

Child Sexual Abuse: Knowledge, Myth Belief and Reporting Attitude among the General Population in Kerala

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Abstract

Despite a public health concern, ample myths and gaps in society's understanding of Child Sexual Abuse(CSA) exist. Not many studies have examined how these myths and knowledge affect CSA reporting attitude(RA). Consequently, this study aimed to address the research gap among the general populace in Kerala. From 170 respondents, the findings indicated more myth belief(MB) among the less educated, males, and joint family members. On the contrary, those with a degree or more than a degree showed more knowledge and females exhibited more RA. A negative correlation was found between CSA MB and RA and Gender, age, knowledge, and MB predicted a 21.8% variance in the RA. MB regarding CSA was found to be an important mediator in the relationship between Knowledge and RA. Reasons that could account for these results and implications are also discussed.

Key words: Child sexual abuse, Knowledge, Myth belief, Reporting attitude, Kerala

Introduction

CSA imposes substantial cost to society and has detrimental effects on the physical and mental well-being of those who are affected(Irazuzta et al., 1997) . However, 85-90% of CSA instances are not reported to the appropriate authorities(London et al., 2005). While not every child experiences negative effects right away or even later, many do, and these effects might include conduct disorder, inappropriate sexual behaviour, depression, PTSD, anxiety, low self-esteem, and self-harm which may persist into adulthood (Glaser, 2015). To have a deeper comprehension of CSA, it is important to explore the myths and knowledge of contemporary culture. Because determining CSA myths (CSAM) (Collings & J., 1997) is a crucial first step in providing truthful information, supporting victims after disclosure, and guiding preventative and intervention initiatives(L. D. Cromer & Goldsmith, 2010) and it's important to stop the spread

of myths that could lead to further victimisation (Chim et al., 2020a). Despite the fact that it is evident that public opinion has a significant role in the creation of laws and public education programmes that aim to prevent CSA, few research has examined public knowledge and beliefs on CSA, (Calvert & Munsie-Benson, 1999a). No published evidence exists about the extent of myths and misconceptions about CSA that the Indian public holds (Cossins et al., 2009) and rather than surveying the broader public, the majority of published research has concentrated on the beliefs and behaviours of specific professional groups or other restricted samples, such as mothers or students(Calvert & Munsie-Benson, 1999b). The current study’s goal was to address this research gap.

Methods

170 people from Kerala between the ages of 19 and 47 took part in an online survey. We were able to gather data by creating and distributing the questionnaire via a Google Form. We circulated the questionnaire link with the appropriate people by sending it to them via social media platforms such as Facebook, Instagram, and WhatsApp. Before the participants filled out the survey form, they were briefed about the study and their informed consent was obtained.

The scales used for this study are CSA myth scale(Collings & J., 1997) , CSA Reporting attitude scale(Walsh et al., 2012) and the Knowledge subscale of the Knowledge Attitude and Prevention scale(Chen et al., 2007). The scales were used with permission. The questionnaire was translated to Malayalam with the help of a language expert and after the data collection the questionnaire was then re translated in to English to do the analysis.

With IBM SPSS Version 20 and Jamovi 2.5.4.0, data analysis was carried out. Initially, the descriptive statistics of the variables were examined. t test, correlation, regression analysis and mediation analysis were then utilised in inferential statistics.

Results

Sample Characteristics

The average age of the participants was 27, and women made up 55.9% of the group. 28.8% of them were single, while 65.3% of them were married. Just 19.4% of respondents were parents. 47.1% of the participants were Hindus. Ninety percent of the population held a degree or more than one degree. 75.3% of participants said they come from nuclear households. 67.6% of participants came from rural areas. Just 32.4% of parents said they have attended any kind of CSA prevention training.

Table 1 t Test Results of Difference in Myth Belief(MB), CSA Reporting Attitude(RA) and Knowledge about CSA based on selected Demographic variables

	MB		RA		Knowledge	
	Mean	SD	Mean	SD	Mean	SD
Gender						
Female	2.28	0.531	4.01	0.38	0.73	0.147
Male	2.46	0.563	3.81	0.40	0.78	0.129
t	2.15		-3.22		2.26	
p	0.03*		0.002**		.025*	
Educational Qualification						
Degree or more than a degree	2.29	0.52	3.92	0.40	0.73	0.137
Less than degree	2.95	0.42	3.85	0.36	0.64	0.128

t	-4.99	0.75	3.77
p	0.000***	0.44	0.000***
Family			
Joint family	2.52	0.50	3.93
Nuclear family	2.31	0.55	3.91
t	2.185	0.257	-1.25
p	0.030*	0.79	0.21

Male and female responders differed significantly in their MB, RA, and knowledge, according to the independent sample t test. Male respondents had more knowledge than female respondents. This suggests that the genders with lower MB have more RA, which is good. The discovery that those with high MB possess greater knowledge is surprising and warrants careful consideration.

