Disclosure of Child Sexual Abuse: Experiences of Men Survivors in India

Alankaar Sharma 📵 *



Discipline of Social Work, School of Allied Health, Australian Catholic University, Strathfield, NSW, Australia

*Correspondence to Alankaar Sharma, Discipline of Social Work, School of Allied Health, Australian Catholic University, 25A Barker Road, Strathfield, NSW 2135, Australia. E-mail: Alankaar.Sharma@acu.edu.au

Abstract

Little is known about men and boys' experiences of child sexual abuse (CSA) in India, particularly about their experiences of disclosing abuse. Disclosure experiences are often important as they can potentially make the path to recovery and healing more tractable or challenging for survivors. Using the Interpretative Phenomenological Analysis approach, in-depth qualitative interviews were conducted with eleven adult men survivors of CSA in India varying in age, location and sexual orientation, to learn about their experiences of disclosing abuse. Barriers to disclosure included guilt, shame, protecting the perpetrator, protecting others from emotional stress and pain, stigma about same-sex sexual activity, and fear of minimisation of abuse experiences. Disclosure was further inhibited by pervasive silence in society about sexuality and sexual abuse. Responses to disclosure were varied and included supportive responses, silence and victim blaming. Findings demonstrate that disclosure experiences of men survivors were strongly influenced by patriarchal and heteronormative norms and practices. Social work has a role to play in building awareness of sexual abuse of boys, helping create a social environment where survivors can feel safe about disclosand challenging the oppressive structures of patriarchy ing abuse. heteronormativity.

Keywords: child abuse, child sexual abuse, disclosure, interpretative phenomenological analysis, male survivors, sexual violence

Accepted: March 2022



Introduction

Sexual abuse of boy children is a significant but under-acknowledged and under-addressed problem globally. The worldwide prevalence of sexual abuse of boys is estimated to be 3-17 per cent (Barth et al., 2013). In India, Ministry of Women and Child Development (2007) conducted a large-scale national study of children aged five to eighteen years and found that 52.94 per cent of boys had experienced sexual abuse and 23.06 per cent had experienced a severe form of sexual abuse, with severe abuse defined as 'sexual assault, making the child fondle private parts, making the child exhibit private body parts, exhibiting private body parts to a child, photographing a child in the nude' (p. 14). Whilst caution is warranted when interpreting these statistics as the study utilised a convenience sample as opposed to a representative sample (Choudhry et al., 2018), they highlight the enormity of the problem. Child sexual abuse (CSA) may have profound adverse physical, mental, behavioural and social outcomes for survivors (Alaggia and Millington, 2008: Easton, 2014).

It is concerning that many children significantly delay disclosure of CSA experiences or never disclose at all (Alaggia, 2004; McElvaney, 2015). CSA victims are likely to be more reluctant to disclose than victims of other forms of abuse (Lev-Wiesel and First, 2018). Disclosure can pave way for timely access to support services and is generally considered to be significant with regard to recovery and healing (Sorsoli et al., 2008; Alaggia et al., 2019). Since CSA is seldom a one-time event, a timely disclosure by a child whilst abuse is ongoing may help prevent further abuse (Hébert et al., 2009).

Background

Although girl children are 2.5 to 3 times more likely to be sexually abused than boys (Putnam, 2003), boys and men are less likely to disclose abuse and more likely to delay disclosure (Hébert et al., 2009; Alaggia et al., 2019). Survivors may decide not to disclose because they feel embarrassed, guilty or do not know how or whom to tell. Survivors may be silenced by others when disclosure recipients dismiss or minimise their abuse experiences. Normative gender practices are a significant reason why men and boys find it challenging to disclose CSA (Sorsoli et al., 2008). Socio-cultural norms guiding masculinity get in the way of men from being recognised as potential victims of violence, particularly sexual violence (Andersen, 2013). Masculinity is typically equated with emotional toughness, and emotional vulnerability that often accompanies victimisation is constructed as unmasculine. Gender norms about

emotionality and vulnerability can be inhibiting factors for men and boys in disclosing their abuse experiences.

How others respond to disclosure is crucial. Helpful responses can support survivors' well-being and recovery (Easton, 2014), whereas unhelpful responses that dismiss or disbelieve survivors' experiences contribute to their silencing. In an Indian study, Subramaniyan et al. (2017) investigated barriers to seeking psychiatric help for CSA survivors and found that parents of boys who had been sexually abused sometimes minimised their child's experiences on account of the child's gender; these parents believed that the boy would not be significantly affected by abuse or would be able to overcome any consequences of abuse without professional help.

