

Addis Ababa University

College of Social Science

School of Social Work

**REHABILITATION SERVICES AND ASSOCIATED
CHALLENGES FOR CHILD ABUSE SURVIVORS: A CASE OF
ADAMA CITY ADMINISTRATION**

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DECEMBER, 2024

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**A MASTER’S THESIS SUBMITTED IN PARTIAL
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This is to certify that the thesis prepared by Abdi Wakjira, entitled “**Rehabilitation Services and Associated Challenges For Child Abuse Survivors: A Case of Adama City Administration**” and Submitted to the School of Social Work of the Addis Ababa University, College of Social Science, Department Social Work in Partial Fulfilment of the Requirements for the Degree of Master of Art in Social Work complies with the regulations of the Addis Ababa University (AAU) and meets the accepted standards in all aspects.

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DECLARATION

I hereby declare that this MA thesis is my original work and has not been submitted for any degree at any other university. All sources of material utilized in this thesis have been properly acknowledged.

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LIST OF ABBREVIATIONS

AAPH	Addis Ababa Public Hospitals
AGH	Adama General Hospital
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
NGOs	Non-governmental Organisations
TFC	Temporary Family Care
UNCRC	United Nations Convention on the Rights of the Child

ABSTRACT

Child abuse remains a pressing global issue, manifesting in various forms such as physical, sexual, emotional abuse, and neglect. The consequences of these abuses can be devastating, often resulting in long-term physical and mental health challenges for survivors. In Ethiopia, particularly in Adama City, information on the rehabilitation services available to survivors and the challenges they face is notably scarce. This study aims to explore the retrospective study on rehabilitation services for child abuse victim and associated challenges: a case of Adama city administration. To achieve the objective exploratory qualitative research design were used; the method of data collection was through in-depth interviews, document reviews, focus group discussions, and key informant interviews. The target population of the study was victimized children, their parents, and professionals such as police officers, social workers, health officers, attorneys, and representatives from women and child affairs who are actively involved with One Stop Centres. The findings indicate that child abuse in Adama City primarily involves labour exploitation, physical abuse, and sexual violence. A major challenge identified is the lack of coordination among various services and institutions involved in child protection and rehabilitation. Additionally, inadequate resources, insufficient institutional facilities, budget constraints, and a shortage of trained personnel further complicate the management of child abuse cases. There is also a notable lack of community awareness regarding child abuse and the available support services. Furthermore, insufficient medical resources hinder the treatment of children with special needs. Based on these findings, the study recommends enhancing the provision of care, rehabilitation, and support for children in difficult circumstances and for survivors of abuse. A multi-faceted approach involving better resource allocation, community education, and improved coordination among service providers is essential to effectively address the needs of these vulnerable populations.

Keywords: *Adama City, Child abuse, rehabilitation services, survivor challenges.*

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

WHO defines child abuse as any form of physical, emotional, or sexual harm, as well as neglect or exploitation that adversely affects a child's health, development, or dignity (Saini, 2013), this emphasize child abuse as a significant social issue in Africa and a barrier to achieving sustainable development goals. The prevalence of this social problem is rising, violating internationally recognized children's rights (Badoe, 2017).

Child abuse remains a pervasive issue globally, affecting millions of children and leading to severe long-term consequences for victims, families, and communities. According to the World Health Organization (2020), an estimated 1 in 5 children experience some form of abuse in their lifetime, emphasizing the urgent need for effective intervention and rehabilitation services. The repercussions of child abuse are profound, often resulting in psychological, emotional, and physical distress that can persist into adulthood (Felitti et al., 1998).

Rehabilitation services play a crucial role in the recovery process for child abuse victims, aiming to restore their well-being and facilitate reintegration into society. These services encompass a broad spectrum of interventions, including psychological counselling, medical care, educational support, and social services, all tailored to meet the unique needs of each child (Harris et al., 2018). However, despite the availability of these services, numerous challenges persist in their implementation and accessibility, which hinder effective rehabilitation.

Child abuse manifests in various forms, including physical, sexual, emotional, exploitation, and neglect, each leaving devastating and long-lasting effects on the physical, mental, and social well-being of victims. As emphasized by Getnet (2001), these impacts can permeate every aspect of a child's life, leading to a multitude of adverse outcomes that extend well into adulthood. The World Health Organization (1999) categorizes child abuse as a serious global issue, intricately linked to public health, human rights, legal, and social dimensions.

The ramifications of child abuse are profound and multifaceted, undermining a child's survival, health, well-being, dignity, and development. Saini (2013) emphasizes that

regardless of the dynamics of responsibility, power, or trust involved, the consequences of abuse can be both immediate and far-reaching, affecting not only the individual child but also families and communities at large. Such abuse disrupts the foundational experiences necessary for healthy development, often resulting in long-term psychological and emotional challenges, including depression, anxiety, and difficulties in interpersonal relationships (Harris et al., 2018).

Child sexual abuse is a pervasive social issue worldwide, including in Africa (Barth et al., 2013). The World Health Organization (WHO) defines child sexual abuse as any sexual activity that is inappropriate for a child's age, development, or social context (Meseret et al., 2020). This abuse is categorized into two primary forms: contact and non-contact abuse. Contact abuse involves penetration, such as rape and oral sex, while non-contact abuse includes forced exposure, unusual practices, or grooming behaviors (Mathews and Mathews, 2019). Furthermore, child sexual abuse encompasses non-consensual sexual activities that may be coercive or deceptive. Importantly, the nature of these activities can be considered abusive when significant disparities in age, development, or size prevent informed consent from the child (Negriff et al., 2014).

Child sexual abuse is a significant social issue that violates fundamental rights, impacting many children in developing regions like Africa (Meinck *et al.*, 2015). This abuse manifests as unwanted sexual activities, including inappropriate touching, grabbing, kissing, or fondling, often occurring through threats, restraint, or physical harm (Esther, 2009; Afifi *et al.*, 2016). According to Badoe (2017), three million girls in sub-Saharan Africa face high rates of genital mutilation, particularly in countries such as Ethiopia, Sudan, Egypt, Djibouti, and Somalia.

In developing countries like Ethiopia, besides sexual abuse, child violence exists in various forms of abuse including physical, emotional and neglect in their lifetimes (Afifi *et al.*, 2016). The Child physical abuse is characterized by repeated physical assaults, including slaps, head or ears hits, pushing, and physical attacks (Wekerle and Wolfe, 1993). Physical punishment by parents or guardians, family members, and relatives is a common cultural practice in Ethiopia (Getnet, 2001).

The study conducted from the police and perpetrator perspectives by Kebede and Belay (2022) shows the causes of child abuse are delayed marriages, cultural norms and excessive alcohol consumption. Also, other study Getnet (2001) on focusing on the children treated in AAPH found that 42.7% of them were abused among children.

Factors contributing to this high prevalence were the child's sex, age, mental illness, substance uses and physical disability (Putnam, 2003). Besides health and developmental growth effects on the child, child abuse has psychosocial effects associated with early marriage, rape and child prostitution. As research done by Yematawu *et al.*, (2011), child sexual abuse has a psychological impact on their lives. Child protection involves preventing and responding to violence, exploitation, and abuse, ensuring children's rights to survival, development, and well-being (Reading *et al.*, 2009; Saini, 2013). The approach to child protection is human rights-based, which emphasizes prevention and accountability. The Ethiopian government pledged to prevent and address child abuse by ratifying the African Charter on Rights and Welfare of the Child in 1999 and the United Nations Convention on the Rights of the Child in 1989 (Brems, 2007; Goel, 2009).

Survivors of child abuse often struggle with post-traumatic stress disorder, depression, anxiety, substance abuse, and difficulties in forming healthy relationships (Sachs-Ericsson *et al.*, 2009; Johnson and James, 2016). To facilitate their recovery and reintegration into society, these individuals require a comprehensive approach that encompasses various support services (Tan *et al.*, 2023). Such services include psychosocial support (Barton, 1999), medical care (Follette *et al.*, 1994; Ullman, 2007; Havig, 2008), reintegration programs (Asquith & Turner, 2008), legal assistance (Follette *et al.*, 1994; Raeder, 2009), and rehabilitation programs (Gold, 2013).

Rehabilitation programs aim to improve a person's physical, social, cognitive, and emotional functioning (Crosson, 2003). They are provided in various institutions to save lives, assisting individuals in recovering from impairments or disabilities and can be found in hospitals, clinics, centers, and community-based programs (Onyskiw *et al.*, 1999; Shipman and Taussig, 2009). Therefore, assessment of comprehensive rehabilitation services and challenges for child abuse victim survivors is crucial to support the healing and recovery of this vulnerable population.

1.2 Statement of the problem

Child abuse has emerged as one of the most critical social issues in Ethiopia, drawing significant attention to its prevalence and impact (Ibrahim, 2017). Child abuse remains a significant issue in Adama City, profoundly affecting the lives of countless children and adolescents. Despite the existence of rehabilitation services designed to

support survivors, many face substantial challenges that impede their recovery and reintegration into society. A preliminary survey conducted by researchers identified numerous challenges; one of the primary obstacles is the accessibility of these services. Survivors often encounter geographical, economic, and logistical barriers that prevent them from reaching rehabilitation centers. Many families lack the financial resources for transportation otherwise reside in remote areas where services are not readily available. This lack of accessibility leads to prolonged suffering and exacerbate the long-term effects of abuse on children (Awoke and Terefe, 2021).

In addition to accessibility issues, the quality of rehabilitation services varies considerably. Insufficient training for professionals, limited resources, and inadequate facilities compromise the support provided to survivors. Many service providers lack specialized training in trauma-informed care, which is essential for effectively addressing the complex emotional and psychological needs of abuse survivors. Moreover, facilities often lack the necessary equipment and safe environments conducive to healing, further hindering recovery efforts (Bright, 2018)

Social stigma and cultural attitudes create isolation for many survivors, making them hesitant to seek help due to fear of community judgment. In societies where discussing abuse is taboo, this silence prevents victims from speaking out. Research by the Ethiopian Women Lawyers Association (2019) found that fear of community judgment deters victims from seeking help, particularly in societies where discussions about abuse are taboo. Furthermore, the lack of public awareness campaigns about child abuse and available resources leaves many survivors unaware of the support options available to them. Access to psychological support is frequently inadequate, with a scarcity of qualified mental health professionals trained to address the specific needs of child abuse survivors.

