

'We don't talk about that around here': An Interpretative Phenomenological Analysis (IPA) of South Asian men's experiences of sexual violence in the UK

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Abstract

Background

Sexual violence against men is an understudied issue, particularly among ethnic minority groups. This study explored how South Asian cultural norms shape disclosure and help-seeking for male survivors in the UK.

Methods

Using interpretative phenomenological analysis (IPA), semi-structured interviews were conducted with 11 South Asian male survivors of sexual violence currently living in the UK. Participants were recruited through specialist support organisations. Interviews explored participants' experiences of disclosure, cultural factors surrounding sexual violence, and barriers/facilitators to support. Data were analysed following IPA's idiographic approach to identify themes across participant accounts.

Results

Three key themes emerged centred on familial pressures, cultural taboos, and barriers to support/justice. Familial reputational pressures made survivors reluctant to disclose and they often received dismissive reactions. Cultural taboos about sex and mental health meant survivors felt unable to recognise their experiences and needs. Barriers to professional support included stigma and lack of cultural understanding. Distrust of systems discouraged justice-seeking, with negative experiences for those reporting abuse.

Conclusions

Traditional South Asian values regarding family honour, gender norms, and stigma created obstacles to disclosure and help-seeking for male survivors. Culturally-tailored outreach and supports are needed to overcome taboos and empower South Asian male survivors to access appropriate care. Findings emphasise the intersection of masculinity and culture in shaping experiences of sexual violence. Further research should explore diversity within South Asian communities and experiences navigating systems and services.

Introduction

The issue of sexual violence against men is gaining increasing academic attention in the United Kingdom (UK). Researchers have highlighted how men navigate and make sense of their experiences of sexual violence (1,2) amid substantial social and institutional barriers to accessing mental health and criminal justice services (3–5). Moreover, a growing body of research on sexual and intimate partner violence is emerging from various global contexts (6–10) challenging the traditional perception of sexual violence as exclusively a 'female issue' (11). Findings from these studies underscore that sexual violence against men is a cross border phenomenon affecting individuals from diverse backgrounds, sexual orientation, ethnicities, cultures, and age groups. Although prevalence estimates vary, research from different cultural settings emphasizes the importance of understanding how cultural identities shape the lived experiences of male survivors of sexual violence, influencing their sense-making, recognition, disclosure, and help-seeking behaviours.

The cultural and ethnic diversity of the UK population necessitates a careful examination of how sexual and intimate partner violence may manifest in previously unexplored or overlooked contexts. Recent studies have highlighted the prevalence of such violence and victimisation among ethnic minority women (12,13) and men (14,15) and how cultural identities and values of minoritized ethnicities in Western society may exacerbate well-known challenges for male survivors of rape and sexual abuse, particularly regarding rigid masculine norms and perceptions of male invulnerability (2). The present study aims to explore how cultural norms and values shape the experiences of South Asian male survivors of rape and sexual abuse in the UK. Specifically, the research seeks to understand the barriers to disclosure and help-seeking and examine their experiences accessing professional support and criminal justice services.

Prevalence

Prevalence rates suggest that approximately 5–25% of men globally experience sexual violence at some point in their lives, encompassing childhood, adolescence, and adulthood (16). The range of prevalence estimates is influenced by variations in definitions, measures, and research methods. Certain groups appear to face a higher risk of sexual victimization: research indicates that college-aged men (18 to 24 years old) are five times more likely to experience assault than their non-college peers (17). Additionally, men who identify as gay, bisexual, or engage in sex with other men are frequently reported to be at an increased risk (15, 18, 19).

It is crucial to acknowledge that the variation in prevalence rates primarily stems from significant underreporting among male survivors (20). Experiences of male sexual victimization are often linked to pervasive stigma, internalized shame, concerns about sexuality, and the lack of services specifically targeting male victims (16, 21). Significantly, the challenges in accurately gauging the prevalence of sexual violence, coupled with the tendency for such incidents to go unreported, pose obstacles that impede the intervention and support for male survivors. These survivors often suffer from adverse mental health effects including PTSD, anxiety, depression, and suicidal tendencies. (16, 21–26)

Barriers for disclosure and help seeking

The mental health consequences for male survivors are extensively documented, and the challenges they encounter in disclosing their experiences and seeking help are widely acknowledged. The reluctance of male survivors to share their experiences and seek assistance is often linked to their adherence to societal expectations surrounding masculine gender roles (Easton et al., 2014; Easton, 2012; Widanaralalage, Hine, Murphy, et al., 2022), which emphasize qualities such as stoicism, independence, invulnerability, and self-reliance (29). These norms make it challenging for men to recognize their own victimization as valid and to perceive themselves as deserving of support. In a recent study focusing on male-on-male survivors of rape and sexual abuse, intense feelings of guilt, shame, and self-blame significantly hindered survivors from disclosing their abuse experiences and seeking professional support from both their close support networks (family, friends, and/or partners) and formal support services (Widanaralalage, Hine, Murphy, et al., 2022). Notably, survivors' hesitancy and difficulties in promptly accessing support services highlight the limited options available and the structural barriers to seeking help (Lowe & Rogers, 2017). Collectively, the mental health struggles of survivors, combined with personal and structural obstacles to obtaining support, contribute to feelings of isolation that compel survivors to keep their victimization a secret.

South Asian Male Victims of Sexual Violence

South Asian ethnic groups make up over 8.5% of the population in the UK. Collectively, they are the largest and fastest growing ethnic minority group in the UK. However, there remains a noticeable gap in research and understanding regarding the experiences of minoritized men from South Asian ethnic groups, especially in the context of male sexual victimization and the intersection of gender, sexuality, ethnicity, and culture. Indeed, limited and mixed evidence exists regarding the prevalence of sexual violence amongst ethnic minority men in the UK in general, with rates ranging between 5–6% (31, 32). Some evidence suggests as many as 27% of ethnic minority men who have sex with men in the UK have experienced sexual abuse (Jaspal et al., 2017). These figures are likely underestimates due to the pressures associated with concealing male sexual victimization *per se*, which are often exacerbated for survivors from ethnic minority groups.

