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"Who would I tell?" Disclosure of child sexual abuse in India: a systematic review

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Systematic Review

Keywords: Child sexual abuse, Disclosure, Non-disclosure, Systematic review

Posted Date: November 19th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11549940/v1

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Additional Declarations: No competing interests reported.

Abstract

Background

Disclosure of child sexual abuse is essential for protection and access to support, yet many children remain silent or receive inadequate responses after disclosure.

Objective

To synthesise evidence on barriers and facilitators influencing disclosure of child sexual abuse in India.

Participants and Setting:

The review included 13 studies reported in 14 papers involving children, adolescents, adult survivors recalling childhood abuse, and relevant institutional or professional perspectives across India.

Methods

A systematic review and qualitative evidence synthesis was conducted in accordance with PRISMA 2020. PubMed/MEDLINE, Scopus, Dimensions, and Google Scholar were searched from inception to August 2026, alongside citation searching. Two reviewers independently screened studies, extracted data, and assessed methodological quality using the Mixed Methods Appraisal Tool. Findings were integrated using an adapted Three Delays framework. Heterogeneity precluded meta-analysis.

Results

Non-disclosure ranged from 25.8% in a national online sample to 45.6% among Delhi schoolgirls and 40.0%–60.1% in two Puducherry samples. In Delhi, non-disclosure increased with abuse severity, reaching 92.9% for being forced to fondle another person and 100% for being photographed nude. Shame, self-blame, fear of negative consequences, anticipated disbelief, and loyalty to the person responsible impeded disclosure. Family gatekeeping frequently delayed formal reporting, while institutional responses included disbelief, silencing, and inadequate protective action. Private, sensitive enquiry and sustained support from trusted adults facilitated disclosure.

Conclusions

Interventions should address family gatekeeping and strengthen the preparedness of schools, healthcare providers, and child-protection services, rather than placing responsibility for disclosure solely on children.

INTRODUCTION

Child sexual abuse (CSA) is a serious public health and human rights concern affecting children worldwide. The World Health Organization defines it as the involvement of a child in sexual activity that the child does not fully comprehend, is unable to give informed consent to, or is not developmentally prepared for (World Health Organization, 1999). It encompasses a range of acts, including sexual touching, intercourse, exposure to sexual activity and involvement in pornography. In India, CSA remains a substantial concern, with studies reporting its occurrence among both boys and girls (Choudhry et al., 2018). Understanding its nature and consequences is essential for developing effective prevention and support strategies.

The impact of CSA is multidimensional and extends across a child's physical, psychological, behavioural and social development. Evidence from India indicates that children who experience sexual abuse may face emotional distress, anxiety, depression and difficulty coping with traumatic experiences, which can interfere with emotional well-being and the capacity to manage everyday situations (Choudhry et al., 2018). Behavioural and social functioning may also be affected. Children may show changes in behaviour, difficulties in interpersonal relationships and challenges in academic functioning, which in turn shape their interactions with family, peers and the wider community (Choudhary et al., 2019). The severity and nature of these effects vary between children, underlining the importance of individualised psychological, social and protective support.

Disclosure

is the process through which children and young people communicate these experiences to others. It may follow several pathways, with children confiding in peers, family members or other trusted individuals, and it is rarely immediate; many children take considerable time before speaking about what has happened (Kellogg et al., 2020; Schaeffer et al., 2011). Research has shown that children often reveal information gradually rather than giving a complete account at the outset, and that the circumstances of the abuse and the child's relationship with the person responsible influence both the timing and the manner of disclosure. Children also differ in how they communicate. Some provide direct accounts, while others communicate indirectly or reveal only limited details at first, with personal experience, interpersonal relationships and the surrounding social environment shaping the form that disclosure takes. Importantly, the responses children receive after disclosing influence their subsequent experiences and their willingness to say more (Schaeffer et al., 2011). Understanding this variation is central to examining the circumstances under which children disclose and the factors that help or hinder them.

Despite these varied pathways, disclosure remains difficult for many children and adolescents. Shame and embarrassment, fear of negative consequences, threats from the person responsible and concern about the consequences for the family have all been identified as important barriers (Daral et al., 2016). In a study of school-going adolescent girls in Delhi, shame or embarrassment was the most commonly reported reason for non-disclosure of sexual abuse, while friends were the confidants most frequently

named by those who did disclose (Daral et al., 2016). An Indian qualitative study similarly identified perceived barriers operating at the level of the self, other people and the wider social environment, indicating that children's perceptions of their social world shape their willingness to speak (Devgun et al., 2021). Research with children has also shown that privacy, appropriate opportunities to talk and sensitive prompting can facilitate disclosure, whereas anticipated reactions from others make communication harder (Jensen et al., 2005). Taken together, these findings suggest that reducing fear, shame and anticipated negative consequences, while providing safe and supportive opportunities to speak, may enable disclosure.

Although Indian studies have examined various aspects of CSA, the available evidence remains dispersed across particular populations and settings. A hospital-based study from southern India described the characteristics of children presenting with reported sexual abuse and found that the person responsible was known to the child in the great majority of cases, underlining the importance of the context in which abuse is identified and reported (Kumaravel et al., 2023). A study from a tertiary mental health centre in Kerala examined the clinical and psychosocial characteristics of children with an alleged history of sexual abuse, including factors relating to mandatory reporting under the Protection of Children from Sexual Offences (POCSO) Act (Xaviour et al., 2026). More recent school-based evidence has documented the difficulties institutions face in responding to children's disclosures, including limited familiarity with child protection provisions, inconsistent institutional responses and weak coordination between schools and child protection systems (Ramakrishna et al., 2025).

Together, these studies show that Indian evidence on CSA spans clinical, reporting and institutional contexts, but that findings specifically addressing the patterns and determinants of children's disclosure remain scattered across different populations and settings. This makes it difficult to arrive at a comprehensive understanding of what shapes disclosure in the Indian context. A systematic synthesis is therefore warranted to consolidate the available evidence, identify common and context-specific factors, and clarify the gaps that remain.

The present systematic review aims to synthesise the evidence on patterns and experiences of child sexual abuse disclosure, the factors associated with disclosure and non-disclosure, and the barriers and facilitators influencing disclosure among children and adolescents in India.

