

**RESEARCH PAPER**

## Child Sexual Abuse Awareness, Perception, Experience And Response Among Young Adults: A Comparative Study Among Family Structure

<sup>1</sup> Sidra Farooq Butt, <sup>2</sup> Dr. Noreen Jaffri and <sup>3</sup> Hira Abbas \*

1. Senior Lecturer, Institute of Professional Psychology, Bahria University, Karachi, Sindh, Pakistan

2. Assistant Professor, Institute of Professional Psychology, Bahria University, Karachi, Sindh, Pakistan

3. Lecturer, Institute of Professional Psychology, Bahria University, Karachi, Sindh, Pakistan

**Corresponding Author**

Hiraabbas.ipp@bahria.edu.pk

**ABSTRACT**

The aim of this research was to explore about the child abuse, how common it is amongst adolescents, and how to prevent or minimize it so that this generation is mentally well. (Razzak, 2023). In Pakistan, child sexual abuse is a hot subject currently, yet it is improper or preventable. When a child is taught the proper skills, information, and resources from a young age. For that reason, comprehensive research was required to explore how Pakistani young people perceived, experienced, were conscious of, and responded to child sexual abuse. The purpose of the research is to find out if there will be difference in child sexual abuse awareness, experience, perception and response among young adult based on their family structure. A descriptive study is designed for that to collect data from young adults through convenience sampling, a sample of 320 young adults was taken. Duration of Data Collection was 10 Months. Aging from 20-25 years age range. Survey of child sexual abuse awareness and perception scale (Kailash Satyarthi Children's Foundation, 2017) was used. Results were analyzed through SPSS 22. Descriptive and Inferential statistics including T-Test and ANOVA was carried out for the Analysis. The results demonstrated significant variation in awareness, perceptions, experiences, and responses to child sexual abuse (CSA) among young adults based on family structure. The Finding of study has major implication in applied field, it will be pilot plotting of thought process of young adults about Child Sexual Abuse, and the similar could add in the direction of making future plans, policies and programs to regulator this obnoxious delinquency in contradiction of children.

**Keywords:** Children Sexual Abuse, Young Adults

**Introduction**

Child Child sexual abuse (CSA) is defined as taking and seeking pleasure which is sexual in nature, from a child age ranged 18 years and under, with or without having a physical contact regardless of age and familiarity (Olafson, 2011). It can also be defined as committing a sexual crime on a child by another person including a relative, peer, friend, another child, adult or stranger (Finkelhor, 2009). Child Sexual Abuse has several effects including difficulty trusting others, interpersonal issues, substance abuse, aggression, anxiety, and depression.

Child Sexual Abuse (CSA) is a global phenomenon that continues to impact children's life on a daily basis as it has crossed all social, cultural and economic status boundaries. These prevalent estimates only account for reported cases based on official data sources e.g., child welfare organizations, government agencies, etc. According to reports, 1.2 out of every 1000 children are affected by CSA (Finkelhor, 2009). The prolonged impacts of Child Sexual Abuse have been studied by the researcher, yet the data exploring differential analysis across

gender and ethnicity are lacking. Furthermore, coping mechanisms across various cultural groups, gender and age varies and provides insight regarding the development of psychiatric issues in adolescents who have experienced Child Sexual Abuse.

This premise stems from the understanding that families serve as the foundational environment where individuals are first exposed to knowledge, attitudes, and behaviors, particularly in relation to sensitive and stigmatized topics such as child sexual abuse (CSA). The familial context not only shapes initial awareness but also significantly influences one's long-term capacity and willingness to recognize, respond to, and seek help for such issues. Research indicates that family dynamics and functioning play a notable role in making children's understanding and coping mechanisms related to abuse. For example, Reinemann et al. (2003) found that adolescents who are sexually abused often reported their families as enmeshed, characteristics associated with lower emotional openness and less effective communication. According to Reinemann (2003), abused adolescents also perceived majority of negative messages from their non-offending father figures regarding the world.

Family dynamics is a significant element which plays a crucial role in making and shaping an individual's response, perception, and awareness to child sexual abuse (CSA). Research consistently shows that family cultures characterized by flexible and open communication, warmth and emotional comfort, and secure attachments are helpful in promoting greater awareness plus the likelihood of disclosure in many of CSA cases (Alaggia, 2004; Fontes & Plummer, 2010). Comparatively, families with dysfunctional environment such as authoritarian parenting, high conflict, and emotional neglect of a child are more likely to overshadow open dialogue about child abuse, creating conditions where Child Sexual Abuse can occur and remain undetected and unreported (Reinemann et al., 2003; Finkelhor, 1984). These family cultures not only affect the child's understanding of abusive experiences but this also influence their willingness to take help and disclose child abuse.

Cultural beliefs and norms within families also shape these patterns and dynamics. In collectivist cultures, for example, maintaining family respect or avoiding guilt and shame can affect disclosure and prevent potential conversations around Child Sexual Abuse (Fontes & Plummer, 2010). In such dynamics, children may strengthen the belief that discussions on sexual matters is shameful, which eventually increases their vulnerability. Furthermore, family structures such as nuclear or extended provide differing levels of support and exposure to those values, affecting individual's understanding of abuse and boundaries (Hébert et al., 2009).

Ultimately, these findings underscore the need for culturally sensitive, age-appropriate educational interventions that not only raise awareness about CSA but also address both shared and structure-specific barriers. Tailored programs that engage families, respect cultural contexts, and promote healthy communication can enhance protective factors and empower children and caregivers alike to prevent and respond to CSA more effectively (Wurtele & Kenny, 2010).

Family structure, encompassing the composition and dynamics of a household, is posited to exert a considerable influence on various facets of an individual's life, particularly during formative years when values, beliefs, and coping mechanisms are developed (Kaestle & Gafsky, 2021). Considering the family as a primary social unit entrusted with nurturing children into adulthood, its configuration and relational dynamics can significantly shape an adolescent's sexual development and understanding of related issues (Kaestle et al., 2021). It is therefore logical to assume that the experiences of young adults regarding child sexual abuse – encompassing awareness, perception, personal experience, and responsive actions – could differ based on the family structure in which they were raised. Diverse family structures and family arrangements, present varying levels of parental supervision, communication styles, and exposure to different sets of values and beliefs, all of which can potentially mediate an individual's comprehension and reaction to child sexual abuse

(Nlewem & Amodu, 2017). Given the cultural context in Pakistan, where discussions about sexual issues can be stigmatized (Abbas & Jabeen, 2019).

## **Literature Review**

CSA (Child sexual abuse) is a global catastrophe that has affected many children annually thus facing psychological and physical impacts. Child Sexual Abuse victims has abundantly been impacted. Many reviews have reported this for physiological health and psychological functioning (Irish & Chen et al., 2010). This paper aims at exploring the literature related to CSA, the level of awareness, perception, and response from the young adults embracing victims and non-victims.

According to some authors, differences in estimates of CSA (Child Sexual Abuse) are the consequences of methodology variations and procedure of previous researches (Bolen and Scannapieco, 1999). Another suggestion showed the highest prevalence of CSA to be associated with the type of sample i.e., population. However, another meta-analytic study showed no impact of Child Sexual Abuse definition on the pooled CSA (Pereda et al., 2009). Moreover, studies on children were less vulnerable to potential recollection bias than researches with adults comparatively (Halperin et al., 1996).