Collectivist norms and patriarchal values are often superficially cited as factors influencing Asian men's reluctance to engage with mental health and criminal justice services – however there is limited research dedicated to exploring these factors in a male sexual victimisation context. Existing studies on the intersections of culture, ethnicity, gender norms and help seeking behaviours may shed some light into the phenomenon. Asian cultural factors include strong emphasis on collectivism and interdependence (33), whereby seeking support for mental health issues may be perceived as a sign of weakness or a burden on the community. Indeed, evidence suggest that several socio-cultural barriers contribute to the underreporting of mental health concerns in South Asian countries and communities (34). Furthermore, expectations of masculinity and the traditional role of men as providers and protectors within these communities have been found to contribute to the reluctance to admit vulnerability or seek help for mental health concerns (35). Taken together, the evidence underscores how mental health stigma and barriers cannot be understood in isolation to the socio-cultural experiences of survivors of sexual violence.

Recent work by Gill and Begum (14) supports this notion by providing insights into the experiences of British South Asian male survivors, shedding light on disclosure and cultural norms. South Asian male survivors in this study opted for disclosing to non-family members, for fear of 'letting down' the family and compromising the family standing in the community. Some survivors in the study expressed doubt over whether family members would believe them, thus pushing survivors to protect themselves from negative reaction to their disclosure. However, this research does not shed light on the subsequent stages of survivor lived experiences regarding help-seeking and reporting, emphasizing the necessity for further research. For instance, cultural influences play a significant role in shaping how female survivors from South Asian communities interpret their trauma responses, involving fears of dishonouring the family. These cultural factors impact on how individuals navigate and disclose their experiences (Gilbert et al., 2004; Gill & Harrison, 2019; Gilligan & Akhtar, 2006; Harrison & Gill, 2018; Rehal & Maguire, 2014). Conversely, concerns about dishonouring and shaming often lead families to cover up incidents of sexual violence against female members, fearing that it may tarnish their status in the community (Gill & Harrison, 2019; Harrison & Gill, 2018). Therefore, it is reasonable to question whether similar familial pressures influence South Asian men's help-seeking behaviours following sexual abuse.

The current study

Despite the growing academic and policy focus on sexual violence experienced by men, there is a critical gap in research focusing on minoritised groups, particularly South Asian communities. The existing literature strongly underscores the need to comprehend the intersection of masculinity, culture, and migration in shaping the experiences of disclosure, help-seeking, and recovery for South Asian male survivors. Notably, there is a lack of research on survivor encounters with formal help-seeking processes and reporting to criminal justice services. The current study seeks to amplify the voices of this doubly disenfranchised group, situated at the crossroads of gender and ethnic marginalization, by presenting the narratives of South Asian male survivors of sexual violence in the UK. Here we qualitatively explore survivor lived experiences of sexual violence through a phenomenological inquiry, delving into how they navigate disclosure, the cultural factors influencing their experiences, and the barriers and facilitators for accessing professional mental health support and reporting to the police.

Methods

Participants

In line with recommendations for IPA studies, purposive sampling was adopted to locate a defined group for whom the research problem has relevance and personal significance. Purposive sampling aligns with the theoretical underpinnings of IPA, designed to achieve a broadly homogenous sample and place focus on common patterns of experiences, whilst examining the uniqueness of each individual account (36). As such, IPA typically favours smaller samples ($N < 12$) to yield the level of in-depth examination required to produce experiential accounts (37). The target population in this study consisted of South Asian male survivors who experienced sexual violence. The terminology adopted when referring to these ethnic minority groups reflected current national guidance whereby the term Asian refers to Bangladeshi, Pakistani, Indian, and Sri Lankan heritage. In line with current recommendations participants were asked to

self-ascribe their ethnic group. As this study was concerned with the UK context, eligible participants included those who had experienced sexual violence or attempted to disclose or access support in the UK (including reporting to the police).

Mindful of the of the 'hidden' nature and enhanced stigma encountered by this group (16), the research team adopted a multiphase approach to recruitment. Firstly, the team conducted a mapping exercise to identify relevant UK based support services by undertaking an expansive search of both national and local providers. Specialist organisations for male sexual violence were contacted initially, followed by non-gender-specific sexual and domestic violence organisations, and lastly affiliated organisations that offer support to specific relevant subgroups (e.g., South Asian organisations, LGBTQ+) or for linked issues (mental health and addiction support). Regional hubs of national organisations were contacted individually as the demographic makeup of certain locations were more likely to reflect the target group under study. Most organisations advertised the study to clients within their networks and directed those interested to contact the research team. Some services also circulated the study flyer on their social media platforms. A member of the research team then contacted the participant to discuss the study, confirm eligibility and schedule a research interview at the participant's convenience. A total of 11 male survivors were recruited to take part in one-to-one, semi-structured online interviews. Table 1 outlines participants' demographic and case-related information.

Table 1
Demographic and case-related information

| | N = 11 |
|--|---------------|
| Age | |
| 20–30 | 3 |
| 30–40 | 5 |
| >40 | 3 |
| Ethnicity | |
| Bangladeshi | 1 |
| Pakistan | 5 |
| Indian | 3 |
| Asian: Other | 2 |
| Sexual Orientation | |
| Heterosexual/Straight | 10 |
| Preferred not to say/Other | 1 |
| Incident Type | |
| Rape | 1 |
| Assault by Penetration | 1 |
| Sexual Assault | 3 |
| Forced to penetrate | 1 |
| Sexual Abuse | 5 |
| Age at the time of the first incident | |
| 3–5 | 3 |
| 5–10 | 6 |
| 10–16 | 2 |
| Accessed support | |
| Yes | 7 |
| Reported to the police | |
| Yes | 8 |

Materials

Participants took part in one-to-one semi-structured interviews. An interview schedule was developed based on existing literature and previously identified critical research gaps. This schedule was used flexibly to allow for the natural flow of conversation between interviewer and participant. The interviews thus took the form of largely open discussions on participants' experiences of male sexual violence. The key areas covered in the interview included: a) their experience of sexual violence, b) ethnic, socio-cultural, and religious factors surrounding male sexual violence, c) barriers and facilitators around disclosing their victimization, and d) the barriers and facilitators to access effective therapeutic care and reporting to the police.

