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From the desk of one of our editors

Welcome to the 11th edition of the Philippine Journal of Child Sexual Abuse.

We were all effected by the pandemic, and perhaps many of us still are. That includes the work of this journal. We did not have a 2021 edition. But we're back, albeit with only one article. And continuing with the important topic of sexual abuse and exploitation of boys.

We continue to seek studies on all aspects of child sexual abuse. The pandemic won't stop us from doing what we feel is an important and often ignored or side-lined issue in our work with children. Much of the reason why the sexual aspect of our children appears to be among the last issue raised when assessing children, is because of our own apprehension when it comes to sex, about understanding our own sexuality and thus our lack of comfort to talk with others. Sexuality is not about who you have sex with, how you have sex, or how often you have sex. Sexuality is about your sexual feelings, thoughts, attractions, and behaviors towards other people. You can find other people physically, sexually, or emotionally attractive regardless of their sex or gender, and all of these are a part of your sexuality.

Human sexuality includes sensuality, intimacy, identity, behavior, and reproduction and sexualization. To work with our children and their sexual development, let us all begin to learn how to do this by first understanding that part of ourselves and feeling comfortable talking about sex.

The next step is to look at adults who are sexually attracted to children and adolescents and yet have not pursued this interest. Most pedophiles do not abuse children. They know that it causes pain. And these adults often suffer a great deal. We as a society need to find a way to help these individuals, to understand what happened that might have led to this interest, to both prevent and help support these adults.

Keep us posted with your work. We look forward to reviewing and sharing your research to help all of us in this multidisciplinary field of sexual abuse against children.

Lois J. Engelbrecht

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Renz Argao, Ph.D., and Lois J. Engelbrecht, Ph.D. page 1

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In the Philippines, research shows that boys are sexually abused as much as girls and abused in general more than girls (UNICEF & Council for the Welfare of Children, 2016). According to this study, the prevalence of experience of violence among boys is at 81.5%. While there is a high prevalence of abuse cases involving boys, there does not appear to be much attention given to study the impact of abuse, the interventions provided to boys, or on the special or focused needs of boys (Alaggia & Millington, 2008; Willis, et al., 2014). A groundbreaking study in the Philippines documented the shared needs stated by boys who were not sexually abused, boys who had been sexually abused, and young men incarcerated for sexually abuse (Center for the Prevention and Treatment of Child Sexual Abuse and Family for Every Child, 2017). While the paper was meant to seek prevention strategies, it did also highlight the lack of abuse-focused services to sexually abused boys and young men incarcerated for sexual offences. The Philippines research shows that boys are sexually abused at the same rate as girls, however it is important to note that more girls report abuse and then receive help. This suggests we need to better understand why boys don't seek help and whether the perception reported by boys that when they do report, they do not get the same services as their female counterparts. In order to understand services to boys, we need to undertake an in-depth audit of relevant research and present services that in any way deal with males and sexual abuse. To design and prepare a tool to audit, we need to first understand what services are needed for our boys who are sexually abused to report and get help through a careful literature review.

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Abstract

In the Philippines, research shows that boys are sexually abused as much as girls and abused in general more than girls (UNICEF Council for the Welfare of Children, 2016) states that the prevalence of experience of violence among boys is at 81.5%. While there is a high prevalence of abuse cases involving boys, there does not appear to be much attention given to study the impact of abuse, the interventions provided to boys, or on the special or focused needs of boys (Alaggia & Millington, 2008; Willis, et al., 2014). A groundbreaking study in the Philippines documented the shared needs stated by boys who were not sexually abused, boys who had been sexually abused, and young men incarcerated for sexually abuse (Center for the Prevention and Treatment of Child Sexual Abuse and Family for Every Child, 2017). While the paper was meant to seek prevention strategies, it did also highlight the lack of abuse-focused services to sexually abused boys and young men incarcerated for sexual offences. The Philippines research shows that boys are sexually abused at the same rate as girls, however it is important to note that more girls report abuse and then receive help. This suggests we need to better understand why boys don't seek help and whether the perception reported by boys that when they do report, they do not get the same services as their female counterparts. In order to understand services to boys, we need to undertake an in-depth audit of relevant research and present services that in any way deal with males and sexual abuse. To design and prepare a tool to audit, we need to first understand what services are needed for our boys who are sexually abused to report and get help through a careful literature review.

Introduction

Recent research and services have focused on the much-needed issue of child sexual abuse, including medical, legal, psycho-social, faith-based, family, and community care. In the Philippines, physical, psychological, sexual, and online violence are experienced by about 80% of Filipino children in their home, school, community, or online (UNICEF & Council for the Welfare of Children, 2016) with the same amount of abuse of boys who have experienced sexual abuse as there are the number of girls who have experienced sexual abuse.