CSA remains a globally pervasive yet underreported public health concern, with family dynamics playing a central role in shaping awareness, perceptions, and responses to such experiences. The family in societal arena is not only a primary factor of socializing factor in childhood but it also is a crucial contextual agent that plays its role in how individuals understand and respond to abuse (Afifi et al., 2015). changes in family dynamics such as nuclear, extended, joint or even single-parent households are linked with varying levels of parental support, emotional warmth, open communication, and exposure to risk factors. All these factors can significantly influence outcomes related to the CSA (Socolar et al., 1995).

In nuclear family structure, particularly, where both parents are more involved and emotionally available to children, studies show that children are more likely to get education and awareness about body safety and physical boundaries, which increases their knowledge and ability to identify inappropriate behavior (Wurtele & Kenny, 2010). In contrast, in dysfunctional or emotionally unavailable nuclear setups, children may lack the education and guidance important to recognize or report such abuses. In extended or joint family systems, commonly found in South Asian countries like Pakistan: children may be under the care and supervision of multiple adult figures, some of whom may act as abusers or gatekeepers to disclosure of abuse (Zakar et al., 2011).

In the Pakistani cultural context, empirical researches emphasize the role of joint and collectivist family values in shaping Child Sexual Abuse awareness and disclosure patterns. Zakar et al. (2011) found that in many Pakistani cultures, issues related to abuse and sexuality are culturally considered as a taboo, consequently limiting the open communication between parent and child. This pattern contributes to low awareness and underreporting of Child Sexual Abuse. Similarly, Ali et al. (2014) highlighted that in conservative and rural family structures, children are often not allowed to discuss sexual matters, which enhances their vulnerability and reduces the likelihood of help-seeking response.

Family structure also impacts how abuse is interpreted and perceived. In families with rigid authoritarian parenting styles, children may learn guilt or fear as an outcomes, particularly if the abuser is a known and close family member. This is especially common and evident in joint families where patriarchal hierarchy exists and them matter of respect often discourages investigating elder male family members. A qualitative study by Khan and

Hyder (2020) in urban areas of Pakistan reported that abuse victims from extended families perceived higher taboo and experienced greater cognitive conflict when considering disclosure of abuse, compared to those from nuclear family structures.

Furthermore, differences in Child Sexual Abuse experiences across family structures have been reported and documented. Children from single-parent or disrupted households may face higher risks of abuse due to reduced supervision or increased exposure to non-familial adults (Sedlak et al., 2010). These vulnerabilities are further compounded by socio-economic pressures and limited access to support systems, which are prevalent in many low- to middle-income countries, including Pakistan.

Importantly, response patterns to CSA also vary with family composition. Research indicates that children from emotionally supportive and communicative family environments are more likely to disclose abuse and seek psychological help (Alaggia, 2004). In contrast, families that prioritize reputation over welfare often respond with denial or silence, thereby re-traumatizing the survivor and discouraging future help-seeking (Fontes & Plummer, 2010).

In addition to that, national and international societies have realized the urgent need for policymakers to work efficiently to remove, determine, and respond proactively to CSA. An agenda has been set for human development efforts on global level from 2015-2030 by the United Nation's 2015 Sustainable Development Goals. Lalor & McElvaney (2010) did a cross-sectional study in developing countries which reported that most of the people have inadequate knowledge and awareness regarding the Children Sexual Abuse symptoms or the legal procedures that can be employed to address the issue. This unfortunate state of affairs can be seen in educational institutes as well: educational curricula explain the subject inadequately. The same study also shows that majority of the children are unsure and unaware about the definition of sexual abuse hence they are easily exposed exploitation.

A survey conducted on young adults in Pakistan clearly showed the perception that CSA (Child Sexual Abuse) only occurs in the rural areas, however, it is prevalent in urban areas in actual sense (Azeem and Javed, 2019). This idea is very misleading and results in the continued eradicating reporting of child abuse and lack of concern about this topic.

Articles 19 and 39 of the UN Convention on the Rights of the Child (1989) says that Child Sexual Abuse is a child right problem because all children rightfully owns to live an abuse free life. Victims of CSA (Child Sexual Abuse) also have the right to recovery and social re-engagement. Awareness of Child Sexual Abuse is important for children who are victims to abuse to seek support, and protection of children. Nevertheless, Child Sexual Abuse is not reported much and consequently stopping children from seeking help, support and treatment (London et al., 2008). As a consequence, most of the children continue living in abusive families and are victims of being abused by the same people.

When children try to consider disclosure regarding the abuse, the anticipated reactions are important (Augusti & Myhre, 2021). In General, formal support resources are not preferred by adolescents and young adults. As a consequence, Adolescents may perceive that the abuse and related issues are not severe enough to seek professional help and support. Additionally, they may also be hesitant to take help from a stranger and they can perceive professional help hard to access (Fernet et al., 2019). Past experiences of inadequate help are also the factors behind for not seeking help and support from health services (Augusti & Myhre, 2021).

Taken together, the literature suggests that CSA awareness, perception, experience, and response are not uniform phenomena but are mediated by the intricate fabric of family structure. Studies have shown that different family compositions influence supervision,

communication, and risk exposure (Sedlak et al., 2010; Reinemann et al., 2003). While international studies provide a robust foundation, indigenous research highlights the importance of cultural and familial norms specific to Pakistani society (Zakar et al., 2011; Khan & Hyder, 2020). This underscores the necessity for contextualized interventions that acknowledge family dynamics while promoting safe spaces for education, dialogue, and support (Ali et al., 2014; Wurtele & Kenny, 2010).

## **Methodology**

### **Research Design**

Firstly, authors and developers were contacted for permission of relevant assessments. After the permission from all the relevant authorities and ethics committee for the conduction of the study. After that, different educational institutes all over Karachi were contacted for approval. With the help of institutes' authorities, different classes were picked through the mode of simple random sampling.

### **Participants**

For this comprehensive study, participants are young adults enrolled in Universities and Colleges. A Sample size of 300 young adults were participated from different Universities and Colleges of Karachi. The age ranges of respondents was from 17-25 years.

### **Measures**

Following instruments were used to assess response, perception, experience and awareness level of young adults

#### **Consent Form**

The consent form consisted of all the necessary information required for the respondent to take an informed decision about participation in the study.

It explained the overall nature of the research and described all the risks and benefits that could be necessary being a part of the study. The consent form also focused on the volunteer nature of being a participant while also assuring the participant their confidentiality related to the information shared by them.

#### **Demographic Information Form**

The demographic form comprised of information related to age, gender, marital status, education, place of stay, socioeconomic status, sexual orientation, occupation status, area you were raised, area you currently living in, social media usage, psychological help and psychiatric drug usage.

#### **Child Sexual Awareness and Perception Scale**

Child Sexual Awareness and Perception Scale for young adult population developed by Kailash Satyarthi Children's Foundation, 2018 in India. Total items of scale are 31 its sub divided in to 34 parts which include awareness, perception, experience and response to child sexual abuse. Its response is numerically based.