Process

Upon recruitment, all participants received digital copies of an informed consent form detailing the general purposes of the study, to be completed before the arranged video interview. This form emphasized their rights in terms of confidentiality, anonymity, and withdrawal. Given the sensitivity of the topic under study, the research team offered flexibility to participants preference in method of interview (online or in person) as well as interviewer characteristics (male or female). All interviews were remotely conducted and securely recorded on the Microsoft Teams video conferencing platform. The interviews lasted on average 1 hour (ranging from 30 minutes to two-hours). During the interview, close attention was paid to participants' well-being and potential signs of distress. Participants were made aware they could take breaks and were encouraged to do so when needed. Provision of relevant professional support resources were also made available ahead of interview.

Post interview, participants were invited to a debrief session where the aims and objectives of the research were reiterated. The interviewer also reminded participants about support services available and ensured that they had access to the relevant contacts. A copy of the debrief form was sent to participants detailing this information, as well as the authors' contact details so that participants could get in touch to share additional information or reflections on their experiences. Participants were offered a £20 voucher as a thank you for their time. All audio recordings were immediately uploaded to secure password-protected servers post and recordings deleted once transcribed. To preserve anonymity, participant names were replaced with appropriate pseudonyms. Any additional information provided in analysis excerpts that could identify an individual were also anonymised.

IPA

IPA was deemed the most appropriate method of analysis given the aim of understanding the participants interpretation of their experience of sexual violence. The theoretical underpinning of IPA stems from a phenomenological stance of double hermeneutics, concerned with the researcher's interpretation of the participants understanding of a particular phenomenon (37). IPA is also idiographic, with an analytic focus on appreciating the uniqueness of the singular experience, before constructing broader trends or "group experiential themes" in the overall sample (37). As such, IPA is suitable to access hidden voices from seldom-heard groups by "metaphorically shining a light" (38). The researchers endeavoured to transparently demonstrate how the established philosophical principles characteristic of IPA have been followed in the analysis (Smith et al., 2021). The interviews were transcribed verbatim to stay as close to the participants' natural conversations as possible, including pauses and hesitations (39).

The analysis followed the stages of IPA described by Smith et al. (2021): reading, exploratory notes, constructing experiential statements, seeking relationships and clustering into personal experiential themes, and grouping to identify group experiential themes. Each transcript was examined individually in line with the idiographic underpinnings of IPA. This process was then repeated for each of the interviews to generate an overall master table of Personal Experiential Themes (PETs). PETs across each transcript were then compared and contrasted to identify Group Experiential Themes (GETs) that permeated participants' experiences. The first author's own views and assumptions were regularly reviewed and discussed between the research team in a collaborative process; an integral part of the analysis process. All authors independently examined and refined the personal experiential themes and master themes identified for each account. All authors were involved in critically assessing the validity of the themes against the original participant transcripts to ensure that the extracts selected captured the range of male rape experiences within the sample of this study. All methodological and analytical decisions taken were in line with established validity and quality guidelines for qualitative and IPA research, further discussed below.

Validity and quality assurances in this study

Enhancing attributes of rigour and credibility has been a longstanding area of priority within qualitative research (40). As such, care was taken to ensure that this study was designed, conducted, and reported according to current best practice guidance for both qualitative research, and IPA specifically. In this study, validity was defined as the "extent to which the design and methodological approach used in a study are fit for purpose" (J. A. Smith et al., 2022, p. 147). Three guidelines were used to ensure that the methods employed were appropriate and coherent to the research questions: (41) four principles for good qualitative research, Smith's (2011) assessment tool for quality in IPA studies, and (43) four quality indicators for IPA research. By closely and carefully ensuring that the analysis reflected IPA's philosophical principles and that the design of the research was transparent and rigorous, the authors engaged in a collaborative and iterative process to present vigorous accounts of how participants made sense of their experiences.

Examining ethnicity raises prominent ethical considerations that required due attention in this research. Whilst researchers in this field have a duty to reduce inequality, it is important to balance the benefits alongside the potential negative impact of stigmatizing and perpetuating stereotypes of ethnic groups. Accordingly, this study consulted the ethical principles for ethnic health research laid out by the Leeds Consensus Statement (44), in addition to updated governmental standards on ethnicity data in research (45). These principles were reflected in framing the focus of the research, data collection and analysis. For example, we included defined ethnic minority subgroups (e.g., Pakistani, Indian, Bangladeshi) rather than utilising aggregate categorisation. We also paid due regard to how ethnicity intersects with other relevant factors including gender and religious identity to develop a sophisticated/fuller understanding of experiences in the sexual violence context. Participants were also invited to self-ascribe their own ethnic identity to ensure ethnic categorisation was meaningful in relation to the experiences and outcomes being explored.

Results

South Asian men's experiences of sexual violence were best captured by three group experiential themes which focused primarily on survivors' experiences around: (1) the role of familial pressures in surrounding disclosure; (2) navigating taboos on sex and mental health; and (3) barriers to justice and care. This thematic representation underscored a complex web of interconnected barriers and challenges, wherein familial pressures, societal taboos, and systemic barriers converged to shape their lived experiences. While distinct, themes were deeply interwoven, illustrating the landscape that survivors had to navigate. Survivors' journeys were marked by the intersections of these multifaceted challenges. By recognizing the interplay between familial expectations, societal taboos, and systemic injustices, we gained a deeper understanding of the layered complexities inherent in South Asian men's experiences (Fig. 1).

Theme 1: Familial Pressures Surrounding Disclosure

When discussing their experiences and decisions around disclosure, participants often reflected on challenging family dynamics that negatively impacted their confidence in openly discussing their experiences of victimisation. Ijaz noted how the weight of familial pressures left him feeling more vulnerable as he navigated his sexual traumas:

I've always felt from the wider family quite heavy expectations to be successful, to perform well academically and professionally. The expectations felt quite heavy [so] I don't feel like opening up about what happened to me, even though I think it's shaped me as to who I am today. It constricted me, the weight of familial expectations where you must be a certain type of man. And being someone who went through sexual trauma as a child doesn't fit with that because it makes me feel like I'm not the type of man that I should be...you're not meant to have those kinds of weaknesses or vulnerabilities, whatever, which are holding you back in certain areas of your life. (Ijaz)

Ijaz's account highlighted how family and community pressures to achieve professional? success influenced his reluctance to disclose his sexual abuse, as he felt he failed to meet the standard of a successful man. While Ijaz was aware of the irreconcilable conflict between family expectations and his own needs, his reluctance to disclose emphasised a common worry among survivors of family reactions to revelations of sexual violence. Survivors feared disclosure and described it as a last resort. However, survivors' reservations were confirmed as families reacted negatively and dismissively. For example, Charan described his family's attempt to minimise his abuse, by questioning the credibility of his account:

