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“A boy, being a victim, nobody really buys that, you know?”: Dynamics of sexual violence against boys

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ABSTRACT

The aim of this study was to present the dynamics of sexual violence against boys. Interviews were conducted with four male victims of sexual abuse between the ages of six and 10, as well as four psychologists employed in the health care system and involved in the treatment of sexually abused boys. Results were examined using thematic content analysis, based on six deductively identified themes corresponding to the following stages of sexual violence against children and adolescents: preparation, episodes, silencing, narratives, repression and overcoming. The results suggested that proximity between victims and offenders, who were mostly adolescent boys, was a facilitator of abuse. The interviews also revealed that victims faced significant levels of disbelief and discrimination. Lastly, the findings pointed to the importance of protective actions and of the system itself, though all practitioners perceived the latter as flawed and unprepared to handle cases involving sexually abused boys. These findings underscore the social invisibility of sexual violence against boys, due to the low number of referrals as well as the disbelief and discrimination, which permeates the management of these cases.

1. Introduction

Although every case of sexual abuse in children and adolescents has its own particular features, most follow a similar set of patterns. These are known as the dynamics of sexual abuse, which are often described by theoretical models which began to be constructed in the 1980s. The conceptual similarities and complementary relationship between five existing models of sexual abuse (i.e., Finkelhor & Browne, 1985; Furniss, 1991; Sgroi et al., 1982; Spiegel, 2003; Summit, 1983) prompted Hohendorff, Nelson-Gardell, Habigzang, and Koller (in press) to introduce an integrative model of the dynamics of sexual violence against children. This integrative model was used as the theoretical framework in this study. The aim of this study was to present the possible dynamics of sexual violence against boys by interviewing young victims of sexual abuse and practitioners with clinical experience in the treatment of this population.

Sgroi et al. (1982), for instance, proposed a five-stage model composed of the following phases: (1) engagement, which comprises the offender's attempts to befriend and gain the trust of a potential victim; (2) sexual interaction, or the actual episode(s) of sexual abuse; (3) secrecy, a period in which the abuse is kept secret, mainly due to pressure by the perpetrator; (4) disclosure, characterized by the intentional or accidental disclosure of the abuse; and (5) suppression, when the victim is pressured to deny the occurrence of sexual violence.

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Summit (1983) proposed the existence of an accommodation syndrome on the part of the victim, which could explain why they would keep the abuse a secret. When the victim's disclosure is met with disbelief, (s)he feels helpless, and with no alternative but to accommodate to the situation of sexual violence. This process was said to occur as a result of five mechanisms: secrecy; helplessness; accommodation; delayed, conflicted and unconvincing disclosure; and retraction. **Summit (1983)** emphasized the fact that his theory was based on female victims of sexual violence, since they comprise the majority of victims available for study. Although the author did not restrict the syndrome to females, he did highlight the need to investigate the clinical applicability of the syndrome to male victims of sexual violence. The concept of an accommodation syndrome has been discussed by several scientific studies over the past decade (e.g., **London, Bruck, Ceci, & Shuman, 2005; Lyon, 2002**). Authors including **London et al. (2005)** and **Lyon (2002)** have tried to bolster the theory by collecting empirical evidence from previous studies, but this approach has not yet yielded conclusive findings. According to **Lyon (2002)**, who authored a review of observational and experimental research on the subject, "there is indeed evidence that accommodation occurs among a substantial proportion of abused children" (p. 108). **London et al. (2005)**, on the other hand, reviewed retrospective studies of adults who were abused as children, as well as concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. These authors conclude that "although there was much support for the silence/secrecy stage of the accommodation syndrome, most of the evidence failed to provide empirical support for the rest of the model" (p. 220). These findings suggest that, while the accommodation syndrome model may not represent a common universal framework for cases of child abuse, it may be a useful tool for the comprehension of incidents involving elements of secrecy, helplessness, accommodation, delayed, conflicted and unconvincing disclosure, and retraction.

A conceptual model for the possible consequences of sexual abuse in children and adolescents was later developed by **Finkelhor and Browne (1985)**. According to these authors, exposure to sexual abuse involves four traumagenic dynamics: traumatic sexualization, betrayal, powerlessness, and stigmatization. These are, in turn, responsible for consequences of sexual violence such as inappropriate sexual behavior, guilt, low self-esteem and depression.

Furniss (1991) also discussed the issue of secret-keeping by victims of sexual violence, and introduced the concept of a syndrome of secrecy, whereby victims would avoid disclosure due to factors such as threats from the abuser and family disbelief. The author also introduced the idea of a syndrome of addiction as a possible explanation for abusive behavior. Offenders may develop a physical and psychological dependence on the victim, and be unable to stop engaging them in inappropriate sexual behaviors. **Furniss (1991)** also introduced the concept of entrance and exit rituals. These refer to the relational context of sexual violence, and consist of behaviors emitted by the offenders to signal the beginning and end of an episode of sexual abuse. The situational changes and behavioral alterations displayed by the offender between the entrance and exit rituals (i.e., during the episode of sexual violence) may elicit feelings of confusion and ambivalence in the victim: perpetrators tend to be close to the victims and behave affectionately most of the time, turning into "a different person" during the abuse itself.

A specific model for the dynamics of sexual violence against male victims was introduced by **Spiegel (2003)**. Like **Sgroi et al. (1982)**, **Spiegel (2003)** describes the process of sexual violence through a series of steps, which he refers to as categories: (1) Subjection, the process by which the offender approaches the victim; (2) Sexual abuse, or the episode of sexual violence itself; (3) Concealment and (4) Invalidation, at which point victims keep the abuse a secret and deny its occurrence; (5) Reconciliation, or the acceptance of the abuse; (6) Compensation, or the exaggerated display of behaviors considered stereotypically masculine, effeminate, or even asexual, in an attempt to manage the contradiction between the male gender role (e.g. strong, invulnerable) and that of a victim (e.g. fragile); and (7) Continuity, that is, the continuation of the cycle of violence until the victim receives adequate protection or help.

When describing this model, **Spiegel (2003)** emphasized the influence of social perception on the dynamics of sexual violence against males. Concealment, invalidation, compensation and continuity are all influenced by social perceptions. The low social visibility of sexual abuse against males, and traditional masculine gender norms (e.g., being strong, invulnerable), may decrease the likelihood of disclosure by the victim and increase disbelief by third parties (**Spiegel, 2003**). The low visibility of sexual violence against males is also evident in research, with the majority of studies of sexual abuse focusing on female victims only.