CSA research in India is a developing field. Thus far, it has been largely studied from a biomedical perspective and there is a predominance of prevalence studies. In their systematic review of CSA research in India published between 2006 and 2016, Choudhry *et al.* (2018) concluded that most of the published qualitative studies 'rated poorly on data analysis and reporting' (p. 19). Lived experiences of men survivors, particularly their disclosure experiences, have received little attention in extant literature. This article discusses men survivors' experiences vis-àvis disclosure of CSA. Findings reported here are part of a broader study of lived experiences of men survivors of CSA in India. The study included only non-commercial forms of CSA; its scope did not include commercial sexual exploitation of children.

Methods

This study followed the Interpretative Phenomenological Analysis (IPA) approach, which explores how people make sense of their lived experiences and the various meanings they assign to these significant life experiences (Smith *et al.*, 2009). IPA is based on the broader epistemological foundations of interpretive phenomenology. It focuses on lived experience and is interested in exploring personal experiences through individuals' own accounts and perceptions of a phenomenon as experienced by them within the subjective contexts of their personal and social world (Smith and Osborn, 2008).

Permission to conduct research was received from the Institutional Review Board of a university in the USA. Purposive sampling was used to recruit participants who were men aged eighteen to sixty years and self-identified as having experienced CSA or unwanted sexual contact during childhood. I enlisted cooperation of civil society organisations, activists and therapists working in the areas of child abuse, gender and sexuality rights, or providing support services to survivors of violence and abuse in India. These individuals and organisations shared

information about the study directly with people whom they thought might be interested, or posted it to their social media channels or relevant listservs.

The study sample included eleven men who decided to participate. Six participants identified as gay, one as bisexual, one as queer and three as straight or heterosexual. Participants' median age was thirty-nine years, and they were located in six large cities across India. A description of the sample is provided in Table 1.

I conducted in-depth semi-structured interviews with each participant. All participants were interviewed twice, except one participant who could only be interviewed once because of some personal circumstances unrelated to this research that arose for the participant. More than one interview with study participants has been advised for interpretive phenomenological research, since it allows the researcher and participant to revisit some of their earlier discussions as well as increases the size of data, which in turn provides greater clarity and confidence whilst doing the analysis that is plausible and truly interpretive (Benner, 1994). The average length of an interview was seventy-five minutes. Interviews were conducted from 2014 through 2015, and the study concluded in 2018. Interviews were conversational and conducted face-to-face at a location of participants' choice. Interviews explored topics such as growing up years, family life, social environment, personal attitudes and beliefs

Table 1. Participant demographics and details.

Pseudonym	Age	Age at first CSA experience	Number and description of perpetrators
Ajinkya	30s	5–6	One (Older male cousin)
Chaitanya	50s	2	Multiple (Older boy in the neigh- bourhood, unrelated man living in the same household)
Himank	20s	7–8	Multiple (Granduncle; male peers in the neighbourhood and school; older male in the neighbourhood)
Jimmy	30s	6	Multiple (Older boys, adult men and one adult woman in the neighbourhood; adult male rel- ative; female teacher)
Prabodh	40s	13–14	Multiple (Men from the neigh- bourhood; stranger men)
Priyanshu	20s	7–8	One (Older male friend)
Ranjith	40s	10–11	One (Uncle)
Raunaq	40s	7–8	Multiple (Older male cousin; step- mother; older male stranger)
Samarth	30s	6–7	One (Older male cousin)
Shubham	30s	8–9	Multiple (Older male cousins)
Tarun	30s	6	Multiple (Older male peers from the neighbourhood)

regarding gender, sexual abuse experiences, disclosure and help-seeking, how and where the participants learned about sex and sexuality, perspectives on gender identity or sexual orientation in relation to abuse experiences, and impact of abuse on survivors' everyday lives.

All participants were self-selected and provided voluntary consent to participate in the study. I discussed with participants before each interview their right to withdraw participation at any stage. To protect privacy, all interviews took place in private closed-door areas. During the interviews, I looked out for any verbal or non-verbal signs of distress. When I noticed emotional distress, I reminded the participant that they could take a break, not answer that question or discontinue the interview. In addition to a copy of the consent form, a list of support services for CSA survivors was shared with all participants. All names mentioned in this article are pseudonyms to protect participants' identities.

Data were analysed using the six-step approach that Smith et al. (2009) have recommended for IPA. This included reading and rereading interview transcripts to develop close familiarity with data; writing detailed notes whilst analysing each transcript individually based on my evolving understanding of what was going on in the data; line-by-line coding of transcripts to assign labels to data segments, followed by examining relationships between these codes to identify emergent themes within each transcript; exploring relationships between different emergent themes for each participant and mapping how these different themes might hang together; and exploring patterns across participants and grouping emergent themes into subordinate and superordinate themes. The superordinate themes that were identified through this process of analysing data included heteropatriarchal social environment, meanings of CSA for survivors, impact of CSA on survivors' lives and disclosure. Together these themes illuminated the lived experiences of men survivors of CSA in India. Only the superordinate theme of disclosure and its subordinate themes are discussed in this article.