When these things happen, we are constantly told to brush it under the rug as it's a matter of honour and the honour of the family name. It's something that they don't want to ruin, for society's purpose. And I was constantly told that no one would believe me because I'm younger and my abuser was older and people generally believe the older people over the younger people, as a matter of respect... I felt like my family never took me seriously. They always took me for a kid who is being rebellious and not someone who was physically and mentally going through a traumatic experience (Charan)

Participants described families primarily motivated by maintain their standing within their South Asian community, creating an environment in which disclosure was dismissed. Charan's experiences resonated with younger survivors, often treated as if they were intentionally challenging the family values. Family pressures around disclosure were evident before, during, and after survivors' first attempt to discuss their experiences with their loved ones. While the degree of rejection varied, survivors' unanimously felt that shame was as important as honour to understand their families' reaction:

They [*the family*] ask for forgiveness [*for the abuser*], you need to find a way to forgive and move on and live like one happy family. They just don't understand that it is not possible. It is not a mistake. It's shame the biggest issue that we have is - my mum says 'If this comes out, and you want to make it official, what's it going to achieve? What's he going to do? What are people going to say?' ... As soon as I went home, [the abuser] was there, went on his knees, started crying, begging for forgiveness. Mum just sits and just looks at me and says 'He's apologised. What, what are you going to get from speaking up about it now? You need to move on.' (Ravi)

Ravi's feelings of isolation and alienation resonated in how he described his mothers' response to his desire for open disclosure and highlighted survivors' need for recognition and understanding from close family members. Ravi's account also illustrate how family pressures may be exacerbated when abusers are closely related to the family, putting survivors in a conflicting position as they are asked to 'move on'. Conversely, some survivors reported how familial sexual abuse created pressures and conflict between different factions of the family. Amir found himself at the centre of arguments between family members seeking 'revenge' or wanting to fully conceal the incident:

I was feeling really bad. I was thinking 'What am I doing? I'm breaking the family up.'. I [felt I was] breaking the family up because obviously I've got emotional ties to me mother, sister, but also to [the abuser] as well. It's really hard... So, all my uncles and aunties and stuff from that side of the family were saying, 'Let us come up, we'll talk and we'll deal with it. Forget about going to the police'. They started having problems and arguments with each other, my mother with [the abuser's] side of the family. Which exist to this day, unfortunately. (Amir)

Amir's narrative vividly portrays the overwhelming guilt that accompanies the disclosure of their experiences. This disclosure not only heightened tensions but also sparked conflicts within different factions of the extended family, overshadowing any attempts at seeking validation and support. The familial pressures described underscore the complex web of expectations, dynamics, and relationships within the family, often prioritizing these over the critical needs of survivors for well-being and protection. These intricate dynamics significantly influenced how survivors perceived their own disclosures. Initially driven by a need for self-realisation and actualisation, they found themselves entangled in addressing the family's concerns about potential damage to their honour and social standing.

Theme 2: Navigating Taboos on Sex and Mental Health

Participants' accounts highlighted how cultural taboos and restrictions around sexuality in South Asian communities significantly shaped their experiences as survivors. Ijaz, for example described feelings of shame and a need to suppress sexual thoughts as part of his family's religious background:

I grew up in a Muslim household ... sex was never really spoken about, and the expectation was always no sex before marriage, you shouldn't have any girlfriends, no masturbation. I always associated sexual feelings with a certain amount of shame... And I'd always try and suppress any kind of sexual feelings that I had growing up...growing up I never even considered the idea that I could have been vulnerable to sexual victimization or anything like that...so if I had my own questions about it or things that were on my mind, I would never really open up about those to either of my parents or you know, ask about it, because it was something which was in a taboo area. (Ijaz)

Having been taught to associate sexual thoughts with feelings of shame, Ijaz later revealed that he did not disclose his abuse for over 15 years. His account highlights the struggle many survivors face to reconcile cultural norms that stigmatize sex with their own unwanted sexual experiences, especially trauma experienced at a young age. The cultural taboos surrounding sexuality created barriers to disclosure that were compounded by internal feelings of shame and self-blame. This impacted Ijaz's ability to even recognize, let alone disclose, his experiences of sexual violence. Similarly, Charan openly described his struggles with mental health following his abuse and how his family lacked understanding of his needs:

I've suffered a lot from mental health issues and personally, I felt like my family never took me seriously. They always took me for a kid who's being rebellious and not someone who was physically and mentally going through a traumatic experience. And I feel like without that education my parents were just taking me for a joke... I just didn't feel like I received any support, and even today, like I still suffer for mental health, but my parents just constantly tell me to get over it. As if it's a feeling that I can get over and not a mental illness. For the first few months they were understanding, but then after that they were just like get over it- it's happened, the police know, so just get over it. As if it's not a valid feeling for me. (*Charan*)

His account resonated with other accounts in this study on the expectations within South Asian families for masculine resilience and immediate recovery from trauma. Familial pressures around success and honour meant Charan's mental health needs were seen as secondary. Hostile cultural norms that stigmatise mental illness compounded the issue, creating an environment where Charan felt unable to recover on his own terms. His experience reflects how family dynamics in South Asian communities often dominate and rigidly police norms for their members. Charan felt constrained by these traditional standards that discouraged open discussion of mental health struggles. Overall, the lack of education around abuse and prioritization of masculine ideals over Charan's wellbeing prevented him from getting the sensitive support he needed from his family after trauma. As reported by other survivors, disclosure of abuse and mental health needs were often seen as intentional attempts to challenge the culture and norms of the community. For example, Rowan explained how being open about his abuse was seen as violating norms around gender and sex, with the community viewing such discussions as embarrassing:

If you do mention it, they're going to look at you down. They're going to think you're odd. You're weird, you're queer or you're gay. And obviously these all things are not very ... even though as a society we've changed and attitudes of relaxed, but especially in the Muslim and Asian community, it's going to be really embarrassing to bring up something quite personal like that. (*Rowan*)

