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# Investigating Attitudes towards Rape Myths and Victim Blaming Among Officials in One Stop Centers in Andhra Pradesh: A Qualitative Study

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**Abstract**

This qualitative investigation explores how the officials working in Andhra Pradesh's Disha One Stop Centers (OSCs) understand rape myths and victim-blaming, and the influence of such perceptions on support towards sexual violence survivors. The research employed semi-structured interviews among 12 professionals such as counsellors, police officers, medical practitioners, and legal advisers and utilized Braun and Clarke's (2006) thematic analysis to examine institutional responses. Results indicate that though there was largely demonstrated awareness and survivor-centeredness by most officials, inherent patriarchal biases and societal norms continued to guide their perceptions. Participants identified tensions between professional training and societal beliefs which led to cognitive dissonance. Major obstacles to effective care were found in limited resources, poor sensitivity training, particularly in rural settings, and entrenched social taboos. In the face of adversity, officials underscored the necessity for continued, situation-specific training, greater institutional accountability, and public education to combat detrimental narratives. The research underlines the key role institutional attitudes play in determining survivor outcomes and advocates for reforms at a systemic level to guarantee OSCs approach matters in a compassionate, justice-driven manner.

**Keywords:** Rape myths, victim blaming, One Stop Centers, gender sensitivity.

## 1. Introduction

Sexual violence in India, like elsewhere in the world, is not just a criminal problem but also an expression of deep-seated gender hierarchies, cultural stigma, and institutional shortcomings. Even with progressive legal codes, including the Criminal Law (Amendment) Act (2013), the POCSO Act (2012), and institutionalizing One Stop Centers (OSCs) under the Nirbhaya Fund, survivors are confronted with huge hurdles to justice and care. Among the most dominant are victim-blaming attitudes and rape myths, which are deeply ingrained in the socio-cultural consciousness and tend to condition institutional reactions in negative ways.

In Andhra Pradesh, Disha OSCs provide holistic legal, medical, psychological, and police assistance to survivors. Nevertheless, the success of such models largely hinges on the attitude and beliefs of the professionals implementing them. Evidence indicates that institutional players such as police and medical staff can inadvertently perpetuate negative stereotypes and thus lead to secondary victimization (Sleath& Bull, 2012; Edwards et al., 2011). However, rigorous, qualitative exploration of these dynamics is still lacking, especially in OSCs, where studies tend to be urban-centered and quantitatively methodological in nature, often with latent biases and cognitive dissonance ignored.

This research fills that gap with a qualitative investigation of the beliefs of OSC officials in Andhra Pradesh. It explores how they comprehend, internalize, or resist rape myths and victim-blaming, and how those perceptions affect survivor care. Through doing this, the research makes a contribution to critical debates in institutional accountability, gender-sensitive justice, and trauma-informed service delivery.

The study is grounded in four core objectives:

- Examining the attitudes of OSC workers towards rape myths and blaming the victim
- Assessing the prevalence and duration of such attitudes in professional practice
- Charting structural and cultural obstacles to survivor-focused responses
- Formulating evidence-based recommendations for training, policy reform, and public participation.

By putting the lived experiences and institutional setting of OSC workers in the spotlight, this research offers vital evidence on how institutional ideologies are reproduced or challenged in survivor support systems, an essential step toward improving accountability and justice in India's gender-based violence response system.

## 2. Review of Literature

Sexual violence is a deeply embedded social problem, both in India and worldwide, which is compounded by prevailing cultural ideologies and institutional failures in the system of response. Where the mechanisms such as the One Stop Centers (OSCs) seek to deliver holistic legal, medical, and psychological care, the institutions themselves tend to reflect the societal norms they purport to challenge. Core among these are culturally endorsed rape myths false assumptions that displace blame from offenders to survivors and commonly characterize victim behavior, attire, or background as causal (Burt, 1980). The myths function to maintain patriarchal power dynamics by downplaying violence and justifying perpetrators.