METHODS

Study Design and Reporting

This systematic review and qualitative evidence synthesis was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page et al., 2021), supplemented by the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) statement (Tong et al., 2012), given the predominantly qualitative and mixed

quantitative–qualitative nature of the included evidence. A review protocol was developed and registered with the International Prospective Register of Systematic Reviews (PROSPERO: CRD420261498839).

Information Sources and Search Strategy

A systematic search strategy was developed to identify literature reporting on barriers to, and facilitators of, disclosure of child sexual abuse (CSA) occurring before the age of 18 years among populations and settings in India. Searches were conducted in PubMed/MEDLINE, Scopus, Dimensions and Google Scholar from database inception to Aug 2026. Search terms combined concepts relating to the population (child sexual abuse, CSA, minors, adolescents), the phenomenon of interest (disclosure, non-disclosure, telling, reporting, help-seeking), and geographic context (India), with an explicit exclusion block for records indexed under "American Indian", "Alaska Native" and "Native American", which pilot searching identified as a substantial source of false hits. Because a proportion of Indian studies do not name the country in the title or abstract, a supplementary geography-free search was executed in Scopus and Dimensions and filtered by author affiliation country. Full database-specific search strategies are provided in **Supplementary Table S1.**

Backward citation searching of the reference lists of all included studies, and forward citation searching of key included and related studies, were undertaken to identify eligible studies not retrieved through database searching. This yielded five additional reports, four of which met the eligibility criteria.

Review Framework

Given that this review addresses disclosure processes and their determinants rather than the comparative effectiveness of an intervention, the Sample, Phenomenon of Interest, Design, Evaluation and Research type (SPIDER) framework (Cooke et al., 2012) was adopted to structure the review question and eligibility criteria. *Sample*: survivors of sexual abuse occurring before the age of 18 years in India, together with parents, caregivers, teachers, clinicians and other stakeholders reporting on children's disclosure experiences. *Phenomenon of Interest*: disclosure of childhood sexual abuse, including its timing, route (formal or informal), recipient and completeness, and the barriers and facilitators shaping this process. *Design*: qualitative, quantitative descriptive and mixed-methods studies reporting on reasons for disclosure or non-disclosure. *Evaluation*: barriers, facilitators, disclosure patterns, recipient responses, and the influence of the Protection of Children from Sexual Offences (POCSO) Act, 2012, on reporting behaviour. *Research type*: qualitative, quantitative and mixed-methods primary research. The review was restricted to studies conducted in India.

Eligibility Criteria

Inclusion criteria: Studies were included if they reported on disclosure of sexual abuse experienced before the age of 18 years among populations in India, drawing on survivor self-report, caregiver or

professional-informant data. Eligible studies reported barriers to disclosure, facilitators of disclosure, the process of disclosure (recipient, timing, formal or informal route), responses received following disclosure, or the influence of mandatory reporting provisions under the POCSO Act, 2012. Eligible designs included qualitative studies, quantitative descriptive or survey-based studies reporting reasons for non-disclosure, and mixed-methods studies. Only primary empirical studies published in peer-reviewed journals, with sufficient full-text information for data extraction, were included.

Exclusion criteria: Studies were excluded if they were conducted outside India or if India-specific findings could not be separately extracted; if they addressed only the prevalence, epidemiology or clinical and forensic profile of CSA without reporting disclosure-related barriers, facilitators or process information; or if abuse occurring at or after 18 years of age could not be disaggregated. Ecological analyses using aggregate crime statistics, in which the unit of analysis was a jurisdiction rather than a person, were excluded, as were instrument-development studies in which barriers were not reported as a study finding, and educational or intervention studies reporting only knowledge or awareness outcomes. Case reports and case series of fewer than ten participants, editorials, letters, commentaries, review articles, conference abstracts without sufficient full-text data, protocols without results, and secondary evidence syntheses (systematic, scoping or narrative reviews) were excluded, as the review aimed to synthesise primary evidence; such sources were nonetheless retained for citation searching and contextual discussion.

Non-peer-reviewed sources, including doctoral theses, dissertations, preprints, and government and non-governmental organisation reports, were not eligible. This restriction was applied to ensure a minimum standard of methodological reporting and to permit consistent quality appraisal; the resulting risk of publication bias is addressed in the limitations.

Protocol Deviations

Several prespecified methods were modified before the final synthesis. Study eligibility was broadened from the protocol's original focus on qualitative evidence to include quantitative descriptive and survey-based studies reporting reasons for non-disclosure, reflecting the composition of the available Indian evidence base. The publication-type criterion was revised so that short communications reporting primary data were eligible, while letters, editorials, commentaries, review articles and any publication reporting no primary data remained excluded; the criterion was thereby anchored to the presence of primary data rather than to the article-type label. Methodological quality was appraised using the Mixed Methods Appraisal Tool alone, in place of the design-specific combination of CASP, JBI and MMAT instruments specified in the protocol, because a single instrument covering all eligible designs permits comparable judgements across a heterogeneous evidence base. Dimensions and Google Scholar were added to the databases specified in the protocol, and citation searching was undertaken as a supplementary source. Data were synthesised using a convergent integrated mixed-methods approach, in which quantitative findings were qualitised and integrated with qualitative findings. In addition to the ecological model of disclosure specified in the protocol, the Three Delays framework (Thaddeus &

Maine, 1994) was adopted post hoc to organise findings according to the temporal sequence of the disclosure process. Multiple publications reporting on the same underlying sample or dataset were linked and treated as a single study to avoid double-counting. These modifications did not alter the review objectives or the planned direction of the synthesis.

Study Selection

All retrieved records were imported into Rayyan, a web-based systematic review management platform, for reference management and screening. Duplicate records were identified and removed prior to screening, with manual verification of flagged duplicates. A two-stage screening process was conducted independently by two authors: title and abstract screening against the eligibility criteria, with records classified as Include, Exclude or Maybe (Stage 1), followed by full-text assessment of records classified as Include or Maybe (Stage 2). Disagreements at either stage were resolved through discussion and consensus, with consultation of a senior author where required. Where two or more publications reported on the same participants, the reports were linked and counted as a single study, with data extracted from all linked publications. This applied to two reports of a school-based sensitisation programme in Bengaluru. Two further publications from the same research team, city and data-collection window were examined closely for sample overlap; as the reported samples, sampling procedures and administration methods differed, they were retained as separate studies, and a sensitivity analysis repeating the synthesis with one of the pair removed was undertaken.

