

Child Sexual Abuse and Wellbeing Among LGBTQ+ Individuals: The Role of Family in Healing.

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Abstract

The present study was undertaken to understand the prevalence of child sexual abuse and its association with the wellbeing of a sample of LGBTQ+ individuals in India. A total of 206 respondents took part in the study. The WHO-5 wellbeing scale developed by the World Health Organization was used to assess the wellbeing of the respondents. The prevalence of child sexual abuse among the respondents was high (46.1 per cent). In general, the level of wellbeing of the respondents was found to be below average. Among those who had experienced child sexual abuse, the majority of the respondents were cisgender women. Cisgender women respondents were also more likely to have a much lower mean rank of wellbeing compared to the other groups and similarly, respondents who identified as lesbians were also found to have a lower level of wellbeing compared to respondents who identified themselves as bisexual, pansexual, and gay. Other associated factors have been discussed in the full paper. The role of family in supporting and helping the individuals heal, has also been discussed in detail. There is a need for families to be more empathetic towards the victims.

Keywords: Child Sexual Abuse among LGBTQ+; Family support in healing; Wellbeing; Mental Health

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Introduction

The rights of members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals have certainly progressed over the years, especially in the context of marriage (Lannutti & Wermers, 2021), and yet, plenty of work remains to be done, including the battle against discrimination at the workplace (Wells, 2017). There is also a need for inclusivity in healthcare (Newman et al., 2021). In one rapid systematic review, Kcomt (2019) found that transgender individuals face profound discrimination while accessing healthcare services in the United States. The same holds true for non-binary individuals and transgender individuals in Canada as well (Tami et al., 2022). This discrimination is particularly serious in developing countries such as India where LGBTQ+ rights are yet to gain regular attention from mainstream media, despite the fact that an estimated 45.4 million citizens of the country are members of the LGBTQ+ community (Majumder & Kar, 2022). Although there is concrete evidence to suggest that queer women are more likely to have experienced rape (Canan et al., 2021) and that members of the LGBTQ+ community are more likely to be victims of violence and discrimination (Izugbara et al., 2020), there is a paucity of information on the prevalence and magnitude of child sexual abuse among members of the community, especially in India, although some research from the west does exist. In one study by Thoma et al., (2021), 19 per cent of transgender adolescents were found to have experienced sexual abuse.

But before we dwell on this issue, we need to fully understand the problem of child sexual abuse and why it is a serious challenge to society. According to Lameiras et al. (2008, as cited in Ferragut et al., 2020), it refers to a situation in which “a child is used as a sexual stimulus by a person with whom they maintain an asymmetric relationship, that is, there exists inequality in age, maturity, or authority.” In other words, child sexual abuse is a horrendous crime committed against an innocent by an individual who is supposed to protect them. It destroys the trust the child has in the adult and could lead to the development of long-term mental health issues (Hailes et al., 2019).

As far as the prevalence of child sexual abuse is concerned, despite some existing statistics, it has to be acknowledged that the precise number of victims of child sexual abuse is unknown. Even in forensic settings that include interviews with the victim, the disclosure rate is 64.1 per cent, which indicates the challenge associated with uncovering this crime (Azzopardi et al., 2019).

Globally, it is estimated that about 8 per cent of all cisgender men and 19.7 per cent of all cisgender women experience child sexual abuse. In Asia, this figure stands at 4.1 per cent among cisgender men and 11.3 per cent among cisgender women (Sanjeevi et al., 2018).

In one Indian study that involved a systematic review of previous studies, it was discovered that gay men were more likely to have experienced child sexual abuse and that in general, 4–41 per cent of the girls and 10–55 per cent of boys in India have experienced child sexual abuse (Choudhry et al., 2018). This broad range is again proof of the cultural barriers that prevent child sexual abuse from being reported and because disclosing child sexual abuse is still a taboo in India (Singh et al., 2014), many victims may never come forward and disclose their traumatic experience of being sexually abused as a child.

