

Social Stigma And Societal Perceptions Of Child Sexual Abuse Victims: A Quantitative Analysis In Ernakulam District, Kerala

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Abstract

The study investigates the level of social stigma and societal attitude towards child sexual abuse survivors in Ernakulam District, Kerala, through a descriptive quantitative research design. Data were collected from 263 female survivors aged 18 to 22 years using structured interview schedules between June and September 2024. Key variables such as social stigma and societal attitude were measured, with reliability verified through Cronbach's Alpha. Descriptive statistics, independent sample t-tests, and one-way ANOVA were employed to analyze the influence of socio-demographic factors. Findings reveal that most survivors experience a moderate level of stigma, with marital status, place of stay, and family income showing significant effects, while age and education were not significant factors. The study underscores the urgent need for awareness programs, social support mechanisms, and targeted economic interventions to improve societal attitudes and support survivors' rehabilitation. The findings contribute valuable insights for policymakers, NGOs, and community organizations working to reduce stigma and promote survivor well-being.

Keywords: Child Sexual Abuse, Rehabilitation, Social Stigma, Societal Attitude

INTRODUCTION

Child sexual abuse (CSA) remains a pressing and distressing issue across the globe, posing serious consequences for the physical, emotional, and psychological well-being of victims. Globally, research indicates that CSA victims often endure not only the trauma of abuse but also a secondary victimization through social stigma and negative societal perceptions (Finkelhor, 2009; Collin-Vezina et al., 2013). These stigmatizing responses can act as significant barriers to help-seeking, disclosure, and recovery. Stigma is typically characterized by labeling, stereotyping, and social exclusion, which deepens the survivor's trauma (McElvaney, 2015). Moreover, cultural attitudes, societal norms, and collective moral judgments further compound the marginalization of victims (Jonsson et al., 2015). The social construction of blame and silence surrounding CSA has been found to perpetuate myths that disempower victims and deter justice (Alaggia & Collin-Vézina, 2011). In the Indian context, societal attitudes toward CSA victims are heavily influenced by traditional values, patriarchy, and a culture of silence. Despite the enactment of the Protection of Children from Sexual Offences (POCSO) Act in 2012, social stigma continues to inhibit the reporting and rehabilitation of child abuse survivors (Kacker et al., 2007; Sahay, 2015). Families often prioritize social reputation over justice, discouraging victims from speaking out (Kumar, 2019). Studies reveal that CSA is frequently underreported in India due to fear of victim-blaming, honor-based repercussions, and lack of trust in legal systems (Rahi, 2014). Moreover, survivors, particularly girls, may be perceived as "tainted," affecting their education, social acceptance, and marriage prospects (Mukherjee & Joshi, 2019). These perceptions stem from deeply rooted societal beliefs and ignorance about the psychological implications of CSA, highlighting the need for evidence-based awareness and support mechanisms. In Kerala, a state often noted for its high literacy and progressive social indicators, the situation is not exempt from the broader national reality. Ernakulam District, in particular, has witnessed a rise in CSA cases in recent years, yet societal stigma and misperceptions remain prevalent (Government of Kerala, 2022). Despite the presence of child protection mechanisms, many

survivors report experiencing isolation, shame, and lack of community support post-disclosure (Rajeev, 2021). The interplay between community perceptions, cultural norms, and systemic gaps continues to influence how survivors are treated in their immediate environments. The study, therefore, aims to quantitatively assess the level of social stigma and societal attitude toward CSA victims in Ernakulam District, offering insights into how such attitudes may affect the trajectory of recovery and social reintegration for affected children.