The conceptual similarities and complementary relationship between the five existing models of sexual abuse (i.e., **Finkelhor & Browne, 1985; Furniss, 1991; Sgroi et al., 1982; Spiegel, 2003; Summit, 1983**) prompted **Hohendorff et al. (in press)** to introduce an integrative model of the dynamics of sexual violence against children. The model was developed based on a literature review of the five aforementioned models, and can be divided, for didactic purposes, into six interconnected phases/stages: (1) Preparation (perpetrators attempt to get close to the victim, building a "special relationship" as a way to gain their confidence); (2) Episodes (sexual episodes commonly begin with less intimate contact and become progressively more intimate over time); (3) Silencing (perpetrators use various strategies to maintain the secrecy of the abuse); (4) Disclosure (process through which victims try to tell someone about the sexual victimization); (5) Repression (perpetrators or family members may try to undermine the credibility of the victim); (6) Overcoming (child/adolescent is believed, supported, protected, and given access to essential interventions).

Most studies of male sexual abuse involve adults who were victimized as children. When reporting their experiences, these individuals must therefore rely on their memory, and are, as such, susceptible to recall bias. The majority of these studies use qualitative methods, such as interviews (**Alaggia & Millington, 2008; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1999; Kia-Keating et al., 2005; Kia-Keating, Sorsoli, & Grossman, 2010; Lisak, 1994; Sigurdardottir et al., 2012; Sorsoli, Kia-Keating, & Grossman, 2008**) or focus groups with former victims of abuse (**Dorahy & Clearwater, 2012**). Sample sizes range from seven (**Dorahy & Clearwater, 2012**) to 26 (**Lisak, 1994**). The majority of participants are adult males aged between 21 (**Lisak, 1994**) and 67 years (**Gagnier & Collin-Vézina, 2016**), recruited from victim support services (e.g., counseling, therapy – **Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1999; Kia-Keating et al., 2010; Sigurdardottir et al., 2012**). Qualitative studies with large samples are rare, and usually consist of secondary analyses of data from institutional surveys (**Easton, Saltzman, & Willis, 2014**,

$N = 460$). Studies involving quantitative methods, such as those conducted by Collings (1995) and Steever, Follete, and Naugle (2001), or mixed-method approaches, such as those described by O’Leary, Easton, and Gould (2015) and Weiss (2010) are also rare.

Adult victims of childhood abuse usually describe the situation as a violation of masculine gender norms, and feel that society fails to acknowledge the existence of male sexual victimization (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Easton et al., 2014; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012). The most common consequences of these experiences are associated with gender norms (i.e. doubts as to their male identity) and sexual orientation (i.e. doubts as to their sexual orientation – Kia-Keating et al., 2005; Lisak, 1994). According to a study conducted by Gagnier and Collin-Vézina (2016) involving 17 male survivors of childhood abuse, disclosure is a complex process, which follows a distinct pattern for every individual. However, some features of the process may be shared by many victims, including delayed disclosure due to the social invisibility of male sexual abuse, and the impact of masculine norms and stereotypes on concealment of the abuse. In most cases, the abuse is only disclosed in adulthood as a result of personal and environmental factors (Easton et al., 2014; Gagnier & Collin-Vézina, 2016).

Barriers to the disclosure of male sexual victimization can be divided into three categories (Easton et al., 2014; Sorsoli et al., 2008): *Personal barriers* (e.g., lack of cognitive awareness, naming the experience as “sexual abuse”, intentional avoidance, emotions such as shame, concerns related to sexual orientation/identity); *Interpersonal/relational* (e.g., fear of negative repercussions, isolation, disbelief by others, threats from the abusers); *Sociopolitical/sociocultural* (e.g., expectations of masculinity, limited resources, lack of acceptance or awareness of male victimization). These barriers contribute to the low rates of disclosure and professional help-seeking among male victims of sexual abuse (Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012).

Since in most boys only disclose, report and seek professional help for sexual abuse after adulthood, few studies involve younger victims with more recent experiences of sexual abuse. In the study by Gagnier and Collin-Vézina (2016), the authors found that only four of the 17 adult survivors interviewed disclosed the abuse during childhood. Although rare, studies with younger male victims provide important findings, which, unlike studies of adult males, are less susceptible to influence by recall bias.

Most empirical studies of male victims of sexual abuse rely on victim support services for participant recruitment (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Gill & Tutty, 1999; Kia-Keating et al., 2010; Sigurdardottir et al., 2012). However, since most victims do not disclose, report or seek professional help after their experiences, the availability of research participants in these locations is low (Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012). This may be the reason for the lack of empirical studies of younger male victims of sexual violence.

The few available investigations involving young male victims of sexual abuse are either single-case studies (Almeida, Penso, & Costa, 2009; Diamanduros, Cosentino, Tysinger, & Tysinger, 2012; Hohendorff, Santos, & Dell’Aglia, 2015), treatment evaluations (Hack, Osachuk, & De Luca, 1994; Hohendorff, Salvador-Silva, Andrade, Habigzang, & Koller, 2014) with a maximum of 12 participants (Grayston & De Luca, 1995), or retrospective case reviews (Hohendorff, Costa, Habigzang, & Koller, 2014; Roane, 1992). There is, as such, a major gap in the scientific literature regarding male sexual abuse, which may contribute to the low visibility of this phenomenon. This concern is especially pertinent in Brazil, where the present study was conducted, and where reports of male sexual victimization are rare in both social settings and the scientific literature. Until 2009, the legal definition of rape according to Brazilian law was restricted to vaginal penetration, with all other forms of sexual abuse prosecuted as “indecent assault” (Brasil, 1940, 2009), a much lighter offense in the eyes of the law. In other words, perpetrators of sexual violence in the form of anal penetration were not convicted of rape. The scientific literature on the topic is also nascent and scarce. As of 2009, only a single study published in the Brazilian literature discussed the concept of male sexual victimization by reporting the case study of a male victim of abuse (Almeida et al., 2009). Although other studies have been published since then (e.g., Hohendorff, Costa et al., 2014; Hohendorff, Salvador-Silva et al., 2014; Hohendorff et al., 2015), none have focused specifically on the dynamics of sexual abuse in boys.

The publication of scientific studies on sexual abuse against boys may help rectify misconceptions that usually denied the occurrence of this phenomenon. In light of these observations, the aim of this study was to present the possible dynamics of sexual violence against boys by interviewing young victims of sexual abuse and practitioners with clinical experience in the treatment of this population.

2. Method

2.1. Participants

The sample was composed of four boys, all victims of sexual abuse, and four practitioners, selected by convenience sampling, in four cities in Rio Grande do Sul, the southernmost state in Brazil. Convenience sampling was used due to the complexity of cases involving the sexual abuse of boys (e.g., secrecy, gender issues) and the subsequent difficulties in recruiting these individuals as research participants and retaining them in treatment. Boys were selected according to the following criteria: ages between 6 and 18 years, history of sexual abuse, and referral to psychosocial and/or psychotherapeutic treatment as a result of sexual violence at any point in the study period. One boy was excluded from the sample as a result of suspected cognitive impairment.