The Independent sample t test, found significant influence of educational qualification on MB and knowledge of people with degree or more than a degree having less MB and more Knowledge.

The results of the Independent Sample t test indicated that the respondents’ MB was significantly influenced by their familial background. Those from joined families have higher MB than those from nuclear families.

Table 2 Correlation Result of Relationship between MB, RA and Knowledge

		MB	RA	Knowledge
MB	r	1		
	p			
RA	r	-0.425**	1	
	p	<0.001		
Knowledge	r	-0.337**	0.163*	1
	p	<0.001	0.034	

Findings from the correlation test revealed a statistically significant negative correlation was there between MB and RA, $r=-0.425$, $p<.001$ and Knowledge and MB, $r=-0.337$, $p<0.001$ and a positive correlation between Knowledge and RA, $r=0.163$, $p<0.05$. RA therefore decreased as MB increased, Knowledge decreased as MB increased, and RA increased as Knowledge increased.

Table 3 Regression Analysis of Age, Gender, MB and Knowledge on RA

	Predictors	R ²	Adjusted R ²	F Change	Beta	p	VIF
Step 1	Age	0.062	0.051	F (2,167) =5.538**	0.65	0.005	1.000
	Gender				0.24	0.005**	1.000
Step 2	Age						
		0.217	0.198	F (2,165)=16.35***	0.046	0.000	1.007
	Gender				0.191		1.094
	MB				-0.370		1.206
	Knowledge				0.067		1.197

A hierarchical regression test was conducted. Step 1 shows that gender and age account for 5.1% of the variance in the RA and that the model is significant, with $F(2,167) = 5.538^{**}$. When MB and Knowledge are added, the model's variance rises to 21.7%, with $F(2,1655) = 16.35^{***}$ shows that the model is significant.

Table 4 MB as Mediator

Effect	Estimate	Z	p
Indirect	0.4000	3.607	<.001
Direct	0.0611	0.293	0.770
Total	0.4612	2.149	0.032

A mediation analysis was performed with MB as mediator. MB regarding CSA was found to be an important mediator in the relationship between Knowledge and RA.

Discussion

The public's understanding of CSA, misconceptions about it, and attitudes towards reporting CSA were all investigated in the current study. In the current study, we looked at how respondents' sociodemographic characteristics affected their knowledge, MB, and RA. We also looked into how these variables related to one another and how myth belief acted as a mediating factor. The results of the study imply that males, joint family members, and those with lower levels of education have higher levels of myth MB. Conversely, women displayed higher RA and those with a degree or more shown greater knowledge. CSA MB and RA were shown to be negatively correlated, and a 21.8% variance in the RA was predicted by MB, gender, age, and knowledge. MB regarding CSA was found to be an important mediator in the relationship between Knowledge and RA.

The result of the study that male participants exhibited more MB align with the result of other study that there were more myths about CSA among men (Ferragut et al., 2020) and men are more prone than women to believe myths concerning CSA incidents, victims, and offenders (Magalhães et al., 2021). It's possible that men's greater susceptibility to CSA myths than women stem from their lack of knowledge about the subject, which decreases their awareness of its realities. Social roles and norms may also have an impact on how they learn about the topic and choose to ignore the realities of the situation. If someone believes more myths, their RA may drop. Considering that if we have an MB regarding the problem, nothing can be done. This possibility is evident from our research that male have less RA than females which is supported by the findings that when it comes to reporting CSA, women are more favourable (Hansen et al., 1997b). The finding of the correlation test that RA decrease with increase in MB also align with these findings. This increased level of myth-belief may lessen the severity of the problem and obscure the significance of prompt and effective intervention. A more positive attitude towards reporting the problem alone will decrease the likelihood that it will recur because the offenders would probably commit new crimes (Guo et al., 2019). Thus, only reporting the abuser will prevent future crimes against that same child and other children. Everyone in the community needs to take the initiative to do this, and reporting should always happen when a crime is suspected or has actually occurred.