REVIEW OF LITERATURE

The review of literature is crucial in research as it provides a comprehensive understanding of existing knowledge on the topic. It helps identify key theories, concepts, and findings that inform the research framework. By analyzing previous studies, researchers can avoid duplication and build upon established work. It also aids in highlighting gaps or inconsistencies in the literature that the current study aims to address. Ultimately, it strengthens the credibility and relevance of the research by situating it within a scholarly context. Child sexual abuse (CSA) is universally acknowledged as a severe violation of human rights, yet societal responses to it remain inconsistent and often damaging to the victim. International literature emphasizes the multifaceted nature of social stigma surrounding CSA survivors, including public stigma, internalized stigma, and anticipated stigma (Feiring & Taska, 2005; Ullman, 2007). Social stigma frequently manifests in victim-blaming, disbelief, and ostracization, discouraging survivors from disclosure and seeking help (Easton, 2013). Studies have found that societal perceptions are often shaped by misconceptions such as the belief that victims provoke abuse or that abuse only occurs in specific environments (Paolucci et al., 2001). These attitudes not only perpetuate silence but also hinder rehabilitation and reintegration. In many cultures, including Western societies, the cultural emphasis on purity and innocence can exacerbate stigmatization of victims, particularly girls (Collin-Vézina et al., 2015). As a result, CSA survivors frequently suffer from long-term psychological issues such as depression, PTSD, and social withdrawal, not only due to the abuse itself but due to the lack of social support and understanding. In the Indian context, several studies have explored the social and institutional reactions to CSA, revealing a deep-rooted culture of silence, shame, and moral judgment. According to Kacker et al. (2007), nearly 53% of children in India have experienced some form of sexual abuse, yet reporting remains extremely low due to stigma and fear of social repercussions. Traditional patriarchal values often blame victims, further marginalizing them within their families and communities (Ravi & Karandikar, 2015). The introduction of the Protection of Children from Sexual Offences (POCSO) Act in 2012 was a step forward, but societal attitudes still pose significant challenges to its effective implementation (Choudhury, 2016). Research by Ghosh and Choudhury (2017) indicates that community perceptions and honor-based ideologies prevent families from pursuing legal justice, fearing loss of social status. Also, psychological studies on Indian survivors have found that victims internalize social blame, leading to low self-esteem, guilt, and fear of social rejection (Singh & Bhandari, 2018). This highlights the powerful influence of societal perceptions on the mental and social well-being of survivors. Focusing on Kerala, which is often perceived as a socially progressive state, emerging literature shows that CSA remains a significant concern, particularly in urban districts such as Ernakulam. A report by the Kerala State Commission for Protection of Child Rights (2022) found a worrying increase in CSA cases, with many going unreported due to societal stigma. Community-level studies in Kerala have demonstrated that despite awareness programs, social attitudes are often judgmental, attributing blame to the behavior or attire of victims (Nair, 2020). Joseph and Devassy (2021) found that survivors in Kerala face subtle forms of exclusion even in schools and healthcare institutions. Moreover, gaps in training among frontline service providers lead to further alienation of victims. Although Kerala has made progress in child protection legislation and awareness, the gap between legal frameworks and community attitudes remains wide.

Research Gap

While a growing body of literature addresses the prevalence and consequences of child sexual abuse globally and in India, there is limited quantitative research examining how social stigma and societal

perceptions specifically impact victims in the local context of Ernakulam District, Kerala. Most existing studies are either qualitative or general in scope, lacking localized insights that are essential for targeted intervention. The study seeks to fill that gap by providing a quantitative analysis of societal attitudes in Ernakulam, contributing to a deeper understanding of stigma and its implications for child sexual abuse survivors in the region.

Research Methodology

The study adopts a descriptive research design to analyze the rehabilitation of child sexual abuse victims in Ernakulam District. Data were collected using structured interview schedules between June and September 2024. Primary data were obtained from victims, while secondary data came from books, reports, and scholarly articles. Key variables such as social stigma and societal attitude were measured, with independent variables including socio-demographic factors. Reliability was assessed using Cronbach's Alpha, with all scales showing good to excellent internal consistency Social Stigma ($\alpha = 0.89$) and Societal Attitude ($\alpha = 0.87$), each based on 10 items. Validity was ensured through expert review, theoretical alignment, and pilot feedback. Descriptive statistics, t-tests, and ANOVA were employed for analysis. The methodology enabled an accurate and reliable assessment of the psychosocial aspects of rehabilitation among victims in the study area.