The victims were aged between 6 and 10 years. Two were abused at the age of 6 while the other two could not recall how old they were when the abuse took place. The perpetrators were 11–40 years old, and all had some form of relationship with the victims prior to the abuse (friend, uncle, neighbor and cousin). Three cases involved penetration while one involved attempted penetration. All victims disclosed the abuse to their mothers, while one also told a neighbor.

The inclusion criteria for practitioners were contributing to data collection (see Procedures section) and previous experience with the psychosocial and/or psychotherapeutic treatment of young male victims of sexual violence. The practitioners were aged between

30 and 51. Three were female and one was male. All practitioners were psychologists, and one had received specialized training in legal psychology and couples counseling. Practitioners had between six and 13 years of experience with victims of sexual violence. Three worked at a Specialized Reference Center for Social Work (*Centro de Referência Especializado de Assistência Social*) and one in a Specialized Health Center for Children and Adolescents (*Equipe Especializada em Saúde da Criança e do Adolescente*).

2.2. Instruments

2.2.1. Sociodemographic questionnaire

This instrument was completed by the practitioners responsible for interviewing each child, and used to collect sociodemographic information (e.g. age, education, ethnicity) to provide a description of the victims.

2.2.2. National Institute of Child Health and Human Development (NICHD) interview protocol

The NICHD protocol was used as a guide for participant interviews so as to standardize data collection. This forensic interview protocol is the most widely used and studied in the international literature on violence against children. It was developed by a group of researchers, interviewers and forensic professionals, considering aspects of child development, language and memory skills, suggestibility, and the effects of interviewer behavior, stress and trauma, as well as best-practice interview guidelines. Studies of this interview protocol (Lamb, Orbach, Hershkowitz, Esplin, & Dvora, 2007; La Rooy et al., 2015) have found that specific training in its use allows interviewers to increase the amount of information obtained from free recall and open questions regarding the traumatic event, reducing the effects of suggestibility. In the present study, data were collected using a version of the NICHD protocol translated and adapted for use in Brazilian Portuguese (Williams, Hackbarth, Blefari, & Padilha, 2012), available on the official NICHD website. This instrument has been increasingly used in the training of psychologists and social workers, as well as scientific research (Aznar-Blefari & Padilha, 2015; Hackbarth, Williams, & Lopes, 2015).

2.2.3. Semistructured interview about the sexual abuse of boys

This instrument was developed specifically for the present study, and administered to participating practitioners. It was composed of five questions, four of which pertained to their perception of cases of sexual violence (e.g., “Based on your professional experience, do you see any patterns in the occurrence of sexual abuse against boys? Explain”), and one referring to the actions of the system (“How do you see the actions of the system in cases involving sexually abused boys?”).

2.3. Procedures

2.3.1. Ethical approval and data collection

After approval by the Research Ethics Committee of the Federal University of Rio Grande do Sul (project number 450.002), public institutions, which received referrals of children and adolescents for psychosocial and/or psychotherapeutic treatment after suffering sexual abuse were contacted and invited to participate in data collection. Institutions were initially selected based on their physical proximity to the university and previous contact with our research group. Five locations in five different cities in the state of Rio Grande do Sul formally agreed to participate by signing a Term of Agreement. A course on sexual violence against boys was subsequently offered at these locations. The psychologists ($N = 6$; two worked in the same institution) employed at these services were trained on data collection using the NICHD protocol. Interviews were performed at the services themselves ($n = 3$; two interviews were performed in the same location), with any new patients who met inclusion criteria over the course of the study period (i.e., one year). Since child and adolescent victims of sexual abuse are always interviewed prior to initiating treatment, data were collected during these interviews by the practitioners themselves, to ensure the well-being of participating boys, and avoid exposure to an additional data collection interview. Legal guardians provided written consent for the participation of each child, and boys who could read and write signed a form of assent. Interviews were performed in the health care services whenever new referrals were received. Though data collection lasted approximately one year, only four cases of male sexual abuse were reported during this period, reflecting the low rates of treatment seeking in sexually abused boys.

Interviews were audio-recorded, and had a mean duration of 33 min. The NICHD protocol does not set a minimum duration for the interview, whose length is therefore determined by the willingness of the child to talk about what happened and the skills of the interviewer. Although 33 min may seem like too little time to collect the information required, it was as long as participants could manage given the myriad of issues associated with disclosure (as discussed in the Introduction section).

To complement data collection, four psychologists from partner institutions were then interviewed by the principal investigator regarding their experience with sexually abused boys. Interviews were performed face-to-face, individually, in the participating institutions. Written consent was obtained from all participants. Interviews had a mean duration of 27 min, and were audio recorded for later transcription.

2.3.2. Data analysis

Trained undergraduate psychology students transcribed all interviews. Each transcript was later reviewed and compared to the audio recording by the first author. The interviews were submitted to thematic content analysis using the NVivo 10 software. The deductive, or theoretical, analysis of the interviews was guided by six themes, referring to the different stages of sexual abuse against children and adolescents: (1) Preparation; (2) Episodes; (3) Silencing; (4) Narrative; (5) Suppression; (6) Overcoming. These themes were drawn from the integrative model of sexual violence against children proposed by Hohendorff et al. (in press).

Table 1
Themes, Sub-themes and Examples drawn from interviews with the boys.

Themes	Sub-themes	Examples
Preparation	Proximity to the offender	<i>He would get to my house, then my mother would leave, so he would babysit (EC1); My friend, when I was playing videogame at his house (EC2)</i>
	Relational asymmetry	<i>I was really little and didn't understand anything (EC1)</i>
	Play activities	<i>He (i.e., the offender) is nice sometimes... He even plays with me (EP1); He was really cool, he used to play with me, then later he raped me (EC2)</i>
Episodes	Victim vulnerability	<i>I slept on his bed by accident, I was passed out [...] I didn't understand it, really. I didn't understand it, really. (EC2)</i>
	Type/frequency of sexual violence	<i>Almost every day, when he went to my house and I went to his house, he raped me (EC1); He went and put that wiener all the way in my butt [...] Before it was maybe three times (EF1); Just once. Just once (EC2)</i>
	Use of physical force by the offender	<i>He took me [...] When I opened the door like this, he came over really quickly and got me (EF1); Then he held me like this, and tied my hands like that (EP1)</i>
	Victim reactions	<i>I was disgusted [...] Then I ran home (EC2); After he did that to me I tried to stop him, but I couldn't (EP1)</i>
Silencing	Fear	<i>I was really scared of telling everyone, anyone (EC1)</i>
	Disbelief by others	<i>But then my mom didn't believe me, so I said it was all a lie (EC1)</i>
Narrative	Repeated reports	<i>Then after [telling my mom] my neighbor started to ask about it, because she heard everything [...] So then I told her everything, and she told everything to my mom (EC1)</i>
	Facilitators	<i>Later I began to figure out what he did, because I saw it on TV, right? On the news... Then I began to figure it out, and I talked (EC1)</i>
	Victim feelings	<i>When I talk I feel kind of stressed [...] I feel angry, kind of nervous, I feel so angry I might explode (EC2)</i>
	Family reactions	<i>Then she [sister] told my mom, my mom cried, my dad called the doctor, then took us there (EP1)</i>
Repression	Discreditation	<i>Then my mom told her and she [the mother of the perpetrator] didn't believe it (EC2)</i>
	Avoidance by the victim	<i>So I told her [mother] that I felt like doing it [the same as they did to him] whenever they talked to me about it, but that was a lie, just so she wouldn't talk about it anymore. I don't like it [talking about the abuse] (EC2)</i>
Overcoming	Distance from the offender	<i>She [mother] told me not to go to his house anymore [offender] (EF1)</i>
	Family support	<i>And my brother is spending more time with me, because he used to go out, and would only be at home sometimes, but now he talks to me, plays with me sometimes (EC1)</i>
	System intervention	<i>When I talk about it I feel kind of stressed, but not right now, because I'm talking to a specialist! (EC2); Thankfully the doctor solved what happened... (EP1)</i>

