

Working with boys and young men: relationships, sex and identity

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Introduction

From briefly exploring a host of issues pertinent to working professionally with boys and young men (BYM) in any number of contexts, this article will discuss the benefits of working holistically with BYM within a sexual health environment. A holistic approach aims to consider the cause and effect of physical, psychological, social, cultural, and existential factors on the individual, in addition to a sensitivity towards the impact of social stigma, mental health problems, drug and alcohol misuse and any history of sexual abuse [1]. These factors play out and are best understood in cooperative examination of, and in tandem with: the individual, their relationships, sexual lives and their conveyed sense of self.

How do our preconceptions of masculine behaviours and attitudes trigger unconscious bias, misleading our abilities as professionals to be objective? And what impact does this dynamic have on the style of communication we might employ with BYM, affecting the quality of care they receive? This article aims to answer these questions by considering the intangible 'space between' BYM's stereotypical defensive self-presentation and the professional's potentially biased perception of them through the eyes of the 'gender lens'.

METRO Charity

For over 35 years, we at METRO Charity (www.metrocharity.org.uk/) have been providing 'health, community and youth services across London and the South East for anyone experiencing issues around sexuality, gender, equality, diversity or identity' [2]. Our operations span five distinct domains, including sexual and reproductive health, community, mental health, youth, and HIV. Formerly The Metro Centre, we have offices in Woolwich and Vauxhall (London), Essex and Kent. As one of their youth workers, I am proud to say that METRO are one of the largest providers of LGBTQ youth groups in the UK, with a network of nine youth groups across South London and Medway, alongside a Trans Youth Support Service consisting of one-to-one support and monthly trans socials. These include two youth groups specifically for young people living with, or affected by HIV, which are delivered through METRO Positive Parenting and Children.

Themes and challenges

At METRO Charity, in our focused Boys and Young Men Project (metrocharity.org.uk/services/youth/boys-and-young-men) – which works with a wide variation of

BYM, aged 11–19 years, around issues concerning relationships, sex and identity in both a one-to-one and group workshop contexts – common themes and challenges arise. These appear to place this particular demographic in the ideological centre of young people's cultural milieu (e.g. power and control) whilst posing a reality that is almost beyond the periphery of it (e.g. low self-esteem, suicide). In other words, while we do live in a 'man's world', it is arguable that vulnerable young men are some of the casualties as a result.

Below I have created two lists, dividing the common issues in to these seemingly polarised perspectives. Such lists may be construed as an oversimplification. Besides, no one issue is necessarily linear in relation to another, and behaviours and attitudes are often interchangeable depending on how they're discussed. The lists and examples are also not exhaustive nor are they all distinct to BYM. That said, as a practitioner framing these issues in this way can offer a unique approach to this work. In no particular order:

Ideological: attitudes

- Thirst for money and success
- Power and control (money and success being both a symbol and a tool for power and control)
- Risk/freedom (understood as the same thing)
- Malice/violence (justified in retribution)
- Intolerance of diversity (homo/bi/transphobia, racism, misogyny, bigotry, xenophobia)
- Emotional regulation (e.g. crying as a weakness)
- Consent (breaking it as an exploitation of power)
- Leadership/authority (the quest for, or the challenge/disobedience of it)
- Suicidal ideation
- Radicalisation

Ontological: behaviours, impact, realities

- Challenged and/or dysfunctional communication skills
- Learning needs
- Immigration
- Disability
- Domestic violence
- Unhealthy relationships
- Fatherhood
- Social media
- Sex
- Sexual health
- HIV
- Chemsex
- Drugs and alcohol
- Addiction

- Absent fathers
- Unhappy mothers
- Low self-esteem
- Self-harm, including eating disorders
- Homelessness
- Puberty
- Child sexual exploitation (CSE)
- Gangs
- Child abuse
- Incest
- Sexuality
- Gender identity

A significant portion of high-risk BYM client referrals that METRO receive have moderate to severe learning needs with most typically presenting a diagnosis of autistic spectrum disorder (ASD) and/or attention deficit hyperactivity disorder (ADHD). The presentation of these cases can vary hugely but with challenges in interpreting social cues, nuance, and the implications of their actions upon others [3], breaking the sexual consent barrier is unfortunately very common for these young men.