If this is the scenario, among the general population, which is by and large heterosexual, one can imagine how difficult and stigmatizing it must be for those from the LGBTQ+ community in India to come forward and disclose their experience of child sexual abuse. Moreover, the stigma experienced by the members of the LGBTQ+ community in India has been known to have a negative impact on their physical, psychological, and sexual health (Saraff et al., 2022). This combined with the rigid cultural norms and environmental factors, act as barriers to child sexual abuse disclosures. Some of these barriers include- treating sexual abuse as inevitable, being made to feel as though disclosure would bring shame to the family, and paucity of discussion on matters concerning sexuality, to name a few (Alaggia et al., 2019). As far as data regarding the prevalence of child sexual abuse among the LGBTQ+ community is concerned, the lack of recent and sufficient research on the matter is appalling. Only a few researchers in the past few years have explored this issue. For example, Craig et al. (2020), in their study on adverse childhood experiences among LGBTQ+ youth

from the United States and Canada, noted that about 86 per cent of the respondents had experienced at least one form of adverse childhood experience and among them, 16.5 per cent of the respondents stated that they had experienced child sexual abuse. The researchers also note that the prevalence of adverse childhood experiences among LGBTQ+ youth in this study was higher compared to the national samples in 9 out of the 10 categories (Craig et al., 2020). As far as India is concerned, there haven't been any recent studies on the prevalence of child sexual abuse among the LGBTQ+ community and it is largely due to the apathy towards the plight of the members of the LGBTQ+, particularly the members of the transgender community in India, who have been excluded from accessing basic health facilities and who also lack sufficient social protection (Pandya & Redcay, 2021). A part of the exclusion was previously manifested in some of the anti-LGBTQ+ laws in the country.

Until recently, Section 377 of the Indian Penal Code criminalized sexual relations between queer individuals. This law was repealed in 2018 by the Supreme Court of India in 2018 (The Indian Express, 2018). However, despite this progress, being queer is still stigmatized and the discussion about non-heterosexual marriages is yet to begin in the country. There is also a paucity of studies examining the wellbeing of members of the LGBTQ+ community in the Indian context.

In recent years, there has been an increase in the amount of attention gained by a construct called-subjective wellbeing. Subjective wellbeing is said to include three components- life satisfaction, the presence of positive affect, and the absence of negative affect (Diener, 2021). One of the most widely used and highly valid and reliable tools in this context is the World Health Organization's five-item wellbeing scale (World Health Organization. Regional Office for Europe, 1998). This tool has been used in several countries and in various settings and can detect depression as well (Faruk et al., 2021). However, there is a paucity of recent studies that have examined this construct in the context of the LGBTQ+ community, especially in the Indian scenario. Moreover, no known previous studies have been conducted to examine both the prevalence of child sexual abuse and its possible association with the wellbeing of members of the LGBTQ+ community in India. This is particularly important because

research suggests that child sexual abuse could impact the wellbeing of the survivors (Blakemore et al., 2017). To fill this research gap, the present study is being undertaken.

Objectives of the Study

Based on the existing research gap, three main objectives were determined by the researchers- 1) To identify the prevalence of child sexual abuse among a sample of individuals from the LGBTQ+ community in India. 2) To measure the level of wellbeing of the respondents. 3) To examine the role of family support associated with wellbeing of the respondents.

The researchers hope that the findings will throw more light on the prevalence of child sexual abuse among members of the LGBTQ+ community, apart from measuring their wellbeing, and will aid policymakers, social workers, and society at large, in developing effective strategies for targeted intervention. The researchers also hope that the present study will inspire future researchers in India to conduct more studies related to LGBTQ+ community in the country.

Operational Definitions

In the present study, the researchers have adopted the definition laid out in the Convention on the Rights of the Child, according to which, a child is any person who is below the age of 18 (UNICEF, 1989). Child sexual abuse in the present study is defined as both penetrative and non-penetrative sexual contact faced by a child below the age of 18. This includes sexual intercourse as well as sexual contact of any kind including sexual touching, encouraging/forcing a child to perform sexual acts, and exposing one's genitals to a child.