## **Procedure**

Firstly, permission was confirmed from the University of Karachi to conduct survey at different educational institutes of Karachi such as Institute of Professional Psychology BU,

University of Karachi, NUST, Namal University, and Federal Urdu University. The questionnaires consisted of consent forms, demographic information forms, and the child sexual abuse awareness and perception scale (Kailash Satyarthi children's foundation, 2017). The data was collected from participants ranged 20-25 years old. The participants were well informed of the aim of the study and the relevant information related to ethics to be kept in mind. A total of 600 participants took part in this research among which only 320 participants met the inclusion criteria hence their data was recorded and then analyzed.

## Results and Discussion

The study aimed to examine whether young adults' awareness, perceptions, experiences, and responses to child sexual abuse (CSA) vary according to their family structure. To assess this, both descriptive and inferential statistical analyses were performed. The results are organized thematically and detailed in the tables below.

**Table 1**  
**Frequency and Percentage of Demographic Variables (N=320)**

Variables	F	%	M	SD
<b>Age</b>				
20	153	47.8	2.10	1.368
21	70	21.9		
22	43	13.4		
23	29	9.1		
24	16	5.3		
25	9	3.0		
<b>Family Structure</b>				
Nuclear	194	60.6	1.04	.750
Joint	42	13.1		
Extended	18	5.6		
<b>Place of Stay</b>				
Own Home	72	22.5	2.20	1.644
Rented Home	66	20.6		
Parents Property	117	36.6		
Shared Home	2	.6		
Shared Home	5	1.6		
University/College	5	1.6		
Hostel				
Private Hostel	1	.3		
<b>Area in which you are Raised (18 years prior)</b>				
Urban	224	70.0	.99	.827
Suburban	8	2.5		
Small City	15	4.7		
Rural	4	1.3		
<b>Area in which you are Currently Living</b>				
Urban	231	72.2	.85	.694
Suburban	5	1.6		
Small City	1	.3		
Rural	3	.9		
<b>Psychological Help/Session/Service</b>				
Yes	97	30.3	1.67	.757
No	189	59.1		

Note: f = Frequency, % = Percentage

Table 5.1 shows the percentage and frequency distributions of demographic variables for a sample of 320 young adults. The research sample consisted of young adults aged between 20 and 25 years with the majority being 20 years old (47.8%), followed by 21 years (21.9%) and 22 years (13.4%). The mean age of participants was 2.10 (SD = 1.37). In terms of family structure, most participants reported living in nuclear families (60.6%), while 13.1% belonged to joint families and 5.6% to extended families (M = 1.04, SD = 0.75). Regarding current place of stay, 22.5% lived in their own homes or flats, 20.6% in rented

accommodations, and 36.6% in homes owned by parents. Smaller proportions resided in shared flats, hostels, or other arrangements ( $M = 2.20$ ,  $SD = 1.64$ ). Participants were predominantly raised in urban or large city environments (70.0%), with fewer coming from suburban (2.5%), small city/town (4.7%), or rural areas (1.3%). A similar trend was observed for current residence, where 72.2% resided in urban or large city areas ( $M = 0.85$ ,  $SD = 0.69$ ). Regarding mental health engagement, 30.3% of participants reported having received psychological help, whereas 59.1% had not ( $M = 1.67$ ,  $SD = 0.76$ ). Additionally, 25.6% indicated they had used psychiatric medication, while 71.9% reported no such use ( $M = 1.69$ ,  $SD = 0.51$ ).

**Table 2**  
**Descriptive Summary of Awareness of CSA among different Family Structure in Young Adults (N=320)**

Awareness of CSA		N	Mean	Std. Deviation	Minimum	Maximum
Awareness	O	66	1.17	.376	1	2
	N	194	1.13	.336	1	2
	J	42	1.02	.154	1	2
	E	18	1.00	.000	1	1
Issue of Sexual Abuse?	O	66	3.65	.774	2	5
	N	194	3.89	1.010	1	6
	J	42	3.55	1.109	1	5
	E	18	3.22	.878	2	4
Age at that time	O	66	2.556	.9335	1.0	4.0
	N	194	2.232	1.0445	1.0	4.0
	J	42	1.810	1.1943	1.0	4.0
	E	18	2.167	1.2948	1.0	4.0
Any Awareness of CSA given by school	O	66	1.91	.420	1	4
	N	193	1.93	.251	1	2
	J	42	1.90	.297	1	2
	E	18	2.00	.000	2	2
Social acceptance when talking about CSA	O	66	2.18	.763	1	3
	N	194	2.12	.776	1	3
	J	42	2.00	.442	1	3
	E	18	2.00	.000	2	2
Legal awareness of CSA	O	66	1.47	.533	1	3
	N	194	1.48	.531	1	3
	J	42	1.81	.397	1	2
	E	18	2.00	.000	2	2
CSA, a Punishable Offence?	O	66	1.15	.361	1	2
	N	194	1.20	.402	1	2
	J	42	1.12	.328	1	2
	E	18	1.72	.461	1	2

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation The above table presents descriptive statistics on Child Sexual Abuse awareness among young adults ( $N = 320$ ) across family structures. CSA Awareness was highest in extended families ( $M = 1.00$ ,  $SD = .00$ ) and lowest in nuclear families ( $M = 1.13$ ,  $SD = .34$ ). Nuclear family participants perceived CSA (Child Sexual Abuse) as a more serious issue ( $M = 3.89$ ,  $SD = 1.01$ ) and showed moderate awareness of related laws ( $M = 1.48$ ,  $SD = .53$ ). School-based CSA (Child Sexual Abuse) education was limited across all groups, and discussing CSA (Child Sexual Abuse) was generally not seen as socially acceptable. Overall, awareness and perception varied by family structure.

**Table 3**  
**ANOVA Awareness of CSA among Different Family Structure in Young Adults**

Awareness of CSA		Sum of Squares	Df	Mean Square	F	Sig.
CSA Awareness	Between Groups	.801	3	.267	2.642	.049*
Issue of CSA?	Between Groups	11.244	3	3.748	3.958	.009*
Age at that time	Between Groups	14.485	3	4.828	4.308	.005*

Awareness given by school	Between Groups	.144	3	.048	.555	.645
Social Acceptance when talking about CSA	Between Groups	1.080	3	.360	.702	.551
Legal awareness about CSA	Between Groups	7.867	3	2.622	10.445	.000**
Is it a Punishable act?	Between Groups	5.311	3	1.770	11.739	.000**

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse \* $p < .05$ , \*\* $P < .01$

Above table shows ANOVA results showed significant differences in CSA awareness among young adults ( $N = 320$ ) across family structures. Overall awareness varied significantly,  $F(3, 316) = 2.64, p = .049$ , as did understanding of CSA as a problem,  $F(3, 316) = 3.96, p = .009$ , and age at which CSA was experienced,  $F(3, 316) = 4.31, p = .005$ . Significant differences were also found in awareness of CSA-related laws,  $F(3, 316) = 10.45, p < .001$ , and recognition of CSA (Child Sexual Abuse) as a punishable offense,  $F(3, 316) = 11.74, p < .001$ . No significant differences were observed for school-based CSA awareness,  $F(3, 316) = 0.56, p = .645$ , or for social acceptance of discussing CSA,  $F(3, 316) = 0.70, p = .551$ . These findings suggest family structure influences awareness and legal understanding, but not institutional exposure or social attitudes.