Last but not least, a lack of coordination among service providers, including healthcare, legal, and social services, leads to fragmented care and gaps in support. Survivors often navigate multiple systems without clear guidance, making it challenging to receive comprehensive care. This lack of integration among services result in missed opportunities for holistic support and complicate the recovery journey for survivors. A study by the Ethiopian Human Rights Commission (2018) found that survivors often encounter barriers when trying to access services across different sectors, resulting in a disjointed support experience.

A study by Alemayehu (2022) found various factors contributing to child sexual abuse, identifying perpetrators and police responses as critical elements. The findings reveal that socio cultural factors, alcohol consumption, and delayed marriages significantly contribute to the sexual abuse experienced by children. Gender-based violence, including rape and physical threats, remains a pervasive issue, particularly affecting women (Worku and Addisie, 2002).

The long-term health consequences of childhood abuse are severe, contributing to numerous adult health issues such as chronic pain, high blood pressure, and mental health disorders (Afifi *et al.*, 2016). The issue of substance abuse, particularly among adolescents, exacerbates the problem, with addictive substances like alcohol and chat being significant contributors to sexual violence (Cafo *et al.*, 2014). Male street children are particularly vulnerable, facing abuse linked to their living conditions, mental health, and exposure to drugs (Tadele , 2009).

Furthermore, research indicates that many children experience sexual abuse at the hands of trusted individuals within their homes (Jemal, 2012), while studies on the psychosocial effects of sexual abuse reveal a higher incidence of post-traumatic stress and anxiety among victims compared to their non-abused peers (Haileye, 2013). Despite the documented prevalence of female sexual harassment in schools (Bekele, *et al.*, 2017) and the negative psychological impacts of abuse (Wondie and Yusuf, 2008), media coverage of these issues remains insufficient (Tseganesh, 2014).

Despite the recognition of child abuse as a critical social issue, particularly in the study area, significant gaps remain. While various studies have investigated the prevalence of child abuse (e.g., Barth *et al.*, 2013; Meseret *et al.*, 2020), there is a scarcity of empirical research focusing on the rehabilitation services. Research has documented general barriers to accessing rehabilitation services, including geographical and economic factors (Mathews and Mathews, 2019). Nevertheless, there is a lack of localized studies that specifically analyse these barriers within the context of Adama City. Understanding the unique geographic and socio-economic challenges faced by survivors in this region is essential for developing targeted interventions.

The quality of rehabilitation services for child abuse survivors has been emphasized in broader studies (Negriff *et al.*, 2014); yet specific assessments of service quality in Adama City remain underexplored. There is a need for research that evaluates the training and preparedness of professionals working with survivors, as well as the

adequacy of facilities and resources available. While social stigma surrounding child abuse is a recognized barrier to seeking help (Negriff et al., 2014), there is limited research focused on the specific cultural attitudes present in Adama City that contribute to this stigma.

The availability and adequacy of psychological support services for child abuse survivors have been discussed in various contexts (Mathews and Mathews, 2019). Nevertheless, there is a notable lack of research examining the specific mental health needs of survivors in Adama City and the extent to which current services meet those needs. Thoughtful how healthcare, legal, and social services interact (or fail to interact) can illuminate systemic issues that hinder comprehensive support for survivors. Therefore, to more clarify these controversies this research aims to identify the existing rehabilitation services and associated challenges for child abuse survivors: a case of Adama city administration.

1.3 Research question

1. What are the current practices of rehabilitation programs for child abuse survivors in Adama City?
2. How available and accessible are rehabilitation facilities for child abuse survivors in Adama City?
3. What challenges do child abuse survivors face in accessing rehabilitation services in Adama City?

1.4 Objective of the Study

1.4.1 General Objective

The main objective of the study was to evaluate the rehabilitation services and associated challenges for child abuse survivors: a case of Adama city administration.

1.4.2 Specific Objectives

- ❖ To assess the current practices of rehabilitation programs for child abuse survivors in Adama City
- ❖ To explore the availability and accessibility of rehabilitation facilities for child abuse survivors in Adama City.
- ❖ To identify challenges to accessing rehabilitation services for child abuse survivors in Adama City

1.5 Significance of the study

This study holds substantial significance for various stakeholders, including policymakers, researchers, service providers, and the community at large. The findings will provide critical insights into the current practices and gaps in rehabilitation services. By identifying barriers to access and areas for improvement, this study can inform the development of evidence-based policies that prioritize the needs of child abuse survivors, ensuring that resources are allocated effectively and that legal frameworks are strengthened to protect vulnerable populations.

This study contributes to the growing body of knowledge on child abuse rehabilitation, particularly within the Ethiopian context. It will serve as a reference point for future research, emphasizing areas that require further investigation and providing a framework for comparative studies in similar urban settings. The research will offer a comprehensive evaluation of existing rehabilitation programs, emphasizing best practices as well as shortcomings. Through accepting the effectiveness of current services, providers can refine their approaches, training, and better modify their interventions to meet the specific needs of survivors.

Through raising awareness about the challenges faced by child abuse survivors and the importance of accessible rehabilitation services, this study aims to raise a supportive environment. Increased community engagement can lead to stronger advocacy for survivors and greater involvement in prevention and recovery efforts.

Finally, the significance of this study lies in its potential to improve the lives of child abuse survivors. By ensuring that they have access to effective rehabilitation services, the research aims to enhance their psychological and social outcomes, raising recovery and reintegration into society. Furthermore, this research supports organizations focused on child rights and welfare by informing adjustments to intervention strategies, reviewing legal frameworks, and providing a foundation for further research on child maltreatment, thereby advancing overall child welfare.

1.6 Scope of the study

The scope of the study on rehabilitation services and associated challenges for child abuse survivors, the case of Adama City Administration, primarily targeted child abuse survivors residing in the city, It also incorporated perspectives from caregivers, service providers, and stakeholders involved in rehabilitation efforts, including social workers, healthcare professionals, and educators. Geographically, the research was

confined to Adama City, an urban setting that presented unique challenges and opportunities related to child protection.

The study employed a qualitative approach, utilizing interviews and focus group discussions to gain deeper insights into the challenges faced by survivors and the effectiveness of current rehabilitation practices. Specific areas of investigation included the current practices of rehabilitation programs, the availability and accessibility of facilities, barriers to access, and the effectiveness of existing programs in meeting the psychological and social needs of survivors. The research was conducted over a six-month period, allowing ample time for comprehensive data collection, analysis, and interpretation.

1.7 Limitation of the Study

The limitations of this study on rehabilitation services and associated challenges for child abuse survivors in Adama City Administration were primarily geographical. The research was confined to Adama City, and if it had been conducted in a broader region or across the country, with a comparable context and a larger number of respondents, it could have yielded deeper and more comprehensive insights.

Methodologically, the study faced several challenges, including extraneous variables that were beyond the researcher's control, such as the honesty of respondents, personal biases, and the uncontrolled nature of the study setting. Another limitation was the respondents' reactions to the questionnaires and interviews; despite planning to use a tape recorder during the interviews, some respondents were unwilling to participate fully, leading to cancellations of certain sessions.

Despite these challenges, the researcher endeavored to enhance the reliability and accuracy of the findings by employing various strategies to mitigate the impact of these limitations. Ultimately, the researcher effectively completed the study, aiming to provide valuable insights into the rehabilitation services available to child abuse survivors in Adama City.

1.8 Operational Definitions

- **Child Abuse Survivor:** Child abuse survivors are defined as individuals aged 0-18 who has experienced various forms of abuse. According to the World Health

Organization (WHO, 2020), child abuse includes physical, emotional, and sexual abuse, as well as neglect.

- **Rehabilitation Services:** Rehabilitation services encompass a range of interventions aimed at facilitating recovery for abuse survivors. (McGhee et al. 2017)
- **Accessibility:** Accessibility refers to how easily survivors can obtain necessary services.
- **Availability:** Availability pertains to the presence of services and facilities.
- **Barriers to Access:** Barriers include any obstacles that hinder the utilization of services.
- **Effectiveness of Rehabilitation Programs:** Effectiveness is measured by the programs' ability to meet survivors' needs.
- **Stakeholders:** Stakeholders are individuals or organizations involved in the rehabilitation process.
- **Qualitative Approach:** A qualitative approach focuses on understanding experiences and perceptions.
- **Focus Group Discussions:** Focus group discussions are a qualitative method for gathering diverse perspectives.
- **Survivor Experience:** Survivor experience encompasses the personal accounts of individuals who have faced abuse.

CHAPTER TWO

RELATED LITERATURE REVIEW

2.1. Definitions and Concept of Child Abuse

Child abuse encompasses various forms of maltreatment that result in harm or the potential for harm to a child. Child abuse defined by the World Health Organization (WHO) as including physical, emotional, sexual abuse, and neglect, which can severely impact a child's health, development, and dignity. Physical abuse involves inflicting injury, leading to long-term psychological issues such as anxiety and depression, as highlighted by Felitti et al. (1998) in their study on Adverse Childhood Experiences (ACEs). Emotional abuse, characterized by behaviors that undermine a child's self-worth, can result in attachment disorders and mental health challenges, as noted by Sullivan and Knutson (2000).

Sexual abuse includes several inappropriate sexual activities with a child, which can lead to profound trauma and emotional disturbances, according to Finkelhor (1994). Neglect, defined as the failure to meet a child's basic needs, can lead to chronic health and social issues (Child Welfare Information Gateway, 2013). According to the UNCRC, any person who is under the age of 18 is a child (United Nations, 1991). This makes children a part of the community that is the weakest, susceptible, vulnerable, and wholly dependent on adults.

