

Psychosocial Services to Male Child Sexual Abuse Survivors in Kenya: A critical Review

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Abstract

Childhood sexual abuse (CSA) is a form of Gender Based Violence that violates not only the dignity of the abused child but also robs the very core of human existence. It is a community abomination and a crime against humanity. Psychosocial support facilitates faster healing from the abuse. This paper sought to assess the Psycho-Social Services offered to Male Child Sexual Abuse (MCSA) survivors in Kenya through a critical analysis of existing literature on the topic. The objective was to review the literature on the psychosocial Support Services offered to MCSA Survivors and to assess the implications on the community's response to MCSA in Kenya. Data was collected by conducting a critical review of qualitative, quantitative and meta-analysis articles and publications. Data was analyzed both quantitatively and qualitatively and the results were presented thematically. The findings of the study revealed that although there were established rules, guidelines and measures to protect and support male child survivors of sexual abuse, in practice, many program interventions were inclined towards the girl child. Counselling services, setting up long-term support mechanisms and creating a protective environment for the child were also inclined towards the girl child. In terms of community response to male child sexual abuse, the whole society's approach was recommended to prevent the escalation rates of the abuse in Kenya. This will help improve the psychosocial well-being of male child sexual abuse survivors and society in general. The study recommended that deliberate efforts should be made to isolate specific intervention programs and resources for male child sexual abuse. Policies should also be reviewed to include specific guidelines for the male child sexual abuse victims.

Keywords: Psycho-Social, Male Child Sexual Abuse, Sexual Abuse Survivors, Community Intervention

1. Introduction

Child Sexual Abuse (CSA) is a form of child abuse that dehumanizes and deflowers the innocence of children. It's one of the most traumatizing and confusing problems facing many societies across the world, Kenya included. It is a global public health issue that occurs in diverse cultural and socioeconomic contexts [1]. It is not limited to any specific region or demographic group [2]. World Health Organization, defines child and adolescent sexual abuse as experiences that involve an adult or older child using a child for sexual gratification and can include, but is not limited to, rape, unwanted touching, threatened sexual violence, exhibitionism, and exploitative use of children in pornography or sex work [3]. The child is involved in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or violates the laws or social taboos of society, WHO [3]. It is a

global public health concern and is associated with a wide range of adverse outcomes. Studies have reported associations between childhood sexual abuse and many psycho-social and health-related outcomes [4,5].

2. Background to the Study

Children and adolescents worldwide are affected by CSA, irrespective of age, gender, race, ethnicity, socio-economic status, religion or disability. It threatens to disenfranchise our social fabric and destroy the very core of the family and society. Reports from WHO indicates that between 7%-30 % of adolescent males had experienced sexual coercion at the hands of family members, teachers, boyfriends and strangers. Rochelle, contends that risk factors, such as age, sex, and family structure increase the likelihood of CSA. Child sexual abuse takes place in a variety of setting including the home, school, church, workplace or the

community [6]. Karakurt & Silver, argues that any sexual act with a child, performed by an adult or an older child, who cannot give consent by age, disability, or because of the fear of harm by the perpetrator, is categorized as CSA [7]. Empirical studies have shown that most of the CSA victims knew the perpetrators either family members, neighbours, family friends or teachers Selengia et al, Ferragut et al and David et al. The impacts of CSA are well documented globally, regionally, and nationally. CSA has devastating effects not only on the victim but also to the very core of the society [8-10].

According to various studies, the prevalence of child sexual abuse ranges from 7.9% to 19.7% for males and from 8% to 36% for females [11,12]. Pereda et al analyzed 65 research studies in 22 countries and found 7.9% of males and 19.7% of females worldwide experienced CSA before they turned eighteen. In North America, the prevalence of CSA was 7.5% and 25.3% for males and females, respectively, while Europe had a prevalence of 9.2%. CSA prevalence in Asia and Africa stood at 23.9% and 34% respectively, meaning Africa had the highest incidence of CSA [13]. Specific to various African countries, the prevalence rate for South Africa was highest at 61% for males and 43.7% for females; Tanzania had a 25% and 31.0% prevalence rate among males and females, respectively. CSA incidences in Kenya was slightly lower at 22% and 17% for males and females, respectively [14]. A report by UNICEF (2014) indicates that more than 10% of Kenyan females encounter CSA before 18 years. The same report revealed that at least 37% of those victims were abused before they reached age 10, while 24% of the male victims experienced their first CSA before they reached 14 years. A national survey report of 2010 on violence against children in Kenya revealed that 23% of the girls and 12 % of the boys aged between 13-17 years had experienced some form of sexual abuse that included unwanted sexual touching, unwanted attempted sex, pressured or physical sex, [15]. Studies estimate that approximately 233 million children (67 per cent girls and 33 per cent boys) worldwide have experienced child sexual abuse [16]. According to studies, from 2007 to 2018, the prevalence of CSA in Kenya was 3.6% for men and 11.8% for women. According to data from the Nairobi Women's Hospital, 55% of victims of abuse are young girls (0-15 years old) and 11 % are boys. According to The Cradle Children's Foundation, 67% of reported criminal cases involved sexual assault of children [17]. Odhiambo noted that according to the statistic in 2013 from the Kenya police service, there were 3596 sexual violence against children's cases, 242 of incest and 124 of sodomy. This statistic cannot be ignored and that communities and other stakeholder must work collaboratively to tackle the menace [18].