Moreover, the operational definitions of the LGBTQ+ community in the present study are as follows-

Lesbian- A woman who is attracted to other cisgender women

Gay- A man who is attracted to other cisgender men.

Bisexual- An individual who is attracted to more than one gender or sex.

Transgender- An umbrella term used to refer to individuals whose sex assigned at birth differs from their gender identity.

Queer- It is a term used in common parlance to refer to individuals whose sexual and gender identity is not what mainstream society expects it to be. It is generally used to refer to people from the LGBTQ+ community. Historically, starting in the 16th century, the word 'queer' was used to mean strange. The term became a derogatory term for people with same-sex attraction in the late 19th and early 20th century. Members of the LGBTQ+ community began to reclaim the term queer as a self-identifier in the 1980s (Barker, 2016).

Pansexual- It refers to individuals who can be sexually attracted to any individual from any gender.

Materials and Methods

Universe and Sampling

Due to the social exclusion and stigma being faced by the members of the LGBTQ+ community in India (Majumder & Kar, 2022), many from the community were found not to be comfortable attending a face-to-face interview openly. Hence, the researchers identified an online network of members of the LGBTQ+ in India and collected data from them through an online questionnaire. The respondents were from different parts of the country and were mostly youth. A pre-test was conducted and four items were removed as they were repeated. A total of 217 responses were collected, of which 11 responses had to be discarded as they were incomplete. Thus, the total number of responses included in the study was 206 (n= 206).

Inclusion and Exclusion Criteria

Only those respondents from the LGBTQ+ community who were at least 18 years old, were included in the study. Furthermore, respondents from countries other than India were excluded as the objective was to study the prevalence of child sexual abuse among a sample of LGBTQ+ members from India and to measure their level of wellbeing, apart from noting the factors associated with the wellbeing of the respondents.

Tools of Data Collection

As mentioned previously, an online questionnaire was used to collect data from the respondents. The questionnaire comprised three parts. The first part included questions/items related

to the basic details of the respondents such as their age, gender, sexual orientation, economic status, level of education, and so on. The aim behind including these questions was to understand the socio-economic and general background of the respondents. The second part included questions/items related to child sexual abuse. Respondents were asked if they had been sexually abused as a child and if so, where they had experienced it (home/school/community). This item was included after reviewing a previous study on child sexual abuse among the LGBTQ+ community at home, school, and in the community (Alessi et al., 2016). In the present study, child sexual abuse at home refers to the experience of sexual abuse as a child at the hands of immediate family members such as a parent or sibling. Child sexual abuse at school refers to the experience of sexual abuse as a child at the hands of teachers, classmates, or any other employees working in the school. Finally, child sexual abuse in the community refers to the experience of sexual abuse as a child at the hands of extended family members or relatives apart from individuals living in and around the neighbourhood or locality. There were other questions related to child sexual abuse included in the second part of the questionnaire. The objective behind introducing these questions was to understand the prevalence of child sexual abuse among the respondents and also to understand the circumstances surrounding it. The questionnaire also included a question related to social support from friends and family as studies show that peer and family support are important for the mental wellbeing of members of the LGBTQ+ community (Mustanski et al., 2011). The third part of the questionnaire included the five-item wellbeing scale, the responses of which are measured on a five-point Likert scale, ranging from 'all of the time' (rated 4) to 'none of the time' (rated 0). The total score ranges from 0 to 25 with a higher score representing better wellbeing (World Health Organization. Regional Office for Europe, 1998). Since the scale has already been used in several studies across the world and has been proven to be a valid tool for measuring the wellbeing of respondents (Sischka et al., 2020), the researchers did not carry out any additional tests of the validity of the instrument. However, the reliability of the tool was tested and the Cronbach's Alpha value of 0.882 revealed that the tool is reliable (Taber, 2018).