Historically, research has shown that there has been a higher prevalence of sexual abuse against girls and women than of boys and young men. In the Philippines, however, research shows that boys are sexually abused as much as girls and abused in general more than girls. the *National Baseline Study on Violence Against Children in the Philippines* (UNICEF & Council for the Welfare of Children, 2016) states that the

prevalence of experience of violence among boys is at 81.5%. In the same report, the prevalence of overall child and youth physical violence among boys is at 66.6%, while overall child and youth psychological violence among boys is at 65.2%. Globally, Child Sexual Abuse affects 73 million boys (Almuneef, 2019). Similarly, in other countries, in terms of nonsexual childhood maltreatment, the Canada Incidence Study (2003), for example, reported that males constitute 54% of physical abuse, 52% of neglect, and 46% of emotional abuse substantiations (Hopton & Huta, 2012).

While there is a high prevalence of abuse cases involving boys there appears to be not much attention given to the study on the impact of abuse, interventions provided to boys, and on the special or focused needs of boys (Alaggia & Millington, 2008; Willis, et al., 2014). Regarding the studies on sexual abuse of boys that do exist, most studies involve male adults who were sexually victimized as children (Von Hohendorff, Habigzang, & Koller, 2017).

What contributes to the lack of available literature is that boys constitute a minority of the total number of reported victims (Cockbain, Ashbly, & Brayley, 2017). Disclosure of the abuse is often a complex process for male survivors (Gagnier & Collin-Vézina, 2016; Allaggia, 2005). The disclosure of the abuse experienced by boys is essential in their ability to access support services (Meinck, et al., 2017), where there is an increased vulnerability for male survivors of abuse who do not disclose and access services (Artz, et al., 2016).

When it comes to the programs or services for child victims of sexual abuse, a population that is studied more and has a great deal of attention are the children in conflict with the law (CICL). No data has been collected on how many of these boys and young men were victims of sexual abuse, yet, because of the research that shows how many boys are abused and that a common impact of sexual abuse is antisocial or aggressive behavior, it might be helpful to look at services to this population and how they might intersect with intervention for male victims of sexual abuse. Therefore, we have included research on services to the CICL population in this paper.

Among the challenges on disclosure and reporting of abuse, sexual abuse of boys is “massively denied, misunderstood, and trivialized” and considered to suffer less serious consequences than girls who are also sexually abused (Spiegel, 2013). Boys perceived that, when they do report, they do not get the same services as their female counterpart. One young man commented that, “There is lack of people who will defend the male children unlike with female children. The government’s focus is on female children; but with male children, there is none (Center for the Prevention and Treatment of Child Sexual Abuse, 2017).”

Given that Philippines research shows that boys are sexually abused at the same rate as girls, but more girls report abuse and then receive help, we need to better understand the complexities of why boys do not seek help. This literature review followed one of the recommendations from the Center for the Prevention and Treatment of Child Sexual Abuse and Family for Every Child (2017) research to “undertake an in-depth audit of present services that in any way touches on males and sexual abuse. A part of the audit will need, first, a detailed description of what services are needed, how often, by whom and where”.

Researchers sought information from libraries, virtual and on-site, with an eye to a multidisciplinary approach when studying boys.

Services and Programs – what to look for

There is a growing need to understand what services and interventions are provided to boys who are survivors of abuse because of their specialized needs. The body of literature that is available globally is slim, but there is enough to provide guidance to build effective programs for boys and young men related to sexual abuse. There are at least three groups of sources when seeking to understand how to meet the psycho-social-sexual needs of our boys and young men. The first is the global research that is published and available. The second is unpublished documentations of focus group discussions held with boys, young men, and fathers in the Philippines on sex and sexuality. The third is to review the notable published study on Philippine male victims that documented their experiences and thoughts on abuse and services from the 2017 Family for Every Child research from 5 Asian countries, that included Center for the Prevention and Treatment of Child Sexual Abuse.

Psychosocial outcomes. Models on understanding the impact of abuse on the individual shows that experiences of violence or maltreatment are associated with specific types of health outcomes (Abajobir, Kisely, Maravilla, Williams, & Najman, 2017) and negative psychological impacts such as depression, suicide, addictions, anxiety disorders, post-traumatic stress disorders, personality disorders, and sexual identity issues (Alaggia & Mishna, 2013; Amado, Arce, & Herraiz, 2015; Corcoran & Pillai, 2008; Cutajar, et al., 2010; Vaz Abeche, et al., 2021). Boys who are sexually exploited more commonly reported experiences of child abuse, substance use, conduct problems, and mental health concerns such as anxiety, depression, and self-harm (Moynihan, et al., 2018; Almuneeff, 2019).