Further METRO projects, such as Latino Seguro, Bezpieczny Rodak, and Romani Protejati [4], all work closely with migrant communities and sexual health. This work reveals that although the advent of new HIV drug treatment is slowly altering the discourse around HIV stigma, younger migrant men who have sex with men (MSM) living with HIV are much more likely to see themselves and their positive peers in terms of older discourses around the virus (e.g. 'dangerous', 'infectious') due to the additional challenge of dissonance caused by culture and language [5].

The 'brick wall'

Working at METRO Charity with boys and young men as a Relationships, Sex and Identity Mentor, and as a Sexual Health Youth Worker in general, can't not be holistic in its approach. Gone are the days where I could deliver a PowerPoint filled with terrifying images of late-stage syphilis, followed by a condom demonstration, and then send the young person or people on their way. Frank and open discussions around the realities of sex can be uncomfortable experiences. While one young person holds a condom packet for the first time and laughs, the next young person is ready to run out the door. Both are a nervous response. Sex and sexuality connects us to one of the deepest and most untouchable aspects of the human psyche and can be entrenched in all manner of shame and pride. It largely forms our sense of identity and our subsequent relationships with ourselves, others, and the world. Sex can be one of the greatest joys in life. But both in idea and in action, it can for some be strange and unnerving. And without the correct education to make informed choices, it's also a potential danger to our health. How may this complex mix of realities appear when working with BYM?

One of the largest challenges when working with BYM is 'brick-walling': a refusal to engage. At one end this may be missing appointments, being physically present

but with no eye contact or talking, to avoidant styles of communication like compulsive joke-telling or over intellectualising. This can be antagonising for the well-meaning professional who simply wants to offer a helping hand. But the higher the wall, the more pain and suffering that wall is protecting. And BYM often believe that the wall is not only protecting them, but protecting those of us on the other side too. Lest we not be too hasty to want to knock down that wall! The wall is the power that enables them control of the situation. And if we can be honest with our own thresholds, we as professionals may not always be ready to experience what's behind it either. Such defence mechanisms are psychologically standard for us all: old patterns of protection that once served a good purpose. Boys and young men epitomise this type of relational energy and for this reason, I believe, we have a lot to learn about ourselves through our work with them.

Recently, during a presentation to professionals where I was discussing my work, a man who works in one of the most notoriously violent prisons in London shared his experience about the 'daily cycle' of his young male inmates. He described the days being full of intense violence, expressions of bravado and toxic masculinity the likes even someone in my line of work is spared. The nights, however, were a different story, with young prisoners lying face down on their pillows, crying with equal intensity while they privately mourn both their loss of freedom and often the loss of their mother's care (arguably the most meaningful relationship in their lives, whether they know it or not). The next day the cycle starts over. This stark yet simple story is a symbol of the dramatic dichotomy that working with BYM, in any context, presents. As the 'brick-wall' indicates, BYM are not forthcoming types of people. I must spend more than half of my time with BYM listening, exploring incongruent perspectives around who they think they are, versus who they think they should be (internalised superego voices of parents, teachers, social workers, police – this list of intervenors often exhausted by the time they are referred to METRO), versus my reflections back to them about the young man I see sat before me: often someone who is very misunderstood and inherently vulnerable.

Men's mental health charity, Campaign Against Living Miserably (CALM), report that in 2015, 75% of all UK suicides were male and suicide the biggest killer of men <45 years of age in the UK [6]. Typical BYM peer group narratives deem crying in front of, talking openly or emotionally with another as an exposure of weakness or only acceptable 'if my mum died' (very common). 'Talking about it won't change anything' is another common statement. But difficult feelings have got to go somewhere, and by finding it in themselves to condone malice or violence when 'getting my own back', BYM will instead tacitly seek opportunities for vengeance. Projecting their hurt on to others aggressively can provide a form of venting without fear of revealing the inherent vulnerability that drives that self-expression. Indeed, the belief is that such action will prove to themselves and others just how weak they

are *not*. At its most extreme, this narrative is played out again and again in today's violent gang culture. But this type of emotional processing is short lived and inherently counter intuitive, ultimately serving to perpetuate negative emotions further. Unless BYM can find someone with whom they can speak to confidently about these issues, by middle age or earlier, unresolved issues, aggression and sadness will devolve into depression and possible suicidal or self-harming tendencies in the form of addiction or other unhealthy compulsions. Or prison.