**Table 4**  
**Descriptive Statistics of Types of CSA Awareness among different Family Structure in Young Adults (N=320)**

Types/Forms of CSA		N	Mean	Std. Deviation	Minimum	Maximum
Verbal	O	66	1.38	.489	1	2
	N	194	1.18	.386	1	2
	J	42	1.33	.477	1	2
	E	18	1.22	.428	1	2
Physical	O	66	1.5606	.74687	1.00	6.00
	N	194	1.6856	.56596	1.00	4.00
	J	42	1.5000	.59469	.00	3.00
	E	18	1.5556	.51131	1.00	2.00
Social Media	O	66	1.6061	.57856	1.00	4.00
	N	194	1.8866	.70345	1.00	5.00
	J	42	1.9286	1.13466	.00	5.00
	E	18	1.6667	.48507	1.00	2.00
Drug	O	66	1.6667	.47502	1.00	2.00
	N	194	1.8144	.51566	1.00	4.00
	J	42	1.5952	.58683	.00	3.00
	E	18	1.6667	.48507	1.00	2.00
Stalking	O	66	1.6818	.46934	1.00	2.00
	N	194	1.7784	.41643	1.00	2.00
	J	42	1.6905	.51741	.00	2.00
	E	18	1.7778	.42779	1.00	2.00
Other	O	66	1.5000	.50383	1.00	2.00
	N	194	1.7680	.51184	1.00	3.00
	J	42	1.5476	.63255	.00	3.00
	E	18	1.7778	.42779	1.00	2.00

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation

Above table shows Participants from nuclear families generally showed higher mean awareness levels across multiple CSA types. For example, awareness of verbal CSA was highest in participants from "other" families ( $M = 1.38, SD = .49$ ), followed by joint ( $M = 1.33, SD = .48$ ) and extended ( $M = 1.22, SD = .43$ ), with nuclear family participants reporting the lowest mean awareness ( $M = 1.18, SD = .39$ ). In contrast, for physical CSA, participants from



nuclear families had the highest mean awareness ( $M = 1.69$ ,  $SD = .57$ ), while participants from joint ( $M = 1.50$ ,  $SD = .59$ ) and extended families ( $M = 1.56$ ,  $SD = .51$ ) reported lower awareness. Media-related CSA awareness also followed a similar trend: nuclear ( $M = 1.89$ ), joint ( $M = 1.93$ ), and extended ( $M = 1.67$ ). Drug-facilitated CSA was most recognized among nuclear family participants ( $M = 1.81$ ), with slightly lower awareness in joint ( $M = 1.60$ ) and extended families ( $M = 1.67$ ). Similar patterns were noted for stalking and “other” forms of CSA, where nuclear and extended family respondents showed higher awareness compared to joint families.

**Table 5**  
**ANOVA of Types of CSA Awareness among different Family Structure in Young Adults**

Types/ Forms of CSA		Sum of Squares	df	Mean Square	F	Sig.
Verbal	Between Groups	2.327	3	.776	4.326	*.005
Physical	Between Groups	1.725	3	.575	1.553	.201
Social Media	Between Groups	4.798	3	1.599	2.904	*.035
Stalking	Between Groups	.622	3	.207	1.059	.367
Other	Between Groups	4.544	3	1.515	5.529	*.001

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse \* $p < .05$ , \*\* $P < .01$

Table shows a one-way analysis of variance (ANOVA) was conducted. A significant difference was observed in verbal CSA awareness,  $F(3, 316) = 4.33$ ,  $p = .005$ , suggesting that awareness of verbal forms of abuse varies significantly depending on family type. Similarly, significant differences were found in media-related CSA awareness,  $F(3, 316) = 2.90$ ,  $p = .035$ , and in awareness of “other” forms of CSA,  $F(3, 316) = 5.53$ ,  $p = .001$ . However, awareness of physical CSA did not significantly differ across family structures,  $F(3, 316) = 1.55$ ,  $p = .201$ , nor did awareness of stalking-related CSA,  $F(3, 316) = 1.06$ ,  $p = .367$ . These results indicate that while family background influences some dimensions of CSA awareness, others are consistently understood or misunderstood regardless of household type.

**Table 6**  
**Descriptive Statistics of Perception of CSA among Different Family Structure in Young Adults**

Perception of CSA		N	Mean	Std. Deviation	Minimum	Maximum
Only Girls Victim	0	66	1.88	.329	1	2
	N	194	1.85	.362	1	2
	J	42	1.79	.415	1	2
	E	18	2.00	.000	2	2
Fewer Children Face CSA	0	66	1.94	.721	1	7
	N	194	1.90	1.220	1	11
	J	42	1.93	1.504	1	11
	E	18	1.72	.461	1	2
CSA happening in socioeconomic class	0	66	1.76	.528	1	4
	N	194	1.92	.670	1	5
	J	42	2.19	.890	1	4
	E	18	1.78	.428	1	2
CSA happening When alone	0	66	2.02	.903	1	4
	N	194	2.05	1.076	1	7
	J	42	1.98	.950	1	7
	E	18	2.39	.608	1	3
Strangers/unkown	0	66	2.515	.8457	1.0	4.0
	N	194	2.697	.7574	1.0	4.0
	J	42	2.738	.7982	1.0	4.0
	E	18	3.167	.6183	2.0	4.0
Frequent abusers	0	66	5.33	3.685	1	11
	N	194	4.75	3.710	1	11
	J	42	3.45	3.285	1	11
	E	18	4.89	3.787	1	11
	0	66	3.86	1.445	1	5

Perception of CSA	N	Mean	Std. Deviation	Minimum	Maximum
Most Abused Group of CSA Among Children	N	194	3.87	1.623	5
	J	42	3.83	1.607	5
	E	18	4.22	1.263	5

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation

Above table shows that young adults across all family types strongly disagreed that only girls are victims of CSA, with extended families showing unanimous disagreement ( $M = 2.00$ ,  $SD = 0.00$ ). Joint family participants were more likely to believe CSA occurs mostly in low socioeconomic classes ( $M = 2.19$ ) compared to nuclear ( $M = 1.92$ ) and extended families ( $M = 1.78$ ). Extended family respondents reported higher agreement that perpetrators are strangers ( $M = 3.17$ ) and that CSA happens when children are alone ( $M = 2.39$ ). They also perceived greater abuse among specific child groups ( $M = 4.22$ ) and showed more varied views on frequent perpetrators ( $M = 4.89$ ,  $SD = 3.79$ ). These results suggest family structure influences perceptions and stereotypes related to CSA.