Frank, notes that cases of child sexual abuses are often under-reported and the actual prevalence may be higher than reported. Due to the minimal reports of sexual abuse of males, society assumes that sexual abuse among male children is non-existence and many bury their heads in the sand [19]. Yet, males experience various forms of sexual violence in their lifetime. Those who have

been sexually assaulted or abused have a jumble of varied feelings, reactions and consequences. Additionally, the male survivors have to cope with the challenges of social attitudes, stigma and stereotypes about men and masculinity.

In the Kenyan context, recent coverage and amplification of sexual violence cases against boys through mainstream and social media has increased advocacy and awareness about males being at risk of sexual violence and harassment. A case in point is the arrest and prosecution of a former children's home director from Nairobi who was sentenced to serve 100 years in jail after he was found guilty of defiling male minors aged between 9 and 15 years in his care from the year 2010 to 2016 [20]. This case, which was first exposed by human rights defenders, seven years ago, created a public outcry in August 2022 after the sentence was delivered. Though justice was seen to be done, the case also pointed to the major weaknesses that cripple our justice system. In an ideal situation, it should not take seven years to find a child abuser guilty of his crimes. Classifying MCSA as a silent epidemic is an understatement. Our patriarchal culture contributes greatly to the continued silence around this very serious crime that has placed our boys and even adult males in a position that exposes them to being the perfect victims for pedophiles and sexual abusers. Sexual violence against males is not given the magnitude of seriousness seen when handling the same crimes affecting females. This unfortunately also creates a vicious cycle of abuse where the abused male minors end up becoming abusers themselves later in life and survivors suffer lifelong consequences of their experience.

Local media clippings on court cases touching on sexual harassment against boys have linked priests, teachers and close male relatives to abuse, but there has also been an increase in reported cases of abuse of male children in learning institutions after they report to join their first year of high school and especially in boarding schools. In the past, these incidents would hardly be brought to the attention of the public but recent years have seen survivors speak out and human rights defenders deliberately take on this injustice as a cause worth fighting for. The numbers of male survivors, especially minors in high school seem to have increased significantly but this can be attributed to the increase in reported cases and activism. One consistent characteristic is the reports from high school where first year young males are subjected to targeted sexual violence by older boys who were not easily identifiable because at the point of reporting to school, with everyone wearing identical uniforms, the new boys were unable to tell one student from the other. In some of the cases, it took amplification via mainstream and social media to have schools where these incidents happen agree to take responsibility but, in most cases, the schools take part in an elaborate cover-up in an attempt to protect the school's reputation, putting their image and business interests above the welfare of students and survivors.

The unfortunate downside to the amplification of male survivor stories or even access to justice is the lack of resources to deal with

it. Most organizations that work with survivors of sexual abuse tend to focus on females over males. What makes it worse is that the male survivors hardly speak out for fear of stigma and labeling associated with the sexual abuse of males. There is indeed a need to be deliberate about the protection and care of boys in Kenya to avoid what is likely to become an explosion of more abuse cases by fighting back against the normalization of this crime. Deliberate resource mobilization for this specific cause and campaign against the vice is way overdue.

3. Methodology

Literature Search Strategy.

A comprehensive search of academic databases such as PubMed, PsycINFO, Scopus, and Google Scholar was carried out to identify relevant studies and reviews on psycho-social services for male child sexual abuse survivors. Combination of key words and phrases such as “male child sexual abuse survivors,” “psycho-social services,” “Kenya,” and “interventions,” were used to refine the search.

3.1. Inclusion and Exclusion Criteria

Studies published in peer-reviewed journals, focusing on psychosocial interventions for male sexual abuse survivors, and those that provide empirical data or systematic reviews related to the topic were included. The review excluded studies that do not specifically address male survivors or those that focus solely on female survivors. However, studies that provided a comparative analysis were included.