Rendering to the definition, it is any intentional, undesired, and unnecessary act whether threatened or carried out that causes or has a high probability of causing death, serious damage, severe health issues, or other types of physical and mental suffering for a child or children (WHO, 1999; UNICEF, 2024).

2.2. Theoretical Review

2.2.1. Ecological Systems Theory

Ecological Systems Theory posits that a child's development is profoundly influenced by various interconnected systems. These systems operate at multiple levels: the micro-system, which includes immediate environments such as family, peers, and school; the meso-system, which refers to the connections between these micro-systems; the exo-system, which encompasses external environments that indirectly affect the child (such as parental workplaces and community resources); and the macro-system, which includes broader societal and cultural influences.

Bronfenbrenner's framework emphasizes that understanding a child's development requires considering the complexities of these interrelated systems (Bronfenbrenner, 1979).

In the context of child abuse survivors, Ecological Systems Theory suggests that interventions should not solely focus on the child but also consider the various systems surrounding them. Research indicates that children who grow up in supportive environments exhibit better emotional and behavioral outcomes (Smith et al., 2017). Furthermore, the meso-system's role is crucial; effective communication between home and school can help create a consistent support system that reinforces positive behaviors and coping strategies. A study by Lindsey et al. (2014) highlights how collaborative relationships between families and educational institutions can provide critical support for children recovering from abuse.

2.2.2. Resilience Theory

Resilience Theory centers on the capacity of individuals to adapt and thrive despite facing adversity, such as trauma, stress, or abuse. This theory posits that resilience is not merely an inherent trait but a dynamic process influenced by various protective factors that can help individuals navigate challenges. According to Masten (2001), resilience is characterized by positive adaptation in the face of significant adversity, highlighting the role of both individual attributes and environmental supports. Key protective factors identified in the literature include supportive relationships, emotional regulation, and problem-solving skills, all of which contribute to an individual's ability to cope with and recover from traumatic experiences.

Research by Werner and Smith (2001) emphasizes that children who have at least one caring adult in their lives are more likely to develop resilience and achieve positive outcomes despite their traumatic experiences. Additionally, programs that focus on developing problem-solving skills and a positive self-concept can empower survivors to navigate their challenges effectively. Rehabilitation services can benefit from resilience-building programs that focus on these strengths, integrating strategies that teach children coping mechanisms and promote self-efficacy (Ungar, 2011).

2.2.3. Cognitive Behavioral Theory

Cognitive Behavioral Theory is grounded in the premise that thoughts, feelings, and behaviors are intricately interconnected. This theory posits that negative thought patterns can lead to maladaptive emotional responses and behaviors, while altering

these thoughts can foster healthier emotional states and actions. According to Beck (1976), cognitive distortions such as all-or-nothing thinking, catastrophizing, and overgeneralization can significantly affect an individual's mental health. CBT aims to identify and challenge these distortions, promoting a more balanced and realistic perspective that facilitate emotional well-being.

Investigation shows that survivors often internalize feelings of shame, guilt, and worthlessness, which exacerbate issues like anxiety, depression, and post-traumatic stress disorder. For instance, Cohen and Mannarino (2008) found that CBT significantly reduced PTSD symptoms in children and adolescents who had experienced abuse. Structured interventions typically involve cognitive restructuring, where survivors learn to identify and challenge their negative thoughts, replacing them with more constructive and realistic beliefs.

Hembree and McNeil (1995), CBT not only addresses immediate psychological symptoms but also fosters long-term resilience by enhancing individuals' ability to cope with future stressors. Additionally, integrating family involvement in CBT can strengthen support systems, as caregivers learn to reinforce positive cognitive and behavioral strategies at home. Ultimately, the use of CBT in rehabilitation services lead to improved mental health outcomes and a greater sense of agency among survivors, promoting their overall well-being and recovery.

2.2.4. Social Learning Theory

Social Learning Theory, proposed by Albert Bandura, posits that behaviors are learned primarily through observation and imitation. This theory emphasizes the importance of modeling in the learning process, suggesting that individuals can acquire new behaviors by watching others, particularly those they perceive as role models. Author seminal work acmes that reinforcement and punishment also play roles in the learning process, but the act of observing others can significantly impact an individual's behavioral choices and emotional responses (Bandura, 1977).

Programs that incorporate mentoring and peer support allow survivors to observe and learn from individuals who have successfully navigated similar challenges. For instance, Kenny et al. (2016) found that mentorship programs significantly improved the self-efficacy and coping skills of youth facing adversity, demonstrating the power of modeling in raising resilience. Through these programs, survivors can see firsthand

the potential for recovery and the skills necessary to achieve it, reinforcing their own ability to change and adapt.

2.3. Forms of child Abuse

2.3.1. Physical Abuse

Physical abuse is a critical issue that involves the intentional infliction of physical harm on a child. According to the American Academy of Pediatrics, physical abuse is not only a violation of a child's rights but also poses significant risks to their physical and emotional well-being (Flaherty et al., 2006). This form of maltreatment can manifest in various ways, including hitting, beating, slapping, burning, or scalding. It also involves more severe actions such as throwing or shaking a child, or using objects to inflict injury.

The consequences of physical abuse are profound and far-reaching. Immediate injuries include bruises, fractures, or burns, but the long-term repercussions can be even more devastating. Victims often suffer from chronic health issues, which can include conditions such as impaired growth, neurological damage, and susceptibility to various illnesses due to a weakened immune system (Hussey et al., 2006). Furthermore, the psychological impact of physical abuse leads to severe mental health issues; with anxiety, depression, and post-traumatic stress disorder. Research indicates that children who experience physical abuse are on a discriminating risk for developing these disorders, which persist into adulthood (Widom & Czaja, 2006).

Furthermore, the effects of physical abuse extend beyond the individual child, influencing family dynamics and societal structures. Children who grow up in abusive environments may struggle with forming healthy relationships and may perpetuate cycles of violence in their own families (Graham-Bermann et al., 2007). The societal costs are also significant, as physical abuse can lead to increased healthcare needs, legal interventions, and loss of productivity. Addressing physical abuse requires a multifaceted approach, including prevention strategies, intervention programs, and support systems for affected families to break the cycle of violence and promote healing.

2.3.2. Emotional Abuse

Emotional abuse is a significant form of maltreatment that profoundly affect a child's emotional development and sense of self-worth. This type of abuse encompasses a range of harmful behaviours, including verbal abuse such as constant criticism,

threats, and humiliation which can severely undermine a child's confidence and self-esteem. Furthermore, emotional abuse can manifest through rejection or isolation, where a child feels unloved and unsupported, leading to feelings of abandonment. Manipulation and control tactics are also prevalent, where caregivers exert undue influence over a child's thoughts and feelings, encouragement an environment of fear and dependency. Exposure to domestic violence further compounds these issues, as children may witness traumatic events that can distort their understanding of relationships and safety (Rosenberg, 2018).

The consequences of emotional abuse are far-reaching and have lasting effects on a child's mental health and social functioning. Studies have shown that children who experience emotional abuse are at a higher risk for developing low self-esteem, which can hinder their ability to form and maintain healthy relationships later in life (McGee et al., 2011). The emotional scars left by such abuse can manifest as mental health challenges, including anxiety and depression. Research has indicated that the internalization of negative messages from an abusive caregiver can lead to a pervasive sense of worthlessness and despair, contributing to the development of these disorders (Holt et al., 2008).

Moreover, the impact of emotional abuse extends beyond the individual, influencing family dynamics and societal interactions. Children who grow up in emotionally abusive environments may struggle to establish boundaries and trust with others, often leading to cycles of dysfunction in their future relationships (Kendall-Tackett, 2009).

2.3.3. Sexual Abuse

Sexual abuse is a devastating form of maltreatment that includes a range of inappropriate sexual activities involving a child, such as fondling, sexual intercourse, and exposure to sexual content. Study shows that fondling or inappropriate touching can severely disrupt a child's sense of safety and bodily autonomy, leading to feelings of confusion, fear, and shame (Finkelhor, 1994). More extreme forms of abuse, such as sexual intercourse or exploitation, inflict profound trauma, often resulting in long-term psychological consequences, including post-traumatic stress disorder, anxiety, and depression (Briere & Elliott, 2003).

Victims also struggle with trust and intimacy issues in future relationships due to the betrayal of their caregivers or trusted adults, which can hinder their ability to form healthy attachments (Liang et al., 2005). Furthermore, exposure to sexual content or

behaviors can distort a child's understanding of healthy relationships and sexuality, leading to maladaptive coping mechanisms such as substance abuse or self-harm (Snyder et al., 2006). Generally, the literature emphasizes the severe emotional and psychological ramifications of sexual abuse, emphasizing the urgent need for effective intervention and support for survivors to facilitate healing and recovery (Dube et al., 2005).

2.3.4. Child Neglect

The Garden (1911) Child neglect is the failure of a caregiver to provide for a child's basic needs, including food, shelter, education, and emotional support. It can result in serious harm to a child's physical and emotional well-being. Neglect is a critical form of maltreatment defined as the failure to meet a child's basic physical, emotional, educational, or medical needs. It encompasses various forms, including physical neglect, which involves providing inadequate food, clothing, or shelter, leaving children vulnerable to health problems and developmental delays (Sedlak et al., 2010). Emotional neglect refers to the absence of affection, emotional support, or nurturing, which can hinder a child's emotional development and lead to feelings of worthlessness and abandonment (McGee et al., 1995). Medical neglect occurs when caregivers fail to provide necessary medical care, which can exacerbate existing health conditions and lead to long-term physical and psychological issues (Sullivan et al., 2000).

Educational neglect includes not ensuring that a child attends school, resulting in academic underachievement and social isolation (Barth, 2009). The consequences of neglect are profound, often leading to developmental delays, chronic health issues, and significant difficulties in social integration and academic performance. Research shows that neglected children are at a higher risk of experiencing behavioural problems, mental health issues, and challenges in forming healthy relationships later in life (Zeanah et al., 2006).