Similar to the finding that greater education levels were associated with increased knowledge, (Abeid et al., 2015) our study demonstrated that persons with higher education levels had more knowledge than those with education below the degree level. This increased awareness of CSA may be the result of resources obtained from educational institutions, and the networks these institutions provide may enable students to learn more about the subject and advance their expertise. A higher

education also helps students keep current on a wide range of topics, develop a habit of learning about the things they don't know, and discover new things. Additionally, those with lower levels of education displayed higher MB, which could be attributed to their lack of background knowledge on the subject. Lack of knowledge about the matter will cause them to interpret information incorrectly, which will lead to the development of MB. Since CSA is such a delicate subject, caution should be exercised. The more myths there are surrounding the situation, the more likely it is that it will be handled negligently and that someone will become a victim again.

Furthermore, members of joint families exhibited higher levels of MB. This could be due to the possibility that members of joint families place a higher value on maintaining the unity and reputation of their families, which could lead them to discount the likelihood that CSA will occur in well-known families. If a problem arises within the family, they are unlikely to believe it and will therefore continue to deny that problems like CSA will never arise in their families. Additionally, they are unlikely to take action when a family member commits a crime.

After adding age and gender in the first phase of a hierarchical regression, 6.2% of the variance in the RA was explained. However, the variance increased to 21.7% when knowledge and MB were added, indicating that while sociodemographic factors will affect RA to some extent, understanding of the problem and MB's persistence in addressing it will more fully explain an individual's RA. This shows that attitudes about reporting CSA are influenced more by an individual's comprehension, awareness, and beliefs than by demographic characteristics like age or gender.

Furthermore, it was discovered that MB significantly mediated the relationship between MB and RA. With MB serving as the mediator, the overall effect was significant. Knowledge and RA showed a positive association, whereas MB and RA showed a negative correlation. Therefore, the mediation study indicates that people's MB reduces and their RA increases as they get more aware. Therefore, the emphasis should be placed on dispelling people's incorrect beliefs in addition to increasing knowledge in order to raise RA. Since the data did not support the claim that knowledge has a major direct effect on RA, raising RA cannot be accomplished without addressing the fundamental beliefs in myths. Because there are studies that demonstrated that, despite having a good amount of knowledge about CSA, people continue to have false notions about how the victimised child feels about the abuser or about the victim growing up to become an adult abuser. Similarly, disparities were observed between the beliefs and realities regarding CSA that women over 40 and women under 40 believed (Rueda et al., 2021). It is important to plan all interventions and prevention programs with this in mind.

Social Work Implications

Our findings that an individual's MB, knowledge, and attitude are influenced by their gender, educational attainment, and familial background necessitate a multimodal intervention. These findings will be useful in developing public awareness campaigns about CSA and prevention. The findings have implications for better messaging to dispel myths around CSA and sexual assault (Nickell et al., 2023a).

It's important to develop and execute gender-specific programs. Gender-specific interventions are warranted in light of our finding that men hold fewer RA and more myths than women. Males should be educated about the problem, encouraged to take on greater social responsibility, and made aware of their crucial role in the prevention and treatment of CSA.

All persons ought to receive CSA education. Such knowledge may be less accessible to those with lower levels of education. As a result, social workers can help spread awareness about CSA and reach out to those who may not have as much access to information. Social workers can conduct community-focused educational campaigns.

Social workers can create family-oriented intervention programs in addition to community-based and gender-specific ones, as research has shown that MB is significantly influenced by family background. Since there will be several generations living together in a joint family, each with their own set of beliefs and ways of thinking, family-oriented programs can be created with each member of the family in mind, improving the attitude of the entire family as a whole. When creating any interventions, all other sociodemographic characteristics should also be taken into account.

Policies that raise people's RA and public awareness of CSA can be advocated by social workers. But, developing successful policies to address and prevent the issue is feasible with a thorough grasp of CSA (Ferragut et al., 2022). Therefore, more studies examining the awareness of the CSA issue across age, gender, and cultural contexts should be carried out.

Social workers can take the initiative in generating awareness through events in schools, neighbourhoods, places of worship, and other the public domain. They can also train key stakeholders regarding CSA prevention and intervention.

Conclusion

This is the first study to examine how public knowledge and MB affect RA, as well as the first to examine the relation between CSA, MB, and RA knowledge. When creating policies and programs for CSA prevention, the results of this study should be carefully taken into account. These results warrant careful consideration, and preventative initiatives including all relevant parties ought to be created.

Declaration

The paper is the authors' original work; it hasn't been published or submitted for publication anywhere.

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