3.2. Data Extraction

Relevant information from selected studies, including authors, year of publication, types of interventions and outcomes measured was considered. The intervention type was psycho-social services provided (e.g., counseling, support groups, trauma-informed care) and note the theoretical frameworks used in these interventions. The review utilized the Cochrane Risk of Bias Tool to assess the quality of the studies included in the review.

3.3. Synthesis of Findings

Thematic Analysis was conducted to identify common themes and patterns in the literature regarding the effectiveness of psycho-social services for male sexual abuse survivors. This included barriers to accessing services, cultural considerations, and the role of community.

Findings from the Kenyan context were compared with those from other regions, particularly studies from similar socio-cultural backgrounds, to identify best practices and gaps in service provision.

3.4. Discussion and Implications

The implications of the findings were discussed in the context of Kenya, considering cultural, social, and economic factors that may influence the delivery and effectiveness of psycho-social services to the survivors of boy child sexual abuse. Recommendations

for policy and practice were made based on the synthesis of evidence, emphasizing the need for gender-sensitive and culturally appropriate interventions.

4. Male Sexual Abuse in Context

The context in which MCSA occurs is a complex and multifaceted issue that involves various factors at different levels of the ecological system. This can have a significant impact on the effects and outcomes for the child [21]. The risk of male child sexual abuse is influenced by actors at the individual, family, community and societal levels that shapes the prevalence, dynamics, and consequences of this pervasive issue. These include family disintegration, parental mental health issues, lack of social support, and cultural norms that may discourage disclosure [2]. Child sexual abuse is often perpetrated by individuals known to the child, such as family members or trusted adults, rather than by strangers [2,22].

Though many boys are molested by adults, there is strong evidence that male children are even more likely to be sexually abused or sexually assaulted by other children. In a study by WHO on 13,000 children aged 17 and younger, three-quarters of the boys who reported being sexually victimized said the person who violated them was another child. This study is consistent with unofficial findings in Kenya where many abusers are minors preying on fellow minors, especially in the Kenyan boarding school institutions. This is believed to happen in the washrooms, dormitories and sometimes in classrooms when other students are out.

Studies have shown that at least 1 in 6 men have experienced some form of sexual abuse or assault, either in childhood or as adults with the number increasing to 1 in 4 across their lifetime [23]. Because of socio-cultural beliefs and stigmatization within the community, there is low rate of reporting that could otherwise put this figure higher. The low male child victim disclosure rates are attributed to the patriarchal nature of most societies globally, where the concept of masculinity is promoted above vulnerability. This has led to the iceberg phenomenon of male sexual abuse, where only the tip is seen or in the majority of cases not seen at all. In their study of male adults who had experienced sexual abuse, Hanson and Wallis found that these men often did not report incidents of sexual assault [24]. Their reluctance stemmed from fears of retaliation, concerns about not being believed, as well as feelings of shame and embarrassment. As a result, many of these men suffered in silence due to an injustice they felt powerless to change. We argue that sexual violence against men should be amplified as an injustice meted against them so that the perpetrators are punished. Societal attitudes should change to allow men and boys the freedom and ease of freely reporting cases of sexual abuse.

Culture, religion, and ethnicity play crucial roles in delaying the disclosure of sexual abuse. This delay is often due to the fear of being ostracized from their community or family groups

[25]. Some cultures strongly stigmatize sexual abuse and the act of disclosing it, especially within the community setting [26]. Levine noted that child sexual abusers constitute a heterogeneous population. However, in most child sexual abuse cases, family members are reported to be the common perpetrators [27]. The irony is that these are the same family members who are expected to protect the children. A study by Shevlin, et al revealed that non-family members committed only one-third of the child sexual abuse while family members contributed to two thirds of the perpetrators [28]. Tener opine that children who have experienced abuse within their own family are more likely to delay disclosure or deny physical indicators of abuse out of fear of the impact on the family environment and the perceptions of the child by other family members, compared to those who have experienced abuse outside of their family [29]. The reasoning behind non-disclosure of family members as perpetrators is the fear of being punished or not believed.

Priests and bishops have been implicated in cases of male child sexual abuse by the Catholic Church, a powerful organisation in Kenya. Similar scandals have been reported worldwide, so this is not exclusive to Kenya [3]. According to Dreßing et al, the Catholic Church's culture of silence and cover-up, as well as the idea of "clericalism" the abuse of clerical power and authority may be contributing factors to the prevalence of child sexual abuse [30]. It may also be difficult to report and deal with abuse because of the high moral standards expected of Catholic clergy and the notion that they are "good people" whose behaviour should not be questioned [31]. Given that it might foster an atmosphere that encourages male child sexual abuse, the vow of celibacy that Catholic priests are required to take has been proposed as a possible contributing factor [32]. In the Catholic Church, male child sexual abuse can have a profound effect on victims' faith, spirituality, and trust in the organisation [13]. we argue that, the church should be more vocal on the issue of male child sexual abuse give that these the priests spend more time with the boys especially those who serve as alter boys.