Neglecting a child's emotional needs or exposing them to domestic abuse is examples of emotional carelessness (Glaser, 2002). A youngster is not always ignored under these circumstances. Cultural norms, community care standards, and poverty might occasionally be contributing variables that show a family needs help or knowledge. Additional child welfare professional involvement may be necessary if a family

disregards information and resources and the kid's needs are not satisfied (Wondie and Yusuf, 2008).

2.4. Causes of Child Abuse

Parental stress and mental health are critical factors influencing the risk of child abuse and neglect. Research consistently shows that high levels of stress, mental health issues, and substance abuse among parents can significantly impair their parenting abilities, leading to abusive behaviors. For instance, Pilowsky (2006) emphasizes that substance abuse not only affects the physical and emotional availability of parents but also increases the likelihood of neglecting their children's needs. Parents struggling with substance abuse often experience diminished capacity to provide adequate care, which can manifest as emotional unavailability, neglect, or even physical abuse.

Furthermore, the relationship between parental mental health and child maltreatment is well-documented. Parents with untreated mental health issues, such as depression or anxiety, may struggle to engage positively with their children, leading to increased stress within the family dynamic (Belsky, 1980). This stress creates a cycle where the parent's mental health deteriorates further due to the challenges of parenting, which in turn can lead to harsher disciplinary measures or neglectful behaviors. The literature suggests that interventions aimed at improving parental mental health can be effective in reducing the risk of child maltreatment, highlighting the importance of addressing these underlying issues to protect children (Chaffin et al., 2004).

Furthermore, the stress associated with parenting, particularly in high-risk environments, can exacerbate existing mental health problems. For example, parents facing economic hardships or social isolation may experience heightened stress levels, which can lead to frustration and, ultimately, abusive behaviors towards their children (Conger et al., 1994).

Socioeconomic factors play a critical role in the prevalence of child abuse, with poverty and lack of resources being significant contributors. Michael (1989) explores how socioeconomic challenges can exacerbate stress for parents, leading to neglectful or abusive behaviors. Study illustrates how financial instability can create overwhelming pressures that hinder a parent's ability to provide a safe and nurturing environment for their children. Families living in poverty often face multiple stressors, including inadequate housing, food insecurity, and limited access to healthcare, all of which can contribute to a cycle of neglect and abuse.

Furthermore, research supports the notion that economic hardship correlates with increased rates of child maltreatment. The American Academy of Pediatrics (2016) reports that families experiencing poverty are at a higher risk for child abuse due to increased stress and diminished resources. As well, the work of Ratcliffe and McKernan (2012) in their study on the effects of poverty on child development emphasizes that children in low-income households are more likely to experience abuse and neglect because their caregivers may struggle to meet basic needs.

The American Humane Association (2014) emphasizes the critical role that strong social networks play in preventing child abuse, noting that support systems can provide emotional assistance, practical help, and resources that mitigate stress. Lack of social support is a significant factor contributing to child abuse, as it leads to increased isolation for parents and heightened stress levels. When caregivers lack a supportive network of family, friends, and community resources, they struggle to cope with the pressures of parenting, making them more susceptible to stress and potential abusive behaviors.

Investigation indicates that parents who feel isolated are more likely to experience feelings of frustration and helplessness, which can increase the risk of maltreatment. A study by Johnson et al. (2009) found that social isolation was strongly correlated with higher rates of child abuse, as isolated parents often lack the necessary coping mechanisms and support to manage parenting challenges. Furthermore, when parents do not have access to community resources, such as parenting classes or mental health services, they may struggle to address their own needs and those of their children effectively. Additionally, the absence of extended family support can exacerbate feelings of loneliness and inadequacy among parents.

The work of Cummings and Davies (2010) shows how familial support can buffer against the stressors of parenting, providing a safety net that reduces the likelihood of abusive situations. Cultural and societal norms significantly influence the prevalence and acceptance of child abuse, particularly through attitudes toward discipline and parenting. A Global Approach (2013), discusses how varying cultural perceptions of discipline can normalize certain abusive behaviors in specific societies. For instance, in some cultures, physical punishment is viewed as an acceptable form of discipline, leading to a higher tolerance for behaviors that might be classified as abuse in other contexts.

Moreover, research by Wulczyn et al. (2010) emphasizes the impact of cultural norms on the reporting and recognition of child abuse. In societies where abuse is stigmatized or minimized, victims may be less likely to seek help, and community members may be less likely to intervene. The study argue that changing societal perceptions and promoting healthier parenting practices are crucial steps in reducing child abuse prevalence.

One more cause of child abuse is a lack of parental love (Ney *et al.*, 1992). The majority of parents who don't love their kids physically mistreat them. Because their love relationships are weak, stepparents would always mistreat children born out of marriage. Conflicts, arguments, and clashes inside the family cause children to be physically abused (Bahmani *et al.*, 2023).

Child labor is likely to result from familial poverty (Longford, 1995). Children are physically abused as a result of the stress that poverty causes for parents. Sometimes parents may assault their children as a form of discipline when they mis-behave. Factors contributing to child abuse include caregivers' drug abuse, sibling rivalry, family separation, and parental pressure, undesirable characteristics like mental retardation or hyperactivity, and potential future abusers. Another type of exploitation is communal violence, such tribal conflicts, where moral deformation happens when youngsters are used in combat and trained to wield weapons (Singer, 2006).

Certain characteristics of children can significantly increase their vulnerability to abuse, particularly disabilities and behavioral problems. Research indicates that children with disabilities are at a higher risk of experiencing maltreatment due to the additional demands placed on caregivers, which can lead to frustration and abusive behavior. For example, Sullivan and Knutson (2000) found that children with disabilities face significantly higher rates of maltreatment compared to their typically developing peers, often because the stress of caregiving without adequate support can lead to harsh disciplinary measures.

Furthermore, children exhibiting behavioral issues, such as aggression or defiance, may elicit harsher responses from caregivers. A study by Lindsey et al. (2014) revealed that caregivers often misinterpret difficult behaviors as signs of disobedience rather than recognizing them as manifestations of underlying issues, which can perpetuate a cycle of negative interactions and increase the risk of abuse. Furthermore, children who are socially isolated or lack peer support are also at greater

risk, as noted by Finkelhor et al. (2015), who found that social isolation can intensify behavioral problems, making children more susceptible to maltreatment.

2.5. Effects of Child Abuse

According to Gilbert et al. (2009), emotional abuse, in particular, lead to significant mental health issues, including anxiety and depression. These emotional scars can manifest in various ways, leading to difficulties in forming healthy relationships and coping with stress. Child abuse has profound and far-reaching effects on an individual's physical, emotional, and psychological well-being. Investigation indicates that survivors of child abuse frequently experience a range of adverse outcomes that can persist into adulthood. Emotionally, children who are abused often develop low self-esteem, feelings of worthlessness, and a pervasive sense of shame.

According to Finkelhor et al. (2021), children who experience abuse are more likely to develop mental health issues that persist into adulthood, with emotional abuse being particularly detrimental to self-esteem and overall psychological health. Psychologically, the impact of child abuse can lead to complex trauma and post-traumatic stress disorder. A study by Lanius et al. (2019) emphasizes that survivors of childhood trauma often exhibit symptoms of dissociation, flashbacks, and heightened anxiety, which can severely impair daily functioning and interpersonal relationships. Additionally, Cloitre et al. (2020) found that individuals with a history of childhood abuse are at a higher risk for developing personality disorders, further complicating their mental health profiles.

Physically, the repercussions of child abuse extend into adulthood, with research demonstrating a strong correlation between adverse childhood experiences and chronic health problems. A meta-analysis by Dube et al. (2020) confirmed that individuals with a history of childhood abuse have a significantly higher risk of conditions such as obesity, cardiovascular disease, and autoimmune disorders. This correlation underscores the necessity of addressing both mental and physical health in rehabilitation efforts for survivors.

Physical abuse causes withdrawal, aggression, anxiety, and fearfulness. Sexual abuse causes guilt, helplessness, and shame, neglect and emotional abuse results in withdrawal, anxiety, depression, fearfulness, drug and alcohol abuse, lethargic, and isolation (Kendall, 2002). In general, child neglect, abuse, violence, and exploitation have multifaceted impacts, including physical, psychological, health-centred, and

emotional harm, making it difficult for a single organization to address the multiple effects (Desta, 2021). Unkindness to children can cause severe physical injuries, death, delinquency, poor school performance, dropout, stunted growth, substance abuse, suicide, anxiety, and fear, depending on the type and duration (Al Odhayani *et al.*, 2013; Young and Widom, 2014).

Socially, the effects of child abuse hinder survivors' ability to form healthy relationships and engage in social activities. Hughes *et al.* (2021) illustrate that survivors often struggle with trust and intimacy issues, leading to isolation and difficulties in establishing supportive social networks. This isolation can perpetuate cycles of loneliness and exacerbate mental health challenges, making it essential for rehabilitation programs to incorporate social support strategies.

2.6. Child protection, Rehabilitation services and challenges

2.6.1. Child protection

Child protection is a critical component of rehabilitation services for survivors of abuse, encompassing a range of legal and policy frameworks designed to safeguard children's welfare. Conversely, Gilbert *et al.* (2011) focus that the implementation of these laws can be inconsistent, often due to limited resources, inadequate training of personnel, and varying interpretations of what constitutes abuse. This inconsistency can lead to gaps in protection and support for children, undermining their safety and well-being. The effectiveness of these frameworks, however, is often challenged by various systemic issues. Legally, child protection laws are intended to provide a safety net for vulnerable children, mandating reporting of suspected abuse and ensuring that appropriate interventions are enacted.

Furthermore, policies surrounding child protection often face challenges related to inter-agency collaboration. Effective rehabilitation services require coordinated efforts among various stakeholders, including social services, healthcare providers, and educational institutions. Nevertheless, Morris *et al.* (2018) note that systemic silos frequently hinder communication and collaboration between agencies, leading to fragmented care and support for survivors.