Rowan's disclosure of his abuse within the community was met with predominantly negative and occasionally homophobic reactions. This underscores the perception in South Asian contexts that male survivors are in conflict with traditional gender and sexual norms, which are typically regarded as private matters not meant for open discussion, particularly when the abuse involves a crime committed within the community itself. The dismissive and embarrassed responses to Rowan's *perceived* sexual orientation illustrate how cultural taboos surrounding sex, gender, and mental health impede survivors from openly sharing their experiences, leading to detrimental effects on their mental wellbeing. The ways in which cultural norms shaped survivors' post abuse experiences became especially apparent when participants directly contrasted cultural dynamics against the perceived values of White British communities:

Talking about sex in the Indian culture is taboo in general. In Bollywood films for example kissing on screen has only started to happen in the last 15–20 years and even still it is considered very distasteful, and those films are considered dirty and cheap, as the culture is all about respect and family. I have never disclosed this to people because it has been too embarrassing and difficult to talk about without judgement and fear of it negatively affecting my mental health. I have never disclosed it to people of my Indian ethnicity up until very recently because the culture is very judgemental and the mentality appears to be very backwards and is not progressive, such as it is in the UK. (*Baira*)

In an Asian family, you're going to struggle more to speak up about this, right? [...] your English family is a lot more open and receptive to this kind of thing. Whereas in Asian community, if you're a child and you're trying to speak out, you're going to get silenced, quickly. You know, your mum and your dad are going to tell you 'We don't talk about that around here. Don't worry about it. You'll get over it.' (*Jaz*)

Baira and Jaz's accounts directly reflect the experience of being survivors in a South Asian ethnic minority community. Disclosure felt impossible for them, as fears of judgment and impacts on mental health were compounded by the awareness that their families and community seemed unequipped or unwilling to provide appropriate, sensitive care. Many survivors observed the disparity in awareness and support provided to victims from other ethnic background (i.e. White), thus emphasising feelings of constraint from traditional South Asian values and norms. The disconnect between their heritage and the resources available to them as survivors exacerbated fears of judgment and mental health impacts, making disclosure seem impossible. Overall, their accounts emphasize how traditional values create taboos that can prevent minority communities from providing the sensitive care survivors need.

Theme 3: Barriers To Justice and Care

Despite the challenges and pressures experienced around recognition and disclosure, many in this study attempted to report to the police and seek mental health support after their abuse. However, traditional cultural values and attitudes within their communities, as well as issues with services in criminal and healthcare systems prevented and deterred participants from reporting their abuse and accessing care. Survivors described feelings of shame, taboos around topics like sexual abuse and mental health, dismissal or discrimination from authorities, and a lack of culturally-competent resources as key factors that compounded their trauma. Their experiences reveal how social stigma, tight-knit family structures, marginalization of minority groups, and distrust of systems can obstruct abuse survivors' paths to healing. This section will explore the specific obstacles South Asian male survivors encountered when navigating disclosure, community responses, mental healthcare, and the criminal justice system across two subthemes: *reporting abuse* and *accessing support*.

Reporting abuse

When asked about reporting to the police, Ijaz presented his rationale for not involving the police whilst acknowledging feeling somewhat unsettled by the lack of closure for not seeking justice:

It's not even an option for me, it happened so long ago ... It's just one of those things where I just know there's not going to be any justice for it and I do worry because I don't know how many other boys might have hurt and maybe [the abuser] is still hurting, but it's not something which I can, you know, like it wouldn't lead anywhere if I were to report it to the police or anything like that. And I think that's another thing, there's just no closure from it, or no healing really. It's just one of those things where it's just going to be continuously kind of open-ended because there's not going to be any justice at the end of it, you know? (*Ijaz*)

Ijaz's assessment of his situation and his decision to not report revealed an internal conflict between the reality of taking part in a lengthy criminal investigation and the moral duty of reporting a perpetrator who could still be abusing others. This highlights a common challenge for male survivors of historic abuse (2) who feel disempowered to seek justice because it could jeopardize their recovery. This risk became reality for Charan and others in this study who did report to police. In hindsight, Charan felt he would not have reported if he knew what he would go through, emphasizing the need for trauma-informed and empowering interactions with the criminal justice system:

It's been a lot more negative than positive in my experience because it's been months I've been waiting for a response for emails and phone calls, and then when I get a response it's just very blunt. And then when I asked for information, I'm told that [*the police officer*] can't provide that information to me. The only thing that's come out of it that's a positive was the Victim Support and getting help from Victim Support and then eventually to [specialist support service]. But with the police ... I've not been able to concentrate on my personal life. Because [the case] is always been there, lingering in the background. It just makes me regret going to the police in the first place. If I knew that this was going to happen, I would just forget about it and just get over it. (*Charan*)

Charan's experiences with the Criminal Justice System were characterised by an intense frustration with officers' poor communication during the investigation, both in terms of the quality and quantity of the information provided as well as the lack of sensitivity in their responses. Importantly, Charan's account does emphasise how entering the criminal justice system often represents a gateway for accessing some support- in Charan's case finding the specialist support he needed. Nevertheless, the feelings of regret permeated Charan's account of his reporting experience, one where he felt it was more detrimental than beneficial for his mental wellbeing.

Consistent with other accounts, Sunny's experience of reporting left him wondering whether he could have been protected from further violence and trauma if police officers took his allegations more seriously:

I could have been saved in 2016 but the police failed me again. Where they were at the house, I had literally told them everything to raise a concern. Just imagine you're a police officer, you're at the house, I'm telling you I was physically assaulted, there's a sexual abuse case going on against my [*the abusers*], I'm being emotionally abused throughout the entire investigation, I'm being psychologically abused, and then you basically just tell me to change my clothes and go for a walk and to cool down. But you don't arrest [*the abusers*], you don't do nothing, and they get away with everything. [...]

When I look at what has happened, it's that severe where the police just don't even care about justice anymore. It just doesn't even matter to them. And for me, I'd never go to the police again. Because right now, when you look at the police procedure it works completely against the survivor. (*Sunny*)

Despite providing substantial evidence of abuse, Sunny felt severely failed by the police in their response and follow-up actions. Sunny's experience highlights how survivors seek validation and support from law enforcement. Like other accounts of negative reactions to disclosure, the dismissing and ineffective institutional response left Sunny disillusioned with the officers' competence and ability to deliver deserved justice. As with other survivors in this study, Sunny questioned whether the police were truly serving abuse victims or if there was room to improve how cases in South Asian communities are handled. Critically, Sunny felt that a more thorough and sensitive initial response from the police could have likely prevented years of continued financial, domestic, and sexual abuse that followed. His account emphasizes the need for careful, trauma-informed handling of abuse cases and a justice system that survivors can trust will protect them and not add on to their trauma.