Analysis of Data

The collected data was then analyzed using PSPP, a free software (Sto. -Tomas et al., 2019). The total wellbeing score of each respondent was categorized into three levels- low, medium, and high in order to provide a clearer understanding to the reader about the wellbeing of the respondents. A score between 0-8 was classified as low, scores between 9-17 were identified as medium, while a score of 18 and above was identified as high. Apart from basic percentage analysis and chi-square tests, the researchers also conducted a series of Kruskal-Wallis tests to test whether there was any statistically significant association between the wellbeing of the respondents and other variables in the study. This test was chosen because the independent variables in the study were not normally distributed and since the Kruskal-Wallis test is an effective non-parametric alternative to the Analysis of Variance (ANOVA) test when the data is not normally distributed (Hecke, 2012).

Ethical Considerations

Ethical approval for conducting the study was secured from St. Joseph's University, Bengaluru, India (Ref No: 2022-SJRI- EC- 4). Written consent was also secured from all the respondents. The researchers have also adhered to the principles laid down in the Declaration of Helsinki (General Assembly of the World Medical Association, 2014).

Results

Results of the Percentage Analysis (Table 1)

The results of the percentage analysis can be seen in Table 1. Apart from the other basic characteristics of the respondents, the results revealed that a significant number of the respondents have experienced child sexual abuse (46.1 per cent). Although there isn't any recent data on child sexual abuse among the LGBTQ+ population in India, the fact that almost half of the total respondents stated that they have experienced it is very worrying. In fact, this is almost three times higher than the global prevalence of child sexual abuse, which stands at 17.3 per cent (Almuneef, 2021). Additionally, among the total respondents, a considerable number of respondents have experienced it when they were below ten years old (20.9 per cent), mostly in the community where they lived (23.3 per cent) or at home (15 per cent), although a few have experienced it at school as well (7.8 per

cent). As far as the level of wellbeing is concerned, although a little more than half of the total respondents (51.5 per cent) have a medium level of wellbeing, it is also important to note that a notable number of respondents also have a low level of wellbeing (29.6 per cent). Furthermore, the mean score (11.97) suggests that in general, the respondents have a below-average level of wellbeing. To dig deeper into this issue and to identify the most vulnerable group, a few cross-tab analyses were conducted.

Results of the Cross-Tab Analyses

Gender and Child Sexual Abuse (Table 2)

This cross-tab analysis between gender and child sexual abuse revealed that among those who had experienced child sexual abuse, the majority of the respondents were cisgender women (50.5 per cent). The results of the chi-square test ($\chi^2 = 9.915$; $df = 2$) were also statistically significant ($p < 0.01$; $p = 0.007$). This is similar to the findings of a study that revealed that cisgender women are more likely to have experienced sexual abuse (Gewirtz-Meydan & Finkelhor, 2020).

Sexual Orientation and Sexual Abuse (Table 3)

In another cross-tab analysis involving sexual orientation and child sexual abuse, among those who had experienced child sexual abuse, the single largest majority of the respondents were bisexuals (46.3 per cent), followed by those who identified as pansexuals (33.7 per cent). The prevalence of child sexual abuse among those who identified as gay/lesbian was 20 per cent. The results of the chi-square test ($\chi^2 = 8.060$; $df = 2$) were also found to be statistically significant ($p < 0.05$; $p = 0.018$). Moreover, among bisexuals, cisgender women respondents constitute the majority of the respondents (60 per cent) and among the pansexuals as well, the single largest majority (42.9 per cent) of the respondents were cisgender women.

On the whole, based on the findings of these cross-tab analyses, it can be stated that although all genders can experience child sexual abuse, statistically, cisgender women respondents in the present study, irrespective of their sexual orientation, were likely to have experienced child sexual abuse.