Thematic analysis was performed as described by Braun and Clarke (2006). Each source (i.e. interviews with boys and practitioners) was independently analyzed in six steps: (1) familiarization with the data by reviewing transcripts, listening to recordings, and taking notes. All transcripts were checked against the audio recordings once, and re-read at least two more times in their entirety; (2) identification and selection of data excerpts (i.e. transcript segments), coded based on their similarity/differentiation from the six main themes (all transcripts were coded for each of the themes analyzed); (3) revision of excerpts and their thematic fit; (4) refinement of the analysis by the inductive identification of sub-themes. The segments included in each main theme were reviewed, and specific sub-themes were identified based on content similarity; (5) final listing of themes and sub-themes, illustrated by representative examples (Tables 1 and 2); (6) description of results.

The method described by Braun and Clarke (2006) does not include the assessment of inter-rater reliability. According to these authors, “the use of inter-rater reliability is underpinned by the (realist) assumption that there is an accurate reality in the data that can be captured through coding. Our approach to TA [Thematic Analysis] sees coding as flexible and organic, and coding should evolve throughout the coding process. We understand coding as an active and reflexive process that inevitably and inescapably bears the mark of the researcher(s)” (Braun & Clarke, n.d.). As such, stage two of the coding process was conducted by an independent researcher working towards a PhD in psychology, with a master's degree as well as clinical and research experience with child and adolescent sexual abuse. The analysis of each interview was summarized in a table containing three columns: the first contained the transcripts, the second contained the coding, and the third provided room for any additional observations. Excerpts from the transcripts were identified and selected from the first column, and labeled with their corresponding theme on the second column. The results of the analyses performed by the first author and the independent researcher were then compared. Based on the results of the comparison, the coding of each excerpt was revised and sub-themes were refined, when necessary.

3. Results

All six themes were identified in the interviews with the victims of sexual abuse and the practitioners (i.e., Preparation, Episodes, Silencing, Narrative, Repression and Overcoming). Each theme refers to a different stage in the dynamics of sexual abuse against children and adolescents. Sub-themes were then identified within each main topic, as shown in Tables 1 and 2.

Preparation corresponds to the first stage in the dynamics of sexual violence, and comprises all data related to facilitators of sexual abuse and strategies used by offenders to gain access to their victims. The sub-themes *proximity to the offender* and *relational asymmetry* were identified in both sets of interviews. These topics suggest that offenders often had some sort of previous relationship with the victim (e.g. friends, relatives), and that this relationship was asymmetrical in nature. The asymmetry refers to a power imbalance and an unequal understanding of sexual interactions between the offender and the victim. The sub-theme *play activities* was

Table 2
Themes, Sub-themes and Examples drawn from interviews with practitioners.