A complex interaction of institutional, cultural, and societal elements shapes the context of male child sexual abuse by the clergy in Kenya, fostering an atmosphere that encourages the occurrence and continuation of such abuse. A comprehensive strategy that tackles the structural and systemic problems within the Church as well as larger societal elements that increase children's susceptibility to sexual abuse would be necessary to address this issue in the Kenyan context and beyond. It is also important to understand these contextual factors so as to develop effective prevention and intervention strategies. Children who were abused by the clergy expressed anger extremely as rage, which affected their mental health. Their anger was not just to their abusers but also to the church, which in most cases tends to cover up and keep mute on the abuse [33]. Children felt betrayed and alienated by the same church expected to protect and offer solace to them. Delayed disclosure among children and adolescents is

often driven by factors such as feeling responsible for the abuse, fear of negative consequences, and being victims of incestuous abuse [34]. Additionally, younger children face the challenge of relying on adults to make a report.

According to the World Health Organization (WHO), the global prevalence of child sexual abuse is approximately 18% for girls and 7.6% for boys [35]. This report affirm the low prevalence rates of boys. However, these statistics may not fully capture the reality of male victimization, as boys are frequently less likely to disclose their experiences due to societal stigma and the internalization of harmful gender norms that position them as aggressors rather than victims [36,37]. Mathews et al. confirms that boys are twice as likely as girls to experience childhood sexual abuse (CSA) by institutional caregivers [38].

This higher prevalence among boys is attributed to the larger number of males in institutional care settings, such as boarding schools, residential care facilities, and youth detention centers. In Spain, Tamarit et al. reported significant rates of male survivors identified in religious institutions, with one study indicating a rate as high as 81%. Furthermore, research by Hunt et al. in Australia found that males are more likely to be abused in institutional settings, particularly within religious organizations, compared to females [39,40]. Specifically, Australians over the age of 16 reported experiencing CSA by a leader or other adult within a religious organization at a rate of 1 in 250, with men reporting significantly higher rates of abuse. A study focusing on male victims and survivors of clergy-perpetrated CSA in the Catholic Church found that individuals often suffered from post-traumatic stress disorder (PTSD), as well as relationship problems and substance abuse issues. Additionally, many victims and survivors reported changes in their religious beliefs and spirituality. Wyles et al. reviewed articles on male survivors of institutional child sexual abuse [41]. They documented that children abused within a religious institution experienced a loss of spirituality, reduced belief in God, and weakened religious faith.

A study by Driscoll, revealed that some institutions protect perpetrators, ignoring and failing to follow up on complaints and allowing perpetrators to continue serving in the organizations by transferring them to other organization, thus sanctioning continued access to, and abuse of children [42]. This pattern of protection has meant numerous institutions became havens for pedophiles. Certain cultural or religious practices explicitly involve the sexual abuse of boys as part of initiation rituals or ceremonies. During conflicts, such as wars or periods of unrest, boys are often recruited as child soldiers and subjected to sexual abuse. In schools, institutions, and communities, boys frequently face sexual harassment from peers, teachers, and authority figures. It is imperative that individuals working with children and young people in church settings understand the potential for these relationships to become problematic if boundaries are not respected.

5. Forms of Male Child Sexual Abuse

This critical review of literature examines the various forms of male child sexual abuse in Sub-Saharan Africa, firmly recognizing the significant cultural, social, and economic contexts that shape this urgent issue. Child abuse is clearly defined as the intentional harm inflicted on a minor—physically, psychologically, sexually, or through acts of neglect. This unequivocally includes sexual activity with a minor and highlights the pressing need for comprehensive strategies to address and prevent such abuse. We must confront this issue head-on to protect vulnerable children and foster a safer environment for their development. A wide range of sexual behaviours and activities, including both physical contact and non-contact forms, are included in the phenomenon of child sexual abuse [19,43]. Contact experiences include sexual acts that involve penetration or intentional touching like kissing, fondling or rubbing while non-contact experiences include exhibitionism, or exposing oneself to a minor, masturbation in the presence of a minor or forcing the minor to masturbate, obscene conversation, phone calls, text messages or digital interaction, producing, owning or sharing pornographic images or movies of children engaging in sex, A child cannot consent to any form of sexual activity. When a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years.