Accessing support

Seeking professional help and support posed unique challenges for South Asian male survivors due to stigma surrounding both mental health and sexual abuse within their communities. To explain South Asian survivors' hesitation in seeking professional support, Sal described how religious values and the misconception that sexual victimization only happens to sexual and gender minorities are cause for reluctance:

As Muslims we're very, very keen on nuclear family, like, having a mum, dad, like any Abrahamic religion- it's not the most LGBT friendly. So, a lot of lads that may have been abused don't always go for help because they see that the help they might be getting is maybe from somebody...LGBT... Asian lads, the likelihood is they won't talk about it. They won't talk about it until they find the right person to talk to...So for example, I don't think I could go to a Sri Lankan person and tell him my story because I don't have any links with him. I know he's Asian but he's different. He's got a different culture, a different religion, different... you know even to a Pakistani person. It's not actually for me, it's not an Asian thing. It's a person that you could trust. (*Sal*)

The combination of stigmatising and hostile attitudes towards both mental health and sexual minorities highlights how debilitating such narratives can be for survivors seeking the appropriate support. As with disclosure, South Asian survivors must balance familial pressures, cultural value, and own mental health wellbeing. However, Sal also emphasised the importance of acknowledging the variability within different South Asian communities and how he felt he would not be able to confide with someone who did not closely share his cultural values and traditions. Trust and cultural identification are described here as key in Sal's feelings around what felt as the appropriate support service for him. Charan further illustrated the struggle between these mental health needs and cultural dynamics:

To be honest, it felt like [support] didn't exist because I used to have my sessions with my therapist and then when I would go home there would be nothing on that topic and it would basically be like me going undercover to go have therapy and then coming back and trying to fake my emotions for the sake of my

family. It's honestly hard and it's exhausting when you're constantly having to fake a smile and inside, you're just broken. It's just hard to cope and most times I just like being alone because it's exhausting to fake my emotions. So, if I'm alone, I can just be who I am. (*Charan*)

Associating going to therapy as 'going undercover' emphasises the taboos around mental health and the burden on South Asian survivors to conceal their emotional state to avoid the familial pressures that shaped survivors' lived experiences of sexual abuse. Overwhelmingly, survivors' shared Charan's feelings of loneliness and fatigue from having to conceal their on-going journey from loved ones.

Although they often had to conceal their experiences and perceived a lack of cultural support, some participants were able to find help from specialist organizations that shared their values. Charan described the ongoing benefits of working with a counsellor of the same ethnic background:

I think that was really important because like, even though being in the UK, everyone has been brought under the same society, there's still certain differences that carry on from culture to culture. And knowing that [service provider] shares the same kind of culture and upbringing as well as the British one, and the Pakistani one, that was something that was really helpful for me to know that he understands first-hand what an Asian household can be like. (*Charan*)

Finding support services with a shared cultural background was often critical for survivors' willingness to access help and stay engaged in recovery. The dual identity of being both British and South Asian shaped how survivors made sense of their experiences. It allowed them to feel truly seen and understood when providers acknowledged this identity. Ravi, who was unable to find the culturally sensitive support he needed, felt that the lack of accessible services catering to BAME communities caused reluctance among South Asian and other ethnic minority survivors in the UK to speak up. He believed tailored outreach and services were needed to help these groups open up about their experiences and get the right support:

One of the biggest issues we have about speaking up is what support is out there for people in the BAME community. The reason why I say BAME is that I know I come from a Pakistani community, but it's not different, whether you're Pakistani, Indian, Bangladeshi, Sri Lanka, Afro Caribbean, our communities are the same when it comes to stuff like this. And the reason why I say there's not enough, nowhere near enough support in this country is because and I've said this at work as well, because I've tried counselling and I took some counselling sessions. A White counsellor is never going to understand the dynamics of BAME family. So, when I was having counselling in [*anonymised*], it'd be a common theme. Just cut off your parents, stop talking to them, walk away from your family. Our family dynamics don't work like that. Even when we get married, we're connected to the family, we live in together. And for me, it was trying to explain to my family why [*anonymised*] thinks the way he does, why does he have these beliefs? Why is he not able to live a normal life like you want him to? My family would never be able to understand that from a White counsellor.

In contrast to some other accounts, Ravi believed in the existence of shared experiences among ethnic minority groups in the UK. His experiences with support services emphasized that counsellors from white backgrounds may not always be equipped to deliver care that is sensitive or fully aware of the realities facing South Asian communities. Issues like family pressures and norms around sex and mental health are often not fully understood. Ravi and other survivors in this study pointed to examples like a service provider recommending breaking away from family as illustrating a lack of understanding of South Asian cultures, which have deep roots in family unity and tradition.

Discussion

This research provides important and novel insights into the experiences of South Asian male survivors of sexual violence, highlighting unique cultural factors that shape disclosure, help-seeking, and recovery. Three group experiential themes were identified: (1) the role of familial pressures surrounding disclosure; (2) navigating taboos on sex and mental health; (3) barriers to professional support and justice. These themes demonstrate how traditional values around family honour, taboos about sex and mental health, and distrust of systems create obstacles to healing after abuse for South Asian male survivors. Building on recent work by Gill and Begum (2023), this study details how gender and culture intersect to shape South Asian male survivors' lived experiences of sexual abuse. It expands limited research on this population and provides crucial insights into recovery journeys by examining how cultural factors shape survivors' experiences of disclosure, help-seeking, and accessing support services and criminal justice.

Disclosure of sexual victimisation represents a key step in many survivors' acknowledgement of the seriousness and severity of their experiences (46). Challenges around disclosure are often noted by survivors from all types of identities and backgrounds. However, some researchers have noted that additional gender-specific barriers may exist for male survivors (27), due to pervasive and restrictive masculine ideologies (47). The accounts presented in this study expand the sexual violence disclosure literature by highlighting an interplay between gender and culture in shaping men's decision-making process around how and who to reveal their victimisation. Men are often expected to seek personal and professional success to fulfil their destiny as future caretakers of the family (48). Gendered expectations are often compounded in South Asian immigrant families, with immigrant parents holding expectations of success on their children to improve the family standing through education and work (49). The findings of this study highlight how familial pressures and expectations create barriers for disclosure in South Asian communities as survivors fear being seen and treated as failures from their families. It is important to note how decisions around disclosure often come with deep self-evaluative emotions, including guilt, shame, and self-blame (2) which have been linked with decreasing the likelihood of survivors accessing appropriate care (50). More broadly, suppression of trauma symptoms is associated with poorer mental health outcomes (51), thus highlighting how self-censoring that is informed by established cultural dynamics leaves male survivors in South Asian communities feeling more vulnerable.