Further investigation into the association between the well-being of the respondents and other important variables, particularly, the association between child sexual abuse and well-being have been explored using the Kruskal-Wallis test, the results of which can be observed in Table 2. To avoid overcrowding of the table, only important independent variables have been mentioned.

Results of the Kruskal-Wallis Test (Table 4)

Gender, Sexuality, and Wellbeing

Among other things, the results of the Kruskal Wallis test reveal that cisgender women respondents have a much lower mean rank (82.57) of wellbeing compared to the other groups and similarly, respondents who identified as lesbians were also found to have a lower level of wellbeing (91.08) compared to respondents who identified themselves as bisexual (94.18), pansexual (100.68), and gay (127.38). This finding is slightly different from the findings of Chan et al. (2020), who discovered that individuals who identify as bisexuals have poorer mental health than lesbians and gay men. However, in the present study, gay men were found to have better mental health compared to lesbians and bisexuals and the difference in the mean rank of mental health between bisexuals and lesbians, though statistically significant ($p < 0.001$), was not extremely large which combined with the other finding that women respondents have significantly lower wellbeing than other genders, indicates that it is young girls and cisgender women in the LGBTQ+ community who are more likely to be suffering from lower wellbeing/poor mental health. Moreover, the results in Table 2 have already highlighted the fact that cisgender women respondents were more likely to have experienced child sexual abuse. This is in line with a meta-analytic review that found that cisgender women who experienced child sexual abuse were more likely to develop mental health complications such as depression and anxiety (Amado et al., 2015).

As far as transgender and non-binary individuals are concerned, they were found to have a higher level of wellbeing compared to cisgender women, but lower than that of cisgender men, as seen in Table 4.

Child Sexual Abuse and Wellbeing

As observed in Table 2, respondents who were sexually abused as a child were found to have a much lower mean rank of wellbeing (89.90) compared to those who had not experienced child sexual abuse (115.14). This once again is similar to the findings of previous studies that indicate that children who experience child sexual abuse are more likely to develop mental health issues (Amado et al., 2015; Hailes et al., 2019;).

It is also important to note that respondents who had experienced child sexual abuse more recently (when they were between 16-17 years old), had a lower mean rank of wellbeing (80.32) compared to those who had experienced it at a much younger age.

As far as the circumstances of child sexual abuse are concerned, respondents who experienced child sexual abuse at school had a lower mean rank of wellbeing (74.06) compared to those who had experienced it at home (81.47) or in the community (102.83). One possible explanation for the finding is that those respondents who experienced child sexual abuse at school and at home could have experienced it more frequently due to the nature of these two settings when compared to those who had experienced it in the community. Further investigation into this line of possibility is required.

With regard to transgender and non-binary respondents, it is apparent that they too are likely to experience child sexual abuse, with more than half of the total transgender and non-binary respondents, revealing that they have experienced child sexual abuse, as seen in Table 2. It is also important to note that the rate of prevalence of child sexual abuse among transgender and non-binary individuals is much higher than the rate among cisgender men.

Support system and wellbeing

Respondents who have someone to talk to about their queer status were found to have better wellbeing compared to those who didn't have this option. This is similar to the findings of Mustanski et al., (2011). In India, there is a stigma associated with sexual abuse including rape (Chakraborty et al., 2018) as well as homosexuality (Chakrapani et al., 2020), and this double barrier prevents many in this category to reach out to people and express what they are going through and as the results

suggest, those who do reach out and are fortunate enough to find someone to listen to them, have better wellbeing.

The Role of Family in Healing

Discussion

Child sexual abuse is widely considered a horrendous crime. This is because it is a crime that has both physical as well as psychological ramifications for the individual and can last for several years and sometimes well into old age (Kamiya et al., 2016). It is a crime that is often hard to detect as it largely depends on the victims speaking up about it. Previous research on this issue indicates that individuals wait till adulthood to disclose this negative experience as they fear being labeled with a negative stereotype following disclosure (Gagnier & Collin-Vézina, 2016). This is particularly true in Indian society where sex itself is a taboo topic (Sharma, 2020). In addition to this, only recently have there been some efforts made to improve the knowledge and attitude about the LGBTQ+ community in India in an otherwise sexually regressive environment (Pufahl et al., 2021).

