

Using Research in Your Work

Addressing barriers for boys accessing care for sexual violence

About this Brief

This brief is based on an article published in the [Special Issue of Child Abuse and Neglect - Global Insights on the Sexual Exploitation of Boys](#). In this issue you can find a systematic scoping literature review, and six empirical studies, which portray survivor narratives and insights from service providers. The research highlights the impact of gender norms, describes risk factors, and emphasizes the need for trauma-informed care. The goal of the Special Issue was to raise awareness and enhance responses to the sexual exploitation of boys. If the brief increases your curiosity, it is recommended that you read the full article available in [Child Abuse and Neglect](#).

This brief describes data from the article [“Enhancing a survivor-centred approach to healthcare provision in Afghanistan: Understanding and addressing the barriers faced by male victims/survivors of sexual violence”](#) by Julianne Corboz, Laura Pasquero, Charu Lata Hogg, Abdul Rasheed. Citations are not used; however, all findings, and conclusions are drawn from this article.

Sexual and gender-based violence particularly affects women, and girls, in Afghanistan. Much less is known about sexual violence against men and boys, although the existing evidence suggests that they are affected - particularly those with diverse sexual orientation, gender identity/expression and sex characteristics (SOGIESC). Very little is known about the barriers that men and boys who have suffered sexual violence face when accessing healthcare.

To address these gaps in knowledge, the All Survivors Project and Youth Health & Development Organization conducted a qualitative research study in 2020, ensuring ethical data collection during the Covid-19 pandemic. The objective of the research was to identify barriers to healthcare for men who had suffered sexual violence in Afghanistan and to identify ways to improve survivor-centered healthcare.

Research was conducted in three provinces of Afghanistan: Balkh, Kabul and Kandahar. The study included in-depth interviews with 27 adult men who had suffered sexual violence, 44 healthcare providers working in both public, and private health facilities, and 26 community health workers. Boys were not sampled for ethical reasons, but some data was collected from adult men who had experienced sexual violence during childhood and who were able to reflect on the challenges they faced.

While this brief presents key findings and ‘evidence to practice’ tips for healthcare providers based on learning from the Afghan context, these are also relevant in other settings, including in conflict-affected settings and contexts in which sexual violence against men and boys is highly stigmatized.

1. Stigma Against Men as One of the Most Significant Barriers to Their Access of Healthcare

The research found that the men faced multiple barriers to accessing healthcare after they experienced sexual violence. One of the most important barriers was fear of social stigma from family members, community members and healthcare providers, and the subsequent shame or loss of dignity. Stigma was also frequently internalized by the men themselves.

Stigma is particularly visible through the different kinds of ‘blame the victim’ narratives, and rape myths, that circulate. These include beliefs that men are to blame for the sexual violence they experienced and ‘should have known better’, should have defended themselves or escaped, or in fact consented to the sexual violence. Healthcare providers also perpetuated myths that justified the behaviors of perpetrators such as men having uncontrollable sexual desire, cultural and religious segregation of men and women promoting sexual violence, or the high cost of weddings (thus preventing marriage) being root causes of sexual violence against men and boys.

Fears of being blamed or judged by healthcare providers appeared to be particularly pronounced among male victims/

Using Research in Your Work

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survivors with diverse SOGIESC. Research participants described the specific visibility of male victims/survivors with diverse SOGIESC, and the verbal abuse that they would face if trying to access a healthcare facility.

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- Develop and implement training for healthcare providers that challenges ‘blame the victim’ narratives and myths about the causes of sexual violence against men and boys.
- Incorporate content into healthcare provider training on how to enhance patient feelings of safety, including treating all survivors with respect and empathy and not using judgmental or humiliating language. Make sure that this content is sensitive to the barriers that people with diverse SOGIESC face.
- Incorporate interactive methods into training that allow participants to learn through reflection on their own experiences and develop empathy. Short, one-off trainings are less effective than sustained coaching in shifting deeply rooted beliefs, assumptions, and social norms.