Themes	Sub-themes	Examples
Preparation	Proximity to the offender	<i>So the child stays with someone sometimes, a caretaker, could be the stepfather, could be an uncle... anyway, someone who can help. And this person crosses all of these lines. He stops being a caretaker and becomes an abuser, right? (PF)</i>
	Relational asymmetry	<i>There was an imbalance of power in that situation, a difference in everything, right? (PP)</i>
	Bargaining	<i>A neighbor asked him for oral sex in exchange for a couple of speakers (PCc)</i>
	Vulnerability	<i>Social and emotional vulnerability [...] the mother has to work a lot to meet their financial needs and contribute to the family income [...] the emotional vulnerability in the sense that the boy is looking for a role model (PF)</i>
Episodes	Type/frequency of sexual violence	<i>A neighbor asked him for oral sex (PCc); Some are single episodes, some aren't (PP)</i>
Silencing	Victim does not see the sexual interaction as abuse	<i>They didn't have the understanding that they were abused, see. For them, it was all part of a game, a sexualized game (PCm)</i>
	Age	<i>It seems that the older they are, the harder it is [to disclose it]. See... When he is younger, it is a little easier (PF)</i>
	Distrust	<i>It seems people are always more worried when filing reports about boys than girls. It seems people always trust it a little less (PP)</i>
	Family secret	<i>The family silence makes it difficult because it discredits the adolescent, and he ends up letting it go (PCm)</i>
	Family punishment	<i>I never heard a mother say she slapped her daughter around because she let the abuse happen, but I have heard mothers say they hit their son because they shouldn't have let it happen (PP)</i>
Narrative	Threats by the abuser	<i>The family had just arrived in the community, see, and a drug dealer got the kid as kind of a way to say, look, I make the rules around here and you can't report me (PP)</i>
	Third-party disclosure	<i>Third-parties talk about what happened, but not the victim. Disclosure is often difficult (PCc)</i>
	Age	<i>When he is younger, it is a little easier [to disclose it], either because it hurt him, or because of the emotional damage. He can't handle it, so he might be able to say something to someone, see. But older children, older boys, they seem to have a lot of trouble with it (PF)</i>
Repression	Need for additional reports and/or evidence	<i>Mothers have this thing where they need something concrete to prove that her son was actually abused (PF)</i>
	Maternal reactions	<i>One of the mothers, when she found out about the suspicion of abuse, she went to the place where the alleged perpetrator was and jumped the guy. She hit him and people had to get her off him (PCm)</i>
	Lower visibility	<i>Because it's veiled, right? It's more hidden in boys (PCc)</i>
	Lack of reports and/or evidence	<i>When they get here, there is only a suspicion, and it's difficult to see... You know, did it happen, or maybe it didn't, others say it happened, but the victim doesn't, it's often difficult to figure out (PCc)</i>
	Presence of the abuser	<i>Sometimes because they are at home with the offender, they have to lock it away in a little drawer, and maybe someday it will come out again, or maybe it never will (PF)</i>
	Family reactions	<i>We try to manage their resistance, their fear, discuss the myths they create, you know? That talking about it will make him grow up to be an abuser, or talking about it will make him gay. But sometimes it's complicated for the family... It's best not to talk (PCc)</i>
	Victim and family concerns	<i>Fear that the boy might also become an abuser. Fear of homosexuality... That comes up a lot... Like, is he gay, could it be that the other boy was interested in him because, well, maybe there is something feminine about him. And I think this gets to people. I notice it distresses them... It's harder for them to deal with these worries than it is with girls (PCc); I think it always comes back to the issue of questioning their sexuality. Maybe the little ones don't speak so openly (PP)</i>
	Social discreditation	<i>What I said earlier, about people disregarding sexual violence against boys, I think that's also a pattern. Because our society is sexist, so sometimes they look at it as if he's having fun, you know? (PCm)</i>
	Stigmatization	<i>It's a teenager, so there is the whole issue, hm, social, cultural, you know? What people will or won't say if he admits that the abuse happened [...] that talking about it will make him grow up to be an abuser, or talking about it will make him gay (PCc)</i>
	Compensation	<i>Boys, in the cases I've seen, show more aggressiveness. They externalize it more (PCm); They have trouble dealing with female figures. That stands out a lot. They can't hear, can't hear, can't hear (PF)</i>
Overcoming	Perceptions of the system	<i>We're not 100% prepared to treat cases of sexual violence against boys (PCm); We are still a long way from how things should be, how we should look at it (PF)</i>
	Navigating the system	<i>It works like this: Suspected sexual abuse. Child services takes them to the police station, files a report, then the sheriff requests a medical evaluation [at a reference hospital in the state capital]. Then child services, together with the family, take the child to the hospital for the assessment (PCm)</i>
	Flaws in the system	<i>We don't have the time or the resources to take a case and go all the way from start to finish. This may be our biggest failure (PF); I think the issue of gender still exists [in the system] because of what I said earlier, about discrimination, see? As if boys could be victims of violence and it wouldn't affect their lives. Girls seem like they are a little more cared for (PF)</i>
	Difficulties in the process	<i>It's concealed, much harder to get a confirmation so we can make the referrals, file police reports, all that (PCc)</i>
	Lack of family involvement	<i>Some issues are... They are beyond our, our reach, see, like the family's willingness to receive treatment (PCc)</i>
	Management strategies	<i>We tell child services and the public ministry [when the victim does not attend]. What we do in our institution [...] is dig around, always check on things, always try to make arrangements (PP)</i>
	Need for additional training	<i>I believe training should also be offered to people at these institutions [police, public ministry], not just child services, CREAS, CRAS, CAPS, but people in these other sectors should also be trained (PCm)</i>

(continued on next page)

Table 2 (continued)

Themes	Sub-themes	Examples
	Changes required	<i>There is no court ordered family treatment, a program with a fixed number of sessions [...] Everyone who goes through something like this should need to go through, say, a twelve-session treatment program (PP)</i>

only identified in interviews with the boys, while the topics *bargaining* and *vulnerability* were only discussed by the practitioners. The boys mentioned playing and videogames. In one case (EF1), the activity (i.e. “playing PlayStation”) was used as a pretext to approach the victim by the offender. He would tell the boy that he was only allowed to play, if he had sexual relations with him. Similarly, the sub-theme *bargaining* contained an excerpt describing an offender who offered a boy a set of speakers in exchange for sexual relations (PCc). Lastly, the topic *vulnerability* described this concept on two different levels – social and emotional – identifying a possible association between risk factors for sexual abuse. The vulnerabilities described by practitioners included low socioeconomic status (i.e. poverty), maternal absence due to work outside the home, the emotional need to identify with a male role model (PF) and growing up with greater freedom as a result of being a boy, or being “*let out earlier*” (PP).

Excerpts describing the abuse itself and any behaviors of the victim and offender during the episodes were included in the *episodes* theme, the second stage in the dynamics of sexual abuse. In the subtopic *type/frequency of sexual violence*, boys and practitioners described different types (e.g. oral sex, penetration) and frequencies of abuse (i.e., single or multiple episodes), suggesting significant variability in cases of sexual violence against boys. Three other sub-themes in this stage were also identified in interviews with victims of sexual violence: *victim vulnerability*, *use of physical force by the offender*, and *victim reactions*. *Victim vulnerability* was identified in the case of a boy who fell asleep at an older friend’s house and woke up during the abuse, which was perpetrated by the friend himself (EC2). In two other cases (EF1, EP1), offenders used physical force to restrain the victim during the abuse. In one case (EF1), the perpetrator was an adult male who held the boy down when he tried to escape. In the other (EP1), a teenage offender tied up the victim’s hands during the abuse. *Victim reactions* included disgust and immediate disclosure to the victim’s mother (EC2), as well as attempts to detain the abuser (EP1).

The subtopic *silencing*, the third stage in the dynamics of sexual abuse, included excerpts describing strategies and factors, which contributed to keeping the abuse a secret. The two sets of interviews revealed several subtopics related to both personal and interpersonal aspects of this process.

On a personal level, boys mentioned *fear* of disclosure, while practitioners discussed the *victim not seeing the sexual interaction as abuse* as well as the *age of the victim*. The boys expressed *fear* of disclosing the abuse to other people, with one participant saying his mother may have physically punished him (i.e., “spank me” – EF1), and another discussing the possible reaction of his grandmother, who, according to him, was “*too old*” (EC1) and might have died. One of the practitioners (PCm) illustrated their report with a case in which the victim himself did not see the sexual interaction as abuse. Two adolescent boys had been abused by an adult, but considered the incident to have been a “*sexualized game*” (PCc) rather than abuse. When the *victim does not see the sexual interaction as abuse*, it is likely to remain a secret, since the victim would see no reason to disclose a situation, which they did not see as inappropriate. The *age* of the victim was also mentioned by one of the practitioners (PF). According to this individual, older boys find it more difficult to disclose the abuse.

On an interpersonal level, *disbelief by others* was mentioned by one of the boys, while practitioners cited *distrust*, *family secrets*, *family punishments* and *threats by the abuser*. In one case, the boy told his mother about the abuse, and, as a result of her *disbelief* of his report, ended up saying that nothing had happened and, “*it was all a lie*” (EC1). The practitioners described additional features of the silencing of male victims of abuse. These individuals suggested that boys’ reports are met with more *distrust* than girls’ reports of similar situations (PP). Additionally, mothers may be more inclined to administer physical punishment to boys than girls following the disclosure of sexual abuse, since they may hold the child responsible for the incident, claiming they “*should not have let that happen*” (PP). The idea of a *family secret* was also identified in this theme. The family may be fully aware of the situation and still choose to keep it a secret, leading the victim to feel discredited and with no motivation to seek help (PCc). Lastly, one practitioner described an instance in which the abuser threatened the family of the victim. The abuser was an authority figure in the community, and prohibited the family from reporting the occurrence (PP), contributing to the silencing of the issue.