CSA is a traumatic event in the life of a child. Men and boys who have been sexually assaulted or abused may have many or the same feelings and reactions as other survivors of sexual assault but they may also face some additional challenges because of social attitudes and stereotypes about men and masculinity. Srivastava et al contend that childhood mental disorders are significantly more common in children who have been sexually abused with the risk being higher in boys than girls [44].

Male children who have survived sexual assault may feel shame or self-doubt believing that they should have been “strong enough” to fight off the perpetrator (rain, n.d). O’leary et al said that victims of male sexual abuse often experience a poorer quality of life in adulthood, have a high level of clinical conditions such as post-traumatic stress disorder, are over represented in mental health population when compared with non-abused men. It also has a greater effect on the mental health of men compared with women and is strongly correlated with psychiatric disorders [45]. Suicidal idealization and attempt have been shown to be highly prevalent among men who report CSA due to unbearable pain the victims suffer, [46].

Turmel and Liles posits that though each male survivor narrative is unique to his personal experiences and worldview, research suggests that there are some shared symptoms resulting from the CSA which are distrust, distancing behaviours, substance abuse. The men may struggle to form and maintain close relationship to feel safe with others and to establish intimate relationships [47]. Even more worrisome, some people believe that men who survive CSA will become abusers. Men who survive CSA are fearful of

becoming parents because they do not want to abuse their own children and because they feel insecure discussing sexuality with their children, unsure of what would be helpful and might be harmful (<https://survivorspace.org/tip-sheet/csa-survivors-who-are-parents-how-not-to-pass-down-trauma-responses-to-children/>).

6. Effects of CSA to the General Well-Being of the Male Child

Child sexual abuse can have far-reaching consequences, with victims experiencing a variety of negative outcomes, including psychological, behavioural, and neurobiological consequences [48,49]. MCSA has a negative impact not only on a child’s physical, emotional, and mental health, but also on his self-esteem and social skills. Children tend to blame themselves. The location of boy child sexual abuse can also vary, such as within schools or other institutional settings, which can have an impact on prevention and intervention strategies [50]. The circumstances surrounding the abuse can influence the severity and trajectory of these consequences, which can be profound and long-lasting. Males do not seek help when they are sexually abused until the situation becomes severe. Adults’ reasons for not reporting sexual assaults include fear of reprisal, fear of not being believed, shame, and embarrassment [6]. Delays in disclosing abuse among children and adolescents can be attributed to factors such as perceived responsibility, fear of negative consequences, and victimisation by incestuous abuse [51].

Morais asserts that people who were sexually abused in childhood are more inclined to develop behavioral and psychological problems such as sleep disturbance, social-related difficulties, eating disorders, self-esteem issues, fear and anxiety, depression, and post-traumatic stress disorder [52]. The argument is that if they fear reporting or sharing their experiences, they miss out on opportunities for counselling and other interventional measures. MCSA also increases risk of developing sexual anxiety and dysfunctions in adulthood. Such as sexual avoidance or fear of sexual contact, ejaculatory or erectile problems, difficulties experiencing sexual desires as arousal, problem with being touched sexually and dissatisfaction with one’s sex life. They also describe difficulties with compulsive and hypersexual behaviour [53]. Turmel and Liles further observed that CSA is profoundly traumatic and at minimum typically translate into post-traumatic stress symptomatology, distrust of others and externalizing behaviors such as substance abuse, violence and such. When a young boy is abused sexually, his psychosocial development is likely to be challenged which can impact both short and long term emotional, social and psychological functioning [47].

MCSA is spoken about in hushed voices. This has led to survivors of male child sexual abuse suffering untold mental damage and some becoming suicidal. Moreover, the patriarchal values and conservative sex roles, where power and decision-making default to men enables the silence of male child sexual survivors. Theimer et al point out how ‘gender scripts’ tell men how to act in a way

that is at odds with the more conventional expectations of African women. Murray et al, note that there is a misperception about CSA as a rare event perpetrated against girls by male strangers in poor, inner-city areas [54,55]. To the contrary, CSA is a much too common occurrence that results in harm to millions of children, boys and girls alike, in large and small communities, and across a range of cultures and socioeconomic backgrounds.