The review ultimately included 13 studies reported across 14 publications. The flow of records through identification, screening and inclusion is presented in a PRISMA 2020 flow diagram **(Fig. 1).**

Quality Assessment

The methodological quality of included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) 2018 (Hong et al., 2018), applied according to study design, given the heterogeneous mix of qualitative interview-based studies and quantitative survey and record-based studies in the included evidence base. Following the developers' guidance, an overall numerical score was not calculated; studies were instead rated against each design-specific criterion. Studies were not excluded on the basis of methodological quality; appraisal findings were used to contextualise the strength and credibility of the evidence during synthesis, and to inform a pre-specified sensitivity analysis excluding studies rated as low quality. Quality assessment was performed independently by two authors, with disagreements resolved through discussion and consensus. Findings are presented in **Supplementary Table S2.**

Data Extraction and Synthesis

A standardised data-extraction form was used to extract author and year; study design; setting and region; sample size and participant characteristics (age, gender, relationship to the person responsible);

type and severity of abuse; whether data were collected before or after commencement of the POCSO Act, 2012; barriers to disclosure; facilitators of disclosure; disclosure recipient and route; responses received following disclosure; verbatim participant quotations where available; and authors' conclusions. The perspective represented by each study - survivor, caregiver, professional, or perceived barriers reported by participants without a history of abuse was also recorded, as this determined how each study was weighted in the synthesis. Data extraction was performed independently by two authors, with disagreements resolved through discussion and consensus.

A convergent integrated mixed-methods approach was used, in which quantitative findings on reasons for non-disclosure were qualitised and integrated with qualitative findings. Findings were organised using the Three Delays framework (Thaddeus & Maine, 1994), adapted from its original maternal-health application to disclosure of child sexual abuse. The adapted framework distinguishes three sequential delays: (i) the child's recognition of the abuse and decision to tell; (ii) reaching a person or institution able to respond; and (iii) receiving a response that protects the child and sustains further disclosure. This framework was selected in preference to the ecological model of disclosure specified in the protocol because the included evidence measured delay rather than the presence or absence of disclosure alone, and because a sequential framework locates each determinant at an identifiable point in the disclosure pathway, with a distinct actor and a distinct point of intervention. Determinants were coded to the delay at which they operated rather than to the person in whom they originated, so that a response received following disclosure that neither protected the child nor was acted upon was treated as a barrier to any subsequent attempt to tell.

Data derived from survivors were coded separately from data derived from participants without a documented history of abuse, and the two were not pooled, since perceived and experienced barriers do not constitute equivalent evidence. Determinants were further examined for variation by gender of the survivor, relationship to the person responsible, and setting, and by whether data were collected before or after commencement of the POCSO Act, 2012. Findings were synthesised narratively.

Ethical Considerations

As this study is a systematic review of previously published literature, formal institutional ethical approval was not required. The quality assessment included verification, where reported, of whether primary studies obtained ethical clearance and informed consent or assent from participants or their guardians, given the sensitivity of research involving disclosure of childhood sexual abuse. Verbatim participant quotations were reproduced only where they had already been published, and were checked to ensure that no quotation carried detail capable of identifying a participant, a person accused of abuse, or a specific incident; where such detail was present, the quotation was paraphrased rather than reproduced. The review protocol was registered with PROSPERO (Registration ID: CRD420261498839).

RESULT

Study selection

Database searching identified 481 records: 283 from PubMed/MEDLINE, 102 from Dimensions, 84 from Scopus and 12 from Google Scholar. After 87 duplicates were removed, 394 records were screened by title and abstract and 359 were excluded. Full texts were sought for 35 reports. Of the 35 reports assessed for eligibility, 26 were excluded, most commonly because disclosure was not reported as an outcome, no primary data were presented, or the population was ineligible. Citation chaining and supplementary searching yielded six further reports, five of which met the inclusion criteria. In total, 14 reports describing 13 studies were included (Fig. 1). Two reports described the same school-based programme in Bengaluru (Chaitra et al., 2025; Ramakrishna et al., 2025); they were treated as a single study and data were extracted from both.

Four of the five reports found through citation chaining had been framed as prevalence studies, with their disclosure findings reported only within the results. None of them contained a disclosure term in the title or abstract, which is why the database strategy did not retrieve them.

Characteristics of included studies

The studies were published between 2016 and 2026, and their data were collected between 2012 and 2025. Every study bar one collected data after the POCSO Act came into force in November 2012; the exception straddled its commencement (Daral et al., 2016). Geographically, the evidence came from Delhi, Haryana, Karnataka, Puducherry, Assam and Rajasthan, supplemented by one multi-city qualitative study and one national online survey. Bengaluru alone accounted for four studies. No study was conducted in central India, the north-east outside Assam, or any predominantly tribal district.

Seven studies were quantitative, five qualitative and one used mixed methods. Together, the survey, interview and record-based studies drew on more than 4,800 participants. Five studies surveyed school or college students about their own childhood experiences, with samples ranging from 399 to 1,060 (Chacko et al., 2022; Chopra et al., 2020; Daral et al., 2016; Rathinam et al., 2021a, 2021b). Three studied survivors presenting to forensic or medico-legal services, with samples of 82, 350 and 905 (Chetan Kumar et al., 2026; Goswami et al., 2025; Hugar et al., 2023). Two interviewed adult survivors in depth eleven men across six cities and sixteen survivors of intra-familial abuse in Assam (Deka et al., 2026; Sharma, 2022). One reported barriers perceived by adolescents without a documented history of abuse, alongside expert consensus (Devgun et al., 2021). Two described the responses of professionals and institutions: a hospital-based child response unit and a programme reaching 21,234 children across 162 government schools (Ramakrishna et al., 2025; Subramaniyan et al., 2017).

Girls and women predominated. Among 102 survivors who refused medical examination in Assam, 101 were female (Goswami et al., 2025), and the Delhi school survey sampled girls only (Daral et al., 2016). Boys were the focus of just two studies (Sharma, 2022; Subramaniyan et al., 2017), although both

Puducherry surveys and the Haryana survey found boys reporting abuse at rates similar to or higher than girls (Chopra et al., 2020; Rathinam et al., 2021a, 2021b).