Disclosure is an important post-abuse experience commonly associated with improved recovery and increased wellbeing, if followed by positive and affirming responses from disclosure recipients (52). Our study provided first-hand accounts of the experience of receiving often negative, hostile, and dismissive responses from family systems that saw in one's survivorship a stain in the family honour, contrasting the culturally-specific barriers South Asian survivors face with existing evidence on the benefits of disclosure met with support. Survivors' descriptions of family pressures to conceal the experiences but also the complex environment survivors navigate post-incident, as perpetrators were often established members of the community and family members. Survivors

were left feeling under pressure to not cause family fractions, which reflects how cultural values emphasizing family cohesion can take priority over individual wellbeing (53).

Underpinning survivors' immediate fears for how their families would react, norms and biases on sex and mental health dominated survivors' accounts. Traditional values around gender are known to inform victim-blaming attitudes and rape myths both for female and male rape incidents (54, 55). Historically Asian communities hold more conservative attitudes towards sex and sexual violence than their non-Asian counterparts (56), with adherence to traditional Asian values (e.g. traditional gender roles, collectivism, achievement, humility, and filial piety) known to be positively correlated with internalized heterosexism and negatively correlated with the willingness to disclose sexual orientation to others (57). In line with this research, strict prohibitions on open discussions of sexuality meant many survivors struggled to disclose their experiences and access support (58). Feelings of shame and stigma are known to hinder male rape survivors from recognising their victimization as such (2, 50). Similarly, masculine expectations around masculine resilience and stoicism (59, 60) meant that mental health needs were often dismissed or stigmatized.

Findings from this study reflect broader questions around cultural barriers faced by ethnic minority survivors in English-speaking countries (61, 62), as norms that discourage open discussion of topics such as sex, sexuality, and mental health seem to lead to underreporting of abuse and unmet mental health needs among South Asian communities specifically (14, 63). Survivors in this study emphasized how their heritage contrasted with the greater awareness, sensitivity, and resources they observed among White British communities. This cultural clash suggests that understanding male sexual victimization in the context of the acculturation gaps that is often documented between generations in minority ethnic groups (64), which refers to a disconnect between the cultural orientation of immigrant parents versus their children. This gap can act as a source of intergenerational conflict, which in the context of male rape victimization is exacerbated by infringements on traditional cultural values leading to communication and disclosure barriers for male survivors. While it is important to avoid overgeneralizations of South Asian culture given the limited number of voices collected in this study, further research is clearly needed to explore the diversity of experiences within ethnic minority communities to better understand how male survivors navigate barriers and norms following their victimisation.

Findings on professional support and seeking justice shed light on the challenges faced by South Asian male survivors which, to the authors knowledge, have not been previously explored in these communities. The accounts underscore the internal conflict survivors face when contemplating reporting abuse, especially when the perpetrator is known. Questions and conflict around self-protections and duty towards potential future victims resonated with the accounts of many male rape survivors (2), emphasising the disempowerment felt by survivors in pursuing justice. While entering the criminal justice system often represent a gateway to specialist support (65), frustration and regret reported by participants reflected evidence of institutional betrayal trauma (66) often reported by service organisation who support men with lived experiences of abuse (50). On accessing professional support, stigma previously highlighted within South Asian communities on mental health inevitably constituted a barrier for survivors in this study, who struggled to balance familial pressures, cultural values and mental health needs. The notion of 'going undercover' when accessing therapy reflects how taboos and stigma create an additional layer of burden on survivors.

The findings of this study provide also one of the few accounts on the importance of cultural sensitivity in the provision of mental health support for male survivors from ethnic minority groups. Cultural nuances, traditions, and values underscore survivors' experiences in this study. South Asian communities have unique cultural contexts and many ethnic minority groups face stigma surrounding mental health and abuse issues. Male survivors detailed differences in care received when providers were cognizant and respectful of their cultural beliefs and practices. This finding raises significant concerns over some specialist organisation lacking the cultural competence to provide the type of support needed by ethnic minority groups in the UK. While important to recognise the diversity of experiences within the many ethnic minority groups in the UK, it is noteworthy how many survivors felt a sense of shared identity and values typically associated with Asian communities. The findings of this study support evidence on how culturally competent support led to increased trust and cohesion between service user and provider (67), which in the context of violence within ethnic minority groups could help overcome stigma and barriers around mental health and increase access and engagement to services.

Conversely, survivors experiences of poor understanding from service providers of pressures from their families and cultural values undermined their trust in the therapeutic process and reinforced feelings of stigma, factors known to render therapeutic intervention ineffective, exacerbating the traumatic experiences of rape and sexual abuse survivors (68). While some participants suggested ethnic matching of clients and service providers, others emphasized the importance of providers possessing knowledge of Black, Asian, and Minority Ethnic (BAME) issues. However, the concept of ethnic matching is complex, as seen in substance misuse literature for ethnic minorities (69). Overall, there is a need for further research to delineate the optimal cultural competency standards for services addressing sexual violence. This would involve a comprehensive examination of various approaches, including but not limited to ethnic matching and knowledge-based approaches, to ensure the provision of effective and culturally sensitive support to survivors from diverse ethnic backgrounds.