In addition to systemic challenges, legal frameworks also pose barriers to effective rehabilitation. For instance, the legal processes involved in child protection cases can be lengthy and traumatic for survivors, often re-traumatizing them as they recount their experiences in court. McGee *et al.* (2020) emphasize that the adversarial nature

of legal proceedings can exacerbate the emotional distress of child survivors, making it crucial for legal systems to adopt trauma-informed approaches that prioritize the well-being of the child. Moreover, there are on-going debates regarding the balance between protecting children and respecting family integrity. Policies aimed at child protection can sometimes lead to unnecessary family separations, which, as noted by Holt (2015), further complicate the rehabilitation process.

Several international law and policies established with related to child protection. International policies on child protection include the UNCRC (Assembly, 1989), WHO and International Labor Organization (2020). UNCRC protects children from abuse and neglect, emphasizing rehabilitation and reintegration, WHO guidelines promote medical treatment and survivors' rehabilitation, while ILO conventions cover exploitation and abuse in child labor.

In order to prevent and address violence against children, the Ethiopian government has put in place child protection laws, such as the African Charter on Rights and Welfare of the Child and the UN Convention on the Rights of the Child. This approach is human rights-based, emphasizing prevention and government accountability. Ethiopia's Proclamation No. 540/2007 establishes children's rights and mandates government protection against maltreatment. The 2004 Criminal Code makes child abuse offenses illegal, with varying enforcement (Blackburn and Matthews, 2011). The National Child Policy in Ethiopia aims to protect children's rights and well-being by preventing and providing rehabilitative assistance, and enhancing communication between government departments and interested parties (Federal Democratic Republic of Ethiopia, 2017).

Ethiopia has made significant strides in a number of child well-being metrics, but children continue to confront a wide range of social and economic obstacles. Ethiopia enacted its first national child-related legislation in 2017 (Kebede and Collins, 2022). The African Child Policy Forum and the Ethiopian Red Cross Society are promoting child rights and welfare in Ethiopia, supporting programs addressing abuse, providing emergency support, community-based protection mechanisms, and psychosocial support (Marshall D., 2006; Goel V., 2009). Ethiopia's legal framework for child abuse protection and rehabilitation faces challenges in funding, training, cultural perceptions, and inter-agency coordination (Mulatu and Messele, 2014).

2.6.2. Rehabilitation services and challenges

Rehabilitation services are essential for supporting survivors of child abuse, offering a range of interventions aimed at facilitating recovery and enhancing overall well-being. These services typically include therapeutic support, educational assistance, and social reintegration programs designed to address the complex needs of survivors. However, various challenges can impede the effectiveness of these services, limiting their ability to provide comprehensive care. Rehabilitation services aim to improve a person's physical, social, cognitive, and emotional functioning (Wilson, 2008; Liberman, 2009; Veltro *et al.*, 2011; Barbic *et al.*, 2013).

One significant challenge is the availability of resources. Many rehabilitation programs face financial constraints that affect their capacity to deliver timely and effective services. For instance, Perry *et al.* (2018) focus that underfunding can lead to inadequate staffing, insufficient training, and limited therapeutic options, resulting in long waiting periods for crucial services. This scarcity not only delays recovery but can also exacerbate the psychological distress experienced by survivors, as they may not receive the support they need when they need it most.

Survivors of child abuse often present with complex trauma histories that require specialized therapeutic approaches. However, many rehabilitation services lack the training necessary to implement trauma-informed practices effectively. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) emphasizes that a trauma-informed approach is vital for creating safe environments where survivors can begin their healing journeys. Without this framework, survivors may feel misunderstood, potentially leading to further psychological harm.

Furthermore, the integration of services is frequently lacking, which can hinder comprehensive rehabilitation. Effective care for child abuse survivors requires coordination among various systems, including mental health, education, and social services. However, Morris *et al.* (2018) note that systemic silos and communication barriers often lead to fragmented care, where survivors do not receive the holistic support necessary for their recovery.

Child abuse survivors require rehabilitation services with complex trauma, requiring trauma-informed care, multidisciplinary collaboration, trust, safety, age-appropriate services, and long-term support, overcoming barriers and emotional challenges (Evers, 2018; Brown, 2022). Child abuse survivors in Ethiopia face challenges in

rehabilitation programs due to inadequate funding, lack of trained professionals, cultural barriers, and fragmentation among organizations, requiring better coordination and support (Getnet, 2001, Daniel, 2016). Ethiopian child abuse survivors' rehabilitation organizations are enhancing their effectiveness through regular meetings, child protection networks, and joint programs (Abose, 2016).

Cultural competence is another significant challenge facing rehabilitation services. Survivors come from diverse backgrounds, each with unique cultural beliefs and values that impact their experiences and responses to treatment. A lack of cultural sensitivity hinders the therapeutic relationship and reduces the effectiveness of interventions. Research by Sue et al. (2009) underscores the importance of culturally competent care, which is essential for engaging survivors and ensuring their needs are met in a respectful and understanding manner.

Finally, stigma surrounding mental health and the experiences of abuse can deter survivors from seeking help. Many individuals feel shame or fear judgment, leading them to avoid rehabilitation services altogether. Sweeney et al. (2016) found that stigma significantly impacts help-seeking behaviors, indicating a pressing need for public awareness campaigns aimed at reducing stigma and encouraging survivors to access the support they require.

2.7. Strategies for Improving Rehabilitation Services for Child Abuse Survivors

2.7.1. Implement Trauma-Informed Care

Adopting a trauma-informed care approach is essential for enhancing the effectiveness of rehabilitation services for child abuse survivors. TIC recognizes that trauma profoundly affect individuals' emotional and psychological well-being, shaping their behaviors and interactions. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), trauma-informed care promotes crucial principles such as safety, trustworthiness, peer support, collaboration, empowerment, and cultural humility. By embedding these principles into service delivery, organizations can create environments where survivors feel respected and understood.

To effectively implement TIC, it is crucial to provide regular training and workshops for practitioners involved in service delivery. Training should focus on the nature of trauma and its psychological impacts, equipping staff with the tools to recognize

trauma-related behaviors and responses. Harris and Falot (2001) focus that trauma-informed practices significantly improve service delivery, resulting in a more supportive and responsive environment for survivors, this training not only enhances staff skills but also fosters a culture of empathy and awareness within the organization.

Creating a trauma-informed environment involves more than just training; it requires systemic changes in policies and practices that prioritize the safety and dignity of survivors. For example, organizations should ensure that all interactions with survivors are respectful and that they have a voice in their care decisions. Bloom (2013) asserts that when survivors feel safe and respected, they are more likely to engage meaningfully in the rehabilitation process. This sense of empowerment is fundamental to effective recovery, as survivors who feel respected are more inclined to share their experiences and collaborate with practitioners.

Moreover, incorporating trauma-informed principles can enhance the overall therapeutic relationship between staff and survivors. According to Felitti et al. (1998), strong therapeutic alliances are associated with better outcomes in mental health treatment. When practitioners understand the effects of trauma and approach their work with sensitivity, they can build trustful relationships that are critical for effective rehabilitation. Finally, ongoing evaluation and feedback mechanisms are essential to ensure that trauma-informed practices are effectively implemented and continually improved. Research by Sweeney et al. (2016) emphasizes the importance of evaluating the impact of TIC on service delivery and client outcomes. By actively seeking feedback from survivors on their experiences, organizations can adapt their services to better meet the needs of those they serve.

2.7.2. Inter-Agency Collaboration

Creating a robust network of collaboration among various agencies involved in child protection, mental health, and education is essential for effectively supporting child abuse survivors. Inter-agency collaboration facilitates a comprehensive approach to rehabilitation by ensuring that all stakeholders such as social services, healthcare providers, and educational institutions work together towards common goals. Research indicates that fragmented services lead to gaps in care, which can hinder the recovery process for survivors (Morris et al., 2018).

According to Bruner et al. (2019), formalized agreements enhance accountability and streamline processes, allowing for more efficient and coordinated care. Through creating standardized communication channels, agencies can share critical information regarding a child's needs, progress, and any ongoing concerns, which is essential for timely interventions. Regular inter-agency meetings are another important strategy for fostering collaboration. These meetings provide a platform for agencies to align their goals, share best practices, and discuss case management strategies.

Morris et al. (2018) emphasize that such collaborative efforts can help dismantle systemic silos that often exist in child protection and mental health services. By fostering an environment of open communication and mutual respect, agencies can better support each other and create a unified approach to rehabilitation. Furthermore, integrating data-sharing systems can enhance collaboration by providing real-time access to information across agencies. This integration allows for quicker responses to emerging issues and facilitates a more holistic understanding of a survivor's circumstances. Study by Hernandez et al. (2020) suggests that data-sharing initiatives can significantly improve service delivery and outcomes for children by promoting a comprehensive view of their needs and experiences.

2.7.3. Promote Cultural Competence

Ensuring that rehabilitation services are culturally sensitive and tailored to meet the diverse needs of survivors from various backgrounds is crucial for effective support and healing. Cultural competence involves understanding and respecting the unique cultural identities, values, and experiences of individuals, which can significantly impact their recovery from trauma. Research shows that culturally competent care improves engagement and satisfaction among clients, ultimately leading to better outcomes (Sue et al., 2009).

To promote cultural competence within rehabilitation services, it is essential to provide comprehensive training for all staff members. This training should focus on the principles of cultural competence, including self-awareness, understanding cultural differences, and recognizing the impact of systemic biases. According to Betancourt et al. (2016), training programs that emphasize these elements can enhance practitioners' ability to engage effectively with diverse populations. Such

training not only equips staff with the necessary skills but also fosters an organizational culture that values diversity and inclusion.

Incorporating the perspectives and practices of different communities into service delivery is another vital strategy. This can be achieved by engaging with community leaders and members to gain insights into cultural nuances and specific needs. Kirmayer et al. (2011) emphasize that understanding cultural beliefs and practices can help tailor interventions that resonate with survivors' experiences. For instance, integrating culturally relevant healing practices or community resources can enhance the effectiveness of rehabilitation efforts and promote trust between survivors and service providers.

Furthermore, ongoing evaluation and feedback mechanisms should be established to assess the effectiveness of culturally competent practices. Collecting input from clients about their experiences and perceptions can provide valuable information for continuous improvement. Research by Tervalon and Murray-García (1998) suggests that organizations that prioritize cultural competence through regular assessment and adaptation are better positioned to meet the needs of diverse populations.