No study asked children about disclosure while they were still children. Every account of a child's own decision to tell was retrospective, drawn from records, or elicited by the research enquiry itself.

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Who abused the children?

Across the studies, the person responsible was usually known to the child. In a Rajasthan forensic sample, 86.1% of assaults were committed by known individuals (Chetan Kumar et al., 2026). In Haryana, perpetrators were most often neighbours (34%), teachers (18%), family members (14%) and peers (10%) (Chopra et al., 2020). In Puducherry, friends were the most commonly named perpetrators (36.2% and 26.4% in the two samples) (Rathinam et al., 2021a, 2021b). One national online survey diverged, with

strangers accounting for 42.7% of 330 perpetrators, friends and acquaintances 36.6% and family members 20.6% (Chacko et al., 2022). In the Bengaluru school programme, a third of disclosures (15 of 44) were classified as high-risk because the person responsible was a family member, close relative or neighbour with continuing access to the child (Ramakrishna et al., 2025) (**Additional Table A1**).

How often children did not tell

Non-disclosure was substantial in every study that measured it. Among Delhi schoolgirls who experienced sexual abuse, 45.6% (120/263) told no one. The proportion rose steeply with severity: 62.9% for forced kissing, 75.8% for forced fondling, 79.3% for being made to watch pornography, 92.9% for being forced to fondle another person and 100% for being photographed nude (Daral et al., 2016). In the two Puducherry samples, 40.0% (52/130) and 60.1% (89/148) had never told anyone (Rathinam et al., 2021a, 2021b), and in the national online sample 25.8% (57/221) had told no one (Chacko et al., 2022). Among 905 forensic cases in Rajasthan, 57.0% reached examination more than 72 hours after the assault (Chetan Kumar et al., 2026), and in Bangalore 53.7% were reported to police more than three days afterwards, with only 13.4% reported within six hours (Hugar et al., 2023). In the Bengaluru school programme, 44 disclosures across 21,234 children represented a disclosure rate of 0.21%, which the authors noted was far below the known prevalence of abuse (Ramakrishna et al., 2025).

Delay 1: the child's recognition of the abuse and decision to tell

Shame was the reason most often given for silence. It accounted for 65.0% of non-disclosure of situational sexual abuse among Delhi schoolgirls and between 69.2% and 100% across the five severe forms (Daral et al., 2016), and it emerged as a dominant theme in both survivor-interview studies (Deka et al., 2026; Sharma, 2022).

Fear of negative consequences was the leading reason in both Puducherry samples, cited by 48.1% and 43.2% respectively, followed by guilt (32.7% and 30.4%). Both samples also named fear of not being believed by family (15.4% and 11.5%) and, strikingly, loyalty to the perpetrator (11.5% and 10.1%) (Rathinam et al., 2021a, 2021b). This last finding, reported quantitatively in two independent samples, mirrors the qualitative account of men survivors who stayed silent to protect the relative who had abused them (Sharma, 2022).

Guilt behaved differently from shame. It explained only 7.5% of non-disclosure of situational abuse in Delhi, but 66.7% among girls who experienced attempted intercourse, displacing shame as the leading reason at the most severe end of the spectrum (Daral et al., 2016). Men survivors described the same mechanism: in the absence of overt force, they concluded that they had participated willingly, and one described his silence as a pact he had entered into (Sharma, 2022). Fear of retaliation followed a similar

gradient, rising from 20.0% of non-disclosure of situational abuse to between 33.3% and 50.0% for sexual assault (Daral et al., 2016).

Many children simply did not recognise what had happened as abuse. Survivors of intra-familial abuse attributed their silence to cognitive limitations on account of age and to the grooming and normalising tactics of the person responsible; several recognised the abuse only years later, by which point they felt it was too late to tell (Deka et al., 2026). Men survivors lacked any vocabulary for the experience in a setting where sex was not discussed at home or at school (Sharma, 2022), and adolescents named the same absence of language as a barrier (Devgun et al., 2021).

These individual barriers sat within widely held misconceptions. Among 860 Haryana college students, 74% believed that most people who sexually abuse children are not members of the child's family, 78% believed that children from reputable families are not victims, and 27% believed boys are not sexually abused. Only 45% agreed that the child is never responsible for the abuse (Chopra et al., 2020). Most students in that sample who had experienced abuse did not want any action taken.

The only consistent facilitator at this stage was being asked. A pre-tested Hindi questionnaire administered privately in school elicited abuse that had never been told to anyone (Daral et al., 2016), and each of the student surveys recorded first disclosures made to researchers. In the Bengaluru programme, 72.7% of disclosures came in the final session, after several weeks of work on gender, sexuality, bodily safety and help-seeking (Ramakrishna et al., 2025).

Delay 2: reaching a person or institution able to respond

The evidence was most consistent at this stage. No child in the evidence base reached the statutory system without an adult acting for them. In the Bangalore forensic sample, only ten of 82 survivors reported to police themselves, and all ten were adults; families referred 67.1% of cases (Hugar et al., 2023). None of seven sexual assault cases among the Delhi schoolgirls reached police (Daral et al., 2016), and none of eleven men survivors had ever disclosed to a child protection or law enforcement agency (Sharma, 2022).

When families did report, their stated purpose was usually not the child's protection. In Bangalore, the intent behind reporting was the honour or pride of the parents or guardian in 59.8% of cases, compared with 19.5% who sought punishment of the assailant and 17.1% who wanted to marry him (Hugar et al., 2023). Families also held cases back. Family pressure was the strongest predictor of delay identified in the review, roughly tripling the odds of reporting beyond 72 hours (AOR 3.2, 95% CI 2.1–4.9). A known assailant (AOR 2.5, 95% CI 1.7–3.8), rural residence (AOR 1.9, 95% CI 1.3–2.7) and being a minor (AOR 1.6, 95% CI 1.1–2.3) were each independently associated with delay (Chetan Kumar et al., 2026).

The qualitative studies showed how that pressure worked in practice. In intra-familial cases, the family's financial dependence on the person responsible kept disclosure inside the household (Deka et al., 2026).