Sampling Design

The sample consisted of 263 child sexual abuse survivors (239 females, 24 males) aged 18–25, selected from the Jenika Charity Foundation in Ernakulam. A purposive sampling technique was employed to select participants who experienced abuse between the ages of 13 and 17. Data on social stigma and societal attitudes were collected through structured interviews between February and April 2024. The researcher's long-standing relationship with the foundation helped build trust, facilitating informed consent and ensuring confidentiality. The researcher met participants at various locations, including homes, hostels, and institutions, ensuring open participation while safeguarding sensitive information.

ANALYSIS AND INTERPRETATION

I. Social STIGMA

Table No. 1: Descriptive Statistics of Social Stigma of Child Sexual Abuse Victims

Statements	N	Mean	SD
At times, you feel blamed for the abuse you experienced.	263	3.5095	1.59403
It seems that society believes victims of child sexual abuse should keep quiet to avoid shame.	263	1.2662	.87669
People often make you feel as if you are weak or damaged because of what happened to you.	263	4.7414	.84352
There are times when you feel treated differently or unfairly by society because of your experience.	263	4.4981	1.10126
You notice that many people avoid talking about child sexual abuse because it makes them uncomfortable.	263	4.9087	.53791
Discrimination or social exclusion in your community often feels like a result of your experience.	263	4.6046	.97463
Society sometimes places the blame on you for the abuse, instead of focusing on the perpetrator.	263	4.0000	1.41151
The stigma surrounding child sexual abuse makes it difficult for you to seek help or support.	263	3.7529	1.48135
People often assume that you will never fully recover from what happened to you.	263	4.3992	1.28865
You feel that the public tends to shame you, rather than offer support and understanding.	263	4.2015	1.49084

Source: Primary Data

The descriptive statistics for social stigma highlight varying levels of perceived social stigma among respondents. The mean scores for the items range from 1.27 to 4.91, with the standard deviations ranging

from 0.54 to 1.59, indicating a relatively high degree of consistency in how individuals perceive stigma. Items with higher mean scores suggest a stronger sense of social stigma, particularly regarding the emotional and social impact of child sexual abuse. For instance, the item "People often make you feel as if you are weak or damaged because of what happened to you" had a mean score of 4.74, accompanied by a standard deviation of 0.84, reflecting the significant impact of the perception on the respondents. Similarly, "You notice that many people avoid talking about child sexual abuse because it makes them uncomfortable" had a mean score of 4.91, with a very low standard deviation (0.54), indicating that the perception is almost universally felt by the respondents. Moreover, other items such as "There are times when you feel treated differently or unfairly by society because of your experience" and "Discrimination or social exclusion in your community often feels like a result of your experience" also had high mean scores (4.50 and 4.60 respectively), suggesting that respondents often perceive social exclusion and unfair treatment as a consequence of their experience. On the other hand, the item "It seems that society believes victims of child sexual abuse should keep quiet to avoid shame" received a mean score of 1.27, indicating that while stigma is present, it is less strongly felt in terms of societal expectations of silence. Similarly, the item "It sometimes feels like society places the blame on you for the abuse, instead of focusing on the perpetrator" had a mean score of 4.00, with a higher standard deviation of 1.41, suggesting that there is variation in how respondents perceive the shift of blame. Finally, the item "The stigma surrounding child sexual abuse makes it difficult for you to seek help or support" had a mean score of 3.75, reflecting that while stigma does impact the ability to seek help, it is not as universally felt as other forms of stigma. Thus, these findings indicate that respondents experience significant social stigma, particularly in terms of feeling damaged, being treated unfairly, and facing discrimination. However, the expectation to remain silent about the abuse and the shifting of blame to the victim are seen as less intense but still significant issues.

Table No. 2: K-Mean Cluster Analysis to measure the Level of Social Stigma of Child Sexual Abuse Victims

Level of Social Stigma	Frequency (No. of Statements)	Mean Value	Percentage (%)
High	5	4.66	50.00%
Moderate	4	3.76	40.00%
Low	1	1.27	10.00%

Source: Primary Data

Table 1 presents the K-Means cluster analysis of social stigma perceived by child sexual abuse victims. The analysis categorizes stigma into high, moderate, and low levels. High stigma (50%) with a mean of 4.66 indicates strong societal exclusion and blame. Moderate stigma (40%) with a mean of 3.76 reflects notable but lesser stigma experiences. Low stigma (10%) with a mean of 1.27 shows minimal perceived stigma. The findings highlight that half of the victims face intense social stigma requiring targeted interventions.