This research's theoretical foundation lies in radical and intersectional feminist thought, which conceptualizes sexual violence as an exercise of patriarchal power instead of anomalous criminality (Brownmiller, 1975). Institutional Betrayal Theory (Smith & Freyd, 2013) also accounts for the ways institutions exacerbate trauma through failure to assist survivors or through reinforcing injurious societal narratives. Upon internalization of these biases by frontline responders, secondary victimization materializes in the form of disbelief, judgment, or neglect.

Empirical research in worldwide contexts confirms these theories. U.S. and U.K. research indicates that institutional actors tend to gauge survivor credibility in terms of stereotypical norms (Edwards et al., 2011; Sleath& Bull, 2012). This is also the case in South Africa, Sweden, and Japan, where institutional reactions continue to be influenced by moral judgment and expectation of victim behavior. In India, while legislative changes like the Criminal Law (Amendment) Act (2013) and the creation of OSCs have taken place, state-level research indicates that cultural values still prevail over survivor-centered care. Studies in Maharashtra, Tamil Nadu, and Rajasthan show ongoing victim-blaming, particularly in rural settings, where worries about honour for the family tend to overshadow justice (Joshi & Mehta, 2019; Ramachandran et al., 2022).

In Andhra Pradesh, where OSCs are implemented under Disha, research indicates that although officials are trained in trauma-informed care, unconscious bias, especially regarding victim behavior, dress, and credibility, continue to guide institutional attitudes (Naidu & Reddy, 2024; Rao& Reddy, 2023). These observations further reinforce that absent reflexive engagement, institutional agents can inadvertently reproduce the same norms that they are tasked with eroding.

Notwithstanding increasing focus on gender-based violence, important lacunae persist. Few empirical studies specifically address OSC personnel, although their central role cuts across medical, legal, and psychological practice. Much of what does exist is quantitative in nature and does not have the nuance necessary to examine how professional assumptions are developed and contested. Finally, the efficacy of gender-sensitization and trauma-informed training is not well explored, especially in patriarchal contexts. Internalized dissonance between cognitive beliefs and professional duties has also been extensively overlooked, even though it is pertinent to significant institutional change.

Addressing these loopholes, this research adopts a qualitative, interview-based approach to study how OSC officials in Andhra Pradesh experience, resist, or unwittingly reproduce rape myths and victim-blaming. It also explores structural and cultural barriers that impede survivor-sensitive care. Through grounded, context-aware findings, this research seeks to guide evidence-based training, policy design, and community outreach initiatives that align institutional practices with the rights and needs of survivors.

## 3. Methodology

This research followed a qualitative design based on an interpretive paradigm to investigate how Disha One Stop Centers (OSCs) officials in Andhra Pradesh comprehend, internalize, or resist victim-blaming beliefs and rape myths. As the spotlight was on professionals' subjective meanings and their use of conflicting institutional and cultural expectations, this design permitted in-depth, context-specific knowledge about cognitive styles and survivor care practices.

Twelve purposively sampled participants who were a cross-section of OSC roles volunteered to take part in the research. They all had at least six months' experience and were engaged in casework. Their different institutional perspectives were necessary to gain an insight into how sexual violence attitudes are acted out or challenged on the ground.

Data was collected using 30–60 minute semi-structured interviews, either in English or Telugu depending on participant choice. Interview protocol covered topics of rape myth definitions, credibility of the survivor, institutional constraints, and reform recommendations. Vignette-based scenarios also were employed to provoke answers to ethically challenging situations, activating implicit biases and dissonance not always available through explicit query.

Interviews were audio-recorded, transcribed verbatim and coded using Braun and Clarke's (2006) thematic analysis approach. Inductive and deductive coding was combined to identify emergent themes and map them against theoretical constructs like institutional betrayal, patriarchy, and trauma-informed care. Reflexivity was ensured through journaling and peer debriefing, and participant voices were retained through direct quotes to ensure empirical depth and authenticity.