Regarding the study quality, I applied Yardley's (2000) criteria for qualitative research which includes four principles: sensitivity to context, commitment and rigour, transparency and coherence and impact and importance. I addressed these criteria through conducting an extensive literature review; paying close attention to the participants' socio-cultural context whilst analysing data; focusing on rapport with the participants and valuing their rights and voices throughout the study; conducting interviews in a manner where participants could think, speak and be heard; highlighting participants' distinct voices whilst writing the research findings; and describing in detail the process followed to conduct this research.

Findings

Findings reveal men survivors' barriers to disclosure, and responses they received from disclosure recipients. It is relevant to briefly discuss the socio-cultural context in which these findings are situated. It was evident that patriarchy and heteronormativity were strong forces in participants' social environment. Participants discussed receiving clear messages about how they were supposed to express themselves as men or boys. As one participant said, men were expected 'to have a job and a career, to be assertive, to be stronger emotionally and physically, to marry and have children.' Several participants recalled getting shamed, insulted, or reprimanded when they deviated from traditional norms vis-à-vis masculinity. Participants, particularly those who identified as gay, bisexual or queer, mentioned the pervasiveness of heteronormativity and homophobia. Participants also discussed a climate of silence about sexuality during their childhood or adolescence, and they had little access to any information on sex and sexuality in their family or at school.

Barriers to disclosure

Disclosure was a challenging experience for many participants, and they faced several obstacles that impacted their ability to share their experiences with others.

Guilt

A significant barrier to disclosure for some participants was their perception that they were somehow complicit in their own abuse. Raunaq said that he felt responsible for the abuse, which prevented him from disclosing: 'It was like a secret pact that I cannot talk about this to anyone. That partly it was my fault that I [had] sort of seduced him.' Prabodh shared that a lack of overt coercion or violence by any of the perpetrators made him think that he had willingly participated in sexual activities with them: 'Nobody [had] tied me up, kidnapped me, and raped me or anything of that sort. In some sense I [felt that I had] contributed to where I [had] been. So ... what was there to tell?'

Shame

Several participants shared that they felt ashamed about their abuse experiences, which obstructed disclosure. The sexual nature of abuse often caused significant shame and embarrassment. In a society where sex and sexuality are taboo, survivors did not know how and with whom to discuss what they were experiencing. Shubham, for example, said that as a child his CSA experiences were too difficult to comprehend or articulate.

There was one incident where he made me jerk him off, and when he came I freaked out ... because I didn't know what the whole thing was ... I remember that I ran and then showered like 4-5 times. I must be like 12-13 then ... I thought it was blood initially, and it was all over my hands ... I didn't feel the need to go and run and tell anybody that this is what has happened. Who would I go to and tell ...? There was no way that I could go and tell this to somebody. This is not something to share with somebody.

Protecting the perpetrator

A few participants did not disclose because they were trying to shelter the perpetrator from disrepute resulting from being identified as a sexual abuser in the family or community. Raunaq, for example, said that he decided not to tell the wife of the cousin who had sexually abused him because he worried that it would be damaging for his cousin: 'I would just clamp up and not tell her anything else because I was afraid that it would ruin him.'

Ajinkya felt that his cousin who had abused him had changed as a person, and their relationship had also evolved over time. He decided to not disclose to anyone in his family that he was abused by this cousin because he did not want the cousin to be shamed.

As I grew up, I think [talking about abuse] became irrelevant after a certain point in time ... We [have] rebuilt our bonds as different families who [are] connected by common ancestry ... We are now uncles to their children ... The cousin who abused me, he has also changed a lot ... I can see that he is not the same person as he was, and it would not be right for me to bring that up or to shame him in any way, because he was also in many ways a child at that time. He was just, I think in 14 to 16, that age group.

Ajinkya's observation that his cousin too was a child when he perpetrated abuse seems to have helped Ajinkya look past his cousin's actions and develop a new relationship with him. Ajinkya further mentioned that he had attempted to address any fear that his cousin might have had that Ajinkya might disclose about his sexual abuse to family members.

When I meet this cousin ... I am more concerned about his discomfort. I [wonder] whether he would be hesitating to meet me now. Now that he is married, he has children, is he scared that I might bring up this issue? ... So then I [try] to make him as comfortable as possible, so that he could trust that Ajinkya is not going to cause any problems.

Protecting others

Sometimes survivors hesitated to disclose their abuse experiences because they wanted to protect non-offending family members from feeling hurt or upset. Some survivors never disclosed to family members for this reason, whilst some others only partially disclosed. For instance, Samarth told his mother that he had experienced CSA but did not disclose the abuser's real identity since the abuser was an extended family member and his mother's relative.

