) A longitudinal study of children's outcomes in a residential special school. *Journal of Social Work Practice*.

Haile R. T., Kebeta, N. D. and Kassie G. M. (2013) Prevalence of sexual abuse of male high school students in Addis Abada, Ethiopia. *BMC International Health and Human Rights*, 13:24.

Hanass-Hancock, J., Henken, S., Pretorius, L., de Reus, L. and van Brakel, W. (2014) The cross-cultural validation to measure the needs and practices of educators who teach sexuality education to learners with a disability in South Africa. *Sexuality and Disability*, 32 (3), p.279-298.

Havenaar, G. (2013) Fullscreen on view: An exploratory study on the background and psychosocial consequences of webcam child sex tourism in the Philippines. *Philippine Journal of Child Sexual Abuse*, 2 (1), p.22-62.

Hawke, A. and Raphael, A. (2016) *Offenders on the move: Global study on sexual exploitation of children in travel and tourism*. ECPAT.

Hendry, E., Intebi, I., Gerbaka, B., Gray, J., van Niekerk, J. and Roylance, R. (2014) *Working with men and boys: A child protection strategy. Report of the Denver Thinking Space 2013*. Aurora, Colorado: ISPCAN.

Hilton, A. (2008) "I thought it could never happen to boys": *Sexual abuse and exploitation of boys in Cambodia – An exploratory study*. Cambodia: Hagar and World Vision Cambodia.

Hobbs, G., Hobbs, C. and Wynne, J. (1999) Abuse of children in foster and residential care. *Child abuse and neglect*, 23 (12), p.1239-1252.

Hossain, M. and McAlpine, A. (2017) *Gender based violence research methodologies in humanitarian settings. An evidence review and recommendations.* Cardiff: Elhra.

Huijsmans, R. (2016) Generationing development: An introduction. In *Generationing development: A relational approach to children, youth and development.* Basingstoke: Palgrave Macmillan.

Inter-American Commission on Human Rights (2015) *Violence, children and organised crime. OEA/Ser.L/V/II, Doc 40/15.* Inter-American Commission on Human Rights.

Jayaraj, K.P (2016) Researching male teenage sex work in South Asia: Towards a new framework in Nivedini. *Journal of Gender Studies*, 21, p.85-110.

Jewkes, R., Vundule C., Maforah, F. and Jordaan, E. (2001) Relationship dynamics and teenage pregnancy in South Africa. *Social Science and Medicine* 52, p.733-744.

Jewkes, R., Sikweyiya, Y., Morrell, R. and Dunkle, K. (2011) Gender inequitable masculinity and sexual entitlement in rape perpetration in South Africa: Findings of a cross-sectional study, *PLOS ONE* 6 (12): e29590.

Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., Quayle, M., Sikweyiya, Y. and Gottzén, L. (2015) Hegemonic masculinity: combining theory and practice in gender interventions. *Cult Health Sex*, Oct 16; 17 (sup2), p.96-111.

Jones, C. (2016) *Schools that care: A review of the linkages between education and children's care.* London: Family for Every Child.

Karlsson, L. and Karkara, R. (2003) *Working with boys and men to end gender discrimination and sexual abuse of girls and boys.* Nepal: Save the Children South and Central Asia Region.

Keshavarzian, G. (2015) *The place of foster care in the continuum of care choices: A review of the evidence for policymakers.* London: Family for Every Child.

Khan, M. E, Townsend, J. W and Pelto, P. J (2014) *Sexuality, gender roles, and domestic violence in South Asia.* New York: Population Council.

Kim, D. and Pierce-Weeks, J. (2013) *The clinical management of children and adolescents who have experienced sexual violence. Technical considerations for PEPFAR programs.* Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AID-STAR-One, Task Order 1.

Know Violence in Childhood (2017) Ending violence in childhood. Global report 2017. New Delhi: Know Violence in Childhood.

Lillywhite, R. and Skidmore, P. (2006) Boys are not sexually exploited? A challenge to practitioners. *Child Abuse Review*, 15, p.351-361.

Lompero, G. and Engelbrecht, L. J. (2012) The juvenile victimization questionnaire in Mindanao: An exploratory study. *Philippine Journal of Child Sexual Abuse*, 2 (1).

Marasca, A. R. and Falcke, D. (2015) Forms of violence in the affective-sexual relationships of adolescents, *Interpersona*, 9 (2), p.200-214.

Monsutti, A. (2007) Migration as a rite of passage: Young Afghans building masculinity and adulthood in Iran. *Iranian Studies*, 40 (2), p.167-185.

Morrell, R. (2001) Men and masculinity in South Africa. In Morrell, R. (ed.) *Changing men in Southern Africa.* Pietermaritzburg, University of Natal Press, p.3-37.