In this context, the results of the present study are eye-opening in many ways. Importantly, the prevalence of child sexual abuse among the LGBTQ+ population appears to be high. It is possible that since reporting sexual abuse as well as being a member of the LGBTQ+ community, are both stigmatized by society, it becomes even more challenging for the survivors of child sexual abuse from the LGBTQ+ community to speak up. Moreover, in general, the wellbeing of the respondents was found to be below average with those who had experienced child sexual abuse, experiencing much lower wellbeing than those who hadn't. Studies indicate that having a homophobic environment in addition to being sexually abused as a child can cause increased psychological distress among the respondents (Arreola et al., 2009). In a society where sex itself is a taboo topic, it is not surprising that homosexuality is also looked down upon, leading to the creation of a homophobic environment and further causing psychological harm to survivors of child sexual abuse. The finding that women respondents, even across sexual orientation were more likely to have experienced child sexual abuse

is a continuation of the findings from previous studies that cisgender women are more likely to experience child sexual abuse (Assink et al., 2019).

One must also pay attention to the fact, that although transgender and non-binary individuals have a slightly higher well-being score than cisgender women, the prevalence of child sexual abuse is very similar to the prevalence among cisgender women and is much higher than the prevalence among cisgender men. This means that there is an urgent need to understand and support transgender and non-binary individuals who have undergone this traumatic event.

As far as legal protections are concerned, the Protection of Children from Sexual Offences Act (2012) is a comprehensive law in India that is aimed at protecting children from sexual offences being committed against them. However, due to the social stigma attached to sexual abuse, children and their families rarely invoke it. There are other implementation-related challenges with the law that have prevented the law from reaching its full potential and curbing child sexual abuse to a significant degree. Instead, child sexual abuse has been increasing with a particularly sharp increase between 2019-2020, which is attributed to covid-19 (The Indian Express, 2022).

Therefore, despite such existing laws that are designed to prevent child sexual abuse, they continue to severely plague society. Another technical problem is that most of the existing laws are deterrent-natured rather than focused on improving supervision and detection. A perpetrator will not be truly deterred from committing a crime such as child sexual abuse until and unless there is a decent possibility of being caught. After all, the severity of punishment is a concern for the perpetrators only when they are caught. Hence, the need of the hour is effective supervision. In the present study, a significant number of respondents stated that they had experienced child sexual abuse in the community, which indicates the lack of an effective system that can help detect predators and expose them. The same challenge persists in schools as well.

Currently, many schools in India lack counselors and school-based mental health services in general (Parikh et al., 2019). Since all forms of sexual issues are taboo in society, children may find it extremely challenging to disclose it to the school authorities and even if they do, the authorities might

be more concerned about such news being leaked to the public and the consequent impact of parents pulling their children out of the school. In other words, there is a lack of a proper system to address this issue in schools.

As far as the wellbeing of the respondents is concerned, the finding that cisgender women respondents and those who identified as lesbian were more likely to have a lower-wellbeing, again indicates the lack of proper mental health support for cisgender women and lesbians in particular. The homophobic environment is likely to deter them from seeking psychological help because counseling often involves discussion of all important life events and happenings that might lead to the exposure of their sexual orientation. This is further supported by the finding that those who believed that they had someone to talk to about their queer status had statistically significantly better wellbeing than those who did not have such an outlet.

All of the findings of the present study raise the need for better supervision at the family level to prevent child sexual abuse as the reported number of cases is very high among the LGBTQ+ members in the study. Although the striking down of Section 377 is a good move, it is yet to translate into something more positive for the LGBTQ+ community in the country. Same-sex marriage is still illegal in the country and there is a significant amount of stigma faced by the members of the LGBTQ+ community that prevents them from accessing mental health services. Special attention is required for cisgender women respondents, those who identify as lesbians and bisexuals, those who have been sexually abused as a child, those who have experienced child sexual abuse more recently, those who have experienced child sexual abuse at school, and those who do not have social support, that is, someone to talk to about their queer status.

