

Self-Esteem Among Child Sexual Abuse Victims: A Study In Ernakulam District, Kerala

Tania Cherian¹, Dr. N Sukumaran²

¹Research Scholar-Department of Sociology, Annamalai Univeristy, Annamalai Nagar, Chidambaram, Tamilnadu, India

²Assistant Professor - Department of Sociology, Government Arts and Science College, Sankarankovil-627756, Tenkasi District, Tamilnadu

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ABSTRACT

The study investigates the psychosocial rehabilitation of child sexual abuse victims in Ernakulam District, Kerala, with a specific focus on self-esteem. The primary objective is to assess the level of self-esteem among victims and examine its variation based on socio-demographic factors, including monthly family income, type of family, and duration of shelter home stay. Adopting a descriptive research design, primary data were collected from 263 survivors (aged 18–25) through structured interview schedules. A purposive sampling method was employed, targeting individuals whose abuse occurred between ages 13 and 17. Self-esteem was measured using a 14-item five-point Likert scale (Cronbach's Alpha = 0.91). Data analysis involved descriptive statistics, t-tests, and ANOVA. The findings reveal that 50% of victims have high self-esteem (Mean = 4.5786), 28.57% moderate (Mean = 3.4480), and 21.43% low (Mean = 2.7807). Significant differences in self-esteem were found based on monthly family income ($F = 15.688, p < 0.05$), family type ($t = 3.301, p < 0.05$), and shelter stay duration ($F = 2.807, p < 0.05$). The study highlights the need for tailored rehabilitation programs addressing economic, social, and environmental influences on recovery.

Keywords: Child Sexual Abuse, Self-Esteem, Socio-Demographic Factors

1. INTRODUCTION

Child sexual abuse (CSA) is a grave violation of human rights and a pervasive social problem that profoundly affects the psychological well-being of victims. Globally, the World Health Organization (WHO, 2022) estimates that one in five women and one in thirteen men report experiencing sexual abuse during childhood. In India, the situation is equally alarming, with the National Crime Records Bureau (NCRB, 2023) documenting a rising incidence of sexual offences against minors, including in the state of Kerala. The psychological sequelae of CSA are varied and often long-lasting, with low self-esteem emerging as a critical area of concern. Self-esteem defined as an individual's overall subjective evaluation of their worth (Rosenberg, 1965) is often significantly undermined in victims of CSA, influencing their social relationships, academic achievements, and long-term mental health outcomes.

Kerala, while widely recognized for its high literacy rates and progressive social indicators, is not immune to the menace of CSA. According to the Kerala State Commission for Protection of Child Rights (KSCPCR, 2022), over 3,000 cases of child sexual abuse were reported under the Protection of Children from Sexual Offences (POCSO) Act in recent years. Scholars have emphasized that cultural factors, including societal stigma and victim-blaming attitudes, exacerbate the psychological burden experienced by survivors in India (Deb & Modak, 2010). Such experiences often lead to internalized feelings of guilt, shame, and worthlessness, which directly erode self-esteem (Fergusson, Boden, & Horwood, 2008).

The impact of CSA on self-esteem is underpinned by various psychological theories, including attachment theory and trauma theory. According to attachment theory, secure and nurturing relationships in early childhood form the basis of healthy self-esteem (Bowlby, 1988). CSA disrupts this developmental trajectory by breaching trust and inducing feelings of betrayal, thereby impairing a child's sense of self-worth (Collin-Vézina, Cyr, & Pauzé, 2005). Furthermore, trauma theory posits that traumatic experiences, such as sexual abuse, dysregulate cognitive and emotional processes, leading to maladaptive beliefs about the self (Herman, 1992). Empirical studies have consistently demonstrated that CSA survivors report lower self-esteem compared to non-abused peers, with significant associations between abuse severity and diminished self-worth (Kim & Cicchetti, 2004).

In the context of Kerala, societal attitudes towards CSA and its survivors further complicate recovery trajectories. Studies conducted in South India reveal that cultural notions of family honor and chastity often prevent open discussion of sexual abuse, resulting in underreporting and inadequate psychosocial support (Varma & Maroky, 2020). Victims, particularly girls, are at heightened risk of social exclusion, which perpetuates feelings of inferiority and social alienation (Lalor, 2004). Moreover, research by Raj & Bhattacharya (2021) underscores that victims frequently face secondary victimization from institutional mechanisms, such as law enforcement and judicial systems, which may inadvertently invalidate their experiences.