It must be noted that not all boys having sex with men is considered as abuse by the receiver. For example, if the sex is transactional, the receiver may both enjoy the gifts given and/or enjoy the sex. These statements suggest that the first step in handling sexual abuse of boys is to help the receiver understand the definition of abuse and then teach appropriate sex and sexuality. “One of my friends was so proud about it to a point that he brought a transgender in one of our drinking sessions to show us. My friend is 16 years old, and he is handsome. That transgender bought him a motorbike, he sleeps at his place. He even told us not to judge his partner because we don’t know the truth that he loves him (Male age 20, CPTCSA, 2017, unpublished).”

Treatment approaches for youth in juvenile corrections, which could also be applicable to male victims of sexual abuse, focus on a variety of concerns, such as mental health problems, psychological traumas, child abuse, neglect, family dysfunction, and/or substance abuse (Abrams, Kim, & Anderson-Nathe, 2005). “They should know what is right so that sexual abuse can be prevented in the society. I guess men should be given more attention because they need it more than anyone. There should be a research study on men that will teach them what is proper so that they won’t be on the wrong path. Likewise, so that they won’t be abused, and they won’t commit mistakes. I guess it’s also for the welfare of everyone – both men and women. Because if men won’t commit immoral acts, the women won’t be affected (Male age 18, CPTCSA 2017, unpublished)”.

Academic outcomes. The impact of abuse could lead to poor academic performance (Alshekaili, et al., 2020). Studies show that being a boy is associated with more severe abuse and is a predictor of externalizing problems (Gauthier-Duchesne, Hébert, & Daspe, 2017) that would likewise need attention. In one study (Bengwasan, 2018), results indicate that child abuse and neglect have great impact on the IQ of the child. These findings suggest that assessment and treatment strategies, processes, and interventions that rely on direct questioning and verbal means may be difficult for both the client and practitioners.

Health outcomes. Studies have shown that medical interventions and services, including nutritional interventions and psychiatric interventions, are also provided in some countries (Derakhshanpour, Hajebi, Panaghi, & Ahmadabadi, 2017). Child sexual abuse in boys can lead to risky health behaviors and psychological problems later in life (Scrandis & Watt, 2014).

A study (Broadus-Shea, Scott, Reijnders, & Amin, 2021) suggests that there is a need to have a supportive health systems environment in care facilities for children. This ensures that children get child-centered, gender-sensitive, interventions and assessments which minimize trauma and distress during examination and assessment. They also recommend that ways to improve the delivery of services include improvements on human resources, training, supervision, and monitoring. A supportive health system must include a national dialogue on the expectations, purpose, and methods of circumcising our boys. The issue of circumcision is often overlooked when considering the possible pain, trauma, and psychosexual sequelae in the different ways of circumcising boys (Boyle, 2002).

Psycho-sexual outcomes. Studies comparing the impact of sexual abuse of boys with sexual abuse of girls, have found that the greatest difference is that boys question their sexuality (Rbanillo, 2011; Javaid, 2017). Social norms appear to be a factor in this response by boys because of the negative attitudes towards and fear of homosexuality. If the boy was offended by a male, as most are, then this homosexual coupling tends to be perceived by boys as being chosen because he is homosexual or he is now somehow become homosexual. When the male physiologically responds with an erection, the assumption is that the victim enjoyed the sexual act and thus is homosexual.

Intervention and treatment. In a study by Yacat, Rosales, and Rabanillo (2008) on the services offered for sexually abused children in the Philippines, they found that counseling of child victim-survivors is a primary service offered by various organizations. They also identified counseling of family, group counseling/therapy, provisions of medical assistance, temporary shelter, provisions of legal assistance, provisions of vocational, educational, or special education, police reporting, psychological assessment, psychiatric evaluation, foster care, and residential care being offered in the various organizations that participated in the study. However, the study of Yacat et al. focused on the services offered to victim-survivors of abuse in general and did not identify those that are offered exclusively for boys.

Studies that reviewed existing literature on intervention outcomes for male victims of sexual abuse, indicate that treatments involve cognitive behavioral interventions, abuse-specific interventions, trauma-focused therapy, supportive therapy, and play therapy (Benuto & O'Donohue, 2015; Kim, Noh, & Kim, 2016). The same study indicated that the services were administered to individuals, groups, or families. Psychoeducation programs were included among the interventions identified. Other findings indicate that long-term interventions in institutionalized settings have been identified to have the more effective outcomes and that play therapy has been found to be effective for sexually abused children and adolescents, especially in dealing with social functioning (Hetzl-Riggin, Brausch, & Montgomery, 2007). Trauma-Focused Cognitive Behavioral Therapy for children has also shown positive outcomes on the treatment of child sexual abuse (Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011).