Men survivors withheld disclosure to spare their relatives distress, or disclosed the abuse while concealing who was responsible (Sharma, 2022). In Haryana, only 5% of parents had ever spoken to their children about sexual abuse, 85% had never told them a family member or friend could be responsible, and some had instructed children in advance not to tell anyone s**hould it happen** (Chopra et al., 2020). Nationally, 47% of students had never been spoken to their parents about abuse (Chacko et al., 2022).

Children therefore turned to peers. Friends were told in 67.9% of disclosures in one Puducherry sample, against 38.5% for parents and 5.1% for teachers (Rathinam et al., 2021a), and nationally friends were named 202 times against 106 for parents (Chacko et al., 2022). Sexual abuse was the exception in Delhi, where girls took it to parents (48.9%) and siblings (21.7%) rather than friends until the most severe category, sexual assault, where they turned back to friends (Daral et al., 2016). The finding carries a caution: the peers most children confided in were drawn from the same population in which fewer than half agreed that a child is never responsible for abuse (Chopra et al., 2020).

Disclosure

became possible when enquiry was taken out of the household. Both school-based studies located the conversation in school precisely so that children could speak about abuse at home (Daral et al., 2016; Ramakrishna et al., 2025). In Assam, where direct questioning was judged culturally unacceptable, survivors disclosed through a fifteen-day participatory theatre workshop, although several initially declined even to sign a consent form after seeing talk of abuse silenced in their own families (Deka et al., 2026).

Delay 3: receiving a response that protects the child

Telling did not reliably lead to protection. Of Delhi girls who told their families, 42.6% saw the family act against the person responsible. The remaining 57.4% were believed but nothing was done (27.7%), warned not to tell anyone else (12.9%), scolded for being careless (8.9%) or disbelieved (7.9%) (Daral et al., 2016). Men survivors described the same range: a mother who asked her son to go and do his homework and never returned to the subject, a brother who said he must have enjoyed it, and a psychiatrist who told a young man at his first consultation that he had asked for it a belief the participant then carried for about 24 years (Sharma, 2022). An Assam survivor who accused the uncle, supporting her family was told she should be ashamed, and never reported again (Deka et al., 2026).

Institutions fared little better. More than 80% of the 162 Bengaluru schools were unaware of the state child protection policy and over 90% had not implemented it. Teachers who received disclosures questioned whether the abuse had really happened, asked whom the child had already told at home and why they were telling now, and resisted police involvement on the grounds that the parents would not cooperate and the child would ultimately remain with the family. Concerns about the school's reputation and local political pressure were also voiced (Ramakrishna et al., 2025). At the hospital level,

stakeholders expected boys to outgrow the experience and minimised abuse on account of the child's gender (Subramaniyan et al., 2017).

Disclosure

to the formal system did not end the attrition. In Assam, 29.1% of 350 POCSO survivors refused medical examination. The refusers were almost all girls (99.0%), mostly aged 12–18 (67.6%) and mostly rural (64.7%). Children who refused most often cited a romantic relationship with the alleged assailant (53.7%) or child marriage (19.4%); among 16–18-year-olds, nine of twelve refusals were for this reason. Parents who refused on the child's behalf most often cited fear of the procedure (45.7%) and stigma (31.4%), and parental reasons were significantly associated with the child's age and education (Goswami et al., 2025).

The responses that did protect children shared a common feature: a familiar person who stayed with the child. Men survivors described friends and partners who listened without judgment and helped them reach therapy, and one such response prompted further disclosure after years of silence (Sharma, 2022). In the Bengaluru programme, the project team found it had to act as the child's support person to provide continuity when police and child protection services were brought in, and identified that familiarity as the condition under which the statutory pathway worked at all (Ramakrishna et al., 2025).

DISCUSSION

Summary of main findings

Across every study in this review that measured it, non-disclosure was not the exception but the norm, ranging from 25.8% of a national online sample of college students to 92.9% of Delhi schoolgirls who had been forced to fondle another person, rising to 100% among those photographed nude (Chacko et al., 2022; Daral et al., 2016). Even sustained, direct sensitisation produced only a modest yield: a multi-week school programme reaching 21,234 children in 162 government schools elicited disclosures from just 44 of them, a rate of 0.21% that the programme's own authors judged far below the known prevalence of abuse (Ramakrishna et al., 2025). Organising the evidence with the Three Delays framework showed a first delay rooted in shame, guilt, fear and, for many children, a simple absence of vocabulary or a framework for naming what had happened (Daral et al., 2016; Devgun et al., 2021; Sharma, 2022; Deka et al., 2026); a second delay in which almost no child reached the formal system unaided and in which the family, rather than the child, typically decided whether, when and to whom to report (Hugar et al., 2023; Chetan Kumar et al., 2026); and a third delay in which telling frequently produced belief without protective action, active silencing, or disbelief, both within families and within the schools and services formally charged with responding (Daral et al., 2016; Ramakrishna et al., 2025; Sharma, 2022; Deka et al., 2026). The few consistent facilitators identified were concentrated at points where an adult, rather than the child, changed the conditions for telling: asking directly and privately, moving the conversation outside the household, or remaining a familiar and continuous presence once

statutory services were engaged (Daral et al., 2016; Ramakrishna et al., 2025; Deka et al., 2026; Sharma, 2022).

Locating the findings within established models of disclosure

The pattern documented here fits comfortably within the theoretical models that have shaped this field internationally for two decades. Summit's (1983) child sexual abuse accommodation syndrome first proposed that secrecy, helplessness and delayed, unconvincing or retracted disclosure are the expected accommodation of a child to an abusive relationship rather than evidence against a child's account, and the shame-, guilt- and loyalty-driven silence documented across the Indian evidence (Daral et al., 2016; Rathinam et al., 2021a, 2021b; Sharma, 2022) is consistent with that formulation. Goodman-Brown, Edelstein, Goodman, Jones and Gordon's (2003) empirically derived model similarly identified perceived responsibility for the abuse and fear of negative consequences, alongside age and relationship to the person responsible, as the strongest predictors of delay in a legal sample; each of these variables reappears in the Indian data, from the guilt that displaced shame as the leading barrier at the most severe end of the abuse spectrum (Daral et al., 2016) to the independent effect of a known assailant on time to medico-legal examination (Chetan Kumar et al., 2026). Alaggia's (2004) ecological reframing of disclosure, which located barriers at individual, family, and societal-cultural levels rather than treating non-disclosure as a single undifferentiated outcome, anticipated precisely the multi-level pattern this review found necessary to organise with the Three Delays framework, and her subsequent research update with Collin-Vézina and Lateef (Alaggia, Collin-Vézina, & Lateef, 2019) and a further systematic review by Lemaigre, Taylor and Gittoes (2017) both confirm shame, guilt, fear of consequences and limited support as the dominant cross-national barriers identified here.