Excerpts referring to situations in which the abuse stopped as a result of disclosure or discovery were included in the topic labeled *narrative*, the fourth stage in the dynamics of sexual violence. The subtopics *facilitators*, *victim’s feelings* and *family reactions* were identified in the interviews performed with the boys, while practitioners mentioned *third-party disclosure*, *age*, *need for additional reports and/or evidence* and *maternal reactions*.

One boy mentioned that he “*figured out what he [perpetrator] did*” (EC1) by watching the news on television, while another only disclosed the abuse after his sister, who had also been a victim, did the same (EP1). The news in the first case and the sister’s report in the second acted as *facilitators* of disclosure. This theme was also discussed in connection with the *victim’s feelings* and *family reactions*. The feelings included *courage* (EC1), stress and anger (EC2). One boy described his mother’s reaction as she attempted to assimilate the new information: “*My mom was upset after I told her, she didn’t want to believe it. So she started asking how he did it and I told her, that it was like this, this and that... My mom was terrified. She believed me then*” (EC1). Other family reactions included a brother going to the house of the offender after being told of the abuse by the victim’s mother (EC1), a mother going to the house of the perpetrator (EC2), a mother crying and the father seeking help from the system (EP1).

As seen in the interviews with the boys, one of the practitioners (PCm) also discussed *maternal reactions* to disclosure. This individual described a situation in which the victim’s mother went to the house of the abuser and physically assaulted him. The

mother in question often talked to her son about what had happened to him. According to the practitioners, the abuse is often reported by third-parties (i.e., *third-party disclosure*) with no confirmation from the victim (PCc), although younger boys may find it easier to disclose the events (PF). Mothers do not usually notice that the abuse took place, even in the presence of behavior changes on the part of their sons, unless there is concrete evidence, or the victim actually discloses the event (PF). In some cases, even after disclosure, there is a need for “concrete proof that her son was the victim of abuse” (PF).

Repression, the fifth stage in the dynamics of sexual violence, refers to denial of the abuse by the perpetrator, the victim’s family, or even the victims themselves, even after it has already been reported. The concept of victim stigmatization is also discussed as part of this theme. Similar subtopics were identified in the interviews with the boys (i.e., *discreditation, avoidance by the victim*) and practitioners (*social discreditation, lack of reports and/or evidence*). The discreditation discussed by the victims referred to the family of the abusers and their own extended families, who did not believe they had been abused. Practitioners, on the other hand, focused on *social discreditation*, often as a result of the discrimination and sexism, which influence people’s attitudes toward the sexual abuse of boys (PCm). One practitioner mentioned that “[...] a boy, being a victim, nobody really buys that, you know? People don’t like that at all” (PP). The *lack of reports and/or evidence* discussed by the practitioners highlights the boys’ resistance to admitting the abuse, even when others already know it occurred (PCc, PF). However, even after the victim’s disclosure, the need for “visible proof” was also mentioned as a requirement for any protective action on the part of the victims’ mothers (PF).

The interviews with practitioners contained six additional subtopics under the theme *repression: lower visibility, presence of the perpetrator, family reactions, victim and family concerns, stigmatization and compensation*. The idea of *lower visibility* is reflected by the low number of boys referred for treatment after sexual abuse (PCc, PCm, PF), so that this issue remains “veiled” (PCc). The discrimination and shame experienced by victims (PF) also contributes to the *lower visibility* of this type of case. Since victims may continue to be in the *presence of the perpetrator* even after the abuse has been reported, they may have to “lock [the traumatic memory] away in a little drawer” (PF), leaving them no room to talk about their experiences. Practitioners also suggested that the avoidance of discussions involving the incident was a common *family reaction* to sexual abuse (PCm, PF, PP).

Practitioners also mentioned reactions to the issues of gender roles and sexual orientation. Two individuals (PCc, PF) described situations in which the victims’ parents began to question their son’s behavior (e.g. using hair gel, caring about their appearance), taking them as indicators that their son “was a fag” (PCc). As a result, parents would be “even harder on the boys” (PP), so the children would feel the need to “prove [to their fathers] how manly they really are” (PP). Perceived gender roles also influence the importance given to the abuse by different families. Practitioners discussed, for instance, mothers who physically punished their sons for believing they should not have let the abuse happen (PP), fathers who demanded that their sons engage in behaviors considered typically masculine (e.g. playing soccer, hitting their classmates; PP), and a disregard for the impact of sexual abuse on boys (e.g., “[...] for some families, it’s like, ‘what doesn’t kill you makes you stronger’”; PF). These reactions may be related to some of the family’s concerns, which are often shared by the victims. Practitioners reported that *victim and family concerns* included the family’s fear that the boy would grow up to be an abuser, or that he could become homosexual (PCc). According to the practitioners, homosexuality was also a recurring concern for victims (PCc, PP), especially adolescents (PP). The social myth that boys who suffer abuse will grow up to be abusers (PCc, PP), or gay, are indicative of victim *stigmatization*. Lastly, practitioners described certain behaviors, which may be a form of *compensation* for victims, as they attempt to deal with their perceptions of the male gender role and the role of a victim. Increased aggressiveness (PCm, PF), for instance, was often observed after the occurrence of sexual abuse.

Excerpts related to victim protection and recovery, as well as the role of the system, were included in the theme of *overcoming*, the sixth stage in the dynamics of sexual violence. In two cases (EF1, EP1) the boys reported that their mothers helped them keep their distance from the abusers. These descriptions were included in the subtopic *distance from the offender*. The sub-theme *family support* included descriptions of attempts to help the victims. Boys mentioned their families taking them to the hospital, receiving help from their mothers, receiving more attention from a brother, their aunt’s support (EC1), and their father taking them to the hospital (EP1). The theme *system intervention* included descriptions of a visit to a health care center where the boy was asked about the abuse (EC1), a reduction in stress after talking to the interviewer (EC2), going to the doctor and undergoing a medical examination, and a perception of the psychosocial intervention as “really cool” (EP1).

In the other set of interviews, the theme of *overcoming* included the following subtopics: *perceptions of the system, navigating the system, flaws in the system, difficulties in the process* of cases involving boys who were victims of abuse, *lack of family involvement, management strategies* used by practitioners to cope with issues during the intervention, *need for additional training*, and *changes required*. All practitioners appeared to endorse similar *perceptions of the system*. The individuals noted that the system was flawed, and not prepared to handle cases of sexual violence against boys.