2. Men’s Fear of Experiencing Further Sexual Abuse at the Hands of Healthcare Providers

The research finds that male victims/survivors are not only concerned about stigma and emotional mistreatment or abuse from healthcare providers. They also fear for their own safety when accessing a healthcare facility, including experiencing inappropriate touching or unwanted sexual advances from healthcare providers, or even being raped. These fears are particularly pronounced for male victims/survivors with diverse SOGIESC. One victim/survivor suggested that a healthcare provider might attempt to look at a victim/survivor’s genitalia to confirm suspicions about his “transgender” expression or identity.

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- When offering specialized sexual violence services for men, ensure that both female and male healthcare providers are available, and give patients a choice of the gender of the healthcare provider that they feel safe with.
- Implement safeguarding policies that allow all patients to report any breaches of safety. Make sure that there are systems in place for the independent follow-up and investigation of reports and guarantees against reprisals.
- Make patients aware of safeguarding policies when accessing a healthcare facility. Also make sure that you brief and orient all staff on safeguarding policies and the repercussions of non-compliance.
- Always ask for the consent of patients before any kind of physical examination, including of parts of the body associated with the sexual violence, and explain at all times what the physical examination involves and how it will be performed.
- Give patients the choice of having another person present during any medical or other healthcare consultation.

3. Inadequate Confidentiality Assurance by Healthcare Providers and Community Health Workers

The participants expressed strong fears that healthcare providers might breach confidentiality, including by disclosing their experiences of violence to families or others in the community, or to law enforcement or judicial actors, without their consent.

The healthcare providers and community health workers interviewed for the research described the importance of preserving confidentiality for all survivors of sexual violence and described a number of confidentiality procedures that they implement. These included providing services in a private setting and only referring patients to other services with consent.

Using Research in Your Work

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Despite widespread knowledge about confidentiality, some healthcare providers and community health workers described examples in which they confirmed that they would breach a patient's confidentiality. These included reporting cases of rape to the police, a patient's family member, or a community leader, with or without the consent of the patient. When healthcare providers mentioned that they would report a case of sexual violence to the police or criminal department, they appeared to be unaware that Afghanistan does not have mandatory reporting requirements that require breaching confidentiality. Some healthcare providers also suggested that specific departments or services for men in healthcare facilities should be labelled clearly, despite this potentially bringing further harm and stigmatization.

Some healthcare providers also seemed unsure of what facility protocols were in place to protect confidentiality, including through internal and external referrals. This was particularly common in larger health facilities with multiple sections or departments.

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- Raise awareness among staff in healthcare facilities about protocols for ensuring confidentiality. Where there are no mandatory reporting requirements, ensure that healthcare providers understand that their primary duty is to the patient and that reporting to authorities without consent is both unnecessary and harmful.
- Ensure privacy by not labelling spaces as providing services to survivors of sexual violence as this can expose them and bring harm.
- Within a healthcare facility, when making referrals to other healthcare providers, make sure that this is discussed with the patient first and that their consent has been obtained before sharing information with other providers or departments.

4. Healthcare Providers' Lack of Knowledge on the Evolving Capacities of Children

Healthcare providers were asked to describe how the care pathway and their provision of services might differ between men and boys who have suffered sexual violence. Four in ten healthcare providers stated that there was no difference in how an adult or child would be treated. Of the rest, most described the key difference as a requirement for the involvement of caregivers, particularly to provide consent for children. There was little recognition that the ability of children to communicate with healthcare providers and provide consent or assent to receive services may depend on their age and developmental capacities.

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- When designing training and other capacity development initiatives for healthcare providers, ensure that training addresses the evolving capacities of children and how to integrate this nuance into the provision of care.
- Acknowledge that the evolving capacities of children may differ for boys and girls, and across different cultural contexts.

Summary

Men and boys suffering sexual violence face multiple barriers to accessing healthcare, and this means that interventions need to be refined. Healthcare services need to be tailored to the different needs of men, and boys, particularly for people with diverse SOGIESC.