Hershkowitz, Lanes and Lamb (2007) found that children's willingness to disclose abuse by someone outside the family fell sharply when they expected a negative parental reaction, and that children predicted their parents' actual reactions with striking accuracy; the Indian evidence extends this finding from expectation to demonstrated outcome, with more than half of family responses to disclosure in Delhi amounting to inaction, silencing, scolding or disbelief rather than protection (Daral et al., 2016). McElvaney, Greene and Hogan's (2012) account of children "containing the secret" until a threshold of unbearability or opportunity is reached offers a plausible explanation for why direct, private enquiry was the most consistent facilitator identified in this review (Daral et al., 2016; Chacko et al., 2022; Rathinam et al., 2021a, 2021b; Ramakrishna et al., 2025): enquiry supplies the opportunity that a child containing a secret is otherwise waiting for. Malloy, Lyon and Quas's (2007) demonstration that children's filial dependency on the person responsible predicts recantation of sexual abuse allegations resonates closely with the explicit economic dependence documented in the Assam intra-familial narratives (Deka et al., 2026) and suggests that the family-mediated pathway described below is not unique to India, even if its scale in this evidence base is striking. Finally, Tener and Murphy's (2015) review of adult retrospective disclosure found that most adult survivors had never previously told anyone, or had disclosed only partially; this matches the incomplete, gradual pattern seen in the Assam and men-

survivor accounts (Deka et al., 2026; Sharma, 2022) and is a reminder that the point of first disclosure examined in most of the included Indian studies is unlikely to be the end of a survivor's disclosure history.

Interpretation in relation to the wider disclosure literature

The barriers identified across the Indian evidence base - shame, self-blame, fear of not being believed, and loyalty to or protection of the person responsible - correspond closely to the individual, relational and social factors described in international syntheses of disclosure (Collin-Vézina et al., 2015; Alaggia, Collin-Vézina, & Lateef, 2019; Lemaigre, Taylor, & Gittoes, 2017). The finding that direct, private and developmentally appropriate enquiry was the single most consistent facilitator of first disclosure (Daral et al., 2016; Chacko et al., 2022; Rathinam et al., 2021a, 2021b) echoes earlier qualitative and quantitative work showing that privacy, sensitive prompting and safe opportunities to talk enable children to tell what they would not otherwise volunteer (Jensen et al., 2005; Schaeffer et al., 2011). Similarly, the gradual, incomplete and sometimes indirect character of disclosure documented in the intra-familial narratives (Deka et al., 2026) and in the men survivors' accounts (Sharma, 2022) is consistent with evidence that children rarely give a complete account at the first attempt, and that the manner of telling is itself shaped by the relationship with the person responsible (Kellogg et al., 2020; Schaeffer et al., 2011; London, Bruck, Ceci, & Shuman, 2005).

The predominance of friends as confidants once an adult route was closed (Rathinam et al., 2021a; Chacko et al., 2022; Daral et al., 2016) mirrors the broader literature on disclosure recipients, in which peers increasingly outrank parents as children move through adolescence (Manay & Collin-Vézina, 2021; Kogan, 2004). The Indian evidence adds an important qualification to this pattern: in Delhi, sexual abuse specifically reversed the usual confidante order, being taken to parents and siblings rather than to friends until the most severe category was reached (Daral et al., 2016), suggesting that the type of maltreatment, and not only the child's developmental stage, shapes the choice of confidant. The near-total absence of male-focused evidence, and the two studies that did include boys and men, describe barriers - an absence of any vocabulary for the experience in a setting where sex was not discussed, the assumption that a boy would simply outgrow the experience, and guilt in the absence of overt force (Subramaniyan et al., 2017; Sharma, 2022) - that align closely with a recent rapid review of male-specific disclosure barriers, which identifies masculine norms, fear of being perceived as weak or as a future perpetrator, and a scarcity of language for naming victimisation as the dominant obstacles for boys and men everywhere (Snyman, Smith, & Schalkwyk, 2025). The convergence of two very different bodies of evidence, one specific to India and one international, on the same explanatory mechanism strengthens confidence that these are not artefacts of a particular sample but genuine features of how gender shapes disclosure.

The responses children received after telling were similarly consistent with the global picture. Being believed but seeing no action taken, being warned to stay silent, or being blamed for the abuse (Daral et al., 2016; Sharma, 2022; Deka et al., 2026) are the same categories of inadequate response identified in

European clinical samples, where the social support a child perceived after disclosing shaped whether the child said anything further (Münzer et al., 2016). What the Indian evidence adds is the demonstration that this pattern operates at institutional as well as familial level: more than 80% of schools in the largest included study were unaware of the state child protection policy that should have governed their response, and the teachers who did receive a disclosure often responded by interrogating the child's timing and credibility rather than the abuse itself (Ramakrishna et al., 2025). This is a marked contrast with jurisdictions in which corroborated preschool disclosures have been examined through the court system (Magnusson et al., 2017); in the Indian evidence base, the difficulty lay not in the credibility of very young children's accounts once these reached a court, but in whether any account reached a responsible adult, and whether that adult acted on it, at all.