Ethics committee approval was received from the institutional review board and Department of Women Development and Child Welfare, Government of Andhra Pradesh. Informed consent, confidentiality, and voluntary participation were maintained at all times. The participants were provided debriefing and access to mental health counseling as the issue was sensitive in nature.

Finally, the research's approach was set to maintain ethical integrity while documenting the rich dynamic interplay of individual belief, institutional constraint, and cultural context in forming reactions to sexual violence in India's OSCs.

## 4. Results and Discussion

This research examined the cognitive orientation of Disha One Stop Centers (OSCs) officials in Andhra Pradesh towards rape myths and victim-blaming, and how such belief systems impact survivor care. Through Braun and Clarke's (2006) six-step thematic analysis, semi-structured interview data from twelve officials, such as counsellors, police, legal experts, and medical staff, were thematized into dominant themes that shed light on the intersection of personal attitudes, cultural values, and institutional practices. To systematically organize the results, three major tables (Tables 1–3) were utilized in this study, which are outlined and interpreted as follows:

**Table 1. Key Themes, Merged Codes Derived from Interview Data, and Relevant Question Numbers**

| Themes | Codes | Question Numbers |
|---|---|---|
| Understanding of Rape Myths and Victim Blaming Attitude | Definitions of victim blaming and rape myths, survivor vs. perpetrator focus, stereotypes of the "ideal victim" | Q6, Q11 |
| Attitudinal Awareness & Bias | Recognition of unconscious bias, awareness of harmful attitudes in others, acknowledgment of institutional prejudice | Q7, Q8, Q13 |
| Impact on Survivor Experience | Delayed justice, discouragement from reporting, distrust in system | Q9, Q10, Q15 |
| Rejection of Myths | No blame on survivor, holding perpetrator accountable, trust in survivor's narrative | CS Q1, Q2, Q6 |
| Societal Endorsement of Myths | Fear of societal judgment, victim credibility questioned by others, cultural expectations of women | CS Q5, CS Q7 |
| Cultural and Societal Norms | Patriarchy and honour culture, taboos around sexuality, stigma for survivors | Q8, Q14, Q17 |
| Institutional Gaps | Lack of sensitivity training, poor inter-agency coordination, resource scarcity in rural OSCs | Q17 |
| Training and Sensitization | Gender sensitivity training, survivor-centric frameworks, mandatory programs | Q18, Q19 |
| Policy and Protocol Reforms | Accountability measures, zero-tolerance policies, survivor involvement in reform | Q19 |
| Community Education and Awareness | Bystander intervention, school and media campaigns | Q20 |

Table 1 integrates the significant thematic areas arising from the interviews, connecting certain codes and responses of participants to the research goals. It illustrates that officials largely rebuff explicit victim-blaming or rape myths yet remain aware of their own and others' unconscious bias. This result attests to the existence of cognitive dissonance, since officials attempt to reconcile survivor-centered ideals with internalized societal discourse on gender, behavior, and morality.

**Table 2. Prevalence of Rape Myth Codes**

| Literature Code | Evidence from Interviews | Prevalence |
|---|---|---|
| Victim Provocation | Uniformly dismissed by all officials | Explicit professional rejection |
| "Good Women Don't Stay Late" Myth | Recognized in community narratives | Societal endorsement |
| "Misunderstanding Intentions" Myth | Noted as public misconception | Community prevalence |
| False Accusation Bias | Dismissed in OSC practice; noted in society | Community bias |
| "She Should Have Known Better" Myth | Mentioned in police/community responses | Social endorsement |
| Perpetrator's Loss of Control | Rejected; focus on perpetrator accountability | Strong professional rejection |

The above table indicates the strong bifurcation between professional practice and community belief. The OSC officials emphatically negated canonical rape myths specifically the ones directly transferring responsibility from the perpetrator to the survivor. Yet, the prevalence of these myths in the community illustrates the sociocultural tension that professionals have to work within. This observation accords with existing literature (e.g., Burt, 1980; Sleath& Bull, 2012) that documents the persistence of rape myths in public discourse, despite being disavowed by formal actors.