Given the multidimensional repercussions of CSA on self-esteem and the socio-cultural complexities inherent in the Indian context, it becomes imperative to empirically examine the self-esteem levels among child sexual abuse victims in specific regions. Ernakulam District, with its urban-rural interface and diverse socio-economic milieu, offers a critical site for such an investigation. While national and international literature provides valuable insights into the psychological aftermath of CSA, region-specific research is necessary to inform contextually relevant interventions and rehabilitation programs.

The study, therefore, seeks to analyze the self-esteem of child sexual abuse victims in Ernakulam District of Kerala, with the broader objective of contributing to evidence-based psychosocial support mechanisms. By foregrounding the voices and experiences of survivors, the research aspires to illuminate pathways for fostering resilience and recovery, while sensitizing stakeholders families, educators, healthcare providers, and policymakers to the nuanced needs of affected children. In doing so, the study aligns with global calls for survivor-centered approaches in addressing the long-term consequences of child sexual abuse (United Nations Children's Fund [UNICEF], 2021).

2. REVIEW OF LITERATURE

A review of literature plays a crucial role in research as it provides a comprehensive understanding of the existing knowledge on a topic, identifies gaps in prior studies, and establishes a theoretical foundation for the current investigation. It allows researchers to critically analyze and synthesize relevant theories, empirical findings, and methodological approaches that inform and contextualize their own work. Specifically, in the study of self-esteem among child sexual abuse (CSA) victims, reviewing past literature helps elucidate how trauma affects psychological well-being and guides the formulation of interventions tailored to victims' unique psychosocial needs. A robust literature review ensures that the research builds upon prior evidence, avoids duplication, and contributes meaningfully to academic and policy discussions.

Rosenberg (1965) laid the foundational framework for understanding self-esteem, conceptualizing it as an individual's overall evaluation of self-worth. He emphasized that early social interactions, including negative experiences such as abuse, shape one's self-perception. Building on this, Herman (1992) argued that CSA severely disrupts emotional and cognitive development, leading victims to internalize guilt, shame, and helplessness central contributors to diminished self-esteem. Kim and Cicchetti (2004) found through longitudinal data that sexually abused children consistently demonstrated lower self-esteem, particularly when abuse co-occurred with other maltreatments like emotional neglect. Fergusson, Boden, and Horwood (2008) further established that CSA predicts enduring negative self-perceptions, depression, and anxiety, with self-esteem acting as a mediating factor for poor mental health outcomes in adulthood. Similarly, Deb and Modak (2010), in an Indian context, reported that CSA victims in Tripura exhibited higher psychological distress and lower self-esteem, compounded by cultural stigma and inadequate family support.

Attachment and relational theories also offer insight into the erosion of self-esteem among CSA survivors. Collin-Vézina, Cyr, and Pauzé (2005) highlighted that sexual abuse impairs the ability to form secure attachments, fostering chronic feelings of unworthiness and emotional dysregulation. Lalor (2004) emphasized that cultural factors such as societal stigma and silence about CSA in countries like India intensify victims' isolation and self-blame, exacerbating the erosion of self-esteem. Raj and Bhattacharya (2021) found that secondary victimization including insensitive responses from police, courts, and healthcare providers further deteriorates victims' self-worth and discourages help-seeking behavior. Varma and Maroky (2020), focusing on South India, argued that patriarchal social norms emphasizing family honor inhibit disclosure of abuse, leading to increased social ostracism and deeper internalized shame, particularly among female victims.

Although the pervasive negative effects, some protective factors mitigate the decline in self-esteem. Arata (2002) demonstrated that CSA survivors who received strong family and peer support showed higher resilience and comparatively better self-esteem outcomes. Briere and Elliott (1994) underscored that therapeutic interventions aimed at challenging negative self-schemas and self-criticism can enhance self-esteem in survivors. In alignment with this, UNICEF (2021) advocated for survivor-centered rehabilitation programs that include counseling, education, and social inclusion initiatives, arguing these interventions can empower CSA victims and promote psychological well-being. The cumulative evidence strongly supports the incorporation of self-esteem enhancement strategies in comprehensive rehabilitation frameworks for CSA survivors. Although global studies link child sexual abuse to diminished self-esteem, region-specific evidence from Ernakulam District, Kerala, is scarce. Limited research explores how cultural stigma, social support, and community responses in the district shape survivors' self-esteem. The study addresses this gap to inform contextually appropriate rehabilitation strategies.

3. 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 5th February to 4th April 2024. Primary data were obtained from victims, while secondary data came from books, reports, and scholarly articles. Key variables such as self-esteem 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. Self-esteem ($\alpha = 0.91$) was measured using a 14-item scale with a five-point Likert format. 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.