The characteristics of the referral process in these cases, in the cities where the partner institutions were located, were discussed in the subtopic *navigating the system*. The majority of reports and referrals were made in child protection services and reference hospitals. One practitioner (PCc) mentioned an issue specific to the referral system in her region, faced by victims of abuse. According to her, child protection services used to refer victims to psychosocial care only, providing no additional referrals (e.g. hospitals, police). Whenever the victims and/or families did not confirm the abuse, the practitioners responsible for the psychosocial interventions were told to investigate its occurrence. Since it is not the function of psychosocial services to conduct investigations, this individual contacted child protection services to address the situation.

Practitioners also identified several flaws in the system. Due to high demands (PCc), a heavy workload (PP) and significant time pressure (PF), the system is unable to implement adequate measures or carry out interventions from beginning to end (PCc). Several cases are lost in the process, and the system is in no condition to “actively seek them out” (PCc) and re-engage them. The influence of discrimination in the way sexual abuse against boys is handled is evident in the difficulties demonstrated by practitioners in hearing about these cases (PF), the way they are disregarded by the system (PCm), the “*pseudointellectual*” claims that all victims will grow up

to be abusers (PP) and the inappropriate attitudes of practitioners in the system. One of the practitioners interviewed in the present study described a judge who had asked a victim: “*Okay, but you went there because you wanted to, right?*” (PCm), referring to the place where the sexual abuse took place. The difficulty in holding abusers accountable and cutting off their contact with the victims, as well as the long delays until the victim is allowed to testify (PF) were some of the flaws of the justice system identified by one of the practitioners. Lastly, the system was found to be lacking on several important aspects, according to one of the practitioners interviewed (PP). These included the communication between services, the documentation for referrals, financial investment, staffing, and employees who could serve as healthy male role models.

One practitioner (PCc) discussed the *difficulties in the process* through which cases of sexual abuse against boys are handled. This issue was included as a separate sub-topic. The difficulties in the confirmation of sexual abuse in these cases may also affect referral rates. The fact that boys do not usually disclose the abuse was identified as a decisive factor in this regard. The practitioner in question also believes that it is much more difficult for boys to complete an intervention than for girls in similar situations. These difficulties may be at least partly explained by the *lack of family involvement* in the intervention, another subtopic identified in the interviews. Three practitioners discussed the resistance of families to attend the service (PCc, PCm, PF). The victims themselves, on the other hand, were described by one practitioner as being “*very compliant, very engaged*” in treatment (PCc), which points to a possibly decisive role of the family in the continuation of intervention processes. One practitioner also described the *management strategies* used to handle the issues that arise during interventions. These include alternating between sessions with the boy and the family, or increasing the interval between sessions when families are unable or unwilling to attend treatment on a weekly basis; arranging for other family members to take a child to the service when the mother was unwilling to do so; notifying the public ministry whenever appointments were missed; and scheduling regular meetings with other services in the system to discuss each case (PP).

In light of these observations, practitioners also discussed the *need for additional training* and several of the *changes required* to the system. In the interviews, practitioners suggested that professional training efforts should not be restricted to child protection, social work and psychosocial services (PCm), as is currently the case, and should be expanded to focus on institutions such as the police and the public ministry. Lastly, the *changes* suggested by practitioners included court-ordered attendance to treatment for victims of sexual abuse, so as to “*improve the quality of referrals*” (PCm); mandatory treatment for the family (parents) of the victim; increased presence of male employees in health care services, to act as “*non-aggressive male role models*” (PP), and facilitate disclosure for victims who do not feel comfortable discussing certain issues with female practitioners (PP); and the need to improve information-sharing about cases between the services in the system (PP).

4. Discussion

The aim of the present study was to explore the possible dynamics of sexual violence against boys by interviewing young victims of sexual abuse and practitioners with clinical experience in treating this population. Data were collected with the help of five partner services involved in the treatment of child and adolescent victims of sexual abuse. Although data were collected for approximately one year, only four victims of abuse were interviewed, due to the low number of referrals for this type of patient. The low prevalence of sexual abuse against boys corroborates both national ([Programa Nacional de Enfrentamento da Violência Sexual contra Crianças e Adolescentes, 2010, 2011](#)) and international data ([Barth, Bermetz, Heim, Trelle, & Tonia, 2013](#); [Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011](#)). However, certain features of the abuse itself may influence the accuracy of these prevalence estimates. Studies of sexual violence against males suggest that most victims only disclose the abuse in adulthood ([Easton et al., 2014](#); [Sorsoli et al., 2008](#)). The low frequency of disclosure in childhood and adolescence may explain the scarcity of studies involving male victims with a more recent history of abuse, since these individuals are less accessible for research.

The present findings shed light on the complexity of sexual abuse against boys, and the influence of contextual characteristics on its onset, maintenance and termination ([Spiegel, 2003](#)). In the preparation stage, the proximity between the abuser and the victim, and the presence of relational asymmetry, were the main facilitators of abuse. These data corroborate previous findings regarding the role of a preexisting relationship with the victim as a facilitator for abuse ([Crosson-Tower, 2015](#); [Sgroi et al., 1982](#); [Spiegel, 2003](#)).

Results regarding the episodes of sexual abuse also pointed to the variability in the types and frequency of sexual violence experienced by participants. The victims did not provide detailed descriptions of the abuse, possibly because boys are less likely to discuss this type of incident in childhood ([Easton et al., 2014](#); [Sorsoli et al., 2008](#); [Weiss, 2010](#)). As a result, entrance and exit rituals, such as those discussed by [Furniss \(1991\)](#), could not be identified. All perpetrators were male, and ranged in age from pre-adolescence to adulthood, corroborating the results of previous studies ([Hohendorff, Costa et al., 2014](#); [Holmes & Slap, 1998](#); [Kristensen, 1996](#)). Two cases involved multiple episodes of sexual abuse, supporting the theory of sexual abuse as a syndrome of addiction ([Furniss, 1991](#)). In three of the four cases, the offender was an adolescent. The early onset of violent sexual behavior suggests a need for additional investment in preventive strategies and interventions to prevent its continuation into adulthood.

In the majority of cases, the abuse was kept a secret due to both personal and relational factors. As indicated in previous studies ([Easton et al., 2014](#); [Holmes & Slap, 1998](#); [Kristensen, 1996](#); [Sorsoli et al., 2008](#)), the victims’ fear and interpretation of the situation as something other than sexual abuse (i.e. personal factors), as well as the possibility of discreditation, disbelief by others, or even physical punishment following disclosure (i.e., interpersonal factors) all contributed to the secrecy of the abuse. Fear and disbelief are part of the syndromes of secrecy ([Furniss, 1991](#)) and accommodation ([Summit, 1983](#)).