The family as gatekeeper: a distinctly weighted determinant

A feature of this evidence base that is more pronounced than in much of the international literature is the extent to which the family, rather than the child, controlled the disclosure pathway. Family pressure was the single strongest predictor of delay identified anywhere in the review, roughly tripling the odds of a case reaching medico-legal examination beyond 72 hours (AOR 3.2, 95% CI 2.1–4.9), and this effect held independently of whether the assailant was known to the child, whether the family lived rurally, and the child's own age (Chetan Kumar et al., 2026). Where families did report, the stated motive was more often the family's own honour or pride (59.8%) than the child's protection (19.5% sought punishment of the assailant), and 17.1% of families reported with the stated intention of marrying the child to the person responsible (Hugar et al., 2023) - a finding that recasts "reporting" in a meaningful minority of cases as a mechanism serving family or social ends rather than child safety. Only 12.2% of survivors in the same sample reached police themselves, and every one of these self-reporters was an adult; no minor in any included study reached the statutory system unaided (Hugar et al., 2023; Sharma, 2022; Daral et al., 2016). Economic dependence on the person responsible, and the pre-emptive silencing of children before any abuse had even occurred – 85% of Haryana parents had never told their child that a relative or family friend could be responsible (Chopra et al., 2020) - further indicate that in India the family functions less as a conduit for the child's decision to tell than as an independent actor with its own, sometimes competing, interests. This is consistent with international models that place family dynamics at the centre of the disclosure decision (Collin-Vézina et al., 2015) and with evidence that a child's filial dependency on the person responsible predicts subsequent recantation even after disclosure has occurred (Malloy, Lyon, & Quas, 2007), but the scale and consistency of the family-gatekeeper effect across three independently designed Indian studies, spanning survey, medico-legal and qualitative methods, suggests that interventions modelled on child-centred, individually-oriented disclosure-support programmes developed elsewhere may need substantial adaptation to a context in which the family, not the child, is usually the first and most consequential decision-maker.

Institutions and the unrealised promise of mandatory reporting

A specific objective of this review was to examine how the mandatory reporting provisions of the POCSO Act, 2012, feature in accounts of disclosure, and to compare findings from data collected before and after its commencement. This comparison could not, in practice, be made: all but one included study collected data after November 2012, and that exception straddled the Act's commencement rather than preceding it entirely (Daral et al., 2016). The review's findings should therefore be read as a description of disclosure under the mandatory reporting regime, not as evidence of the regime's effect. Read this way, the findings raise a specific concern. Mandatory reporting places the legal duty to report on the adults, professionals and institutions who receive a child's disclosure; yet those same adults and institutions were repeatedly the point at which disclosure stalled. Teachers designated as child protection officers described being overburdened and lacking the know-how to act; schools resisted escalating disclosures to the police on the grounds that parents would not cooperate and that the child would in any case remain within the family, and voiced concern for the school's own reputation and exposure to local political pressure (Ramakrishna et al., 2025). Even after the medico-legal system was engaged, 29.1% of survivors withdrew by refusing examination, most commonly citing a romantic relationship with the alleged assailant or an intention to marry him, particularly among older adolescents, while parents who withdrew on the child's behalf cited fear of the procedure and stigma (Goswami et al., 2025). Mandatory reporting, in other words, appears in this evidence not as a bright line that reliably converts disclosure into protection, but as one further point at which the same barriers of family honour, fear of stigma and institutional unpreparedness continue to operate. The one intervention in the evidence base that appeared to overcome this - a school programme in which the project team itself had to act as the child's continuous support person once police and child protection services were engaged (Ramakrishna et al., 2025) - suggests that the missing ingredient is not the existence of a mandatory reporting law but the presence of a trained, familiar adult able to accompany a child through its implementation.

Strengths of this review

This review is, to our knowledge, the first to synthesise Indian evidence specifically on the process, barriers and facilitators of child sexual abuse disclosure, rather than on the prevalence or clinical profile of abuse. It followed a registered protocol, used PRISMA and ENTREQ reporting standards appropriate to a predominantly qualitative and mixed quantitative-qualitative evidence base, and applied dual independent screening, extraction and quality appraisal throughout. The adoption of the Three Delays framework, developed originally for maternal mortality (Thaddeus & Maine, 1994) and applied here for the first time to child sexual abuse disclosure, allowed determinants to be located at an identifiable point in the disclosure pathway with a distinct actor and a distinct point for intervention, complementing rather than replacing the individual-relational-societal ecological models that have organised this literature since Alaggia (2004). Citation chaining recovered five further eligible reports that the database search alone had missed, each because its disclosure-related findings were reported only within the results of a study framed as a prevalence study; this yield illustrates a structural indexing problem for this literature

and strengthens confidence that the included evidence base is close to complete for the period searched. We conducted two protocol-registered sensitivity analyses, repeating the synthesis with one of a pair of closely related Puducherry studies removed and considering the influence of the two lower-quality studies, to test the synthesis's robustness to these specific sources of overlap and methodological limitation.

Limitations

The evidence base was small and geographically concentrated, limiting the generalisability of findings across India. Most studies involved school- or college-based populations, with limited representation of out-of-school and other underrepresented groups. Substantial heterogeneity in study populations and methods prevented quantitative pooling. Several studies relied on retrospective accounts, which may introduce recall and reporting bias. Finally, exclusion of grey literature may have resulted in some relevant evidence being missed.

Implications for practice and policy

Three implications follow directly from this synthesis. First, because almost no child reached the formal system unaided and because disclosure was most reliably obtained by an adult who asked directly, privately and outside the household (Daral et al., 2016; Ramakrishna et al., 2025; Deka et al., 2026), routine, private, developmentally appropriate enquiry by teachers, health workers and community frontline staff - rather than reliance on spontaneous disclosure - should be treated as an active case-finding strategy, not merely a response to suspicion, consistent with the international consensus that being asked is the most reliably documented facilitator of disclosure (Lemaigre, Taylor, & Gittoes, 2017). Second, because the family so often determined whether, when and why a case reached the formal system, and because its stated motives for reporting frequently diverged from the child's protection (Hugar et al., 2023; Chetan Kumar et al., 2026), interventions and mandatory reporting protocols in the Indian context need to engage the family explicitly as a gatekeeper with its own incentives, rather than assuming that legal disclosure duties translate automatically into child-centred family behaviour. Third, because schools and, to a lesser extent, health services were themselves a point of stall once a child did disclose - through lack of awareness of child protection policy, reluctance to escalate, and withdrawal from medico-legal pathways driven by stigma and, for older adolescents, undisclosed child marriage (Ramakrishna et al., 2025; Goswami et al., 2025) - training for mandatory reporters needs to extend beyond legal awareness of the duty to report, to the practical skills and institutional backing required to sustain a case once it is disclosed, ideally through a designated, trained adult who remains with the child through the process, as the one intervention in this evidence base that achieved this appeared to demonstrate (Ramakrishna et al., 2025). Community-level misconceptions - that abuse rarely occurs within respectable families, that boys are rarely victims, and that the child is sometimes responsible (Chopra et al., 2020) - indicate that public awareness efforts have a specific, addressable content gap to close before disclosure-support interventions can be expected to succeed.