Borduin, Schaeffer, & Heiblum (2009) identified that multi-systemic therapy (MST) has favorable effects in terms of intervention programs for juvenile sex offenders. MST had favorable effects on family relations, peer relations, and academic performance of juvenile sex offenders. Documented examples include the voice of boys when asked about what services helped them. "Child Rights Network, they are handling the statutory rape because we want to highlight that not only women are being raped (Male age 20, CPTCSA, 2017)". "Childhope, because they provide us supplies for school. Sometimes, they also give us food, free toys. We join camps (Male age 17, CPTCSA, 2017)". "Nayon ng Kabataan helped me face other people confidently. Despite being a victim, I shouldn't blame myself for it. I wasn't fully aware of what could happen. I shouldn't be afraid to face others. If anything, I should be proud that I was able to recover from what I experienced; being extremely ashamed since I did it with a foreigner whom I barely know (Male age 20, CPTCSA 2017)".

The study on intervention programs for children in conflict with the law (CICL) identified three levels of intervention for CICL: primary, secondary, and tertiary interventions (Fabre, et al., 2016). Primary interventions include early childhood care and development, institutionalization of activities, health services and education, and value formation activities. Secondary interventions include psychosocial interventions, family therapies, and drug abuse prevention programs. Tertiary interventions include temporary shelter, psychosocial and therapeutic programs, financial assistance, and informal training programs.

Interventions for children in conflict with the law include psychological counseling, cognitive-behavior therapy, group therapy, and family therapy (Abrams, Kim, & Anderson-Nathe, 2005). However, there is a need to strengthen and improve the programs on psychosocial rehabilitation of children in conflict with the law (Research on the Situation of Children in Conflict with the Law in Selected Metro Manila Cities, 2004).

In Congo, psychotherapy, specifically cognitive processing therapy, was found effective in dealing with the psychological impact of abuse (Bass, et al., 2013). The study of Hop-ton and Huta (2012) focused on a male-centered intervention for posttraumatic stress symptoms. The intervention is based on the differences on the nature of abuse experiences among boys and girls, as well as their differing symptom trajectories. While a study in South Africa assessed the effectivity of creative arts in psychotherapy for traumatized children (van Westrhenen, Fritz, Vermeer, Boelen, & Kleber).

Among studies on the treatments for childhood maltreatment, very few have examined interventions for men who were victimized as children (Hopton & Huta, 2012). When it comes to sexual and reproductive health research, boys are not well represented; the focus of the studies is on girls and young women (Saewyc, 2012). There appears to be little attention given to the experiences of boys when it comes to research, health care, or social justice initiatives (Moynihan, et al., 2018).

Family intervention. Studies show that family interventional programs, group trainings, and house visits are effective interventions (Derakhshanpour, Hajebi, Panaghi, & Ah-madabadi, 2017). Their programs focused on providing support for the child and their families, which included consultations with psychiatrists, psychopharmacological interventions, and other medical treatments. The program included training courses on protection from abuse, and psychosocial interventions such as counseling and financial support. However, most victims and young offenders incarcerated for their sexual behavior stated that, while they would prefer to talk with, seek help from, and learn about sex from their fathers, most boys perceived that their family support comes from their mothers (CPTCSA, 2017).

Help seeking behaviors. Beyond the social expectations, however, and perhaps of greater importance, is the documentation of how boys perceive availability of and access to help. The Center for the Prevention and Treatment of Child Sexual Abuse (2017) cited several examples. "There is lack of people who will defend the male children unlike with female children. The government's focus is on female children; but with male children, there is none." A second example is "For boys, when people are informed that a boy had a relationship with a gay – there's this shame that we feel because of engaging in sexual intercourse with a gay. What they usually think is: 'Oh, this person is interested in gays.' That's the reason why we refuse to disclose it to our families. (Boys who engage in sexual intercourse with boys) are gays. I learned it from my friends."

Providing male victims with services depends on them first seeking help. Yet, when looking at the help seeking behaviors of boys who are victim-survivors of abuse, the study of Svensson et al. (2013) reported that more boys reported problems with parents, sexual identification issues, exposure to varied types of abuse, exposing others to sexual abuse, mental health concerns, and internet related problems, while fewer than one-third actually sought help for the effects of sexual exploitation. A factor why boys who are survivors of abuse do not seek help is the fear of being misunderstood or not listened to (Moynihan, et al., 2018). It is important to address these factors as evidence in literature shows that social support is an integral component in overcoming childhood experiences such as abuse and violence (Arias & Johnson, 2013).