Working with BYM requires a great deal of patience, and an even greater deal of uncertainty. Whether it's a young man who is sexually harassing his female counterparts, or is being bullied because he is questioning his own sexuality, I often close a case never truly knowing what compels a client to do the things they do or be the person they are. Asking 'Why?' gets me nowhere fast. But I have come to find that this is often because doing the work properly doesn't necessarily require an answer to those questions. The innate search for a root cause can itself be a misleading style of bias. Are you a person who has a definitive answer for every action you take around relationships and sex? BYM's charged expressions in the form of sex and/or violence are often contested, challenged or attempted to be reasoned with by other figures of authority in their lives. Such approaches fight fire with fire and can inadvertently become about the professional's own unconscious desire for power and control, possibly as a defence response to that same desire in the BYM. Boys and young men first and foremost need to be figuratively held and literally heard. I've had entire one-to-one sessions in almost total silence where I've observed a mere 'temperature drop' in the client, i.e. he looks slightly less aggravated than he did 50 minutes ago. It's like we're sat beside one another on top of the 'brick wall', just staring at the dark cloud slowly pass. For BYM who may have never known the meaning of peace and quiet, such an intervention can in itself be powerful, reparative, and most importantly, trust-building.

Gender norms

Understanding how gender operates in constructing societal norms around attitudes and behaviour is key

to working with BYM within the realm of relationships, sex and identity. It gives light to the context within which BYM are trying to operate. To live. For a start, research now shows that these factors underlie young people's vulnerability to HIV and AIDS [7]. For example, girls and young women (GYW) will typically access care for sexual health issues prior to any actual sexual initiation and without there 'being a problem', consequently removing stigma from access. Conversely a young man visiting a sexual health clinic is viewed as an indicator of 'something being wrong' and possible 'cause for concern' [8]. Thankfully more BYM than ever can now access sexual health services online, offering the advantage of anonymity without embarrassment or bruised pride [8]. This is particularly useful for those with ASD or social anxieties.

Hegemonic masculine culture (the idea that men in power can or should organise society to include and exclude other minorities [9]), as sold to our children by the hyper-masculine patriarchal characters of Disney films and DC comics, serves to tell our BYM that being of concern to others or asking for help is a failure; that a man must be tough, strong, self-sustaining and individualistic. And apparently invincible from compromised sexual health! These perspectives work in both directions, with professionals working with BYM feeling 'embarrassed and awkward in bringing up the topic of screening for chlamydia and sexual health issues ... in unrelated consults' (Evans A, University of Greenwich, unpublished data). The impact of gender bias cannot be underestimated, for example, though statistically one-third of victims of child sex exploitation (CSE) are understood to be male [10], I personally have worked on only three cases in nearly 5 years! This worryingly low number is typically symptomatic of the wider issue at hand; namely a lack of awareness amongst adults and professionals of the issue itself, and how perceptions of CSE signs and symptoms dramatically alter as an unconscious response to gender stereotyping. It is understandably challenging to have compassion and empathy for a young person who looks like they're ready to throw a fist at you rather than one who is wiping tears from their eyes; even though both may be an expression of the same troubling event experienced by a male or female, respectively.

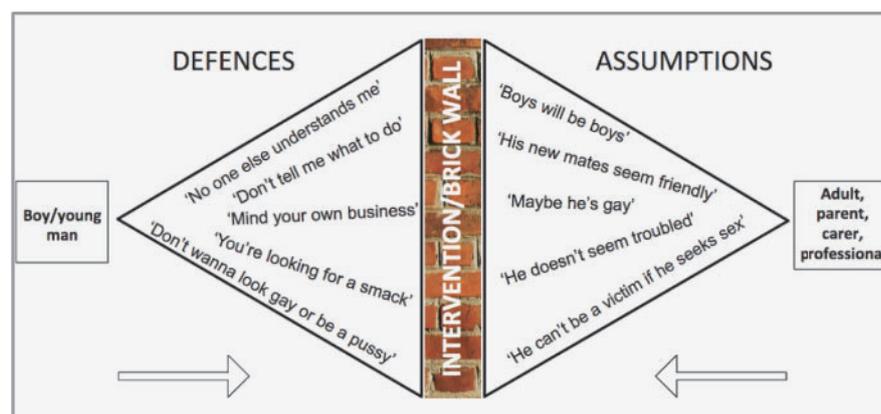


Figure 1: Impacts of unconscious bias.