In all four cases, the boys eventually disclosed the abuse to their mothers. These findings corroborate the current literature on the sexual abuse of girls. Female victims also tend to disclose the abuse to their mothers, who then take action to protect them ([Plummer, 2006](#); [Hohendorff et al., 2015](#); [Santos and Dell’Aglia, 2013](#)), as observed in the present study. In three cases, disclosure was

intentional, while in one case; the abuse was accidentally disclosed after the victim's sister reported a similar experience of her own. Purposeful disclosure occurs when the victim intentionally reveals the incident, while in accidental disclosure, it is revealed by accident, due to observation by a third party or suspicious indicators of abuse (e.g., physical injury, victim behavior; Sgroi et al., 1982). The disclosure may be precipitated by an event or person (Malloy, Brubacher, & Lamb, 2013), who acts as a facilitator of disclosure in this particular case. In the present study, two such facilitators were identified (i.e. news reports and sister's disclosure), suggesting a significant influence of external factors on the disclosure of abuse.

According to the practitioners interviewed, the age of the victim may influence disclosure, as younger boys may find it easier to reveal the abuse. Third parties may also disclose the situation. This may be because the boys themselves find it difficult to disclose the abuse due to the social expectations of masculinity (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Easton et al., 2014; Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012; Weiss, 2010), whose influence on behavior tends to increase, as boys get older. The comparison of disclosure patterns between boys and girls suggests that in the former, disclosure is more likely to be accidental, while in the latter, it occurs intentionally (Baía, Veloso, Habigzang, Dell'Aglio, & Magalhães, 2015).

The victim's shame and avoidance of the subject, as well as disbelief in their report, especially by the family of the offender, all contributed to the process of repression. Family concerns and reactions (e.g. believing the child is gay, administering physical punishment, fearing that the child will grow up to be gay or an abuser) also reflect the stigmatization of male victims of sexual abuse. Gender identity (e.g., questioning the masculinity of the victim) and sexual orientation (e.g. believing the victim is gay) are often discussed in the literature on sexual abuse of males (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Easton et al., 2014; Gill & Tutty, 1999; Kia-Keating et al., 2005; Lisak, 1994; Sigurdardottir et al., 2012; Spiegel, 2003), emphasizing the influence of these issues on the secrecy of abuse against men and boys.

According to Spiegel (2003), boys and men who experience sexual abuse develop a compensatory self to cope with the discrepancy between what is socially expected of victims of sexual abuse (e.g., vulnerable, dominated by an abuser) and being a boy or man (e.g., strong, brave, and competent). After extensive cognitive and behavioral restructuring, some boys/men may take on a hypermasculine role, while others may assume a feminine, androgynous or undifferentiated self. In the present study, practitioners noticed high levels of aggressiveness among victims of sexual abuse, which may be part of an attempt at compensation. According to one of the practitioners, victims of abuse are often pressured by their parents to take on a hypermasculine role, which may lead them to engage in increasingly aggressive behavior. This phenomenon may also be attributed to the traumagenic dynamics of betrayal, described by Finkelhor and Browne (1985). This process involves the realization that someone whom the child liked and trusted (i.e. the perpetrator) used their relationship as a means to abuse them.

The overcoming of sexual violence was associated with the distancing of the abuser from the victim, family support and system interventions, whose positive effects were described by two of the boys interviewed. The immediate response of primary caretakers (e.g. mother) is a major determinant of the development and severity of the consequences of the abuse for male victims (Hunter, 1990). Practitioners unanimously agreed that the system is flawed and unprepared for cases of sexual violence against boys. The flaws include difficulties associated with maintaining the patient in treatment, and the idea that male victims will grow up to be abusers, which is shared by many professionals in the system. According to the practitioners interviewed, these issues underscore the need for additional training. In a recent study, Pelisoli, Herman, and Dell'Aglio (2015) identified a significant difference between the familiarity of lay people and professionals with the scientific basis of interventions in cases of sexual abuse involving children and adolescents. While professionals are more familiar with this information than lay people, they also overestimate the extent of their knowledge. The educational level of these professionals was positively correlated with the depth of their knowledge, which also demonstrates the importance of continued training. The idea that male victims of sexual abuse will grow up to be offenders has been thoroughly debunked by the scientific literature. A recent longitudinal study of over 38 thousand men followed from childhood to adulthood found no associations between experiencing sexual abuse and becoming a sexual offender. Exposure to multiple forms of violence (i.e. polyvictimization), however, was significantly associated with sexual offending in adulthood (Leach, Stewart, & Smallbone, 2016).

These results of the present study must be interpreted in light of some limitations. Practitioners trained on the administration of the NICHD protocol collected data from the victims. As a result, the interviews were short, and provided a relatively shallow investigation of the information obtained. The practitioners interviewed also took a brief course on sexual violence against boys in the period preceding the interview. This may have raised their awareness of the issue at hand and biased their answers. Nevertheless, this study revealed several characteristics of sexual abuse in boys, which could be used to plan intervention strategies.

5. Conclusion and implications for practice

Together, the findings allow for the identification of several specificities of the sexual abuse of boys. As reported by one practitioner, "*nobody buys it*" that a boy could be a victim of sexual abuse, which decreases the visibility of these cases. In the family context, the fact that boys may face disbelief and even physical punishment after disclosure shows how difficult it is for individuals to understand that boys can also suffer sexual abuse. At the family and social levels, these cases are permeated by misconceptions regarding the gender identity and sexual orientation of the victim, contributing to the lower visibility of male sexual abuse as a public health problem. The flaws in the system are also a risk factor for victims, who may come to experience further adversity even after the abuse has been terminated.

The findings presented in this article suggest, for instance, that interventions should involve additional methods of facilitating victim disclosure. The professional should acknowledge the shame felt by the victims, and provide psychoeducation regarding the existence of other similar cases, discussing the importance of talking about these experiences in the context of therapy. A useful

psychoeducation tool for these patients may be the documentary *Overcoming – sexual violence against boys* (Hohendorff, Habigzang, Rodrigues, & Koller, 2012, available on <https://vimeo.com/22827535>), which has already been used in a model of psychological intervention for sexually abused boys (Hohendorff, Salvador-Silva et al., 2014). This model also included strategies for discussing how to shift blame away from the victim, feelings of shame, and gender stereotypes. These can be adapted to different demands and used accordingly. Lastly, individuals who display aggressiveness or apathy may require additional training for emotional expression or social skills. Preventive interventions should also be developed to identify risk factors (e.g. maternal absence, locations or secondary caretakers to whom the boy is exposed) and raise the awareness of primary caregivers as to their existence.

The present study therefore builds on the limited body of national and international literature on the sexual abuse of boys. These investigations allow for a greater understanding, as well as increased academic and social visibility, of sexual violence against boys.

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