**Table 7**  
**ANOVA of Perception of CSA among Different Family Structure in Young Adults**

Perception of CSA		Sum of Squares	df	Mean Square	F	Sig.
Girls are the only Victim	Between Groups	.634	3	.211	1.693	.168
Fewer Children Face CSA	Between Groups	.703	3	.234	.178	.912
CSA happening in Low Socioeconomic class	Between Groups	5.161	3	1.720	3.872	.010*
CSA mostly happen When Alone	Between Groups	2.374	3	.791	.782	.505
Strangers/unkown	Between Groups	6.215	3	2.072	3.448	.017*
Frequent abusers	Between Groups	92.999	3	31.000	2.319	.075
Most Abused Group of CSA Among Children	Between Groups	2.255	3	.752	.306	.821

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse \* $p < .05$ , \*\* $P < .01$

In above table A one-way analysis of variance (ANOVA) was conducted the analysis revealed a statistically significant difference in the perception that CSA happens mostly in low socioeconomic classes,  $F(3, 316) = 3.87$ ,  $p = .010$ , as well as in the belief that strangers (rather than family members) are the usual perpetrators,  $F(3, 316) = 3.45$ ,  $p = .017$ . These findings suggest that family structure has a significant influence on certain stereotype-based perceptions related to CSA. However, no significant differences were found among family types in several other CSA-related perceptions: "Only girls are victims" ( $F = 1.69$ ,  $p = .168$ ), "Few children face CSA" ( $F = 0.18$ ,  $p = .912$ ), "CSA happens when children are alone" ( $F = 0.78$ ,  $p = .505$ ), and "Most abused group among children" ( $F = 0.31$ ,  $p = .821$ )

**Table 8**  
**Descriptive Statistics of Experience of CSA among Different Family Structure in Young Adults**

Young Adults						
Experience of CSA		N	Mean	Std. Deviation	Minimum	Maximum
CSA education in School Curriculum	0	66	1.05	.210	1	2
	N	194	1.01	.072	1	2
	J	42	1.02	.154	1	2
	E	18	1.00	.000	1	1
CSA education in College Curriculum	0	66	1.03	.173	1	2
	N	194	1.03	.159	1	2
	J	42	1.00	.000	1	1
	E	18	1.22	.428	1	2
It's not Appropriate to discuss about Sex with Parents	0	66	1.80	.401	1	2
	N	194	1.77	.420	1	2
	J	42	1.79	.415	1	2

	E	18	1.94	.236	1	2
Does CSA Education over exposure Children about Sex?	O	66	1.70	.463	1	2
	N	194	1.61	.488	1	2
	J	42	1.55	.504	1	2
	E	18	1.56	.511	1	2
Is it Embracing to Discuss Issues Related to Sex?	O	66	1.65	.480	1	2
	N	194	1.69	.465	1	2
	J	42	1.67	.477	1	2
	E	18	1.33	.485	1	2
Youth Can Play Big Role in Preventing CSA in Community	O	66	1.08	.267	1	2
	N	194	1.03	.174	1	2
	J	42	1.00	.000	1	1
	E	18	1.00	.000	1	1

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation

The above table reveals descriptive statistics revealed near-universal agreement that CSA education should be included in schools and college curricula, with extended family participants showing perfect agreement on school-based education ( $M = 1.00$ ) and higher support for college education ( $M = 1.22$ ). Extended families also showed stronger agreement that discussing sex with parents is inappropriate ( $M = 1.94$ ) but were less likely to find sex-related discussions embarrassing ( $M = 1.33$ ). Concerns about CSA education leading to overexposure were moderate, lowest among nuclear families ( $M = 1.61$ ). Belief in youth playing a role in preventing CSA was strongly endorsed across all family types, with joint and extended families showing perfect agreement ( $M = 1.00$ ).

**Table 9**  
**ANOVA of Experience of CSA among Different Family Structure in Young Adults**

Perception of CSA		Sum of Squares	df	Mean Square	F	Sig.
CSA Education in School Curriculum	Between Groups	.087	3	.029	1.900	.129
CSA Education in College Curriculum	Between Groups	.700	3	.233	7.434	*.000
Not Appropriate to Discuss about Sex with Parents	Between Groups	.496	3	.165	.996	.395
Does CSA Education over exposure Children about Sex?	Between Groups	.694	3	.231	.977	.404
Is it Embarassing to Discuss about Sex?	Between Groups	2.050	3	.683	3.078	*.028
Youth's Role in Prevention of CSA	Between Groups	.186	3	.062	1.880	.133

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse \* $p < .05$ , \*\* $P < .01$

The table showed a highly significant difference in attitudes toward “CSA education as part of college curricula”,  $F(3, 316) = 7.43$ ,  $p < .001$ , indicating variation in support for formal CSA education at the college level based on family background. A moderate but significant difference was also found in responses to “It is embarrassing to discuss sex-related issues”,  $F(3, 316) = 3.08$ ,  $p = .028$ , suggesting that perceived embarrassment about sexual topics varies across family types. However, no statistically significant differences were found in, Support for CSA education in school curricula,  $F = 1.90$ ,  $p = .129$ , Belief that “CSA education overexposes children to sex”,  $F = 0.98$ ,  $p = .404$ , Attitudes regarding “appropriateness of discussing sex with parents”,  $F = 0.99$ ,  $p = .395$ , Belief that youth can play a role in preventing CSA,  $F = 1.88$ ,  $p = .133$

**Table 10**  
**Response to CSA among different Family Structure Young Adults**

Response to Conflicting Family Structure Young Adults						
Response to CSA		N	Mean	Std. Deviation	Minimum	Maximum
Experience CSA Prior to 18?	0	66	1.56	.500	1	2
	N	194	1.51	.501	1	2

	J	42	1.36	.485	1	2
	E	18	1.94	.236	1	2
	O	66	1.21	.412	1	2
Sharing the Experience with others?	N	194	1.16	.372	1	2
	J	42	1.12	.328	1	2
	E	18	1.11	.323	1	2
	O	66	1.36	1.076	1	5
Anyone Did U Share?	N	194	1.40	1.055	1	5
	J	42	1.50	1.153	1	5
	E	18	1.00	.000	1	1
	O	66	1.50	.827	1	3
Any Action Taken Against the Abusers?	N	194	1.70	.914	1	3
	J	42	1.74	.912	1	3
	E	18	1.06	.236	1	2

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation

The table presents descriptive statistics for young adults' responses to child sexual abuse based on four family structures: Other (O), Nuclear (N), Joint (J), and Extended (E). The sample consisted of 320 participants distributed as follows: O (n = 66), N (n = 194), J (n = 42), and E (n = 18). Regarding the experience of CSA before age 18, means ranged from 1.36 (Joint family) to 1.94 (Extended family), with extended family respondents reporting the highest mean experience of CSA (M = 1.94, SD = 0.24). The sharing of CSA experience with someone showed relatively low means across all groups, ranging from 1.11 (Extended family) to 1.21 (Other families), indicating that most participants did not share their experience. When asked with whom they shared their experience, means ranged from 1.00 (Extended family) to 1.50 (Joint family), with the extended family group showing no variability (SD = 0.00). Finally, the question about whether any action was taken against perpetrators showed means from 1.06 (Extended family) to 1.74 (Joint family), suggesting limited action overall, particularly in the extended family group.