I had to place it very gently. So I did mention [the abuse] but I didn't mention [the abuser's identity] because she would freak out, because after all he is a relative. He's related to her, he's her cousin's son. So I did say it was someone at school.

Ranjith said that he did not disclose to his parents because he worried that learning about their son's abuse would cause them distress: 'I have never spoken about it to my parents. I didn't want to bother them with regards to these thoughts ... I'm sure this is not something I want to put them through.' Ranjith observed that his parents were struggling with health and financial difficulties, and he did not want to cause them further stress by telling them about his abuse experiences: 'I couldn't communicate to my parents ... My mom was sick and my father was physically challenged. And we were struggling financially ... I didn't want to disturb my parents. They were struggling to make ends meet.'

Stigma about same-sex sexual contact

Since all participants had been abused by boys or men (some had also been abused by women), social stigma driven by homophobia about same-sex sexual contact was a significant barrier to disclosure. Raunaq said that such stigma stopped him from talking about his abuse.

In [our neighbourhood] ... one of the boys was caught with another boy, and there was hush-hush talk, and I thought to myself, 'Oh shit, the same thing has happened to me and I shouldn't be talking about this at all.' And then the word gay came about and I thought to myself that this is something not to be talked about.

Shubham discussed that as a child he struggled to make sense of his abuse experiences because sex itself was taboo and same-sex sexual activity was even more taboo. This confusion prevented him from disclosing: 'Should we even ask about it, maybe not. Should we even tell this to somebody? No, because it is already wrong. A, you are having sex. And B, you are having sex with a man. That's like, hello!'

Fear of minimisation of experiences

Fear of others minimising their abuse experiences posed a significant obstacle to disclosure for some participants. Ajinkya said that as an adult he saw little reason to disclose that he was sexually abused by one of his cousins because his extended family members would not have taken his disclosure seriously.

Even if I told anybody, those people, even his family [were] not going to take it seriously. There might be some discomfort for a day or two, but they would take it as a minor thing. And what am I going to achieve? Nothing.

Jimmy observed that because some of the sexual activities in his abuse experiences were with women, he feared that others would minimise his experiences or not take them seriously.

When there is a male that says, 'I was abused,' then it's very difficult to digest. Because then it's like, 'What are you talking about? Man up! You are a man. You just got to have sex with a 20-year-old woman, what's wrong with you? This is the stuff that goes down in history, you know. A 9-year-old having sex with a 20-year-old girl! So you should be happy. What are you cribbing about?'

He further said that since men and boys were expected to enjoy sex in all contexts and were often regarded positively for having sex with women older than them, these internalised social expectations had been an obstacle for him to recognise his experiences as abusive.

When [memories of abuse] came up in my head, I said, 'What are you crying for? You had sex before most of the kids in college even knew how it was done. What are you cribbing about? Are you a girl?'

Tarun said that people were generally unfamiliar with sexual abuse of boys and tended to perceive all sexual activity between boys as a rite of passage or as 'boys being boys'.

Not that [CSA of girls] is disclosed because there is still so much of trauma and shame around it, but at least it is getting attention ... But I think there is a large part of the Indian population ... who still think that for men this is a part of growing up, ki woh to karte hain, ladke toh they shag each other [boys are like this, boys shag each other].

Response to disclosure

Only three participants had disclosed their abuse whilst they were children, but most eventually disclosed as adults. Two participants had never disclosed to anyone outside a therapeutic context. No participant had ever disclosed to a child protection or law enforcement agency. Participants' experiences of disclosing CSA typically occurred over long

periods of time across their lifetime within relational contexts. Whilst past disclosure experiences often influenced future disclosure, each experience was negotiated individually. For instance, Ranjith felt that as a child he could not talk to anyone about his abuse. His girlfriend was the first person to whom he disclosed as a young adult. According to Ranjith, she was sympathetic and emotionally supportive but also 'felt that I could handle it ... because she realised that I was a man and probably thought I was strong enough to put [CSA] behind me and move on in life.' Once he disclosed to his girlfriend, he learnt more about CSA through reading and several years later felt comfortable to tell some of his close friends. Eventually, he wanted to contribute to raising social awareness of CSA and decided to contact a child rights activist to share his story. He initially emailed the activist anonymously but later disclosed his identity: 'I came out in the open because I said you know what, there's no point holding this back because I have an opportunity to help others.' Similarly, Jimmy's narrative also illustrates the complex, relational and negotiated nature of disclosure experiences. Jimmy, who experienced multiple instances of abuse with multiple perpetrators, disclosed one of his earliest abuse experiences to his mother about a year after the incident when he was seven but never disclosed any subsequent abuse experiences to her. Later he disclosed about his various CSA experiences to his girlfriend during his mid-twenties. In between disclosing to his mother and girlfriend, he disclosed 'once or twice' to some of his friends. He said that when he told his friends, he did so in a "my friend was once [abused]" sort of way ... but not in a "I am going to tell you my story" kind of way."