CSA is both a Social Justice and Public Health issue that affects children in all socio-economic and ethno-cultural strata globally. Sprober assert that there is scarce data on disclosure not only in Kenya but globally. Children rarely disclose sexual abuse immediately after the act and if they do, the disclosure tends to be a process and not a single episode. They may complain of physical pain or a behaviour change is noted [44]. In Kenya, MCSA is expected to be minimal due to the level of silence and secrecy that surrounds the vice. The patriarchal nature of the Kenyan Society further limits the disclosure from the male child victims. Due to the high levels of secrecy, silence, and stigmatization, its impact has highly been limited and not adequately analyzed. Fear of stigmatization and feelings of shame contribute to less disclosure and few studies on CSA especially on the male child.

Studies by Murray et al associated CSA with the risk of psychosocial and health effects. These risks can be mitigated through preventive and early intervention efforts like family support systems, good parent-child relationships and social support from the people around the child like teachers, community leaders, their elder siblings and church leaders [55]. An umbrella review of long-term outcomes of CSA by Hailes revealed that childhood sexual abuse is concomitant with high risks of long-term psychosocial, psychiatric, and physical health outcomes. In particular, there is high-quality evidence for associations between childhood sexual abuse and two psychiatric disorders (schizophrenia and post-traumatic stress disorder) and one psychosocial outcome (substance misuse). At increased risk are Children who are impulsive, emotionally needy, and who have learning or physical disabilities, mental health problems, or substance use and increase in adolescence [38].

Physical effects include physical injuries, sexually transmitted diseases, and long-term health issues. Spataro et al, opine that children who have undergone CSA face a variety of emotional and behavioural problems with male children experiencing higher mental disorders as compared to female counterparts [56]. Priddy Schuster enumerate the mental or emotional health impact of CSA survivors as post-traumatic stress disorders, anxiety, depression and suicidal ideation. Other effects include low self-esteem, difficulty forming and maintain relationships and feelings of guilt and intense shame. Distress, self-blame, confusion, sadness and avoidance of relationships are effects cited by Isely, et al [33,57]. CSA can damage a child's self-concept, sense of trust and perception of the world as a relatively safe place. A study by Mullers & Dowling revealed that male survivors of CSA exhibited the following disorders; a higher prevalence of anxiety, disorders,

personality disorders organic disorders, childhood mental disorders and conduct disorders [58]. Bebbington associated adolescents who had experienced CSA with a strong feeling of hopelessness, suicidal ideation and suicidal attempts [59]. CSA causes damage to a child's self-concept, sense of trust, and perception of the world as a relatively unsafe place, Spatano, WHO, contribute to depression, substance abuse, post-traumatic stress disorders (PTSD) and suicide in later lives of males to CSA [3,60].

Children who have experienced sexual abuse are more likely to exhibit behavioral changes such as aggressiveness, withdrawal, self-harm, substance abuse, or risky sexual behaviors in later stages. They may also experience social effects such as difficulty forming and maintaining relationships, difficulties in trusting people throughout their lives, and challenges in social interactions.

Social factors, such as personal experiences of sexual exploitation during childhood, and economic factors, including poverty, have significant implications. For instance, parents may exert pressure on their daughters to seek a financially stable partner to fulfil their basic needs, potentially leading to engaging in sexual activities for monetary support.

7. Psychosocial Support and Interventions Offered to the MCSA Survivors

Each case of sexual abuse is unique, and the type and duration of psychosocial support will vary based on the child's individual needs, circumstances, and the resources available in the community. Statistics on CSA are largely dependent on cases reported to authorities, such as law enforcement and child protective services, and are certainly underestimates of the true number of childhood sexual abuse victims Papalia et al. The case may even be worse for the boy child since they are perceived to be strong by the society, Murray, et al [55,61]. Goodman-Brown, asserts that many children and adolescents delay disclosing abuse for similar reasons, such as feeling responsible for the abuse, fearing negative consequences, being victims of incestuous abuse, and relying on parents to report abuse for younger children. Adults cited reasons for not reporting their sexual assaults including fear of reprisal, fear of not being believed, shame, and embarrassment [34]. Hanson & Wallis When the victim do not report or share their experiences with someone, they feel lonely and this may result to getting into psychological stress and even depression [24]. Interventions can be designed to alleviate psychological distress, reduce maladaptive behavior, or enhance adaptive behavior through counseling, structured or unstructured interaction, a training program, or a predetermined treatment.

Psychosocial support is one of the response services offered to sexual and gender-based violence victims. Healing must take place in order for individuals to recover from CSA and to move forward in establishing close and intimate friendships [47]. The victims or survivors can be enrolled in community support groups where they can participate in group therapy sessions with other children who

have gone through similar abuse. This can help reduce isolation, boost their confidence, and provide a supportive environment for sharing experiences. In cases where a child is experiencing severe psychological distress, depression, or anxiety disorders, it may be necessary to seek psychiatric evaluation and medication management.