4. SAMPLING DESIGN

The sample consisted of 263 child sexual abuse survivors (239 females, 24 males) aged 18 to 25, drawn from the Jenika Charity Foundation in Ernakulam District. A purposive sampling technique was employed to select participants whose abuse occurred between ages 13 and 17. Data on self-esteem were collected through structured interviews conducted between 8 June 2024 and 5 September 2024. The researcher's eight-year association with the foundation fostered trust, facilitating informed consent, opens participation, and assurance of confidentiality for sensitive information throughout the study.

5. ANALYSIS AND INTERPRETATION

Table No.01: Descriptive Statistics of Self Esteem among the Child Sexual Abuse Victims in the study Area

Self Esteem	N	Mean	SD
You know that you are valuable, no matter what you've experienced.	263	4.5856	.94065
A positive outlook on yourself is something you generally carry.	263	4.7186	.75458
Treating you with kindness and respect is something you believe you deserve.	263	4.8403	.36702
It's clear to you that you have something meaningful to offer others.	263	4.3460	1.10086
Over time, you've started to recognize your strengths and appreciate them more.	263	4.6578	.88067
Handling life's challenges with confidence is something you feel capable of.	263	4.3042	1.18461
You trust that you are deserving of love and affection from those around you.	263	4.5932	.98746
Embracing your imperfections has helped you accept yourself more fully.	263	3.8745	1.36597
Making a positive impact on others and the world feels possible to you.	263	3.0494	1.24232
The person you've become and the life you've built give you a sense of pride.	263	2.3498	.84216
Happiness and success are things you believe you are entitled to.	263	4.2395	.42762
Being comfortable in your own skin has become something you value.	263	3.9240	.83912
Even in tough situations, you trust your ability to make good decisions.	263	2.7985	1.43341
You take pride in the progress you've made and the things you've achieved.	263	3.1939	1.30342

The descriptive statistics of self-esteem reveal a mix of positive and moderate perceptions of self-worth among the respondents. The mean scores for items like "Treating you with kindness and respect is something you believe you deserve" ($M = 4.8403$, $SD = 0.36702$) and "A positive outlook on yourself is something you generally carry" ($M = 4.7186$, $SD = 0.75458$) suggest a high level of belief in deserving respect and maintaining a positive outlook.

However, some areas, such as "The person you've become and the life you've built give you a sense of pride" ($M = 2.3498$, $SD = 0.84216$), and "Even in tough situations, you trust your ability to make good decisions" ($M = 2.7985$, $SD = 1.43341$), show lower scores, indicating challenges in self-acceptance and decision-making.

Items related to personal accomplishments, happiness, and feeling deserving of success (e.g., "Happiness and success are things you believe you are entitled to" with a mean of 4.2395 and "You trust that you are deserving of love and affection from those around you" with a mean of 4.5932) point to a moderate to high level of self-esteem but with room for growth in areas such as personal pride and confidence in decision-making.

The variability in the responses (indicated by the standard deviations) reflects a diverse experience of self-esteem among the survivors, with some feeling confident and deserving of positive outcomes while others struggle with self-worth and decision-making in difficult situations.

Table No. 2: K-Means Cluster Analysis to Measure the Level of Self-Esteem of Child Sexual Abuse Victims

Level of Self-Esteem	No. of Statements	Mean Value	Percentage (%)
High	7	4.5786	50.00%
Moderate	4	3.4480	28.57%
Low	3	2.7807	21.43%

Table 2 presents the K-Means cluster analysis of self-esteem among child sexual abuse victims. The analysis classifies self-esteem into high, moderate, and low levels. High self-esteem (50%) with a mean value of 4.5786 indicates that half of the victims demonstrate strong self-worth and a positive self-image, suggesting effective psychological resilience or support mechanisms. Moderate self-esteem (28.57%) with a mean of 3.4480 reflects partial recovery, where victims exhibit growing but not fully stabilized self-confidence. Low self-esteem (21.43%) with a mean of 2.7807 points to significant emotional and psychological challenges among a subset of victims. The findings underscore the need for differentiated psychosocial interventions, with focused attention on those exhibiting low self-esteem to facilitate their rehabilitation and emotional well-being.