Service providers. Services are provided most often by social workers, psychologists, psychiatrists, volunteers, house parents, and counselors (Yacat, Rosales, & Rabanillo, 2008). Social workers carry the largest professional responsibility, and most are women (Ronad, et.al., 2017). Yet boys and young men have voiced the desire to be able to talk with their father about sex and sexuality, while fathers have voiced the need for support to do this (Center for the Prevention and Treatment of Child Sexual Abuse and Family For Every Child, 2017).

Documentation of workshops with carers of boys who work with community members highlighted the concern that as male social workers, “whenever there’s a CSA case and the victim is female, we automatically are not allowed to handle it. But when the victim is male, female social workers are allowed to handle it.” (Center for the Prevention and Treatment of Child Sexual Abuse, 2022) This is an example of the gender bias, that men tend not to be given cases of child sexual abuse, even when the victim is male, because of two possible rationales: one is the assumption that the offender is male and thus the victim would prefer a female counselor, and two, that the male counselor is a potential offender. Ultimately, however, is the apparent lack of trained male social workers and community-based counselors.

Javaid (2017) expands on the woman-focused model of victimization that the young men above experienced:

Carpenter (2009) believes that state agencies always use a woman-focused model of victimisation when responding to male rape victims; in other words, state agencies deal with both female and male rape in the same way. He argues that some male rape victims experience rape differently in comparison to female rape victims. For example, male rape victims may question their masculinity or sexual orientation, as male rape essentially challenges or contradicts men's power, strength, self-reliance, and independence (Clark 2014). There is a lack of research available on whether voluntary agencies are similarly lacking in specific training to deal with male rape victims, although some attempt is being made examining this area of male rape (Javaid 2016). Therefore, it is important to examine whether state and voluntary agencies perpetuate or dispel male rape myths in contemporary society, and to explore whether this influences the treatment of male rape victims.

It is appropriate to end this introductory portion of the report by citing research from 20 years ago, research that it is time to seriously consider, “All too often it has been assumed that male victims of sexual abuse are significantly similar to their female counterparts. ... [yet] abused adolescent males showed significant differences in several domains: they used drugs more frequently, were more depressed, had lower self-esteem, were more hopeless about the future, had more difficulty controlling sexual feelings, and were more concerned about their appearance than their nonabused counterparts (Hussey, et.al., 1992).”

Beginning with broad needs for authentic gendered services that Javaid (2017) referred to, this important issue should be a part of each question of each interview to understand whether or how much gendered specific services should apply in our work with males in general and especially male victims of sexual abuse.

Challenges and Gaps

Qualified staff. A problem in providing holistic services and comprehensive care for boys is that those individuals involved in the care of children and youth in various institutions are often untrained or unskilled in responding and addressing the psychosocial needs of the children and youth (Snehil & Sagar, 2020; Urminita, Unpublished Paper; UNICEF Council for the Welfare of Children, 2016). Further study is needed to determine if the readiness of social workers and counselors has increased since the Yakat, et. al. (2008) research. Additionally, further study should examine alignment of service providers with needs of boys.

Gendered services. Available literature mostly focuses on the services and needs of girls, and the needs of boys are often not addressed or are rarely focused on studies and interventions. Javaid (2017) suggests that services to boys and girls are often the same. Whether this remains the case requires further study. There is the need for differentiated services for boys. What is needed are approaches that are designed to meet the needs of boys and young men and not services that are used with girls. In specific is the need for boys to receive quality sex and sexuality services, with a focus on understanding homosexuality when the offender was a male.

Agency versus client need. Institutions often provide services based on their vision rather than the needs of the community which is a potential problem in the delivery of effective delivery of services (Disassa & Lamessa, 2021). Likewise, institutions may not be properly set-up on how to provide services to children in conflict with the law (Urminita, Unpublished Paper). This also applies to how systems and institutions are not prepared for cases of sexual violence against boys (Hohendorff, Habigzang, & Koller, 2017).

Client needs. The choice of intervention should be based not just on the experience of abuse or violence, but on the impact that it has and the current needs of the survivor (Hetzl-Riggin, Brausch, & Montgomery, 2007).

The identified barriers to help in the recovery from childhood abuse and maltreatment include feelings of helplessness, shame, self-blame, the society's general non-acceptance of males as survivors of abuse, and negative responses to disclosure (Willis, et al., 2014).