Hanson & Wallis advocated for evidence-based trauma-focused mental health treatment interventions, which are the primary approach for addressing symptoms, related to childhood sexual abuse [47]. Among the various evidence-based trauma-focused treatments available, trauma-focused cognitive-behavioral therapy (CBT) stands out as the most effective and widely used psychotherapy intervention for children and adolescents, Hanson Willis [24]. This is critical in the recovery and readjusting of children to normal life.

Interventions aimed at reducing or alleviating mental health consequences of abused children are imperative. Young et al noted that male CSA survivors are less likely to seek health care services as compared to their female counterparts due to a variety of culture-specific factors like feeling ashamed of themselves, fearing that the community will discover and stigmatize them, fear of reprisal, and fear of arrest in areas where same-sex relationships are criminalized [62]. This makes it difficult for service providers to intervene and provide support. However, psychosocial support like individual and or group counselling and therapy sessions with trained counsellors or psychologists can help the boy process his emotions, and trauma, and develop coping strategies. Therapeutic approaches may include cognitive behavioural therapy (CBT), Curtiss et al trauma-focused therapy, and play therapy [63,64]. The age of the child will determine the appropriateness of the support.

Family therapy will instil confidence and assurance in the child, improve interactions and relationships and can assist children in resolving trauma symptomology. Involving the child's family in therapy sessions helps strengthen family relationships, improve communication, and create a supportive environment facilitating a child's recovery.

Conversely recommend the integration of entertainment, such as videos, songs, and picture books in the intervention programs of preschool children to achieve a greater impact [65]. This can potentially improve the attitude of the children toward sexual abuse [66]. Programs that can increase help-seeking skills in boys who are victims or potential victims are important as they create awareness and boldness in addressing CSA issues. Lu, et al propose the teaching of children different topics related to child sexual abuse. This will help them make judgement when faced with situations that could likely lead to sexual abuse [67].

Other interventions would provide information to the child and his caregivers about the effects of sexual abuse, common reactions, and strategies for coping, which can empower them

to better understand and navigate the challenges they may face. Children can be taught child abuse-related knowledge and self-protection skills [68].

8. Community Response and Interventions to Male Child Sexual Abuse

The fundamental purpose of CSA intervention efforts has been to change children's knowledge and skills through group-based personal safety instruction, which is frequently offered in educational settings [69]. To prevent CSA, many intervention programs have been implemented globally. One approach in these intervention programs is to educate young children about CSA. This is based on the assumption that children can: (i) recognize the characteristics of an exploitative or abusive encounter, touch, engagement, or scenario; (ii) psychologically resist an abuser's threats or manipulations; (iii) defy the authority of an adult; (iv) refuse to accept the abuser's affection, attention, and/or material rewards; and (v) be willing to disclose abuse perpetrated by others [70]. Research has predominantly focused on female sexual abuse as opposed to male child sexual abuse [71].

Many programs and interventions are also skewed towards the girl sexual abuse victims and survivors. Consequently, the MCSA victims and survivors feel neglected and marginalized. Different actors like parents/guardians; teachers and community working groups can conduct interventions at school, community or family levels. The context in which the abuse occurs should be considered for effective and efficient interventions. For example, MCSA has been reported in schools, churches, and community and family settings or in open spaces within the community. Early interventions and a supportive environment are key in helping children recover from the effects of CSA. The teachers, law enforcement agents, children officers of community leaders, can deliver the interventions directly to the victim/survivor. Education and life skills can help tackle harmful gender norms about masculinity and gender diversity.

Communities can also give priority to gender-sensitive health services for disease screening and prevention. Leddy on their part recommends community mobilization interventions that can be useful in intervening in the masculinity norms. Influenced behaviour relating to toughness and eschewing interventions for sexual exploitation for boys. Child protective and justice system may help in the realization of Strategic Development Goal (SDG) 2030 framework (16.2) on ending abuse, exploitation, trafficking and all forms of violence and torture against children. The government should make deliberate efforts to include budgetary allocation in the action plans for the prevention of violence against children. Studies have shown that boys feel traumatized in legal proceedings when asked to identify the perpetrators. A study Mc Neal revealed that financial constraints were a risk factor for sexual exploitation of children. Parents also promoted, tolerated and acquiesced to boys' sexual exploitation of children in the context of expectations of boys' financial contribution to family

economic circumstances.

A systematic review by Che Yusof on the effectiveness of school-based child sexual abuse intervention among school children in the new millennium era revealed that the school-based CSA intervention programs from various studies between the year 2000 to 2021 were effective in increasing knowledge, self-protection skills, and attitude toward CSA among school children aged under 18 years old [72].