Table No. 3: Mean Difference in Self-Esteem of Child Sexual Abuse Victims based Demographic Variables

Gender	N	Mean	SD	Result
Male	24	56.6667	4.94022	T test: 1.404; P>0.05
Female	239	56.2636	4.63381	
Total	263	56.3004	4.65417	
Place of Stay	N	Mean	SD	Result
Own home	188	56.2234	4.75980	ANOVA: 0.517; P>0.05
Husbands home	47	56.2340	4.49257	
Relatives home	18	56.2778	5.05040	
Others	10	58.1000	2.18327	
Total	263	56.3004	4.65417	
Present Age	N	Mean	SD	Result
18	22	56.1818	3.73703	ANOVA: 1.313; P>0.05
19	70	55.3143	5.24071	
20	82	56.4756	4.80798	
21	60	57.1167	3.98766	
22	29	56.5862	4.48424	
Total	263	56.3004	4.65417	
Present Education	N	Mean	SD	Result
10th	33	55.0303	6.44440	
12th	133	56.5714	3.94908	
Degree Studying	16	56.1250	5.72567	

Degree Completed	13	56.0769	4.31010	ANOVA: 0.760; P>0.05
Vocational Course	68	56.4706	4.74254	
Total	263	56.3004	4.65417	
Marital Status	N	Mean	SD	Result
Married	47	56.0213	4.21947	T test: 0.453; P>0.05
Unmarried	216	56.3611	4.75044	
Total	263	56.3004	4.65417	
Monthly Family Income	N	Mean	SD	Result
Below 10000	46	3.72	0.812	F-value;15688 P<0.05
10001-20000	96	4.23	0.712	
20001-30000	63	4.45	0.561	
Above 30000	58	4.60	0.673	
Total	263	4.28	0.75	
Occupation of Head	N	Mean	SD	Result
Daily wage	181	56.1492	4.78596	ANOVA: 3.150; P<0.05
Agriculture	48	55.6667	3.68050	
Private employee	23	57.5217	5.12454	
Self employment	11	59.0000	4.47214	
Total	263	56.3004	4.65417	
Member in Organization	N	Mean	SD	Result
Yes	47	56.1915	6.12776	T test: 0.177; P>0.05
No	216	56.3241	4.28481	
Total	263	56.3004	4.65417	
Relation with Perpetrator	N	Mean	SD	Result
Family member	47	55.9787	4.10455	ANOVA: 0.137; P>0.05
Neighbour	24	56.7083	4.51547	
Friend	179	56.3296	4.89987	
Cousin	13	56.3077	3.52100	
Total	263	56.3004	4.65417	
Type of Family	N	Mean	SD	Result
Joint	20	57.6000	5.10315	T test: 3.301; P<0.05
Nuclear	243	56.1934	4.61040	
Total	263	56.3004	4.65417	
Stay in Shelter Home	N	Mean	SD	Result
Below 1 year	21	56.2857	4.86973	

2 to 3 years	42	57.5238	4.20359	ANOVA: 2.807; P<0.05
Above 4 years	11	54.1818	3.78994	
Not gone to shelter homes	189	56.1534	4.73587	
Total	263	56.3004	4.65417	
Area	N	Mean	SD	Result
Rural	182	56.2473	4.95943	T test: 0.877; P>0.05
Urban	81	56.4198	3.90789	
Total	263	56.3004	4.65417	

Source: Primary Data

Based on gender, the mean self-esteem score is 56.67 for males and 56.26 for females. The t-test value ($t = 1.404$, $p > 0.05$) indicates no statistically significant difference between males and females. Therefore, the null hypothesis of no gender-based difference in self-esteem is accepted.

With respect to place of stay, mean self-esteem scores range from 56.22 (own home) to 58.10 (others). The ANOVA result ($F = 0.517$, $p > 0.05$) shows no statistically significant difference across different places of residence. Thus, the null hypothesis of no difference based on living arrangement is accepted.

Regarding present age, mean self-esteem scores vary from 55.31 (age 19) to 57.12 (age 21). The ANOVA result ($F = 1.313$, $p > 0.05$) indicates no significant variation in self-esteem across different age groups. Hence, the null hypothesis of no age-related difference in self-esteem is accepted.

In relation to present education, mean self-esteem scores range from 55.03 (10th standard) to 56.57 (12th standard). The ANOVA result ($F = 0.760$, $p > 0.05$) demonstrates no significant difference based on educational qualification. Therefore, the null hypothesis of no education-based difference in self-esteem is accepted.

Considering marital status, the mean self-esteem is 56.02 for married and 56.36 for unmarried individuals. The t-test result ($t = 0.453$, $p > 0.05$) suggests no significant difference. Thus, the null hypothesis of no marital status-based difference in self-esteem is accepted.