Boys need services that address post-trauma and post-abuse physical and medical impacts caused by their experiences. There are barriers to men's and boy's access to health services because most programs against violence and abuse appear to be focused on women and girls (Chynoweth, Freccero, & Touquet, 2017).

Opportunity and Recommendations

Research is needed to help identify current practices, services, and programs provided for boys. It should identify the gaps caused by the limitations, challenges, and factors that hinder the delivery of gender specific services for boys. The aim is to develop an evidence and gap map or EGM, which is essential in providing a clearer picture of the services provided to boys (Sharma, et al., 2022). This will in turn help develop recommendations, interventions, and policies on services for boys. Intervention needs to be provided with timely and appropriate services (Gatuguta, Colombini, Seeley, Soremekun, & Devries, 2021).

Limited resources, lack of training, and support can be addressed by providing an evidence-based model or framework for the delivery of services for boys. Some checklists already exist, such as the 2012 Juvenile Justice version of the Child and Adolescent Needs and Strengths Assessment (Children at Risk and Children and Child in Conflict with the Law) on which it is possible to base present studies to either expand, revise, or create different checklists.

To move forward, additional information is needed to build truly gendered services that understand male sexual victimization. The following actions are recommended:

- Continue training seminars that focus on boys with emphasis on male social workers, psychologists, and community-workers
- Increase research that focus on boys
- Conduct a nation-wide audit of present services that includes seeking at least the following information:
 - * service provider agency role/duties, gender, and training
 - * services provided and by whom such as, general counseling by house-parent, therapy by social worker or psychologist
 - * expected outcomes for clients
 - * description of needs of boys and assessment of services

References

- Abajobir, A. A., Kisely, S., Maravilla, J. C., Williams, G., & Najman, J. (2017). Gender differences in the association between childhood sexual abuse and risky sexual behaviours: A systematic review and meta-analysis. *Child Abuse & Neglect*, *63*, 249-260.
- Abrams, L. S., Kim, K., & Anderson-Nathe, B. (2005). Paradoxes of Treatment in Juvenile Corrections. *Child & Youth Care Forum*, *34*(1), 7-25.
- Alaggia, R., & Millington, G. (2008). Male Child Sexual Abuse: A Phenomenology of Betrayal. *Clinical Social Work Journal*, *36*, 265-275.
- Alaggia, R., & Mishna, F. (2013). Self Psychology and Male Child Sexual Abuse: Healing Relational Betrayal. *Clinical Social Work Journal*.
- Allaggia, R. (2005). Disclosing the trauma of Child Sexual Abuse: A gender analysis. *Journal of Loss and Trauma*, *10*(5), 453-470.
- Almuneef, M. (2019). Long term consequences of child sexual abuse in Saudi Arabia: A report from national study. *Child Abuse & Neglect*.
- Alshekaili, M., Alkalbani, Y., Hassan, W., Alsulimani, F., Alkasbi, S., Chan, M. F., & Al-Adawi, S. (2020). Characteristic and psychosocial consequences of sexually abused children referred to a tertiary care facility in Oman: Sentinel study. *Heliyon*.
- Amado, B. G., Arce, R., & Herraiz, A. (2015). Psychological injury in victims of child sexual abuse: A meta-analytic review. *Psychosocial Intervention*, *24*, 49-62.
- Arias, B. J., & Johnson, C. V. (2013). Treatment of Childhood Sexual Abuse Survivors: Voices of Healing and Recovery from Childhood Sexual Abuse. *Journal of Child Sexual Abuse*, 822-841.
- Arttime, T. M., McCallum, E. B., & Peterson, Z. D. (2014). Men's Acknowledgment of Their Sexual Victimization Experiences. *Psychology of Men & Masculinity*, *15*(3), 313-323.
- Artz, L., Burton, P., Ward, C. L., Leoschut, L., Phyfer, J., Lloyd, S., . . . Le Mottee, C. (2016). *Optimus study South Africa: Technical report sexual victimisation of children in South Africa*. Zurich: UBS Optimus Foundation.
- Bass, J. K., Annan, J., Murray, S. M., Kaysen, D., Griffiths, S., Cetinoglu, T., . . . Bolton, P. A. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. *The New England Journal of Medicine*, *368*(23), 2182-2191.
- Bengwasan, P. D. (2018). The intellectual profile of abused and neglected children in the Philippines: An analysis of SB5 IQ scores of sexually abused, physically abused and neglected children. *Child Abuse & Neglect*, *81*, 389-395.
- Benuto, L. T., & O'Donohue, W. (2015). Treatment of the Sexually Abused Child: Review and Synthesis of Recent Meta-Analyses. *Children and Youth Services Review*, *56*, 52-60.

- Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A Randomized Clinical Trial of Multisystemic Therapy With Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity. *Journal of Consulting and Clinical Psychology*, *March 2009*, *77*(1), 26-37.
- Broaddus-Shea, E. T., Scott, K., Reijnders, M., & Amin, A. (2021). A review of the literature on good practice considerations for initial health system response to child and adolescent sexual abuse. *Child Abuse & Neglect*, *116*(1).
- Chynoweth, S. K., Freccero, J., & Touquet, H. (2017). Sexual violence against men and boys in conflict and forced displacement: implications for the health sector. *Reproductive Health Matters*, *25*(51), 90-94.
- Cockbain, E., Ashbly, M., & Brayley, H. (2017). Immaterial Boys? A Large-Scale Exploration of Gender-Based Differences in Child Sexual Exploitation Service Users. *Sexual Abuse*, *29*(7), 658-684.
- Corcoran, J., & Pillai, V. (2008). A Meta-Analysis of Parent-Involved Treatment for Child Sexual Abuse. *Research on Social Work Practice*, *18*(5), 453-464.
- Center for the Prevention and Treatment of Child Sexual Abuse & Family For Every Child, 2017, Boys and sexual violence, *unpublished paper*.
- Center for the Prevention and Treatment of Child Sexual Abuse, 2022, A father-son communication about sexual health and well-being training/focus group discussion for carers, *unpublished paper*.
- Cutajar, M. C., Mullen, P. E., Ogloff, J. R., Thomas, S. D., Wells, D. L., & Spataro, J. (2010). Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse & Neglect*, *34*, 813-822.
- Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). Trauma-Focused Cognitive Behavioral Therapy for Children: Impact of the Trauma Narrative and Treatment Length. *Depression and Anxiety*, *28*, 67-75.
- Derakhshanpour, F., Hajebi, A., Panaghi, L., & Ahmadabadi, Z. (2017). Effectiveness of psychosocial interventions in abused children and their families. *Medical Journal of the Islamic Republic of Iran*, *31*(49).
- Disassa, G. A., & Lamessa, D. (2021). Psychosocial support conditions in the orphanage: case study of Wolisso project. *International Journal of Child Care and Education Policy*, *15*.
- Embleton, L., Ayuku, D., Kamanda, A., Atwoli, L., Ayaya, S., Vreeman, R., . . . Braistein, P. (2014). Models of care for orphaned and separated children and upholding children's rights: cross-sectional evidence from western Kenya. *BMC International Health and Human Rights*, *14*(9).
- Fabre, R. P., Barrero, H. B., Amay, G. C., Mansueto, S. G., Dayta, N. B., & Vedra, S. A. (2016). Intervention programs for children in conflict with the law (CICL): Gearing towards sustainable development. *American Journal of Social Sciences, Arts and Literature*, *3*(3).

- Gagnier, C., & Collin-Vézina, D. (2016). The Disclosure Experiences of Male Child Sexual Abuse Survivors. *Journal of Child Sexual Abuse, 25*(2), 221-241.
- Gatuguta, A., Colombini, M., Seeley, J., Soremekun, S., & Devries, K. (2021). Supporting children and adolescents who have experienced sexual abuse to access services: Community health workers' experiences in Kenya. *Child Abuse & Neglect, 116*(1).
- Gauthier-Duchesne, A., Hébert, M., & Daspe, M.-È. (2017). Gender as a predictor of posttraumatic stress symptoms and externalizing behavior problems in sexually abused children. *Child Abuse & Neglect, 64*, 79-88.
- Hetzel-Riggin, M. D., Brausch, A. M., & Montgomery, B. S. (2007). A meta-analytic investigation of therapy modality outcomes for sexually abused children and adolescents: An exploratory study. *Child Abuse & Neglect, 31*, 125-141.
- Hohendorff, J. V., Habigzang, L. F., & Koller, S. H. (2017). "A boy, being a victim, nobody really buys that, you know?": Dynamics of sexual violence against boys. *Child Abuse & Neglect, 70*, 53-64.
- Hopton, J. L., & Huta, V. (2012). Evaluation of an Intervention Designed for Men Who Were Abused in Childhood and are Experiencing Symptoms of Posttraumatic Stress Disorder. *Psychology of Men & Masculinity, 14*(3), 300-313.
- Hussey et.al., 1992, Male victims of sexual abuse: An analysis of adolescent psychiatric inpatients, *Child and Adolescent Social Work Journal 9*(6)p491-503.
- Javaid, A., 2017, The unknown victims: Hegemonic masculinity, asculinities, and male sexual victimisation, *Sociological Research Online, 22*(1) DOI: 10.5153/sro.4155
- Kim, S., Noh, D., & Kim, H. (2016). A Summary of Selective Experimental Research on Psychosocial Interventions for Sexually Abused Children. *Journal of Child Sexual Abuse, 25*(5), 597-617.
- Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M., & Sherr, L. (2017). Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychology, Health & Medicine, 22*(1), 94-106. doi:https://doi.org/10.1080/13548506.2016.1271950
- Moynihán, M., Mitchell, K., Pitcher, C., Havaei, F., Ferguson, M., & Saewyc, E. (2018). A systematic review of the state of the literature on sexually exploited boys internationally. *Child Abuse & Neglect, 76*, 440-451.
- Rabanillo, R. 2011, Traumagenic dynamics framework with Filipino children, *Philippine Journal of Child Sexual Abuse, 1*(1) 19-31.
- Ronad, S. K., Kori, A., Kosagi, S., Obanaik, P., Timmapur, R., Kumar, K., & Sushma, C. (2017). Psycho-Social Factors of Children in Conflict with Law at Care Institutions in Indian Context. *Interdisciplinary Journal of Nursing and Critical Care, 1* (1).