Implications for policy, practice, and research

The study findings have implications for working with South Asian male survivors of sexual violence in the UK. Accounts detail the need for greater awareness and sensitivity towards how ethnicity and culture shape how barriers emerge and are maintained. Outreach interventions from local communities, funded by governmental bodies, can increase awareness by promoting mental health literacy in minoritized communities, whilst respecting the sensitive nature and pre-existing taboos around open conversations on typically seen as private matters, such as sex and mental health. Recognising traditional values and fears of shame in these communities involves consulting community leaders and stakeholders to ensure that interventions are culturally sensitive and effective. Given the desire from South Asian men in this study for more visibility and platforms for discussion, political leadership is essential to deliver targeted and effective funding. For example, the findings of this study emphasise the need for increased training and support for specialist organisation to increase their cultural competence in supporting South Asian male survivors. Survivors' desire for therapists and counsellor that recognised expectations around gender, family, and mental health in South Asian communities emphasised how increased visibility with evidence of cultural awareness may improve engagement and

effectiveness. Clearly, such efforts and funding should lead to the recruitment of more diverse staff, as evidence suggests from this study and in the wider literature supports the notion of culturally affinity and shared values in the client-provider therapeutic alliance (70).

To support such developments in policy and practice, further research is needed to explore diversity within South Asian communities, with evidence on generation status (71) and acculturation (72) typically linked to poorer mental health outcomes and decreased help seeking behaviours in ethnic minority groups. Comparative research with South Asian female survivors and male survivors from other ethnic groups is also needed to identify convergences and divergences of lived experience of rape and sexual abuse and explore how traditional values on gender, religiosity, and family honour may create qualitatively different pressures around disclosure, help seeking, and access to support/criminal justice services. It is important to note, however, that evident challenges exist in engaging and using effectively culturally appropriate research methods when attempting to build trust with communities that have been historically marginalized and silenced – as was the case for this study. While it is important to recognise these challenges, the overall message from survivors in this study was clear: more research is needed to explore the intersections of culture and masculinity in shaping lived experiences of male sexual trauma to improve disclosure, reporting, and retention in healthcare systems.

Limitations and Future Directions

While this study provides important initial insights into the experiences of South Asian male survivors of sexual violence, some limitations should be noted. The sample size, while appropriate for a qualitative phenomenological inquiry, means findings may not generalize to the diversity of experiences within South Asian communities. Participants were primarily of Pakistani and Indian descent, and so other ethnicities (e.g. Bangladeshi, Sri Lankan) are underrepresented. Reliance on self-selected volunteers also raises the possibility of selection bias. Notably, survivors who did not disclose their experiences and did not report to the police were underrepresented. Most survivors identified as heterosexual, and so the voice of sexual minority men from South Asian background were not captured in this study. Given evidence on the intersection of gender and sexual identity in male survivors lived experiences of rape and sexual abuse (Widanaralalage et al., 2022), future research should seek to address the intersections of stigma and oppression associated with sexual and ethnic identity.

Finally, most participants experienced sexual abuse between the ages of 3 to 16, consequently the voices of adult males who experienced violence after the age of 16 is critically underrepresented in the literature (2). It is evident how norms attached to male resilience, independence and strength (73) may be further enhanced for adult males from ethnic minority background as evidenced by survivors in this study who still displayed substantial levels of shame and embarrassment around disclosing their childhood and adolescent sexual abuse. Despite attempts to recruit men with adult experiences, the invisibility of male sexual violence within South Asian and other minoritized communities meant that this is an important limitation. Future efforts should focus on how to engage with these groups.

Conclusion

Three key cultural factors shaping South Asian male survivors' post-abuse journeys were identified to illustrate familial pressures around disclosure, taboos on sex and mental health, and barriers for criminal justice and mental health systems. Accounts provide an in depth and nuanced perspective on how shame, stigma, and secrecy is experienced by survivors, who navigated competing interests and relationships with often negative effects on their psychological wellbeing. Our findings illustrate traditional values and acculturations may obstruct acknowledgement and recovery for sexual violence victims in ethnic minority groups, who fear bringing shame and dishonour to their families. Crucially, barriers to access and distrust of 'systems' highlights the potential cultural dissonance in how support and justice resources are designed. This in turn amplifies the secrecy and unchallenged nature of sexual abuse perpetration in marginalized communities. This study gives a voice to a doubly disenfranchised group at the intersection of overlapping forms of stigma and violence. Further research is vital to inform culturally tailored supports and challenge taboos that currently leave South Asian male survivors isolated in their trauma. With sensitivity to the cultural factors elucidated here, researchers and providers can develop better outreach, treatment, and policies to assist South Asian male survivors along their journey to recovery.

Declarations

Ethics approval and consent to participate: The study was ethically approved by the University of Westminster Research Ethics Committee ETH2223.2728.

Consent for publication: Upon participation, participants consented to have their data analysed and published. The extracts and quotes in this manuscript have been anonymised, with any identifying information removed.

Availability of data and materials: Due to the sensitivity of the topic and the experiences presented in this study, data and materials have not been made available.

Competing interests: The authors declare that they have no competing interests

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Authors' contributions: BKW and SJ recruited and collected the data for this study. BKW conducted all the interviews. SJ, BKW, and CD transcribed the interviews. BKW, CD, and JMM analysed the data. All authors were involved in the writing of the final manuscript.

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Figures

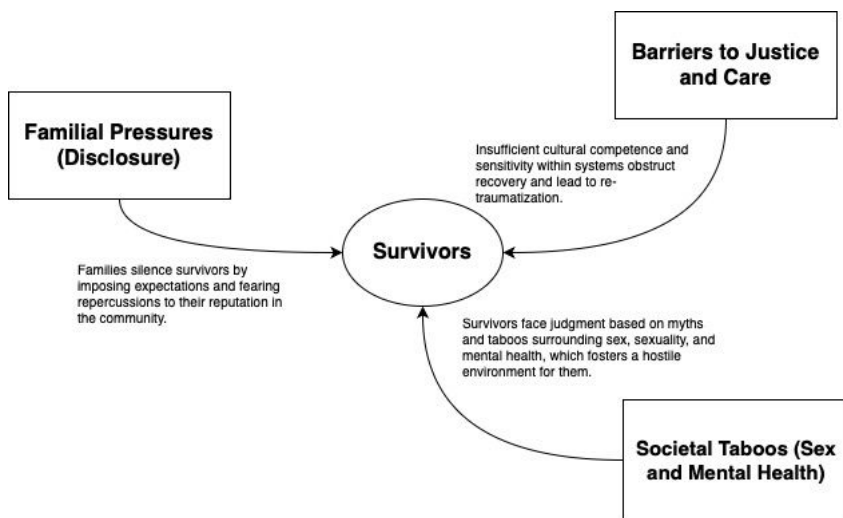


Figure 1

Thematic Map of Group Experiential Themes