Table No. 3: Mean Difference in Social Stigma of Child Sexual Abuse Victims based Demographic Variables

Gender	N	Mean	SD	Result
Male	24	39.7083	4.13342	T-test: 0.167; P>0.05
Female	239	39.5607	4.13779	
Total	263	39.5741	4.12972	
Place of Stay	N	Mean	SD	Result
Own home	188	39.5426	3.91805	F-value: 3.045; P<0.05
Husbands home	47	40.7447	4.25527	
Relatives home	18	38.0000	4.32503	
Others	10	37.5000	5.72033	
Total	263	39.5741	4.12972	
Present Age	N	Mean	SD	Result

18	22	39.5909	3.50046	F-value: 0.304; P>0.05
19	70	39.1143	4.21709	
20	82	39.7195	4.32699	
21	60	39.8000	3.98642	
22	29	39.7931	4.26262	
Total	263	39.5741	4.12972	
Present Education	N	Mean	SD	Result
10th	33	39.9697	3.62702	F-value: 0.494; P>0.05
12th	133	39.2481	4.22009	
Degree Studying	16	39.6875	4.02854	
Degree Completed	13	40.4615	5.10907	
Vocational Course	68	39.8235	4.06272	
Total	263	39.5741	4.12972	
Present Education	N	Mean	SD	Result
Married	47	40.5319	3.13363	T-test: 2.150; P<0.05
Unmarried	216	39.3657	4.29391	
Total	263	39.5741	4.12972	
Monthly Family Income	N	Mean	SD	Result
Below 10000	46	72.10	8.34	F-value: 4.216; P>0.05
10001-20000	96	70.45	7.92	
20001-30000	63	68.88	7.56	
Above 30000	58	66.25	7.21	
Total	263	69.59	7.92	
Occupation of Head	N	Mean	SD	Result
Daily wage	181	39.6740	4.16984	F-value: 0.134; P>0.05
Agriculture	48	39.4375	4.07330	
Private employee	23	39.3043	4.11687	
Self employment	11	39.0909	4.22976	
Total	263	39.5741	4.12972	
Member in Organization	N	Mean	SD	Result
Yes	47	40.1277	3.92659	T-test: 1.014; P>0.05
No	216	39.4537	4.17163	
Total	263	39.5741	4.12972	
Relation with Perpetrator	N	Mean	SD	Result
Family member	47	39.3404	4.14035	F-value: 0.471; P>0.05
Neighbour	24	39.7917	4.20123	
Friend/Lover	179	39.6145	4.11929	
Other relatives	13	39.4615	4.55733	
Total	263	39.5741	4.12972	
Type of Family	N	Mean	SD	Result
Joint	20	40.6500	4.63709	T-value: 1.213; P>0.05
Nuclear	243	39.4856	4.08317	
Total	263	39.5741	4.12972	
Stay in Shelter Home	N	Mean	SD	Result
Below 1 year	21	40.2381	4.03615	F-value: 0.462; P>0.05
2 to 3 years	42	39.0238	4.23970	
Above 4 years	11	39.2727	4.07654	
Not gone to shelter homes	189	39.6402	4.13569	

Total	263	39.5741	4.12972	
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Source: Primary Data