2.7.4. Public Awareness and Reduce Stigma

Launching public awareness campaigns aimed at reducing the stigma associated with mental health and child abuse is essential for encouraging survivors to seek help. Stigma can create significant barriers for individuals who have experienced abuse, leading to feelings of shame, isolation, and reluctance to access necessary support services. Research indicates that stigma not only affects help-seeking behaviors but can also exacerbate mental health issues among survivors (Sweeney et al., 2016).

One effective approach to reducing stigma is to utilize social media platforms. These platforms can reach a broad audience quickly and facilitate the sharing of personal stories and resources. According to Naslund et al. (2016), social media can serve as a powerful tool for advocacy and support, allowing individuals to connect, share experiences, and foster community. Campaigns that highlight the experiences of survivors, along with messages of hope and recovery, help to normalize discussions around mental health and abuse, thereby reducing stigma.

Wang et al. (2020) found that community engagement initiatives significantly improve awareness and can lead to increased help-seeking behaviors among individuals affected by abuse.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlines the methodological approach implemented in this study. This includes an overview of the research design and the rationale for adopting a qualitative research approach. The chapter also provides information regarding the research context including participants' selection, data collection procedures and analysis techniques. My role as a researcher is then discussed together with some issues surrounding validity, reliability and ethics.

3.2. Description of the Study Area

Adama City, located in the Oromia Region of Ethiopia, serves as the administrative center of the Adama City Administration. Situated approximately 100 kilometers southeast of Addis Ababa, it has become a vital hub for trade and transportation. According to Central Statistical Agency of Ethiopia (2021) the city covers an area of about 50 square kilometers and is home to a diverse population exceeding 400,000 residents, reflecting various ethnicities and cultures, with Oromiffa being the predominant language. The economy is primarily driven by agriculture, trade, and industry, with several markets and manufacturing sectors contributing to its economic vitality.

The Adama City Administration operates under a structured governance system that includes various departments responsible for different aspects of city management. Key administrative bodies include the Mayor's Office, which oversees city planning and development, and departments focused on education, health, and social services. These entities work collaboratively to implement policies and programs aimed at improving the quality of life for residents, particularly vulnerable populations, including children.

Adama City has made significant investments in facilities and services aimed at supporting children in need. The city hosts several educational institutions, ranging from primary schools to secondary schools and vocational training centers, designed to provide quality education and skills development. Additionally, there are healthcare facilities, including clinics and hospitals that cater specifically to children's health needs. Social services, including child protection programs and rehabilitation centers,

are also integral to the city's response to vulnerable children. These facilities aim to address the needs of abused or neglected children, offering rehabilitation and support services to help them reintegrate into society. Community organizations and NGOs also play a vital role in providing additional support and resources to children and their families (Adama City Administration Official Reports, 2024)

3.3. Research Design

The research design is guided by Creswell's (2014) definition of research design as a comprehensive plan that integrates various techniques, philosophical approaches, and inquiry methodologies. This framework facilitates the systematic collection, analysis, and interpretation of data pertinent to the study's focus on rehabilitation services for child abuse survivors. In line with this approach, the study adopts an exploratory design, as articulated by Creswell and Clark (2011). This design is particularly suitable for examining complex issues surrounding child abuse rehabilitation, allowing for the simultaneous collection and analysis of qualitative data through in-depth interviews, focus group discussions, and secondary source data.

The exploratory design is ideal for this study because it enables a deep dive into an area that lack extensive prior research. Creswell and Clark (2011) note that exploratory research is effective in uncovering new insights and understanding the experiences of specific populations. By employing in-depth interviews and focus group discussions, the study were gathered diverse perspectives from various stakeholders, including survivors, caregivers, and service providers, thus enriching the data and providing a holistic view of the rehabilitation services available.

3.4. Research Approach

This study employs a qualitative research approach, which best supports the fundamental research question focused on rehabilitation services and associated challenges for child abuse survivors. This approach positions the study paradigm in the middle of the possible continuum of methodological choices, balancing the need for depth and context in understanding complex social issues. Qualitative research allows for an in-depth exploration of experiences and perceptions, essential for understanding the nuanced realities faced by child abuse survivors (Denzin & Lincoln, 2011). Its flexibility in data collection methods, such as interviews and focus groups, enables researchers to adapt based on participants' responses, which is crucial in sensitive areas like child abuse rehabilitation (Creswell, 2014).

Furthermore, qualitative research emphasizes the importance of context in shaping individuals' experiences, acknowledging that reality is socially constructed and influenced by various factors, such as culture and environment (Merriam & Tisdell, 2015). Through prioritizing participants' voices, this approach facilitates a deeper understanding of their needs and the effectiveness of existing rehabilitation services, making it particularly relevant for studies involving vulnerable populations (Patton, 2015). Furthermore, the ability to triangulate data from multiple sources enhances the credibility and reliability of the findings (Creswell, 2014).

3.5. Types and Sources of Data

The study was utilizing both primary and secondary source of data. The primary source of quantitative data was gathered through, in-depth interviews; focus group discussion and key interview. The qualitative data were providing insights into participants' subjective experiences, perceptions, and interpretations regarding the issue. Merriam and Tisdell (2016) emphasize that qualitative methods, such as interviews, allow researchers to gain a deeper understanding of the contextual factors and nuances shaping these relationships. Furthermore, the study was incorporate secondary data sources, including organizational records, reports, and archival documents, which will offer valuable insights into the historical and current performance. Yin (2018) advocates for the use of multiple data sources to enable data triangulation, thereby enhancing the validity and reliability of the research findings.

3.6. Target Population

The target population for this study, as defined by Creswell (2015), includes the entire group of individuals from whom researchers seek to generalize their findings. Specifically, the target population consists of victimized children, their families, and stakeholders involved in their rehabilitation. This includes police officers, prosecutors, and medical professionals whose roles and concerns are closely related to the studies focus on rehabilitation services for child abuse survivors. Through engaging these diverse groups, the study aims to capture a comprehensive understanding of the challenges and needs associated with rehabilitation, ensuring that the perspectives of all relevant stakeholders are considered.

3.7. Sampling Techniques and Sample Size

In this study, sampling techniques were critical in identifying, selecting, and engaging participants to provide relevant data. According to Patton (2015), sampling techniques

are defined as the procedures used to gain access to pertinent data sources. The researchers employed purposive sampling to determine the sample size, focusing on specific characteristics aligned with the study's objectives. Participants were selected based on criteria that included being survivors of child abuse, falling within a particular age range, and having engaged with rehabilitation services.

The sample size was guided by the concept of data saturation, which indicated that data collection continued until no new insights emerged, ensuring comprehensive understanding of the research problem. Access to participants was facilitated through collaboration with local organizations, shelters, and rehabilitation centre, allowing the research team to approach potential participants sensitively and ethically. By utilizing these purposive sampling techniques, the study aimed to gather rich qualitative data that emphasized the challenges faced by child abuse survivors in accessing rehabilitation services, ultimately contributing to more effective interventions and support systems.

Consequently, the study involved two participants from focus group discussions and nine key informant interviews (KIIs). The focus group discussions provided insights into the collective experiences of child abuse survivors, while the key informant interviews offered detailed perspectives from individuals with specialized knowledge about rehabilitation services. Furthermore, relevant documents were reviewed to complement the data collected from participants, ensuring a comprehensive understanding of the challenges faced by child abuse survivors in accessing these services. This multi-faceted approach enriched the study's findings and contributed to a more nuanced analysis of the issues at hand.

3.8. Method of Data Collection

To attain the research objectives and enhance the validity of the findings, this study was utilizing qualitative data collection methods. The study included one focus group discussion comprising 12 members, which consisted of survivors of child abuse, police officers, prosecutors, and medical professionals. These participants were selected due to their roles and concerns being closely related to the study's focus on rehabilitation services for child abuse survivors. The involvement of law enforcement and legal representatives provided valuable insights into the legal and procedural aspects of handling child abuse cases, while medical professionals contributed perspectives on the health and psychological needs of survivors. This diverse group

facilitated a comprehensive dialogue about the challenges and barriers faced in providing effective rehabilitation services. Through their shared experiences and expertise, the focus group aimed to identify crucial issues and potential areas for improvement in the support systems available to child abuse survivors, thereby enriching the study's overall findings.

In addition to the focus group, nine key informant interviews (KIIs) were conducted with individuals who had specialized knowledge related to child abuse rehabilitation services. These informants included social workers, psychologists, and representatives from local organizations that support survivors. The KIIs were designed to gather expert insights into the systemic challenges and resources available for rehabilitation. This approach allowed the researchers to triangulate data by incorporating expert opinions and experiences, which enriched the overall findings of the study.

To further deepen the understanding of individual experiences, in-depth interviews were conducted with select participants from both the focus group and the key informant pool. These interviews provided an opportunity for participants to elaborate on their personal stories, challenges, and the effectiveness of the rehabilitation services they accessed. The in-depth interviews were semi-structured, guiding participants through key topics while allowing for flexibility to explore significant issues that arose during the conversation. This method ensured that the nuances of each survivor's experience were captured, providing a comprehensive view of the rehabilitation landscape.

To complement the qualitative data collected through discussions and interviews, relevant documents were reviewed. These documents included reports from local organizations, policy papers on child welfare, and case studies related to rehabilitation services for survivors of child abuse. The document review served to contextualize the findings, providing background information and supporting evidence for the themes identified in the qualitative data.

3.9. Method of Data Analysis

The method of data analysis in this study focused on a qualitative approach. The analysis involved several systematic steps to ensure a thorough examination of the data collected from focus group discussions, key informant interviews, and in-depth interviews, along with document analysis. To begin, all interviews and focus group discussions were recorded, with participants' consent, and subsequently transcribed

verbatim to maintain the integrity of the data. This transcription process provided a comprehensive textual dataset for analysis, allowing for a detailed examination of participants' responses.