The causes, risk factors, and impact of CSA are influenced by the specific socio-cultural contexts of survivors. It is crucial to consider cultural beliefs, practices, and norms when designing interventions to ensure they are relevant and effective within the local context. The primary intervention will include raising awareness in communities to change their attitudes and perceptions regarding MCSA.

Children need to be protected all the time. This can be done by identifying safe environments, implementing safety plans at home and school, and providing information on how to recognize and respond to potential risks. School-based child sexual abuse intervention programs can be developed to educate school children to protect them from sexual abuse. The programs must be effective in reducing child sexual abuse [72]. Boys with sexual exploitation of children experiences reported other children maltreatment experiences including sexual and physical abuse, Adjei & Saewyc and neglect, Gubar. This calls for community interventions to increase awareness about the risks of CSA. All community members must take responsibility for ensuring the safety of all children.

Zych, I., and Marín-López, I. recommend the establishment of robust external barriers to combat victimization of the abused child within the community [73]. This includes enhancing parental monitoring and caregiver supervision, increasing surveillance in institutions, training professionals who work with children to identify, report, and respond decisively to child sexual abuse, and to empower children with knowledge of their rights to bodily speak out with honesty and autonomy and for seek for help.

Ma Neal, opined that parents' breakup was strongly associated with the sexual exploitation of boy children. Although some decisions made by parents are more personal, the child suffers the consequences. This calls for communities to collectively come up with interventions that will safeguard children in case of parental breakups. This may include creating safe homes within the community for such children.

Children who have experienced abuse, along with their families, must receive legal and advocacy support. It is essential to guide the child and their family through the legal system, ensuring they fully understand their rights and can effectively advocate for justice and protection, particularly in cases of sexual abuse. We must

prioritize training caregivers, teachers, and community members to recognize the signs of abuse, provide immediate support, and facilitate referrals to appropriate services. Strengthening this network is critical to safeguarding and supporting abused children. Psychological, physical and emotional recovery from child sexual abuse is a process that can take time especially when the victims do not disclose the abuse due to threats by the perpetrators. Continuous support, therapy sessions, access to support networks and follow-up care are essential. Children should never be judged or victimized but embraced with love and care by community members.

To safeguard the well-being of young people, communities can establish clear and firm guidelines for interaction that are non-negotiable. Activities such as providing transportation home after youth group meetings, conducting individual sessions for preparation for confirmation or baptism, and supervising young people during residential summer camps must be approached with caution and intent, Parkinson. These activities provide opportunities for meaningful mentorship and guidance, but they must be carried out with the highest regard for safety. By implementing robust practices and fostering open communication within the church community, we can decisively protect young individuals while promoting their spiritual growth and development.

9. Conclusion

While MCSA is not the most prevalent form of child abuse, it nevertheless affects a significant minority of boys and heightens the risk for myriad acute and long-term consequences. Efforts to combat this issue involve education, legal reforms, community awareness, and support for survivors and victims [6]. There are glaring gaps in the research literature on MCSA not just in Kenya but across the globe. This calls for immediate attention so that child-safe environments can be established and effective therapeutic, social, and justice support for victims and survivors can be provided. Timely response and support for the victims and survivors is important. There is a need to critically invest in research and develop policies that can significantly improve the lives of CSA victims and survivors and at the same time, more stringent penalties to perpetrators of CSA. Communities should speak in one voice and condemn the vice while protecting all children from abuse [74-89].

10. Recommendations for Policy Practice and Research

In terms of policy, legislative and regulatory mechanisms such as mandatory reporting, reportable conduct schemes, toll-free help lines and working with children checks could be more helpful.

- i. There is a need to invest in participatory research that involves the victims/ survivors and the perpetrators separately for purposes of informing interventions.
- ii. Stringed measures on CSA perpetrators should be legislated and enforced to curb the vice.
- iii. Redefine penalties for underage perpetrators
- iv. Institutions should implement policies that advocate for child

safety and well-being.

- v. The curriculum should be reviewed to include topics on CSA.
- vi. Preventive interventions that ruminate perpetrators and the context of CSA should be deliberate to increase their effectiveness.
- vii. The review revealed that there were intimate relationships among minors/ teenagers. Thus, effective CSA prevention interventions should target intimate relationships among this group.
- viii. Stop retrogressive cultural practices.
- ix. Adequate allocation of resources by the national and county government to programs targeting interventional activities for boy child sexual abuse victims/survivors.
- x. Empowerment of both boys and girls with the right information.
- xi. Collective action by the communities and all stakeholders

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