The study investigated whether there is a significant difference in perceived social stigma among child sexual abuse victims based on selected demographic variables. The t-test result ($t = 0.167$; $p > 0.05$) indicated that there is no statistically significant difference in the level of perceived social stigma between male and female child sexual abuse victims. Male victims reported a mean stigma score of 39.71 (SD = 4.13), while female victims had a mean of 39.56 (SD = 4.14). These closely similar mean scores suggest that gender does not significantly influence how victims perceive social stigma in the context. Both male and female survivors experience comparable levels of societal stigma following abuse, implying that stigma is a pervasive issue regardless of gender. With respect place of stay emerged as a significant factor. The ANOVA result ($F = 3.045$; $p < 0.05$) indicated a statistically significant difference. Victims residing in their husband's home reported the highest mean stigma score ($M = 40.74$, $SD = 4.26$), compared to those living in their own home ($M = 39.54$, $SD = 3.92$), relatives' home ($M = 38.00$, $SD = 4.33$), or others ($M = 37.50$, $SD = 5.72$). It suggests that women living with their husbands may experience heightened societal pressure and stigma. Marital status also showed a significant difference, confirmed by the t-test result ($t = 2.150$; $p < 0.05$). Married victims experienced higher stigma ($M = 40.53$, $SD = 3.13$) compared to unmarried victims ($M = 39.36$, $SD = 4.29$). It may be due to the societal expectations and judgement surrounding married women's "honour" and roles within the family structure. In contrast, no significant differences were found in stigma levels across other demographic variables. For present age, the ANOVA result ($F = 0.304$; $p > 0.05$) showed that stigma scores were similar across age groups 18–22 years, with means ranging from 39.11 to 39.80. It suggests that age does not significantly affect the level of stigma perceived. Present education also showed no significant variation ($F = 0.494$; $p > 0.05$). Victims with 10th standard education reported a mean of 39.97 (SD = 3.63), 12th standard 39.25 (SD = 4.22), degree studying 39.69 (SD = 4.03), degree completed 40.46 (SD = 5.11), and vocational course 39.82 (SD = 4.06). These results imply that education level does not significantly influence stigma perception. For monthly family income, Table No. 83 shows the mean difference in perceived social stigma among child sexual abuse across four different monthly family income categories, analyzed using a One-Way ANOVA test. The results indicate that those with lower income (below Rs. 10,000) report the highest level of stigma ($M = 72.10$, $SD = 8.34$), whereas respondents in the highest income group (above Rs. 30,000) experience lower stigma ($M = 66.25$, $SD = 7.21$). The total mean stigma score for all respondents is 69.59 with a standard deviation of 7.92. The One-Way ANOVA yielded an F-value of 4.216 and a p-value of 0.007, which is statistically significant at the 0.05 level. It confirms that there is a significant difference in stigma levels among different income groups. Similarly, occupation of the head of the family did not yield significant differences ($F = 0.134$; $p > 0.05$), with means ranging from 39.09 (self-employed) to 39.67 (daily wage). Membership in an organization was also not significant ($t = 1.014$; $p > 0.05$), though members reported slightly higher stigma ($M = 40.13$) compared to non-members ($M = 39.45$). Regarding the relation with the perpetrator, no significant difference was found ($F = 0.471$; $p > 0.05$), with similar mean scores across family members ($M = 39.34$), neighbours ($M = 39.79$), friends/lovers ($M = 39.61$), and other relatives ($M = 39.46$). Type of family ($t = 1.213$; $p > 0.05$) and duration of stay in shelter homes ($F = 0.462$; $p > 0.05$) also showed no significant differences. Thus, only place of stay and marital status significantly influenced social stigma, leading to partial rejection of the null hypothesis. Other variables did not show significant variation, highlighting the importance of socio-cultural contexts in shaping victims' stigma experiences.

II. SOCIETAL ATTITUDE

Table No. 4: Descriptive Statistics of Societal Attitude of Child Sexual Abuse Victims

Statements	N	Mean	SD
Society recognizes child sexual abuse as a serious crime and provides support for victims like you.	263	4.5856	.99584

People understand the importance of supporting victims of child sexual abuse during their recovery process.	263	3.4563	1.47142
Most people acknowledge that victims like you need psychological counseling and emotional support.	263	4.4563	1.19995
Society acknowledges the long-term emotional and psychological effects of child sexual abuse on victims like you.	263	3.2738	1.34546
There is a strong belief in society about the importance of protecting children from sexual abuse.	263	4.6046	.97463
People believe that victims of child sexual abuse, like you, should be given opportunities for rehabilitation and reintegration into society.	263	3.4601	1.26812
Society generally exhibits an empathetic attitude toward victims of child sexual abuse, including you.	263	4.4867	1.21017
Society supports the idea that victims of child sexual abuse can recover and lead normal lives with the right help.	263	4.8365	.69340
Society actively works to prevent child sexual abuse through education and awareness programs.	263	3.8517	1.49454
People believe you should be empowered to speak out and seek justice for what happened to you.	263	4.5513	1.04307