Responses to disclosure that participants received from others were varied. Whilst some of the responses were supportive and affirming, many times others responded in unsupportive ways.

Supportive

Some of the responses that the participants received were supportive because the person to whom they disclosed listened to them without judgment and offered help. Himank disclosed about his abuse experiences to a fellow student when he was studying at a university, who offered a supportive response. Subsequently, he disclosed to several other friends, and they too were supportive.

He was very supportive and encouraging, and he told me, 'If you need help with it, let me know. I can help you out. You should at least talk about it with your other friends.' ... And all other people after that whom I have chosen to speak to about this, either my straight friends or gay friends, have been very fine with it.

Jimmy was anxious about telling his girlfriend but felt that it was important for him to disclose his abuse experiences to his future wife. He was pleasantly surprised by her supportive response in which she offered to work with him to find therapeutic support.

I told her exactly what had happened. She was supportive. I didn't expect it ... But she was very supportive, and she said, 'You are saying it like it's your fault or something. We'll just get you on to a therapist because you clearly need help.' ... So that was nice, because I got, for the first time I think, I got a supportive response.

Silence

Several participants reported that when they disclosed, the other person responded with silence. Shubham said that he told his older brother about his abuse, but the brother did not offer any response.

I told my brother once. But then I think he was also kind of subjected to this ... he told me later after many years ... But when I told my brother ... he just brushed me away ... So my brother being a very quiet person, he didn't even say anything. He just said okay and go do your thing. Because I don't think he also knew what to say.

Shubham disclosed to his brother about two years after abuse started and whilst it was still ongoing. His brother was an adolescent at the time and, as Shubham eventually learnt, had experienced CSA himself. It is reasonable to assume that the experience of receiving such disclosure from his younger sibling would have been distressful and overwhelming, which probably explains the brother's response.

Jimmy shared that his mother asked him to go and do his homework when he told her that he had been experiencing pain in the rectal area after an uncle had sexually abused him at a wedding.

I went to my mother and said, 'Look it's hurting here.' And she said, 'What have you been doing?' ... 'I haven't been doing anything,' I said. [She said], 'Why would it hurt there?' ... So I said, 'It's been hurting since that wedding.' So she said, 'Okay, why didn't you tell me before?' So that is when I told her 'Look this uncle asked me not to tell anyone.' So she was like 'Which uncle are you talking about?' So I told her the name ... And she said, 'Are you sure?' I said, 'Yeah, I am sure.' ... So she said, 'Okay, now go and do your homework, we'll talk about it later.' That was the only response. And the later never happened.

Whilst these excerpts relate to when the participants were children, sometimes even as adults their disclosure was met with silence. Tarun said that his heterosexual men friends found it challenging to respond when he told them about his abuse, and usually attempted to brush it off.

Heterosexual men friends are uncomfortable talking about it, and they are like *haan haan sabke saath hota hai* [it happens to everyone], forget it *na* [no], look at how you are now, it's fantastic, blah blah. And there is a certain kind of passing over the conversation as if it makes them uncomfortable ... I know they come from a point of supportiveness but their way of showing it is to not have a conversation.

Blame

Some participants were blamed for their own abuse when they disclosed. Chaitanya went to see a psychiatrist as a young adult to seek help regarding CSA. This psychiatrist was the first person to whom he disclosed his abuse experiences. The psychiatrist told him in their first meeting that he was responsible for the abuse because he had not protested.

At 23, 25, I knew I needed help ... But where do you go? And I couldn't talk to anyone else in the family. So I went to [a] psychiatrist ... and told him that I think I was abused as a child ... So he was like 'Yeah so what, you asked for it. You kept quiet, no?'

This meeting had profound consequences for Chaitanya. For nearly twenty-four years he viewed himself as complicit in his own abuse: 'From 24 to until I addressed it at maybe 48 or something, what stayed in my mind was that I asked for it.'

Raunaq shared that when he told his brother about his abuse experiences, the brother responded by saying that he must have enjoyed these experiences: 'When I told my brother ... [he] said, "Well if you have had so much of sex for a long time, you must have enjoyed it."'