- Saewyc, E. M. (2012). What About the Boys? The Importance of Including Boys and Young Men in Sexual and Reproductive Health Research. *The Journal of Adolescent Health, 51*(1), 1-2.
- Save the Children, U.K (2004). *Research on the Situation of Children in Conflict with the Law in Selected Metro Manila Cities*. Quezon City, Philippines.
- Scrandis, D. A., & Watt, M. (2014). Child Sexual Abuse in Boys: Implications for Primary Care. *The Journal for Nurse Practitioners, 10*(9), 706-713.
- Sharma, M., Perera, C., Ipince, A., Bakrania, S., Shokraneh, F., Idele, P., . . . Banati, P. (2022). Child and adolescent mental health and psychosocial support interventions: An evidence and gap map of low- and middle-income countries. *Campbell Systematic Reviews, 18*(1).
- Snehil, G., & Sagar, R. (2020). Juvenile Justice System, Juvenile Mental Health, and the Role of MHPs: Challenges and Opportunities. *Indian Journal of Psychological Medicine, 42*(3), 304-310.
- Spiegel, J. (2013). *Sexual abuse of males: The SAM model of Theory and practice*. United Kingdom: Routledge.
- Stover, J., Bollinger, L., Walker, N., & Monasch, R. (2007). Resource needs to support orphans and vulnerable children in sub-Saharan Africa. *Health Policy and Planning, 22*(1), 21-27.
- Svensson, F., Fredlund, C., Svedin, C., Priebe, G., & Wadsby, M. (2013). Adolescents selling sex: Exposure to abuse, mental health, self-harm behaviour and the need for help and support—a study of a Swedish national sample. *Nordic Journal of Psychiatry, 67*(2), 81-88.
- UNICEF Council for the Welfare of Children. (2016). *National Baseline Study on Violence Against Children in the Philippines*. UNICEF.
- Urminita, H. J. (Unpublished Paper). A Case study on Children in Conflict with the Law in Caloocan City.
- van Westrhenen, N., Fritz, E., Vermeer, A., Boelen, P., & Kleber, R. (n.d.). Creative arts in psychotherapy for traumatized children in South Africa: An evaluation study. *PLoS ONE, 14*(2).
- Vaz Abeche, C., Khafif, T. C., Belizario, G. O., da Silva, T. F., Harkaly, G., Gomide, P. C., & Serafim, A. d. (2021). Personality traits and parenting styles in boys victims of sexual abuse: a pilot study. *Archives of Clinical Psychiatry, 48*(2), 105-110.
- Von Hohendorff, J., Habigzang, L. F., & Koller, S. H. (2017). "A boy, being a victim, nobody really buys that, you know?": Dynamics of sexual violence against boys. *Child Abuse & Neglect, 70*, 53-64.
- Willis, D. G., Zuccherro, T. L., DeSanto-Madeya, S., Ross, R., Leone, D., Kaubris, S., Easton, S. D. (2014). Dwelling in Suffering: Barriers to Men's Healing. *Issues in Mental Health Nursing, 35*, 569-579.
- Yacat, J. A., Rosales, Z. S., & Rabanillo, R. M. (2008). Counseling sexually abused children in the Philippines: A survey of practices, beliefs and activities. (unpublished).

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