**Table 11**  
**ANOVA of Response to CSA among different Family Structure in Young Adults**

Response to CSA		Sum of Squares	df	Mean Square	F	Sig.
Experience CSA prior to 18?	Between Groups	4.476	3	1.492	6.259	*.000
Sharing of Experience with Others?	Between Groups	.287	3	.096	.689	.559
Anyone Did U Share?	Between Groups	3.310	3	1.103	1.012	.387
Any Action Taken Against the Abusers?	Between Groups	8.380	3	2.793	3.668	*.013

Note: O=Other, N=Nuclear, J=Joint, E=Extended, CSA= Child Sexual Abuse, M=mean, SD= Standard Deviation, CSA= Child Sexual Abuse, \*p<.05, \*\*P<.01

This table presents the results of one-way ANOVA analyses examining differences in responses to child sexual abuse (CSA) among young adults from different family structures (Other, Nuclear, Joint, and Extended). The analysis assessed four variables: (1) experience of CSA before the age of 18, (2) whether the experience was shared with someone, (3) with whom the experience was shared, and (4) whether any action was taken against the perpetrator. The analysis showed statistically significant differences in two areas. First, there was a highly significant difference among family structures in reports of experiencing CSA below the age of 18 ( $p < .001$ ). Second, a moderately significant difference was found in whether any action was taken against the perpetrators ( $p < .05$ ). No significant differences were observed for sharing the experience or for whom it was shared with. A significance level of  $p < .05$  was used to determine statistical significance.

## **Discussion**

The purpose of the study was to explore differences in awareness, perception, experience, and response related to Child Sexual Abuse among Young Adults age ranged 20-25 years based on family structure and dynamics. This research is deeply grounded in the premise that family environment critically impacts both knowledge acquisition and behavioral responses to culturally sensitive and socially stigmatized problems such as child abuse. The outcomes support the hypothesis which says that there will be a difference of CSA experience, perception, awareness and response among young adults according to their family structure.

The present results highlight the complex family dynamics role and its structure in understanding, shaping and awareness of Child Sexual Abuse among young adults. Respondents from nuclear family showed greater understanding and interpretation of Child Sexual Abuse and higher knowledge of legal actions, which shows that joint family systems might be more open to clearer communication, open media exposure, and psychological awareness and understanding. These outcomes are consistent with literature and previous researches indicating that smaller families are often linked with greater levels of focused attention, independence, and educational access among children (Barth et al., 2013).

Finally, the significant outcomes on legal awareness show that understanding of laws of protection and punishment is not equally distributed among young adult, and family dynamic appears to take part a substantial and significant role. Young adults belonged to nuclear families might be more prone to engage with legal domain through social or digital media or educational resources, while those belonged to joint or larger/extended families might remain unaware because of restricted and limited communication modes or prioritization of internal or familial conflict resolution.

The study findings give insights into how family dynamic and structure influences the specific type of awareness related to Child Sexual Abuse among young adults. Since the overall mean scores show moderate awareness across types of Child Sexual Abuse, separate patterns show up when split down by household type. Furthermore, significant differences were observed in awareness of type-specific CSA specifically verbal abuse, exposure to media, and some non-traditional forms such as stalking others or drug abuse. Participants' belonged to nuclear families had higher scores in verbal abuse awareness, more likely due to higher educational exposure and parental focus on psychological health and safety. This is supported by findings of Finkelhor and Dziuba L. (1995), who observed that Child Sexual Abuse prevention programs are more impactful when families proactively engage in prior communication about harassment and personal boundaries. Child Sexual Abuse typically related to media, however, was more common among participants from joint family systems, potentially due to more frequent and shared television or online media exposure.

Study shows that literacy related to media plays a developing role in Child Sexual Abuse understanding as online media platforms become primary modes for grooming and even exploitation (Livingstone & Haddon, 2009). The higher awareness levels of other types of Childhood Sexual Abuse among both nuclear and extended family participants also warrant focused attention. These may include other forms of abuse such as non-physical abuse such as exploitation, coercion, or forms of emotional manipulation that are often not represented in educational programs hence cause potential psychological harm (Collin-Vézina et al., 2015).

The study outcomes offer important information about how perceptions of CSA are impacted by family structure, directing to both common understandings and misconceptions that may change across nuclear, joint, and extended family structures. An important finding was the key variation in the belief that Child Sexual Abuse more

commonly occurs in families having low socioeconomic background, with higher agreement among respondents from joint family systems. This shows a stereotypical relation of abuse with poverty, a bias commonly found in South Asian communities, where Child Sexual Abuse is often viewed as an issue of marginalized communities (Fontes & Plummer, 2010; Lalor, 2004). Such type of assumptions are problematic in nature as they hold the reality that Child Sexual Abuse goes beyond class boundaries, and children from strong or more respected families may experience abuse that goes unreported due to bias or stigma (Pereda et al., 2009).

Furthermore, the key variation in CSA perception, severity level and age of abuse across different family structures supports past findings showing that household culture can shape proneness and responses to child abuse (Finkelhor, 2009). In larger or multigenerational families, issues of supervision from family heads, privacy, authority factors may reinforce the risk of Child Sexual Abuse, as reported in findings on South Asian family cultures (Lalor, 2004; Zakar et al., 2011).

Perceptions among people regarding perpetrators also changed significantly. Respondents from larger families appeared to be more likely to associate Child Sexual Abuse to unknown individuals instead of relatives or family members, which suggests a protective denial or cultural stigma. Researches from South Asian countries have documented less reporting and normalization of abuse that is intra-familial due to stigma and fear of harm to the family honor (Jabeen & Waqas, 2011; Lalor, 2004). This pattern of misconception is particularly dangerous as study indicates that the majority of CSA cases are done by individuals very well known to the victim, often within the family (Finkelhor, 2009).

From researches, the descriptive data show widespread positive attitudes of people toward Child Sexual Abuse awareness and education, particularly within school and college settings. This high level of endorsement across all family dynamics suggests that Child Sexual Abuse is progressively recognized as an important topic deserving structured delivery and instruction, echoing universal calls for standardized and institutionalized sexual abuse prevention curricula and syllabus (UNESCO, 2018; Finkelhor, 2009). The item "It's not appropriate to discuss sex with parents" indicated that extended families tend to have the highest level of agreement ( $M = 1.94$ ), which supports past researches that patriarchal and hierarchical systems tend to restrict emotional and sexual sort of communication between family members (Fontes, 2007).

Regarding the analysis on the experience of CSA among different family dynamics indicated significant differences in particular domains of domains while demonstrating areas of diverse consensus. Support for adding Child Sexual Abuse curricula in college setting varied significantly across family systems with participants from extended families showing higher support possibly due to the strong belief that vulnerable subjects should be addressed at a comparatively more mature age. This aligns with researches by Deb and Mukherjee (2009), who noted that traditional South Asian cultures often delay communication and discussions about sex due to cultural bias. A key difference also emerged in the shyness linked with discussing issues related to sex which reflects distinct degrees of open communication across family dynamics, which may be impacted by generational shifts and increased media exposure (Livingstone & Haddon, 2009).

However, no notable differences were found regarding Child Sexual Abuse education in schools, concerns about increased exposure, the appropriate parent-child discussions, or involvement of youth in prevention of Child Sexual Abuse. These domains of consensus indicate a growing societal shift toward institutional Child Sexual Abuse understanding, consistent with universal recommendations supporting school-based sex education (UNESCO, 2018; Finkelhor, 2009). While family structure may impact specific behavioral patterns, these findings emphasize the need for culturally vulnerable, age-

appropriate educational preventions and interventions that address both shared and specific to culture barriers to Child Sexual Abuse prevention. The psychological influence of these behaviors is significant. Children who are not taught about physical safety or who are not allowed to speak about sexual matters are at higher risk of victimization, abuse and trauma (Mathews et al., 2016).