As of today, there are no specialized mental health services for individuals from the LGBTQ+ community. The right to mental health is now gaining importance at the international level (OCHR, 2022). This means that the government in collaboration with non-governmental organizations must help ensure that the existing mental health services are LGBTQ+ friendly and that there are

specialized mental health services for members of the LGBTQ+ community. The families of the victims must also play their role in speeding up the healing process.

Finally, there is an urgent need to de-stigmatize LGBTQ+ relationships in the country. This is a long-term goal that requires careful planning, policy changes, and social awareness. Social workers need to play a lead role in ensuring this in the long run.

The results of the study clearly point out the fact that a significant number of respondents have experienced child sexual abuse in the community (which includes extended relatives) and at home. In one previous study published in 2018, it was found that in 52 per cent of the cases, the perpetrator was a family member and in 41 per cent of the cases, the perpetrator was an acquaintance (Gewirtz-Meydan et al., 2018). In fact, in one large population level study in the United States, the researchers noted that in 41-68 per cent of all the child sexual abuse cases, the perpetrator is an immediate or extended family member (Gewirtz-Meydan & Finkelhor, 2020). This indicates that there is a high possibility of the family members being aware of the perpetrator in the family or the community since the typical Indian family and community are closely knit. It is therefore the responsibility of the members of the family to be more empathetic towards the victims and help bring the perpetrators to justice. If in case, the victims are not willing to discuss this openly in the family, then family members could encourage them to seek out therapists who specialize in healing from childhood trauma. Healing takes time and it is necessary for victims and families alike to try multiple methods. The family should act as the primary pillar of support throughout this healing process which might take several years. However, typically, in the Indian family system, talking about sex is a major taboo. This major hurdle needs to be overcome if the healing is to begin. This makes it even more challenging for members of the LGBTQ+ community to discuss such traumatic experiences. It is therefore crucial for families to overcome societal norms that act as a barrier in the healing process. This is possible only when the family prioritizes the health and wellbeing of their family member who has been through a traumatic experience and is willing to stand by them. Finally, there is a paucity of studies that explore this problem among the transgender population in the country. There

are a few studies such as that by Virupaksha & Muralidhar (2018) which have examined the resilience of transgender population in the country. The authors have highlighted the lack of social support and the prevalence of discrimination against the transgender population in the country. The problem of child sexual abuse among this population in particular requires a deeper examination.

Limitations of the Study

The present study was mainly quantitative. An additional qualitative tool to examine this issue qualitatively could have yielded even more rich information. Furthermore, an online survey was used to collect the data due to the stigma attached to the LGBTQ+ community in the country. However, this method does have certain limitations such as a lower response rate compared to interviews apart from incomplete entries. An intervention-based research design could have also aided those with a lower level of wellbeing. This study however is largely explorative in nature.

Conclusion

The findings of the present study point to a high prevalence of child sexual abuse experienced by the members of the LGBTQ+ community in the country which is severely impacting their mental wellbeing. The lack of a proper and inclusive mental health system that is sensitive to the needs of the LGBTQ+ community is missing in the country. Apart from this, there is a need to de-stigmatize LGBTQ+ relationships and help integrate members of the LGBTQ+ community with the rest of society so that they can be more comfortable and confident about seeking mental health services when they require them. The family needs to be the primary pillar of support in helping the victims heal from their trauma.

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Data Availability Statement

The dataset is publicly available at <https://doi.org/10.6084/m9.figshare.21746867>

Declaration of Interest

The authors have no conflicting interests to declare.