**Table 3. Prevalence of Victim-Blaming Codes**

| Victim-Blaming Code | Evidence from Interviews | Prevalence |
|---|---|---|
| Blame for Accepting Help | Reported in community narratives | Common societal occurrence |
| Focus on Victim's Choices | Cited frequently by respondents | Persistent cultural bias |
| Judgment on Trusting Colleagues | Linked to survivor hesitancy | Community influence |
| Minimization of Perpetrator's Actions | Identified as a barrier to justice | Noted in rural enforcement |
| "She Should Have Escaped Sooner" | Mentioned occasionally | Cultural expectation |
| Impact on Family Reputation | Repeatedly emphasized by officials | Major reporting barrier |
| Reluctance to Report | Universally noted | Direct societal effect |

Table 3 shows how honour culture, gender norms, and family expectations affect institutional responses. Although these victim-blaming assumptions were widely disavowed in the reasoning of OSC officials themselves, they identified their explanatory power in informing survivor behaviour and reporting choices. These conclusions are consistent with Banerjee et al. (2021), who indicate that institutional agents routinely struggle with the twin imperatives of legal obligation and cultural conservativism, particularly in rural or semi-urban settings.

These findings provide robust empirical evidence for the feminist and institutional theories underpinning the study. The reproduction of rape myths and victim-blaming in OSCs traces to more general patriarchal arrangements that limit women's agency, even among professional responders. The conflict between survivor-oriented training and mainstream social norms is consistent with Banyard et al.'s (2012) "internal resistance to social norms."

Institutional Betrayal Theory is also confirmed: even as OSCs have trauma-informed missions, their influence is constrained by uneven training, low levels of resources, and entrenched cultural prejudice. Awareness among officials of cognitive dissonance between professional functions and entrenched social values mirrors Freyd's concept of institutional harm through ambivalence and avoidance.

Crucially, the study uncovers belief systems as dynamic. Although outlined in theory, officials push against rape myths, there is unease when realities of survivors' conflict with prevailing norms, validating Cook and Cane's (2017) percept of institutional actors toggling among discordant pressures. Instead of passive ideological conduits, OSC employees consciously balance ethical obligation with social expectation.

Their demands for improved training, structural change, and community education mirror a request for institutional support in providing survivor-focused care. The research indicates that although such values are supported in principle, their practical implementation is threatened by deeply ingrained barriers. Real transformation involves going beyond procedural remedies to encompass reflective practice, survivor-informed practices, and community-level change, situating OSCs as agents of cultural transformation in the prevention of sexual violence.

## Conclusion

This research analyzed the attitudes of employees of Andhra Pradesh's Disha One Stop Center (OSC) toward victim-blaming and rape myths through a qualitative, feminist, and institutional betrayal theory paradigm. Thematic analysis of twelve interviews identified that although the majority of employees oppose overt rape myths and endorse survivor-sensitive care, unconscious patriarchal prejudices influenced by cultural and community norms continue to affect attitudes. This generates cognitive dissonance between professional obligations and personal beliefs, particularly in rural settings. Main issues involve insufficient sensitivity training, resource shortages, and poor accountability frameworks.

The results have theoretical and practical implications. They confirm feminist arguments that institutions can unintentionally reproduce oppressive cultural narratives and expand institutional betrayal theory by demonstrating how conflict within staff contributes to insidious secondary victimization. The research highlights the importance of reflexive, trauma-aware training that requires challenging deep-seated

prejudices, in addition to multi-level policy changes like survivor feedback mechanisms, enhanced coordination between agencies, and culturally sensitive public education.

Limitations are the geographically limited sample and the use of self-reported information, which can represent social desirability bias. Future studies should incorporate longitudinal data, cross-state comparisons, and survivor views to better understand institutional effect.

In summary, though the Disha OSC model is a well-meaning structural measure, its effectiveness depends on changing the belief systems of the implementers. Challenging rape myths and victim-blaming at individual, institutional, and societal levels continues to be imperative for the achievement of justice and dignity for survivors in India.

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