Implications for future research

Future Indian research on disclosure would benefit from four developments suggested by the gaps in this evidence base. First, prospective or real-time research capturing children's own accounts of disclosure as it unfolds - rather than exclusively retrospective adult recall - would address a limitation shared by every included study and by much of the international literature this discussion has drawn on (Tener & Murphy, 2015). Second, research is needed in the regions, populations and settings entirely absent from the current evidence base: central India, the north-east beyond Assam, tribal districts, and out-of-school, rural, institutionalised and disabled children. Third, given the consistent and large effect of family-level factors identified here, intervention studies that explicitly target family reporting behaviour and family response to disclosure, rather than only child- or school-level awareness, are needed, together with rigorous evaluation of whether school-based sensitisation programmes of the kind piloted in Bengaluru increase disclosure rates that remain closer to known prevalence, rather than the 0.21% observed at follow-up (Ramakrishna et al., 2025). Fourth, standardised reporting of denominators and disclosure outcomes across future Indian studies, of the kind called for in the international literature on measurement of disclosure (Kellogg et al., 2020), would allow this literature to eventually support quantitative pooling, which the current heterogeneity in study design and reporting does not permit.

Conclusion

Disclosure

of child sexual abuse in India is shaped less by whether a child is willing to tell than by whether an adult asks, whether the family that receives the disclosure chooses to act on the child's behalf, and whether the institution the family or child eventually reaches is prepared to respond. Non-disclosure is the modal outcome across every study that has measured it, and the mechanisms - accommodation to an abusive relationship, accurate anticipation of a negative response, and filial dependency on the person responsible - are the same mechanisms established in the international literature over four decades (Summit, 1983; Goodman-Brown et al., 2003; Hershkowitz, Lanes, & Lamb, 2007; Malloy, Lyon, & Quas, 2007). What is distinctly and consistently visible in the Indian evidence is the family's role as an independent gatekeeper, with reporting motives that often diverge from the child's protection, and the documented unpreparedness of schools and services once disclosure does occur. Closing the gap between the legal architecture of mandatory reporting and children's lived experience of telling will require interventions that engage families as gatekeepers in their own right and equip the adults and institutions children eventually reach to respond, rather than interventions directed at children's willingness to speak alone.

Declarations

Author Contribution

GD: Conceptualisation, methodology, literature search, data screening, data extraction, formal analysis, interpretation of findings, and writing of the original draft. SB: Literature screening, data extraction,

quality assessment, and critical revision of the manuscript. SJ: Literature screening, data extraction, quality assessment, and critical revision of the manuscript. GD: Supervision, validation, and critical revision of the manuscript. All authors reviewed and approved the final version of the manuscript.

Data Availability

All data analysed in this systematic review are available within the published articles included in the review and its supplementary materials. No new datasets were generated for this study.

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Figures

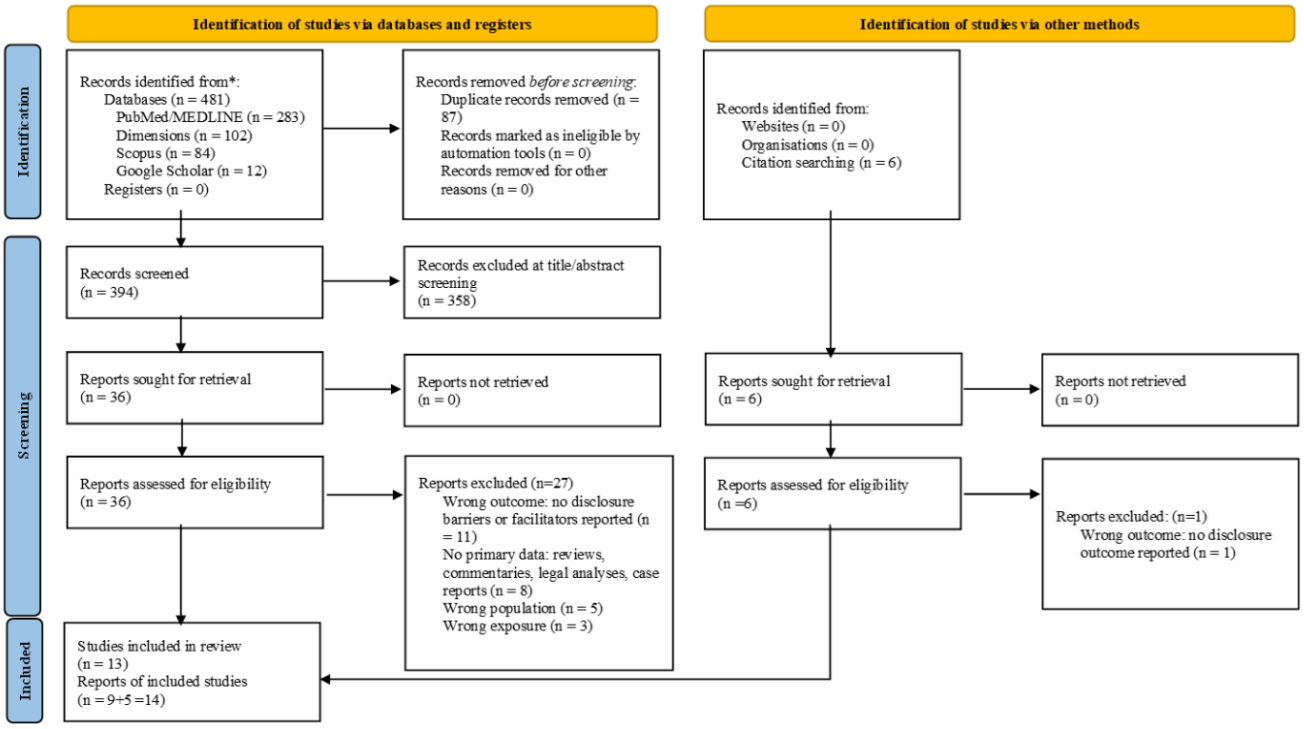


Figure 1

Legend not included with this version.

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