'Boys will be boys'

I say to METRO clients that if they eat food they go to the dentist, if they have hair they go to the barbers, if they have sex they go to the clinic. I offer this perspective in an attempt to ground discussions. But the BYM who METRO work with have often found themselves involved in our service in part because they either tacitly questioned or explicitly challenged their previous educational authority (parents, teachers, carers, etc.) on the topic of relationships and sex (assuming there had been any to begin with). I, therefore, cannot pretend for long that the psycho-physiological impact of having sex is ultimately akin to getting a short-back-and-sides. Hegemonic masculinity for all its woes, allows BYM to engage in 'discursive positions that can help them ward off anxiety and avoid feelings of powerlessness' [11]. What could be more challenging to a young hormonal man's perception of his own hyper-masculinity, when one of its primal expressions in the form of sexual contact with another results in the physiological vulnerability of the contraction of a bacteria or virus? These are challenging realities for any person to process and yet I am met with professionals asking 'Why?' The stereotypically tempting, inherently glib, and still sometimes socially acceptable answer to this question could be: 'boys will be boys'. What does this statement actually mean? More pertinently, what does it permit? Pioneer of the Men's Violence Prevention programme in the US, public speaker, and author of *'The Macho Paradox: why some men hurt women and how all men can help'*, Jackson Katz, tells us that "'boys will be boys' actually carries the profound anti-male implication that we should expect bad behaviour from boys and men' and that it 'has a self-fulfilling quality, because boys possess not only the potential to rise to people's expectations, but also the potential to sink to them' [12]. It's a conveniently cyclical statement, which is prone to abuse and can mean whatever the speaker of it chooses. If ever heard within a professional context, it must be challenged!

Challenging communication

When delivering BYM group workshops, I have an ice-breaker, which begins with each young man saying his name, a number between 1 and 10 (low to high) to state his mood and finally to turn to the next young man to his right and pay him a compliment. I state that the compliment cannot be an observation of material possessions e.g. 'You have nice shoes [or hair]', which is often their instinctive go-to for compliment. I tell them the compliment must be about their experience of the other person's character or personality. My proposal of this exercise is often met with looks of dismay and dumbfoundedness or sometimes anger or even protestations of it 'being gay'. Here is a typical scenario:

Me: Do you know him? Is he your friend?

BYM: Yeah ...

Me: So what is it about him that makes him your friend?

BYM: [long pause] I dunno. He just is.

The cyclical 'boys will be boys' statement is right there in the 'He just is'. It's almost like they are saying, 'why he's my friend is nobody's business, including his'. This BYM already knows why he knows what he knows. What use is it to him or anyone else to share that, he may be thinking. BYM generally appear to share a tacit understanding of each other's relationships. Conversely, the more they can actively mock each other, the closer they appear to be! The compliment exercise attempts to challenge that status quo, offering them permission to connect with one another in a new and potentially more vulnerable style. When a compliment does eventually arise, acceptable statements come in the form of 'you're smart', 'you're funny', or 'you're good at football'. These are the self-measurements by which many BYM, and men in general live. I have almost never heard a BYM say 'you're caring', or 'you're a good listener', for example. In what brief group work I have done with GYW, though friendship is more explicitly expressed in emotional terms this can conversely mean that these relationships are potentially more vulnerable to breaking down faster and more dramatically than for BYM. Though perhaps a rather binary over-simplification, this makes me wonder about GYW's strengths as individuals in contrast to BYM's strengths in teams.