The researchers suggest that family dynamic plays a critical role in structuring how young adults experience and react to Child Sexual Abuse. Participants from larger and extended families appeared to be more likely to report having experienced CSA. This may be linked to the complicated and often overly crowded living arrangements which is typical of larger family systems, where there is limited privacy and supervision may not be consistent. In such contexts, the presence of a larger number of family members can increase the potential risk of abuse going unreported. As Fontes and Plummer (2010) have emphasized, extended family culture can sometimes create space for abuse due to limited boundaries and hierarchical authority systems. The studies also show that taking action against the abuser was not common, particularly within extended families. In many traditional family structures, taking formal or even informal action may not be allowed to avoid shame, maintain family unity, or protect the family's honor. As Paine and Hansen (2002) argue, abuse victims are often not supported due to the reluctance of families to confront abusers, particularly when they are close family members.

Critical differences also shown in responses to Child Sexual Abuse events. Participants from larger families reported greater rates of abuse even before age of 18 but they appeared to be less likely to talk about the abuse or take legal help. This clearly reflects broader research findings in Pakistani and South Asian literature where family respect, social bias, and fear of confrontation are major hindrances to reporting such cases (Zakar et al., 2011; Qayyum et al., 2012).

In contrast, young adults belonged to smaller or nuclear families were more likely to disclose abuse and take legal action, consistent with study suggesting that perceived familial and social support and sense of freedom increase the likelihood of reporting (Collin-Vézina et al., 2015). Research findings by Ullman (2007) and Easton (2013) further increase that supportive family responses can mediate trauma related to abuse and reduce long-term psychological harm.

The variables related to perception offered a mixed pattern of outcomes. Significant differences were seen in the belief that CSA occurs mostly in the families having low socioeconomic background, and that abusers are typically unknown to the abuser. Participants from larger families were more likely to reinforce these misperceptions, potentially due to cultural bias or protective stigma. Collectivist families often emphasize the preservation of family honor, leading to external attribution of threats (Fontes, 2007). On the other hand, beliefs such as "*only girls are victims*", "*few children face abuse*", and "*CSA happens when alone*" did not significantly differ across family types, indicating that gender stereotypes and misinformation are widely accepted regardless of household composition. Research shows that boys are also frequent victims of Child Sexual Abuse, yet cultural denial and masculine norms often render their victimization invisible (Easton, 2012). Similarly, the assumption that Child Sexual Abuse occurs only in secluded settings contradicts data showing that abuse frequently occurs in familiar environments, including the home (Finkelhor, 2009). These widespread misconceptions highlight the need for nationwide myth-busting campaigns, as family structure alone does not appear to correct them.

One of the more compelling findings was the significant difference in support for Child Sexual Abuse education in college curricula, with participants from nuclear families expressing stronger endorsement. This may reflect greater openness to formal interventions and a less conservative view of sexuality. Extended family members were

more likely to find such discussions inappropriate, consistent with findings that South Asian families often resist sexual education out of fear it will encourage immorality (Deb & Mukherjee, 2009). Still, beliefs about the appropriateness of discussing sex with parents and concerns that Child Sexual Abuse education overexposes children did not significantly differ across family types. This suggests that cultural conservatism and sexual discomfort are pervasive across all household types, undermining the effectiveness of family-based Child Sexual Abuse prevention alone. These results align with Freyd's (1996) theory of "betrayal blindness," where families avoid acknowledging abuse to protect themselves from emotional disruption.

Experience of Child Sexual Abuse before age 18 was more frequently reported by participants from extended families. Action taken against perpetrators was more likely in nuclear family settings. These differences may stem from family hierarchy and authority dynamics. Extended family settings often involve multiple generations, rigid power structures, and limited privacy, which can create opportunities for abuse and discourage reporting due to fear of backlash or disbelief (Alaggia, 2004). In contrast, nuclear families may provide more individualized attention and decision-making autonomy, leading to stronger protective behaviors and legal action.

## **Conclusion**

In summary, the study affirms that family structure and dynamics significantly influences young adults' awareness, experience, perception, and response to CSA (child sexual abuse). The findings show notable variations in how Child Sexual Abuse is understood and addressed within different family structures in Pakistan. However, many variables remained consistent across different household types, indicating that deep-rooted cultural norms, social stigmas, and systemic educational failures may be more impactful than family system alone. These outcomes carry strong implications for psychological awareness, education, intervention design, and policy-making. Addressing and considering Child Sexual Abuse in Pakistan requires multi-level efforts involving educational institutes, families, healthcare domains, and communities overall to foster a culture of safety, security, openness, and justice for every child.

## **Recommendations**

While the findings contribute significantly to understanding Child Sexual Abuse in the Pakistani context, limitations exist. The sample was limited to urban university students in Karachi, which may not reflect experiences of rural youth or those outside the formal education system. Self-report measures also raise concerns of social desirability bias and underreporting.

In Pakistan, interventions in educational setting are limited and, in many cases, the institutes do not have any Child Abuse trainings. This leads to the culture of abuse acceptance, since many victims do not know that they are being abused or where to report, out of lack of information and unawareness (Ali, 2021). Similarly, male-dominated perspective tends to enforce control of women and children body. This aspect contributes in the suppression of victims and neglected attitude towards CSA awareness programs (Khan, 2020). For prevention, interventions should start within the family first, achieved through educational group sessions on Child Sexual Abuse with family members (Masilo, 2018).

Future research should explore the qualitative dimensions of Child Sexual Abuse awareness and disclosure within different family systems. Interviews and focus groups could illuminate the emotional and cultural nuances behind silence, shame, and denial. Longitudinal studies are also needed to examine the long-term psychological outcomes of



Child Sexual Abuse experiences across different family types. This research emphasizes the significant need for culturally vulnerable, family-based interventions focused on family structure in CSA prevention and action strategies. Psychological health professionals and educators must emphasize how family structures shape the interpretation, reporting, and emotional influence of Child Sexual Abuse. For instance, extended and joint family dynamics may need community-based awareness programs that include collective denial, while nuclear families can also benefit from rewarding open communication and parent-child sexual health communication. School counselors and mental health professionals should be trained enough on these domains to recognize these family impacts and provide necessary support.