Narey, M. (2016) *Residential care in England. Report of Sir Martin Narey's independent review of children's residential care.* London: Department for Education.

, R.T. and Amin, S. (2013) From evidence to policy: Addressing gender-based violence against women and girls in Bangladesh, icddr,b, Dhaka, Bangladesh.

OCHA (2016) *Aperçu des besoins humanitaires. République Centrafricaine*. New York: OCHA.

Ogloff, J. R. P, Cutajar, M., Mann, E. and Mullen, P. (2012) *Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. Trends and issues in crime and criminal justice No. 440*. Canberra: Australian Institute of Criminology.

ONG Raices (2010) *Manifestaciones locales de la explotación sexual comercial de niñas, niños y adolescentes en Chile. Dinámicas, espacio y género*. Santiago, Chile: ONG Raices.

Oosterveld, V. (2014) Sexual violence directed against men and boys in armed conflict or mass atrocity: Addressing a gendered harm in international criminal tribunals. *Journal of International Law and International Relations*, 10, p.107-128.

Ottolini, D. (2016) *Violence does not fall on one roof alone: A baseline survey on violence against children in the Kenya Juvenile Justice System*. Nairobi: Kolbe Press.

Pawlak, P. and Barker, G. (2012) *Hidden violence: Preventing and responding to sexual exploitation and sexual abuse of adolescent boys. Case studies and directions for action*. Oak Foundation and Promundo.

Pinheiro, P. (2006) *World report on violence against children*. New York: United Nations.

Ponton, L. and Goldstein, D. (2013) Sexual abuse of boys by clergy. *Adolescent Psychiatry*, 28: Annals of the American Society for Adolescent Psychiatry.

Population Council (2006) *Yaari Dosti: A training manual*. Population Council: New Delhi.

Price, H., Herd, J., Jones, D. and Sampson, A. (2018) *Keeping the children close: Towards an understanding of therapeutic provision at the Mulberry Bush School*. *Journal of Social Work Practice*.

Raicheva, I. (2016) *Blue Room now instrument of Bulgarian justice as well*, Radio Bulgaria. Available at <http://bnr.bg/en/post/100649011/blue-room-now-instrument-of-bulgarian-justice-as-well>

Ramphele, M. (2000) Teach me how to be a man: An exploration of the definition of masculinity. In Das, V., Kleinman, A., Ramphele, M. and Reynolds, P. (eds.), *Violence and Subjectivity*. Berkeley: University of California Press, p.102-119.

Ricardo, C. and Barker, G. (2008) *Men, masculinities, sexual exploitation and sexual violence: A literature review and call for action*. Promundo and MenEngage.

Richardson, R., Quigley, N., Krediet, M., Gyllesten, L., Tsankova, I., Skene, J. and Sinziana Danciu, M. (2015) *GPcwd Literature Review*. Lumos, on behalf of Global Partnership on Children with Disabilities Child Protection Task Force.

Romero Cabrera, F., Navarro Hernández, N. and Meyer Froese, M. I. (2014) *Guide to problematic sexual behaviours and abusive sexual practices*. Viña del Mar: ONG PAICABI and SOS Children's Villages.

Rosales, Z. (2012) Working with sexually abusive Filipino children. *Philippine Journal of Child Sexual Abuse*, 2, p.24-36.

Russell, W. (2007) Sexual violence against men and boys. *Forced Migration Rev.*, 27, p.22-23.

Ryckmans, J. (2008) *The abuse of street children in Kathmandu – A research on children's experiences of psychosocial, physical and sexual abuse*. Nepal: Child Protection Centres and Services and Voice of Children.

Save the Children (2012) *Hidden survivors: Sexual violence against children in conflict*. Save the Children.

Seto, M. C and Lalumière, M. L (2010) What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136 (4), p.526-575.

Sherr, L., Roberts, K. J and Gandhi, N. (2017) Child violence experiences in institutionalised/orphanage care. *Psychology, Health & Medicine*, 22, p31-57.

Shute, R., Owens, L. and Slee, P. (2009) Everyday victimisation of adolescent girls by boys: Sexual harassment, bullying or aggression? *Sex Roles*, 58, p.477-489.

Sivakumaran, S. (2010) Lost in translation: UN responses to sexual violence against men and boys in situations of armed conflict. *International Review of the Red Cross*, 92 (877), p.259-277.

Smallbone, S., Rayment-McHugh, S. and Smith, S. (2013) Youth sexual offending: Context, good-enough lives, and engaging with a wider prevention agenda. *International Journal of Behavioral Consultation and Therapy*, 8 (3-4).