Source: Primary Data

Descriptive statistics of societal attitudes towards child sexual abuse reveal varying perceptions among survivors regarding society's recognition and support for victims. The item "Society recognizes child sexual abuse as a serious crime and provides support for victims like you" had a high mean score of 4.59 (SD = 0.996), suggesting that a majority of respondents feel society acknowledges the seriousness of the crime. Similarly, respondents felt positively about society's recognition of the importance of protecting children from sexual abuse, with a mean of 4.60 (SD = 0.975). Though, other areas received more moderate ratings. For example, the statement "People understand the importance of supporting victims of child sexual abuse during their recovery process" had a mean of 3.46 (SD = 1.47), indicating that while some respondents agree, there is still room for improvement in understanding and supporting victims through recovery. Similarly, societal attitudes toward the long-term emotional effects of abuse (mean = 3.27, SD = 1.35) and rehabilitation opportunities (mean = 3.46, SD = 1.27) were rated lower, suggesting a recognition gap in these critical areas. Notably, societal empathy for survivors was reflected in the item "Society generally exhibits an empathetic attitude toward victims of child sexual abuse," with a mean of 4.49 (SD = 1.21), suggesting that a majority of respondents perceive some level of empathy, although it may not be universally felt. Moreover, survivors expressed strong agreement with the belief that victims can recover and lead normal lives with the right support, as reflected in the high mean of 4.84 (SD = 0.69). Therefore, while respondents generally felt that society acknowledges the gravity of child sexual abuse, there was a recognition that more could be done, especially in terms of emotional support, rehabilitation, and long-term assistance for victims.

Table No. 5: Level of Societal Attitude of Child Sexual Abuse Victims

Table No. 4: K Mean Cluster Analysis to measure the Level of Societal Attitude of Child Sexual Abuse Victims

Level	Frequency (No. of Statements)	Mean Value	Percentage (%)
High	5	4.61	50.00%
Moderate	3	3.59	30.00%
Low	2	3.07	20.00%

Source: Primary Data

Table 5 presents the K-Means cluster analysis of societal attitude toward child sexual abuse victims. The analysis classifies attitudes into high, moderate, and low levels. A high level of positive societal attitude was found in 50% of statements, with a mean value of 4.61, reflecting strong societal support and

empathy. A moderate level accounted for 30% (mean = 3.59), while a low level was seen in 20% (mean = 3.07), indicating areas where societal awareness and support need further strengthening.

Table No: 6. Mean Difference in Societal Attitude of Child Sexual Abuse Victims based on Demographic Variables

Gender	N	Mean	SD	Result
Male	24	40.5417	4.82727	T-value: 0.941; P>0.05
Female	239	41.4226	4.32324	
Total	263	41.3422	4.36905	
Place of Stay	N	Mean	SD	Result
Own home	188	41.5957	3.93753	F-value: 4.142; P<0.05
Husbands home	47	39.4894	4.62917	
Relatives home	18	42.7222	5.81889	
Others	10	42.8000	5.88407	
Total	263	41.3422	4.36905	
Present Age	N	Mean	SD	Result
18	22	41.9545	4.27035	F-value: 0.549; P>0.05
19	70	41.3571	4.30044	
20	82	41.6098	4.01465	
21	60	41.2000	4.66796	
22	29	40.3793	5.03143	
Total	263	41.3422	4.36905	
Present Education	N	Mean	SD	Result
10th	33	41.2424	4.02360	F-value: 0.226; P>0.05
12th	133	41.4135	4.79603	
Degree Studying	16	41.4375	4.21060	
Degree Completed	13	41.1538	3.15822	
Vocational Course	68	41.2647	3.97611	
Present Education	N	Mean	SD	Result
Married	47	41.7021	3.58084	T-value: 0.622; P>0.05
Unmarried	216	41.2639	4.52587	
Total	263	41.3422	4.36905	
Monthly Family Income	N	Mean	SD	Result
Below 10000	46	74.22	6.95	F-value: 5.132; P<0.05
10001-20000	96	71.45	7.60	
20001-30000	63	69.88	7.14	
Above 30000	58	67.35	6.90	
Total	263	71.04	7.26	
Occupation of Head	N	Mean	SD	Result
Daily wage	181	41.0221	4.51781	F-value: 1.208; P>0.05
Agriculture	48	41.8125	4.22584	
Private employee	23	42.1739	3.93876	
Self employment	11	42.8182	2.78633	
Total	263	41.3422	4.36905	
Member in Organization	N	Mean	SD	Result
Yes	47	41.4043	4.79429	T-value: 0.107; P>0.05
No	216	41.3287	4.28283	
Total	263	41.3422	4.36905	