In terms of monthly family income, Table No. 111 presents the results of a One-Way ANOVA conducted to assess the level of self-esteem among child sexual abuse victims based on their monthly family income. The mean self-esteem scores varied across income groups, with victims from families earning below Rs. 10,000 reporting the lowest mean of 3.72 ($SD = 0.812$), followed by those earning Rs. 10,001 to 20,000 with a mean of 4.23 ($SD = 0.712$), Rs. 20,001 to 30,000 with a mean of 4.45 ($SD = 0.561$), and the highest self-esteem observed in victims from families earning above Rs. 30,000 with a mean of 4.60 ($SD = 0.673$). The overall mean self-esteem for the sample ($N = 263$) was 4.28 ($SD = 0.75$). The ANOVA results showed a significant difference among the groups, with an F-value of 15.688 and $p < 0.05$. Therefore, the null hypothesis stating that there is no significant difference in self-esteem based on monthly family income is rejected, and the alternative hypothesis is accepted.

With reference to occupation of head of family, mean self-esteem scores vary from 55.67 (agriculture) to 59.00 (self-employment). The ANOVA result ($F = 3.150$, $p < 0.05$) shows significant variation. Hence, the null hypothesis is rejected, indicating occupation of family head impacts self-esteem.

Regarding membership in an organization, the mean self-esteem is 56.19 for members and 56.32 for non-members. The t-test result ($t = 0.177$, $p > 0.05$) shows no significant difference. Thus, the null hypothesis of no association between organizational membership and self-esteem is accepted.

With respect to relation with perpetrator, mean self-esteem scores range from 55.98 (family member) to 56.71 (neighbour). The ANOVA result ($F = 0.137$, $p > 0.05$) shows no significant difference. Therefore, the null hypothesis that relation with perpetrator does not affect self-esteem is accepted.

Considering type of family, the mean self-esteem is 57.60 for joint and 56.19 for nuclear families. The t-test result ($t = 3.301$, $p < 0.05$) indicates significant difference. Thus, the null hypothesis is rejected, suggesting that family structure influences self-esteem levels.

With respect to duration of stay in shelter homes, mean scores range from 54.18 (above 4 years) to 57.52 (2–3 years). The ANOVA result ($F = 2.807$, $p < 0.05$) shows significant difference. Hence, the null hypothesis is rejected, indicating shelter stay duration affects self-esteem.

In terms of area of residence, mean self-esteem is 56.25 for rural and 56.42 for urban participants. The t-test result ($t = 0.877$, $p > 0.05$) indicates no significant difference. Therefore, the null hypothesis of no area-based difference in self-esteem is accepted.

6. FINDINGS OF THE STUDY

1. K-Means cluster analysis shows 50% of victims had high self-esteem ($M = 4.5786$), while 28.57% had moderate and 21.43% had low self-esteem ($M = 2.7807$), highlighting the need for targeted interventions.
2. The analysis reveals a significant difference in self-esteem based on monthly family income. Victims from families earning above ₹30,000 had the highest mean score ($M = 4.60$; $F = 15.688$; $p < 0.05$).
3. The study proves that the occupation of the family head significantly affects self-esteem. Victims from self-employed households recorded the highest mean ($M = 59.00$), with results showing statistical significance ($F = 3.150$; $p < 0.05$).
4. The findings show a significant difference in self-esteem based on family type. Joint family victims reported higher self-esteem ($M = 57.60$) than nuclear family victims ($M = 56.19$; $t = 3.301$; $p < 0.05$).
5. The study reveals shelter stay duration significantly influences self-esteem. Victims who stayed 2–3 years had the highest mean ($M = 57.52$), showing statistical significance across groups ($F = 2.807$; $p < 0.05$).

7. SUGGESTIONS

1. Victims with low and moderate self-esteem, as identified in the cluster analysis, require specialized counseling and therapeutic support. Interventions should focus on rebuilding self-worth, emotional resilience, and long-term psychological well-being.
2. As self-esteem levels significantly vary with monthly family income, policies and programs that enhance the economic stability of affected families through financial aid, skill training, or employment opportunities can indirectly support victims' rehabilitation.
3. Given that the duration of stay in shelter homes influences self-esteem, it is crucial to ensure quality care, consistent emotional support, and therapeutic activities within these institutions to promote holistic recovery and mental health.

8. CONCLUSION

The study on the rehabilitation of child sexual abuse victims in Ernakulam District, Kerala, reveals vital insights into their psychological recovery, with a focus on self-esteem. The analysis shows that while some victims demonstrate emotional resilience, many continue to struggle with issues of self-worth and confidence. Significant differences in self-esteem were observed in relation to monthly family income, occupation of the family head, type of family, and duration of stay in shelter homes, indicating that both socio-economic and familial factors influence recovery outcomes. These findings stress the importance of providing consistent psychosocial support, improving living conditions, and strengthening family and institutional care systems. The study underlines the urgent need for integrated rehabilitation strategies that address the emotional, social, and economic needs of victims to ensure their long-term healing, reintegration, and overall well-being in a safe and supportive environment.

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