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Table 1- Basic Percentage Analysis (n =206)

Variables	N	%	\bar{x} (min) (max)
Age group (yrs)			
18-24 years	165	80.1	22.5 (18) (56)
25-31 years	25	12.1	
32-38 years	10	4.9	
39+ years	06	2.9	
Gender			
Cisgender men	87	42.2	
Cisgender women	87	42.2	
Transgender	10	4.9	
Non-binary	22	10.7	
Sexual Orientation			
Gay	48	23.3	
Lesbian	12	5.8	
Bisexual	90	43.7	
Pansexual	56	27.2	
Education			
Hindu	85	41.3	
Muslim	21	10.2	
Christian	47	22.8	
Atheist	51	24.8	
Other	02	1	
Caste			
Scheduled Caste	20	9.7	
Scheduled Tribe	9	4.4	
Other Backward Caste	28	13.6	
General	149	72.3	
Economic Status			
Lower Middle Class	20	9.7	
Middle Class	110	53.4	
Upper Middle Class	64	31.1	
Affluent/Rich	12	5.8	
Marital Status			

Unmarried	193	93.7	
Married	11	5.3	
Divorced/Separated	02	01	
Were you Sexually Abused as a Child?			
No	111	53.9	
Yes	96	46.1	
At What Age were you Sexually Abused?			
Not sexually abused as a child	111	53.9	
Below 10 years	43	20.9	
10-15 years	41	19.9	
16-17 years	11	5.3	
Where did you experience child sexual abuse?			
Not sexually abused as a child	111	53.9	
School	16	7.8	
Home	31	15	
Community	48	23.3	
Level of Wellbeing			
Low wellbeing	61	29.6	
Medium wellbeing	106	51.5	11.97 (0) (25)
High wellbeing	39	18.9	

Table 2- Association between Gender and Child Sexual Abuse

Were you sexually abused as a child?	Cisgender men	Cisgender women	Transgender and Non-Binary	Total	Chi square test
No	58 52.3%	39 35.1%	14 12.6%	111 100%	$\chi^2 = 9.915$ df = 2 p = 0.007 (p<0.01)
Yes	29 30.5%	48 50.5%	18 18.9%	95 100%	
Total	87 42.2%	87 42.2%	32 15.5%	206 100%	

Table 3- Association between Sexual Orientation and Child Sexual Abuse

Were you sexually abused as a child?	Gay/Lesbian	Bisexual	Pansexual	Total	Chi square test
No	41 36.9%	46 41.4%	24 21.6%	111 100%	$\chi^2 = 8.060$ df = 2 p = 0.018 (p<0.05)
Yes	19 20%	44 46.3%	32 33.7%	95 100%	
Total	60 29.1%	90 43.7%	56 27.2%	206 100%	

Table 4-Results of the Kruskal Wallis Test (n = 206)

Gender and Wellbeing					
Gender	N	\bar{x} rank	Kursk al-Wallis H	df	p value
Cisgender men	87	124.26	5.79	3	0.000*
Cisgender women	87	82.57			
Transgender	10	112.45			
Non-binary	22	100.09			
Sexual Orientation and Wellbeing					
Gay	48	127.38	10.579	3	0.014*
Lesbian	12	91.08			
Bisexual	90	94.18			
Pansexual	56	100.68			
Were you sexually abused as a child?					
Yes	95	89.90	9.205	1	0.002*
No	112	115.14			
At what age were you sexually abused?					
Not sexually abused as a child	111	113.29	7.059	3	0.070
Below 10 years	43	95.22			
10-15 years	41	91.90			
16-17 years	11	80.32			
Places where sexual abuse took place and wellbeing					
Not sexually abused as a child	111	114.18	11.744	3	0.008*

School	16	74.06			
Home	31	81.47			
Community	48	102.83			
I have someone to talk to about my queer status (and wellbeing)					
Strongly disagree	8	71.13	13.213	4	0.010*
Disagree	8	84.88			
Neither agree nor disagree	37	85.96			
Agree	80	100.35			
Strongly agree	73	121.43			

* Statistically significant

Source: Primary data