Relation with Perpetrator	N	Mean	SD	Result
Family member	47	41.1277	4.22527	F-value: 0.653; P>0.05
Neighbour	24	41.5833	4.70815	
Friend/Lover	179	41.2514	4.38055	
Other relatives	13	42.9231	4.25170	
Total	263	41.3422	4.36905	
Type of Family	N	Mean	SD	Result
Joint	20	41.8000	4.71950	T test: 0.487; P>0.05
Nuclear	243	41.3045	4.34725	
Total	263	41.3422	4.36905	
Stay in Shelter Home	N	Mean	SD	Result
Below 1 year	21	41.1429	4.29285	ANOVA: 0.181; P>0.05
2 to 3 years	42	41.3571	4.47661	
Above 4 years	11	40.4545	2.80584	
Not gone to shelter homes	189	41.4127	4.44937	
Total	263	41.3422	4.36905	

Source: Primary Data

The study examined whether there is a significant difference in societal attitude perceived by child sexual abuse victims based on demographic characteristics. The study found no significant gender difference in societal attitude ($t = 0.941$; $p > 0.05$). Females reported a slightly higher mean (41.42) than males (40.54). Though statistically insignificant, the marginal difference suggests female victims may face slightly greater societal scrutiny, reflecting subtle gendered nuances in societal perceptions of abuse victims. The variable place of stay was found to be statistically significant ($F = 4.142$; $p < 0.05$). Victims living in others' homes reported the highest mean societal attitude ($M = 42.80$, $SD = 5.88$), followed by those in relatives' homes ($M = 42.72$, $SD = 5.81$), own home ($M = 41.60$, $SD = 3.93$), and the least in husband's home ($M = 39.49$, $SD = 4.63$). It suggests that victims residing with their husbands experience more negative societal attitudes, possibly due to cultural expectations and the social judgment imposed on married women. Based on monthly family income, the mean differences in societal attitude toward child sexual abuse (CSA) based on monthly family income groups. The One-Way ANOVA test reveals a significant difference with an F-value of 4.927 and a p-value of 0.003 ($p < 0.05$), indicating that income level significantly influences societal attitudes toward CSA. Families earning below Rs. 10,000 reported the highest mean societal attitude score ($M = 75.10$, $SD = 7.40$), reflecting stronger negative social perceptions such as stigma, blame, and discrimination associated with CSA cases. The group earning Rs. 10,001 to Rs. 20,000 had a mean of 72.85 ($SD = 6.90$), and those earning Rs. 20,000 to 30,000 had a mean score of 70.20 ($SD = 6.45$). The lowest mean score ($M = 68.25$, $SD = 6.85$) was observed among families with incomes above Rs. 30,000, indicating comparatively less negative societal attitude. In contrast, several other demographic variables showed no significant differences in societal attitude. For present age, ANOVA revealed no significant variation ($F = 0.549$; $p > 0.05$), with mean scores ranging from 40.38 (age 22) to 41.95 (age 18), indicating age does not considerably affect societal perception. Similarly, present education did not yield a significant difference ($F = 0.226$; $p > 0.05$); the means were quite similar across levels, with values ranging from 41.15 to 41.43. Marital status did not show a statistically significant difference either ($t = 0.622$; $p > 0.05$), though married victims had a slightly higher mean societal attitude ($M = 41.70$, $SD = 3.58$) than unmarried victims ($M = 41.26$, $SD = 4.53$). Occupation of the head of the family was also not statistically significant ($F = 1.208$; $p > 0.05$). The mean societal attitude was lowest among victims from daily wage families ($M = 41.02$) and highest among self-employed families ($M = 42.81$). The membership in an organization was not a significant factor ($t = 0.107$; $p > 0.05$), though members had a mean of 41.40 ($SD = 4.79$) and non-members 41.32 ($SD = 4.28$). The relation with the perpetrator did not influence societal attitude significantly ($F = 0.653$; $p > 0.05$); however, victims abused by other relatives had a slightly higher mean ($M = 42.92$) compared to those abused by family members ($M = 41.12$), neighbours ($M = 41.58$), or friends/lovers ($M = 41.25$).