Discussion

This study echoes a growing recognition of CSA disclosure as not a singular event, but a complicated lifelong process (Alaggia, 2004; Alaggia et al., 2019). As Durham (2003) observes, disclosure is a 'diverse, complex and painful process of events which have components of guilt, relief, anger, pain, all with related consequences' (p. 316). Findings from this study are also congruent with previous research that survivors may feel reticent to disclose because of wanting to shield non-offending family members or friends against emotional pain and distress (Schönbucher et al., 2012; McElvaney, 2015). There is little information, however, in extant literature about men survivors' reluctance to disclose to protect the perpetrator and the present study expands the understanding of barriers to disclosure in this respect. Within a collectivistic social context like India, it is probable that considerations for family honour and reputation might have influenced survivors' attempts to protect the

perpetrator. In collectivist cultures, fear of shaming the family name may pose a significant challenge for survivors to CSA disclosure (Sawrikar and Katz, 2017).

Social stigma associated with same-sex sexual contact was a significant barrier to disclosure. This needs to be understood within the context of social construction of masculinities in India. Connell's (2005) concept of hegemonic masculinity is helpful in this regard. According to this concept, certain practices and attributes get idealised as masculine within any specific socio-cultural context. Men who align with these culturally idealised ways of doing masculinity receive power and dominance over not just women but also other men who do not conform to such articulations of masculinity. The culturally exalted version of masculinity in the Indian society is that of asli mard (real man) (Verma et al., 2006). Research with men in Mumbai aged eighteen to twenty-nine years revealed that the predominant conceptualisation of asli mard was a man who was 'handsome, strong, muscular and virile' (Verma et al., 2006, p. 137). Desirable attributes in men included the ability to provide for and take care of one's family, physical power over other men, sexual potency and prowess to establish superiority and control over women and hostility and disdain towards homosexual or effeminate men. In the International Men and Gender Equality Survey (IMAGES) (Barker et al., 2011), 81 per cent of the men participants from India said that a man should have the final word about decisions in his home, 61 per cent said that men are always ready to have sex, 91 per cent said that men should be embarrassed if unable to get an erection and 86 per cent said that 'to be a man, you need to be tough'. Homophobia and compulsory heterosexuality are constitutive elements of such construction of hegemonic masculinity in a patriarchal mould. In the aforementioned IMAGES study, 89 per cent of men participants from India agreed that being around homosexual men made them uncomfortable (Barker et al., 2011). It is worth noting that homosexuality was decriminalised in India only as recently as 2018, indicating the entrenched and institutional nature of homophobia. Within such context, it is understandable why same-sex nature of abuse experiences might be a significant obstacle to disclosure for many men and boy survivors. This finding is in step with studies from other parts of the world which demonstrate that men and boy survivors, regardless of their sexual orientation, often worry about being perceived or labelled as gav when abused by other men or boys due to homophobia in society (Alaggia and Millington, 2008).

Some survivors in this study felt apprehensive about not being believed or taken seriously because society does not see boys and men as possible victims of sexual violence. Within the framework of hegemonic masculinity, boys and men are expected to desire and enjoy all sexual activity, particularly with girls and women. Also, notwithstanding pervasive heteronormativity, same-sex sexual activity may sometimes be

perceived by men and boys in India as masti (fun), which is construed as an activity solely for the purpose of pleasure without any major consequences on their masculinity as a social role (Chopra et al., 2000). Whilst an in-depth discussion of heterosexual masculinity as an inherently unstable category is beyond the scope of this article, it is worth noting that Ward (2015) and Silva (2021) have demonstrated that men who identify as heterosexual are sometimes able to desire, seek or participate in same-sex sexual encounters without perceiving such experiences as of consequence to their normative heterosexual identity. In the Indian context too, Osella and Osella (2007) observe that it is possible for straightidentifying men to engage in same-sex sexual activity without bringing into question their masculinity, with such activity getting framed as fun and not sex. Thus, same-sex sexual activity during adolescence, whilst considered taboo, may also be simultaneously understood as situational mutual behaviour between boys. Patriarchal societies typically fail to recognise men or boys as possible victims of sexual violence, and therefore such framings arguably lead to all sexual experiences of men and boys, including abusive experiences, to be perceived as 'adventures'. This contributes to minimisation and silencing of survivors' experiences.

Silence about sexuality, which was identified as another barrier to disclosure, is an aspect of patriarchy in the Indian context. As Ramasubban (2007) notes, 'widespread "norms" of universal marriage, monogamy and procreative heterosexuality involving chaste women and masculine men and enforced by the triumvirate institutions of patriarchal family, caste and community, contribute to a consensual societal framework of silence about sexuality' (p. 94). In an environment of widespread silence about sexuality and suppression of knowledge about sexuality, children may feel inhibited to disclose sexual abuse. They may not have the vocabulary to talk about abuse, may feel embarrassed because of the sexual nature of their experiences, or may not understand perpetrator's actions and feel confused. Whilst knowledge of sexuality or sexual abuse does not ensure that a child will immediately disclose any abusive experience, it can potentially help children better understand what is going on and give them language and permission to talk about sexual abuse.