The primary method employed for analysing the qualitative data was thematic analysis, which involved multiple phases. Initially, the researcher familiarized themselves with the data by reading the transcripts several times to identify preliminary patterns and themes. Following this, thematic coding was applied, where the researcher developed a coding framework based on both the research questions and emerging themes. This included inductive coding to allow new themes to emerge and deductive coding to apply pre-existing themes relevant to rehabilitation services.

For the analysis of data collected from key informant interviews (KIIs), several systematic steps were undertaken. After transcription, the data was thematically coded to identify key themes and patterns related to the main research questions, such as types of child abuse, barriers to reporting, the effectiveness of rehabilitation services, and community awareness.

Contextual analysis was also performed, considering the roles and expertise of the informants, such as police officers, social workers, and medical professionals, to frame their responses within the broader social and legal landscape of child abuse. Insights from different key informants were cross-referenced to focus commonalities and discrepancies, enriching the analysis and allowing for a nuanced understanding of the issues at hand. Similarly, the analysis of focus group discussions followed a distinct yet complementary approach. FGDs were recorded and transcribed, with special attention paid to capturing participant interactions, which often revealed important insights.

Thematic coding was applied to identify recurring themes and topics discussed, and a narrative analysis was conducted to capture the storytelling aspect of participants' contributions, providing depth to the findings. The dynamics within the group were also considered, including how participants interacted and the influence of dominant voices, which helped in understanding the collective perspective. In addition to the qualitative interviews and discussions, document analysis was utilized to further enrich the study's findings. Relevant documents, such as reports from local organizations and policy papers on child welfare, were reviewed to provide context and support the insights derived from the qualitative data.

After analysing the data from both the key informant interviews and focus group discussions, the findings were integrated to provide a comprehensive understanding of child abuse in the community. This integration allowed for triangulation, where insights from various sources complemented and enriched one another, leading to more robust conclusions and recommendations. The data analysis process was systematic and reflective, ensuring that the voices of participants were accurately captured and meaningfully interpreted to inform the study's objectives.

3.10. Quality Assurance

Quality assurance in qualitative research is crucial for ensuring the dependability and trustworthiness of findings. In this study, to uphold high standards of quality in data collection and analysis, appropriate participants were selected, a substantial sample size was utilized, and data triangulation techniques were employed. In the context of this study, validity referred to the trustworthiness, credibility, and authenticity of the data collected. According to Patton (2015), validity encompasses the degree to which research accurately reflects the concepts it intends to measure. To ensure the accuracy of the information gathered, several strategies were employed. First, content validity was prioritized by carefully crafting the interview questions and discussion prompts to thoroughly cover the relevant themes related to the study objectives. The researcher consulted with experts in the field, including advisors and practitioners, to review the interview guidelines, ensuring they aligned with the research goals and effectively captured the experiences of child abuse survivors and key stakeholders.

Data dependability was essential for ensuring that the findings of the research were stable and consistent over time. Creswell (2015) defined dependability as the extent to which an assessment tool produces consistent results. To ensure the reliability of the data collected in this study, several crucial activities were undertaken. First, a pilot test was conducted with a small group of participants who engaged in the focus group discussions and key informant interviews. This test-retest method evaluated the consistency of their responses over time. Data obtained from interviews, inter-rater reliability was established by having multiple coders independently analyse the transcripts. The degree of agreement among coders was measured to ensure that the qualitative findings were credible and consistent.

3.11. Ethical Consideration

In this study, the study adhered to essential ethical principles to safeguard the rights of participants involved in the research, particularly given the sensitive nature of the subject matter concerning child abuse survivors. These ethical considerations were crucial for maintaining high standards while conducting research with human subjects and ensuring that their well-being and dignity were prioritized throughout the process. One of the primary ethical standards we upheld was voluntary participation. Participants were given the freedom to choose whether or not to engage in the study without any pressure or coercion. This principle was emphasized during recruitment, where potential participants were informed that their involvement was entirely voluntary and that they could withdraw at any time without facing any negative consequences.

Informed consent was another critical component of our ethical framework. Before participation, we provided prospective participants with comprehensive information about the study's objectives, procedures, potential benefits, and risks. This information was communicated clearly and understandably, enabling participants to make informed decisions about their involvement. Participants were required to sign informed consent forms, indicating their understanding and agreement to participate in the study.

To protect participants' privacy, we strictly upheld confidentiality. No identifying information, such as names or personal details, was collected during the research process. Instead, participants were assigned unique identifiers to ensure that their responses remained anonymous. This approach was vital in creating a safe environment for participants to share their experiences openly, particularly given the sensitive nature of child abuse.

Additionally, we ensured that clear communication was maintained throughout the study. Participants were informed about the purpose of the research, the methods of data collection, and how their contributions would be used. This transparency helped build trust and encouraged honest participation. Furthermore, all research activities were conducted only after obtaining approval from relevant authorities, such as independent review boards. This step was essential in ensuring that the study met ethical standards and that the rights of participants were protected throughout the research process.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1. Introduction

This chapter presents the results and discussions of the responses gathered from the respondents through FGD, in-depth interview, and key informant interview data collected from respondents was analyzed and interpreted using qualitative analysis. To analyze the collected data in line with the general objective of the research the study used different mechanisms of data analysis.

4.2. Demographic characteristics

The strong representation of respondents' background is a fundamental aspect of research analysis, providing valuable insights into the demographics and characteristics of the participants. In this study, the collected data was precisely analysed based on various crucial characteristics, including gender, age, marital status, and educational background of the respondents.

The focus group consisted of twelve participants, eight of who were male and four female. The mean age of this group was 26.20 years ($SD = 1.48$), representing a relatively young demographic. On average, participants had received a diploma, reflecting a certain level of educational attainment. In terms of marital status, seven participants were married, three were single, one was divorced, and one was widowed. This diversity in marital status provides a broader understanding of the participants' life circumstances.

The nine participants involved in in-depth interviews included six males and three females. This group had a higher mean age of 28.30 years ($SD = 1.13$), suggesting that these individuals have more life experience compared to those in the focus groups. On average, interview participants had attained a first degree, indicating a higher level of education. Regarding marital status, six were married, two were single, and one was widowed, further diversifying the demographic composition.

Generally, nearly all respondents expressed their views articulately, contributing to a rich qualitative dataset. The varied backgrounds of both focus group and interview participants enhance the depth of the research findings, providing a comprehensive understanding of the issues at hand. Analyzing these demographics is essential for contextualizing the perspectives shared by participants and for informing future research and interventions.

4.3. Practices of Rehabilitation Programs for Child Abuse Survivors

Through applying thematic analysis to the transcripts, informed by Grounded Theory procedures, I systematically analysed the re-entry experiences of my participants. I read and re-read the transcripts multiple times while listening to the recordings to familiarize myself with the participants' accounts and to verify the accuracy of the transcriptions. Explanatory quotes from the interviews are presented in this section to illustrate the findings and themes generated during the analysis. This approach also provides evidence for my interpretation of the raw data, adopting an inductive method where researchers move from specific observations to broader generalizations to explain a phenomenon.

Moreover, using participants' quotes reveals the variety and complexity of responses, emphasizing the personal nature of re-entry. Themes were selected from the participants' accounts based on their significance to the participants, the extent to which they discussed each theme, and the passion they expressed regarding specific issues, as reflected in their choice of language.

Interviewer: *"Could you provide an overview of the rehabilitation centre?"*

Badhane: *"Thank you for the opportunity.... I am "the Team Leader for Child Protection and Safety." At the AWSAD facility, we only admit female children, which are important to note"[...]" however, we currently have four male children who are without proper shelter.....There is prominence a significant gap in our services for boys...."*

Badhane impression of the AWSAD facility emphasizes its commitment to supporting female children, as the centre exclusively admits girls who have experienced trauma or abuse. This gender-specific focus allows for personalized programs that address the unique needs of female survivors, creating a safe environment conducive to healing and personal development. Nevertheless, respondent also address a significant challenge: the presence of four male children at the facility who lack proper shelter, indicating a critical gap in services for boys. This situation reveals a broader systemic issue within the rehabilitation landscape, as male survivors often face unique challenges, including societal stigma that prevent them from seeking help. It is essential for rehabilitation services to be inclusive and responsive to the needs of all genders to ensure that no child is left without support. Through recognizing and

addressing this gap, rehabilitation centres can work towards creating a more equitable system that effectively supports the recovery of all children, regardless of gender.

Interviewer: *"What facilities are currently available for rehabilitation?"*

Badhane: *"We have two main rehabilitation centres and Temporary Family Care options, but all are government-run and non-profit, with no private facilities available....."*

Respondent response outlines the current landscape of rehabilitation facilities available for children, emphasizing the role of government and non-profit organizations in providing essential services. The mention of two main rehabilitation centers indicates that there are structured environments dedicated to supporting children who have experienced abuse or trauma. These centers typically offer a range of services, including: counseling and mental health support professional therapists and counselors provide emotional and psychological support to help children process their experiences and develop coping strategies. Rehabilitation centers often include educational support to help children continue their learning, which is crucial for their development and reintegration into society.

Numerous centers focus on teaching essential life skills, such as communication, problem-solving, and self-care, which are vital for fostering independence. Respondent focus on the availability of Temporary Family Care options, which are essential for providing children with a safe and nurturing environment while their families work toward stability. This program allows children to stay with examined families for a limited time, ensuring they receive care and support during transitional periods. The fact that all facilities are government-run or non-profit stresses the commitment to providing services that prioritize the well-being of children over profit.

This model often allows for more accessible services for families in need. But, it also points to potential challenges, such as limited resources and funding, which affect the quality and availability of services. Respondent note about the absence of private facilities indicates a gap in the system that limits options for families seeking rehabilitation services. Private facilities often have more flexibility in funding and resources, which enhance the quality of care.