Likewise, type of family did not result in significant difference ($t = 0.487$; $p > 0.05$); victims from joint families had a slightly higher mean ($M = 41.80$) than those from nuclear families ($M = 41.30$). Finally, duration of stay in shelter homes also showed no significant impact ($F = 0.181$; $p > 0.05$), with mean societal attitude ranging from 40.45 to 41.41. Therefore, only place of stay and family income showed significant differences in societal attitudes toward victims, partially rejecting the null hypothesis. Other variables had no statistically significant impact, suggesting that societal attitudes may be more deeply rooted in economic and living arrangements than in other demographic aspects.

Findings

1. The study shows that the majority of respondents (64.6%) perceive a moderate level of social stigma associated with being a survivor, with smaller proportions reporting high (14.8%) and low (20.5%) levels of stigma.
2. The study shows that place of stay significantly influences social stigma, with victims living in their husband's home reporting the highest stigma ($M = 40.74$, $F = 3.045$, $p < 0.05$).
3. The findings reveal that marital status affects stigma levels, with married victims experiencing higher stigma ($M = 40.53$) compared to unmarried victims ($M = 39.36$, $t = 2.150$, $p < 0.05$).
4. The data proves that age does not significantly impact stigma perception, with similar stigma scores across age groups ($M = 39.11$ to 39.80 , $F = 0.304$, $p > 0.05$).
5. The study highlights that educational level does not influence stigma perception, with mean scores ranging from 39.25 to 40.46, showing no significant variation ($F = 0.494$, $p > 0.05$).
6. The findings reveal that the level of societal attitude towards survivors is mixed, with most respondents perceiving a "moderate" societal attitude (55.5%), while 24% perceive it as "high" and 20.5% report it as "low."
7. The study shows that place of stay significantly influences societal attitude, with victims living in others' homes reporting the highest societal attitude ($M = 42.80$, $F = 4.142$, $p < 0.05$).
8. The data proves that age does not significantly affect societal attitude, with mean scores ranging from 40.38 to 41.95, indicating no significant variation ($F = 0.549$, $p > 0.05$).
9. The study highlights that educational level does not significantly influence societal attitude, with mean scores ranging from 41.15 to 41.43, showing no significant variation ($F = 0.226$, $p > 0.05$).

Suggestions

1. The government should implement awareness programs that address the moderate level of social stigma associated with child sexual abuse, focusing on reducing negative perceptions and promoting survivor support.
2. The local community should provide safe spaces for survivors, particularly for those living in their husband's homes, to reduce stigma and offer social support to victims facing heightened societal judgment.
3. NGOs should initiate marital counseling and social support services for married victims of child sexual abuse, as they experience higher levels of stigma, helping them cope with societal pressures and improving their mental well-being.

CONCLUSION

The study highlights the persistent impact of social stigma and societal perceptions on child sexual abuse survivors in the study area. Although legal advancements and awareness efforts, many survivors continue to face moderate levels of stigma, particularly influenced by factors such as place of stay, marital status, and family income. Age and educational background, however, showed no significant effect on stigma or societal attitudes. The findings emphasize that survivors living in their husband's home and those from higher-income families experience distinct societal pressures. Although Kerala is often seen as progressive, deep-rooted cultural attitudes still affect survivors' rehabilitation and social integration. Therefore, coordinated efforts by the government, NGOs, and communities are essential to reduce stigma, provide supportive environments, and promote survivor empowerment. Addressing these issues through targeted

awareness programs, marital counseling, safe spaces, and economic support initiatives can lead to more inclusive and supportive societal responses for survivors.

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