Disclosure may not always be a safe or affirming experience for survivors. Many survivors in this study felt apprehensive about disclosure because they worried that others would disbelieve them or minimise their experiences. Unfortunately, survivors' apprehensions were not groundless. Some participants were blamed or held responsible for their sexual victimisation, in one case even by a mental health professional. Victim blaming is sadly a common experience for CSA survivors, including for men and boys. Some participants' disclosures were met with downright silence. It is possible that the recipients felt uncomfortable with talking about sex or sexual abuse. Moreover, since all participants experienced same-sex sexual contact, perhaps the listeners felt uncomfortable about

such contact within a heteronormative socio-cultural context. It is also possible that they had never considered that boys could be sexually abused and therefore felt confused by the disclosure and unprepared to respond. Another possibility is that they had experienced sexual violence themselves and their own trauma could have made it difficult for them to offer a response. Since recipients' unhelpful responses are often associated with heteropatriarchal norms, these need to be understood as embedded within socio-cultural factors that deny recognition and support to survivors, instead of being perceived as individual failures.

Limitations

This study's findings should be considered in the context of its limitations. Participants were recruited through activists, therapists and civil society organisations. Since participants were self-selected, they needed some access to these individuals or organisations to learn about the study, leaving out many others who did not have access to this information. Most participants in this study identified as gay, bisexual or queer. Consequently, heterosexual survivors' experiences may not be adequately reflected in this study. This study did not examine how issues of caste and class might influence survivors' experiences. Caste and class exist in dialogue with gender and doubtlessly influence how men survivors experience CSA, and future research should investigate these intersections.

Implications

This research calls attention to heteronormativity and patriarchal constructions of masculinity as key aspects of survivors' experiences that pose challenges vis-à-vis disclosure. It is therefore imperative for social workers to challenge patriarchy and heteronormativity at interpersonal, institutional and systemic levels. This requires collaborative efforts amongst civil society organisations working on children's rights, gender justice and sexual rights.

It is important for practitioners to recognise disclosure of CSA as not a one-time event but a complex process which occurs and evolves over the survivor's lifetime. Disclosure does not exist as a binary experience with 'did tell' and 'did not tell' as the only possibilities. Instead, multiple disclosures often happen over the life course with each experience negotiated individually within a context of past disclosures, relationship with disclosure recipient, and the broader social environment. This is relevant in therapeutic and counselling work with survivors and their families.

Moreover, from a public health perspective, this calls for psychosocial and mental health support services for survivors across the lifespan.

It is telling that none of the participants had made a formal disclosure to a child protection or law enforcement agency. In 2012 India enacted a new law to address CSA, known as the Protection of Children from Sexual Offences (POCSO) Act, which introduced some child-friendly procedures regarding receiving children's statements. However, disclosures by CSA survivors in India are routinely disbelieved, including in professional and institutional contexts (Ramaswamy and Seshadri, 2017). This calls for better education and training of professionals about how survivors disclose and barriers to disclosure, to improve institutional and systemic responsiveness to survivors' needs and concerns.

Finally, this study highlights the role that silence about sexuality plays in preventing survivors from disclosing their abuse experiences. Advocating for comprehensive sexuality education for children and young people, and creating safe opportunities for people to access knowledge about sexuality would be helpful in this regard.

Conclusion

For men survivors, the experience of disclosing CSA is a complex and relational process that evolves over their lifetime. The findings suggest that men survivors experience significant barriers to disclosing their abuse experiences. When survivors disclose, responses of disclosure recipients are not always supportive or affirming. Unhelpful responses include victim blaming and silence. Barriers as well as unhelpful responses to disclosure are often linked to patriarchal constructions of masculinity and heteronormativity in society.

Acknowledgements

I gratefully acknowledge the generosity of Dr Ramona Alaggia who shared with me the short version of an interview guide from one of her research projects. I included and adapted several questions from it into my interview schedule for this research.

Funding

This research received no external funding.

Conflict of interest statement. None declared.