## References

- Razzak, F. (2023). Enhancing children's awareness of sexual abuse in Pakistan with video literacy interventional cartoons. *Journal of Public Health Policy*, 44(2), 214–229. <https://doi.org/10.1057/s41271-023-00408-7>
- Kailash Satyarthi Children's Foundation. (2017). *Survey of child sexual abuse awareness and perception scale*. Kailash Satyarthi Children's Foundation.
- Olafson, E. (2011). Child sexual abuse: Demography, impact, and interventions. *Journal of Child & Adolescent Trauma*, 4(1), 8–21. <https://doi.org/10.1080/19361521.2011.545811>
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children*, 19(2), 169–194. <https://doi.org/10.1353/foc.0.0035>
- Abbas, S. S., & Jabeen, T. (2020). Prevalence of child abuse among the university students: a retrospective cross-sectional study in University of the Punjab, Pakistan. *International Quarterly of Community Health Education*, 40(2), 125–134.
- Afifi, T. O., Taillieu, T. L., Cheung, K., Turner, S., Cheyne, A., & Sareen, J. (2015). Child abuse and mental disorders in Canada. *Canadian Medical Association Journal*, 187(5), E139–E147.
- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, 28(11), 1213–1227.
- Ali, T. S., Krantz, G., Gul, R., Asad, N., Johansson, E., & Mogren, I. (2014). Gender roles and their influence on life prospects for women in urban Karachi, Pakistan: A qualitative study. *Global Health Action*, 4(1), 7448. <https://doi.org/10.3402/gha.v4i0.7448>
- Augusti, E.-M., & Myhre, M. C. (2021). The barriers and facilitators to abuse disclosure and psychosocial support needs in children and adolescents around the time of disclosure. *Child Care in Practice*, 27(2), 190–204. <https://doi.org/10.1080/13575279.2021.1902279>
- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58(3), 469–483.
- Chen, L. P., Murad, M. H., Paras, M. L., Cates, J. R., Sattler, A. L., & Colbenson, K. M. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7), 618–629.
- Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse. *Child Abuse & Neglect*, 43, 123–134. <https://doi.org/10.1016/j.chiabu.2015.01.010>
- Deb, S., & Mukherjee, A. (2009). Impact of sexual abuse on mental health of children. *Journal of the Indian Academy of Applied Psychology*, 35, 227–235.
- Draucker, C. B. (1997). Family-of-origin variables and adult female survivors of childhood sexual abuse; a review of the research. *Journal of Child Sexual Abuse*, 5(4), 35–63.
- Easton, S. D. (2012). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal*, 41(4), 344–355.
- Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse*, 11(4), 159–177.

- Fernet, M., Hébert, M., Brodeur, G., & Couture, S. (2019). Meeting the needs of adolescent and emerging adult victims of sexual violence in their romantic relationships: A mixed methods study exploring barriers to help-seeking. *Journal of Child & Adolescent Trauma*, 13(4), 474–485. <https://doi.org/10.1007/s40653-019-00265-1>
- Bolen, R. M., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective metanalysis. *Social Service Review*, 73(3), 281–313.
- Halperin, W., & Kessler, L. (1996). Children's memory and suggestibility: Implications for forensic interviews. *Journal of Forensic Sciences*, 41(4), 698–702. <https://doi.org/10.1520/JFS13975J>
- Socolar, R. R. S., Runyan, D. K., & Amaya-Jackson, L. (1995). Methodological and ethical issues related to studying child maltreatment. *Child Abuse & Neglect*, 19(6), 741–752. [https://doi.org/10.1016/0192-0561\(95\)00030-4](https://doi.org/10.1016/0192-0561(95)00030-4)
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., & Greene, A. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress. U.S. Department of Health and Human Services.
- Azeem, M., & Javed, S. (2019). Perception of child sexual abuse among young adults in Pakistan: Rural vs. urban perspectives. *Journal of Child Protection Studies*, 5(2), 45–58.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. Free Press.
- Finkelhor, D., & Dziuba-Leatherman, J. (1995). Victimization prevention programs: A national survey of children's exposure and reactions. *Child Abuse & Neglect*, 19(2), 129–139.
- Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse*, 19(5), 491–518. <https://doi.org/10.1080/10538712.2010.512520>
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.
- Hébert, M., Lavoie, F., & Blais, M. (2009). Posttraumatic stress disorder in adolescent victims of sexual abuse: Resilience and social support as protection factors. *Journal of Interpersonal Violence*, 24(5), 734–753.
- Jabeen, T., & Waqas, M. (2011). Exploring the silence: Child sexual abuse in Pakistan. *Sociological Perspectives*, 53(3), 119–137.
- Kaestle, C. E., Allen, K. R., Wesche, R., & Gafsky, E. L. (2021). Adolescent Sexual Development: A Family Perspective. *The Journal of Sex Research*, 58(7), 874–890. <https://doi.org/10.1080/00224499.2021.1924605>
- Khan, A., & Hyder, A. A. (2020). Developing ethical public health response to child sexual abuse in Pakistan. *Asian Bioethics Review*, 12, 325–338. <https://doi.org/10.1007/s41649-020-00126-9>
- Lalor, K. (2004). Child sexual abuse in sub-Saharan Africa: A literature review. *Child Abuse & Neglect*, 28(4), 439–460. <https://doi.org/10.1016/j.chiabu.2003.07.005>
- Livingstone, S., & Haddon, L. (2009). EU Kids Online: Final report. *London School of Economics and Political Science*.
- London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 14(1), 29–57. <https://doi.org/10.1037/1076-8971.14.1.29>

- Masilo, D. T. (2018). Prevention of child sexual abuse within the family system: Guidelines for an educational social group work program. *Journal of child sexual abuse*, 27(4), 335-346.
- Mathews, B., et al. (2016). Educating school communities to prevent child sexual abuse. *Children and Youth Services Review*, 65, 64–72.
- Nadeem, T., Asad, N., & Hamid, S. N. (2020). Cultural considerations in providing trauma care to female, childhood sexual abuse survivors: Experiences from Pakistan. *Asian Journal of Psychiatry*, 48, 101885.
- Nlewem, C., & Amodu, O. K. (2017). Family Characteristics and Structure as Determinants of Sexual Abuse Among Female Secondary School Students in Nigeria: A Brief Report. *Journal of Child Sexual Abuse*, 26(4), 453–464. <https://doi.org/10.1080/10538712.2017.1293202>
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22(2), 271–295.
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29(4), 328–338.
- Qayyum, M. A., Khan, U. R., & Razzak, J. A. (2012). Child sexual abuse: Reviewing the facts. *Pakistan Journal of Medical Sciences*, 28(4), 713–717.
- Reinemann, D. H. S., Stark, K. D., & Swearer, S. M. (2003). Family functioning and psychological characteristics of sexually abused adolescents. *Journal of Child Sexual Abuse*, 12(1), 1–19. [https://doi.org/10.1300/J070v12n01\\_01](https://doi.org/10.1300/J070v12n01_01)
- Reinemann, D. H., Stark, K. D., & Tucker, C. (2003). Family environment characteristics and their psychological effects on sexually abused adolescents. *Child Abuse & Neglect*, 27(5), 541–556.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Interpersonal Violence*, 22(10), 1318–1339.
- UNESCO. (2018). International technical guidance on sexuality education: An evidence-informed approach. United Nations Educational, Scientific and Cultural Organization.
- UNICEF. (2019). Towards ending violence against children in South Asia. United Nations Children's Fund.
- WHO. (2017). Responding to children and adolescents who have been sexually abused. Geneva: World Health Organization.
- Wurtele, S. K., & Kenny, M. C. (2010). Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review*, 19(2), 130–152.
- Zakar, R., Zakar, M. Z., & Kraemer, A. (2011). Child sexual abuse and health seeking behavior in Pakistan: A narrative literature review. *Journal of Pakistan Medical Association*, 61(6), 597–602.
- Zakar, R., Zakar, M. Z., & Krämer, A. (2011). Voices of strength and struggle: Women's coping strategies against spousal violence in Pakistan. *Journal of Interpersonal Violence*, 27(16), 3268–3298. <https://doi.org/10.1177/0886260512441257>
- Zakar, R., Zakar, M. Z., & Krämer, A. (2011). Intimate partner violence in Pakistan: A systematic review. *Journal of Family Violence*, 26(8), 617–627. <https://doi.org/10.1007/s10896-011-9379-1>