Smeaton, E. (2012) *Struggling to survive: Children living alone on the streets of Tanzania and Kenya*. Cheshire: Railway Children.

Smith, B. V (2012) Uncomfortable places, close spaces: Female correctional workers' sexual interactions with men and boys in custody. *UCLA Law Review* 59, p.1692-1745.

Stemple, L. (2009) Male rape and human rights. *Hastings Law Journal*, 60, p.605-647.

Street, R. (2008) *Why do separated children matter?* Policy Briefing Paper. London: EveryChild.

Subedi, G. (2002) *Trafficking and sexual abuse among street children in Kathmandu*. Kathmandu: International Labour Organisation.

Svedin, C. G. and Back, C. (2003) *Why didn't they tell us? On sexual abuse in child pornography*. Sweden: Save the Children.

Tabachnick, J. and Pollard, P. (2016) *Considering family reconnection and reunification after child sexual abuse: A road map for advocates and service providers*. Enola, PA: National Sexual Violence Resource Center.

Terre des Hommes (2008) *Primer informe alterno sobre la implementación del protocolo facultativo de la Convención de los Derechos del Niño Relativo a la Venta de Niños, la Prostitución Infantil y la Utilización de Niños en la Pornografía*. Colombia 2003-2008. Colombia.

Thomsen, S. C. (2007) *Tell me more! Children's rights and sexuality in the context of HIV/AIDS in Africa*. RFSU (Swedish Association for Sexuality Education) and Save the Children Sweden.

UNHCR (2012) *Working with men and boy survivors of sexual and gender-based violence in forced displacement*. Geneva: UNHCR.

UNICEF (1997) *Cape Town principles and best practices adopted at the symposium on the prevention of recruitment of children into the armed forces and on demobilization and social reintegration of child soldiers in Africa*. Cape Town: UNICEF.

UNICEF (2000) *Infancia robada. Niñas y niños víctimas de explotación sexual en México*. Mexico: UNICEF Mexico, DIF Nacional and CIESAS.

UNICEF (2007) *The Paris principles: Principles and guidelines on children associated with armed forces or armed groups*. UNICEF.

UNICEF (2014a) *Ending child Marriage. Progress and prospects*. New York: UNICEF.

UNICEF (2014b) *Hidden in plain sight. A statistical analysis of violence against children*. New York: UNICEF.

UNICEF (2017a) *A deadly journey for children: The central Mediterranean migration route. Child Alert briefing series*. UNICEF.

UNICEF (2017b) *A Familiar face: Violence in the lives of children and adolescents*. New York: UNICEF.

UNICEF Philippines and Council for the Welfare of Children (2015) *National baseline study on violence against children: Philippines. National Survey Results. Executive Summary. Recommendations*. Ma-

nila: UNICEF Philippines and Council for the Welfare of Children.

UNICEF Philippines and Council for the Welfare of Children (2016a) *Research Forum. Boys and girls at risk: National baseline study on violence against children.* Manila: UNICEF Philippines and Council for the Welfare of Children.

UNICEF Philippines and Council for the Welfare of Children (2016b) *National baseline study on violence against children: Philippines. Executive Summary.* Manila: UNICEF Philippines and Council for the Welfare of Children.

University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation and UNICEF Philippines (2016) *A systematic literature review of the drivers of violence affecting children in the Philippines.* Manila: UNICEF Philippines.

Valentine, G. (2003) Boundary crossings: Transitions from childhood to adulthood. *Children's Geographies*, 1 (1), p.37-52.

Vigliotti, A.Y. (undated) *Long-term relational treatment for sexually reactive youth.* New York.

Vigliotti, A. Y. and Maynor, W. (2012) Victim, survivor, thriver. In Figley, C.R. (ed) *Encyclopedia of trauma: An interdisciplinary guide.* SAGE Publications, Inc.




Vorng, D. (2014) *Sex, abuse and childhood: A study about knowledge, attitudes and practices relating to child sexual abuse, including in travel and tourism, in Cambodia, Lao PDR, Thailand and Vietnam.* World Vision International.

Wazakili, M., Mpofu, R. and Devlieger, P. (2009) Should issues of sexuality and HIV and AIDS be a rehabilitation concern? The voices of young South Africans with physical disabilities. *Disability and Rehabilitation*, 31 (1), p.32-41.

Wing, H., Koster, V. and Griffin, V. (2005) *The commercial exploitation and sexual abuse of children in Fiji: A situational analysis.* Save the Children Fiji.

World Health Organization (2017) *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines.* Geneva: World Health Organization.

Find out more about the work we do at:

-  www.familyforeverychild.org
-  info@familyforeverychild.org
-  [@familyforeveryc](https://twitter.com/familyforeveryc)



Family
for every child