References

- Alaggia, R. (2004) 'Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure', *Child Abuse & Neglect*, **28**(11), pp. 1213–27.
- Alaggia, R. and Millington, G. (2008) 'Male child sexual abuse: A phenomenology of betrayal', Clinical Social Work Journal, 36(3), pp. 265–75.
- Alaggia, R., Collin-Vézina, D. and Lateef, R. (2019) 'Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000-2016)', *Trauma, Violence & Abuse*, 20(2), pp. 260–83.
- Andersen, T. H. (2013) 'Against the wind: Male victimization and the ideal of manliness', *Journal of Social Work*, **13**(3), pp. 231–47.
- Barker, G., Contreras, J. M., Heilman, B., Singh, A. K., Verma, R. K. and Nascimento, M. (2011) *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*, Washington DC, ICRW and Instituto Promundo.
- Barth, J., Bermetz, L., Heim, E., Trelle, S. and Tonia, T. (2013) 'The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis', *International Journal of Public Health*, **58**(3), pp. 469–83.
- Benner, P. (1994) 'The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices', in Benner, P. (ed.), *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness*, Thousand Oaks, CA, Sage.
- Chopra, R., Dasgupta, C. and Janeja, M. K. (2000) 'Understanding masculinity', *Economic and Political Weekly*, **35**(19), pp. 1607–09.
- Choudhry, V., Dayal, R., Pillai, D., Kalokhe, A. S., Beier, K. and Patel, V. (2018) 'Child sexual abuse in India: A systematic review', *PLoS One*, **13**(10), pp. e0205086.
- Connell, R. W. (2005) Masculinities, 2nd edn, Berkeley, CA, University of California Press.
- Durham, A. (2003) 'Young men living through and with child sexual abuse: A practitioner research study', *British Journal of Social Work*, **33**(3), pp. 309–23.
- Easton, S. D. (2014) 'Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse', *Child Abuse & Neglect*, **38**(2), pp. 243–51.
- Hébert, M., Tourigny, M., Cyr, M., McDuff, P. and Joly, J. (2009) 'Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec', *Canadian Journal of Psychiatry*, **54**(9), pp. 631–6.
- Lev-Wiesel, R. and First, M. (2018) 'Willingness to disclose child maltreatment: CSA vs other forms of child abuse in relation to gender', *Child Abuse & Neglect*, 79, pp. 183–91.
- McElvaney, R. (2015) 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, **24**(3), pp. 159–69.
- Ministry of Women and Child Development (2007) Study on Child Abuse: India 2007, New Delhi, Government of India.
- Osella, C. and Osella, F. (2007) 'South Asian masculinities', in Flood, M., Gardiner, J. K., Pease, B. and Pringle, K. (eds), *International Encyclopedia of Men and Masculinities*, Oxon, Routledge.

- Putnam, F. W. (2003) 'Ten-year research update review: Child sexual abuse', *Journal of the American Academy of Child and Adolescent Psychiatry*, **42**(3), pp. 269–78.
- Ramasubban, R. (2007) 'Culture, politics, and discourses on sexuality: A history of resistance to the anti-sodomy law in India', in Parker, R., Petchesky, R. and Sember, R. (eds), *SexPolitics: Reports from the Front Lines*, New York, NY, Sexuality Policy Watch.
- Ramaswamy, S. and Seshadri, S. (2017) 'Our failure to protect sexually abused children: Where is out 'willing suspension of disbelief'?', *Indian Journal of Psychiatry*, **59**(2), pp. 233–35.
- Sawrikar, P. and Katz, I. (2017) 'Barriers to disclosing child sexual abuse (CSA) in ethnic minority communities: A review of the literature and implications for practice in Australia', *Children and Youth Services Review*, **83**, pp. 302–15.
- Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U. and Landolt, M. A. (2012) 'Disclosure of child sexual abuse by adolescents: A qualitative in-depth study', *Journal of Interpersonal Violence*, **27**(17), pp. 3486–513.
- Silva, T. (2021) Still Straight: Sexual Flexibility among White Men in Rural America, New York, NY, NYU Press.
- Smith, J. A. and Osborn, M. (2008) 'Interpretative phenomenological analysis', in Smith, J. A. (ed.), *Qualitative Psychology: A Practical Guide to Research Methods*, 2nd edn, London, Sage.
- Smith, J. A., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*, London, Sage.
- Sorsoli, L., Kia-Keating, M. and Grossman, F. K. (2008) "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure', *Journal of Counseling Psychology*, 55(3), pp. 333–45.
- Subramaniyan, V. K. S., Reddy, P., Chandra, G., Rao, C. and Rao, T. S. S. (2017) 'Silence of male child sexual abuse in India: Qualitative analysis of barriers for seeking psychiatric help in a multidisciplinary unit in a general hospital', *Indian Journal of Psychiatry*, **59**(2), pp. 202–07.
- Verma, R. K., Pulerwitz, J., Mahendra, V., Khandekar, S., Barker, G., Fulpagare, P. and Singh, S. K. (2006) 'Challenging and changing gender attitudes among young men in Mumbai, India', *Reproductive Health Matters*, 14(28), pp. 135–43.
- Ward, J. (2015) Not Gay: Sex between Straight White Men, New York, NY, NYU Press.
- Yardley, L. (2000) 'Dilemmas in qualitative health research', Psychology & Health, 15(2), pp. 215–28.