Conclusion

Having been a teenage boy in an all-boys Catholic school, I found myself nearly 5 years ago approaching working with BYM with great trepidation and tentativeness. These were figuratively the same boys who once-upon-a-time teased me, mocked me, competed with me. They also laughed with me, inspired me, and shared first-time experiences with me. I had to access those confusing memories of pain and joy, bolshiness and bravado – and then put them aside, knowing that all, each and every one, of our clients need nothing more than to be given the space to feel understood. BYM do want and often need help, but it's ultimately the autonomous admission of their need for it, which is the greatest challenge for us and them.

There is currently an abundance of sexual health services, holistic and otherwise, for girls and young women, and quite rightly. Meanwhile METRO continues to be one of a very small handful of BYM services in London. But GYW and BYM are not mutually exclusive. Indeed, it is worth considering that if by putting so much of the focus (and more pertinently, money) in to work with GYW rather than BYM, we are dealing with the symptoms of a situation and not the cause. Gendered approaches to holistic sexual health are in this sense, arguably non-holistic! After all, it is the boys who are getting the girls pregnant. It is the boys (most typically) who are giving girls reason to be cautious with what they do with their drink at a party, how short they wear their skirt, or how late is it safe to walk home at night. GYW's issues are by their very nature BYM's issues also, but it's rarely sold that way either in frontline services or in the media.

The horizon of Trump, Weinstein, the #metoo and #timesup campaigns indicate a shift in social perspectives on gender and specifically its relationship to sex, consent, and exploitation. In the fight for gender equality these are seemingly welcome shifts. But as adults, parents, carers or professionals, or anyone working to navigate that intangible 'space between' themselves and BYM, it serves to be mindful of the role such a shift may now play in aiding or hindering our connection to the taken-for-granted demographic of BYM. It is undoubtedly vital that men take more responsibility for their actions; however, exploitation of power is indicative of an inherent powerlessness within the hearts of its perpetrators. That so many of

our clients are naturally non-violent unless given reason for retribution demonstrates that many are good men who get easily lost. The allure of hegemony is full of false promises that are in part an inevitable product of a society that thinks 'men will be men' and 'boys will be boys'. If we can muster but a moment of compassion and empathy for the angry male 'predator in the bushes' – who yes, does most likely know right from wrong – it will draw us closer to BYM in that 'space between'.

Six points of advice for working with BYM

1. Respect

As a professional working with any young person, the balance of power is already tipped in your favour. BYM know this and they may not like it. They may be sat in front of you because already another person of authority has told them they must. Know that this imbalance exists and work to tip it back. Shake their hand when they enter and exit the room. Use their name, and offer them eye contact, but do not force it on them. Be aware of your physical presence and avoid towering above them, or speaking too loudly.

2. Language

Do not use their vernacular unless you are sure of the relationship. They will see it as manipulative and too desperate for connection. And most importantly, they will see it as inauthentic.

3. Know your own masculinity (even if you don't identify as male)

What does masculinity mean to you? Who are the men in your life and what are your relationships like with them? If you are a man yourself, are you aware of how your gender impacts you and your surroundings? Was this different from when you were a teenager and if so, how? Does your own need for power and control play a role in your life?

4. Don't be afraid to own your bias

Are they tall, wearing a hoodie, unable to make any eye contact, and speak in a low voice? This can be intimidating. But these are just 'bricks' in 'the wall'. They are hiding under that hood for a reason. Does it make a difference if they are black or white, or otherwise? Be honest with yourself about this, even if the answer makes you feel uncomfortable. If you do not own your bias at least internally, they will sense it on you quickly.

5. Autonomy and confidentiality

Remind them over and over that they do not have to be there. Then when they do stay, even though they may have said or revealed very little about themselves, the fact is they chose to stay. Reflect this back just before they finally leave at the end of your intervention. State confidentiality, but remind them that you have a duty of safeguarding where confidentiality might be broken. This shows transparency, which will build trust.

6. Sit on the 'wall'

Extend the metaphor. BYM are typically visual and kinaesthetic learners. 'How tall is the wall?' 'What's the view like from the top?' 'What's it made of?' 'What would you need to ascend/descend it?' 'Can I sit up there with you?' They might look at you funny at first, but they'll get what you mean.

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Conflict of interest

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