Interviewer: *"What about children with unique needs?"*

Jirra: *"The Bethel Children's Home cares for 33 children, including 10 with special needs like autism..... They receive tailored educational support to help meet their individual requirements "[...]"*

Jirra response focuses on the important role of the Bethel Children's Home in providing specialized care for children with unique needs, particularly those with disabilities such as autism. The mention of tailored educational support is crucial, as children with special needs often require individualized learning plans that cater to their specific abilities and challenges. This personalized approach ensures that each child receives the attention and resources necessary to thrive academically and socially. For instance, including specialized teaching methods, adaptive technologies, and individualized attention can significantly enhance their learning experiences and outcomes (Morris et al., 2019).

For children with autism, structured environments and predictable routines can be particularly beneficial. Programs that focus on social skills development, communication strategies, and behavioural interventions can help these children navigate their interactions with peers and caregivers more effectively. Research has shown that early intervention and specialized support lead to improved developmental trajectories for children with autism, fostering greater independence and social integration. Respondent emphasis on caring for 33 children, including those with special needs, reflects a commitment to inclusivity and comprehensive care. This approach not only addresses educational needs but also considers the emotional and psychological well-being of these children. Providing a supportive environment where children feel accepted and understood is essential for their overall development.

Interviewer: *"What service you center provides to children found on the streets?"*

Jirra: *"We provide temporary shelter for these children and work diligently to reunite them with their families whenever possible "[...]" our aim is to ensure their safety and well-being....."*

Jirra response focus the essential services provided by the centre for children found on the streets, emphasizing both immediate support and long-term goals. The provision of temporary shelter is a critical first step in ensuring the safety of these vulnerable children. Street-involved children are often exposed to numerous dangers, including

violence, exploitation, and neglect. Through offering a safe space, the centre not only protects them from immediate harm but also provides a stable environment where their basic needs such as food, clothing, and hygiene can be met. Investigation indicates that stable shelter is foundational for promoting the well-being of street children and is a vital component of effective child welfare strategies (Morris et al., 2019).

Respondent also mentions the centre commitment to working diligently to reunite children with their families whenever possible. This focus on family reunification is crucial, as maintaining familial connections significantly contribute to a child's emotional stability and identity. Successful reconsolidation often involves assessing family dynamics, providing support services to address underlying issues such as economic hardship or parental neglect, and ensuring that the home environment is safe for the child (Harris et al., 2020). The all-encompassing aim of ensuring the safety and well-being of children underscores the centre's holistic approach to care. By addressing both immediate needs through shelter and long-term needs through family reunification, the centre promotes an environment where children can begin to heal and thrive. This dual focus is vital for promoting resilience and supporting the inclusive development of children who have faced significant adversity. Facilitator asks what kinds of abuse these children are experiencing.

"Children face various forms of abuse, including physical, sexual, and psychological abuse, as well as labor exploitation and neglect..... It's heart-breaking to see how many children have been abandoned....."
(Chalchissa)

Chalchissa response underscores the diverse and severe forms of abuse that children experience, each with its own profound impact on their well-being. Physical abuse involves the infliction of bodily harm, which manifest as hitting, beating, or other forms of violence. This type of abuse not only causes immediate physical injuries but also lead to long-term psychological issues, including anxiety, depression, and post-traumatic stress disorder. Study shows that children who experience physical abuse are at a higher risk for developing behavioral problems and difficulties in forming healthy relationships later in life (Smith & Fong, 2019).

Sexual abuse is another critical concern, encompassing a range of inappropriate behaviors, from molestation to exploitation. Victims of sexual abuse often face significant emotional and psychological trauma, which hinder their ability to trust others and lead to feelings of shame and isolation. The long-term repercussions of sexual abuse can be devastating, affecting a child's mental health and development.

Psychological abuse, which includes emotional neglect, verbal abuse, and manipulation, can be equally damaging. This form of abuse undermines a child's self-esteem and lead to lasting mental health issues. Children subjected to psychological abuse struggle with feelings of worthlessness and find it challenging to form healthy attachments, impacting their social development (Morris et al., 2019).

Labor exploitation involves forcing children to work under hazardous and exploitative conditions, often depriving them of their right to education and a safe childhood. This form of abuse not only violates children's rights but also lead to physical harm and long-term developmental issues. Neglect, which involves failing to provide for a child's basic needs such as food, shelter, and emotional support is a pervasive form of abuse that occur in various contexts.

Secondary data also support the above finding incidents of child abuse in Adama City
 Table 1: Child abuse cases registered between age groups.

Age category	Number	Percent (%)
0_4	22	6.71
5_9	57	17.38
10_14	59	17.98
15_17	118	35.98
>18	72	21.95
Total	328	100

Table 1 discloses critical comprehensions into child abuse cases registered across various age groups between 2023 and 2024. A total of 328 cases were documented, with notable variations in incidence among the different age categories. The age group of 15-17 years is particularly concerning, as it accounts for the highest

proportion of cases at 35.98% (118 cases). This suggests that older adolescents face unique vulnerabilities that require targeted attention and intervention.

Younger children aged 0-4 years show the lowest incidence of reported abuse, with only 6.71% (22 cases). This shows improved awareness and reporting mechanisms for this age group, or it reflects underreporting due to various factors, including the inability of very young children to communicate their experiences. In contrast, the age groups of 5-9 years and 10-14 years, with 17.38% (57 cases) and 17.98% (59 cases) respectively, focus that school-age children are also at significant risk of abuse, warranting continued vigilance and support.

Facilitator: *"Where is this abuse coming from?"*

Jallisa: *"Abuse can stem from several sources....., including family members, relatives, neighbors, and even caregivers in institutional settings, where children may unfortunately suffer physical harm....."*

Jallisa's response addresses the complex and multifaceted nature of child abuse, indicating that it originates from various sources within a child's environment. One of the primary sources of abuse is from family members. Domestic environments, which are ideally meant to provide safety and support, sometimes become the site of physical, emotional, or sexual abuse. Study shows that familial abuse is often rooted in cycles of violence, where patterns of aggression are perpetuated across generations (Smith & Fong, 2019). Abuse also occurs at the hands of extended family members or neighbors. These individuals exploit their positions of trust, leading to a betrayal that has devastating effects on a child's emotional and psychological well-being. Unfortunately, abuse also happens in institutional settings, such as schools, orphanages, or foster care environments. Caregivers who are supposed to protect and nurture children instead inflict harm, whether physical or emotional. The facilitator asks what role the health office plays in supporting these children according to Jallisa.

"A health officer is dedicated to providing essential health services to children in need, focusing on preventing and treating injuries..... With seven years of experience, this officer is committed to the well-being of affected children....." (Jallisa).

The response emphasizes the crucial role that health officers play in supporting children in need, particularly those who are at risk or have experienced trauma. The

dedication of a health officer to providing essential health services is vital for addressing both immediate and long-term health issues faced by these children. According to respondent one of the crucial responsibilities of the health officer is to focus on preventing and treating injuries. With seven years of experience, the health officer brings valuable expertise to the role. This experience is crucial for understanding the unique challenges faced by at-risk children and for developing effective interventions tailored to their needs. Experienced health professionals are better equipped to recognize the signs of abuse or neglect and can respond appropriately, ensuring that children receive the necessary support and resources (Harris et al., 2020).

Generally, the health officer's commitment to the well-being of affected children focuses the importance of having dedicated professionals in health services. Through providing comprehensive care that includes prevention, treatment, and education, health officers play a critical role in enhancing the total health outcomes of vulnerable children. Their efforts contribute not only to physical recovery but also to the emotional and psychological resilience of children, facilitating their reintegration into society and promoting healthier futures.

Facilitator: *"What health services are available for at-risk youth?"*

Lelisa: *"We offer rapid HIV testing and implement preventive measures for at-risk youth..... However, there is a critical need for on-going community education about health issues and the resources available to families....."*

Lelisa comprehensions focus the critical health services available for at-risk youth, particularly in the context of addressing issues such as HIV. The provision of rapid HIV testing is an essential service, as it allows for timely diagnosis and treatment, which are vital for managing health outcomes and preventing further transmission. Early detection significantly improves the quality of life for individuals at risk and is a main component of public health strategies aimed at reducing the spread of HIV among vulnerable populations (Smith & Fong, 2019).

In addition to testing, respondent notes that preventive measures are implemented for at-risk youth. These measures include education on safe practices, access to contraception, and information about harm reduction techniques. Such preventive strategies are essential in empowering youth to make informed decisions about their

health and well-being. Nevertheless, Lelisa emphasizes a significant gap: the critical need for ongoing community education about health issues and available resources. Community education is vital for ensuring that families are aware of the health services accessible to them and the importance of utilizing these resources. Increased awareness lead to greater engagement with health services, which is particularly important for at-risk youth who may otherwise lack access to information. Enquiry shows that community-based health education effectively reduce stigma and promote healthier behaviors among youth and their families. Facilitator asks can you elaborate on the role of the Adama One Stop Center.

Chalchisa: *"At the center, the town attorney's office provides legal representation for cases involving children..... The representative has a degree in law and six years of experience, ensuring that children affected by sexual abuse receive necessary health and legal services....."*

Chalchisa's description of the Adama One Stop Center emphasizes its pivotal role in providing integrated support for children affected by abuse. This center serves as a comprehensive resource, bringing together essential services that address the multifaceted needs of child survivors. One of the core functions of the center is the provision of legal representation through the town attorney's office. Having a qualified representative with a law degree and six years of experience is crucial for effectively navigating the legal complexities surrounding cases of child abuse, particularly sexual abuse. This expertise ensures that children receive appropriate legal counsel, which is essential for protecting their rights and advocating for their best interests throughout the judicial process.

In addition to legal representation, the Adama One Stop Center facilitates access to necessary health services. This integration is vital, as many children who have experienced abuse may also have immediate medical needs, including psychological support. Through providing a coordinated approach where legal and health services are available in one location, the center helps to streamline the process for survivors and their families.

4.4. Availability and Accessibility of Rehabilitation Facilities for Child Abuse Survivors

The availability and accessibility of rehabilitation facilities for child abuse survivors are critical components in addressing the needs of affected children and adopting their recovery.

Interviewer: *"What support services are available for these children who have experienced abuse?"*

Bona: *"We offer a range of services, including health support, legal assistance, and psychosocial support. These services are essential for helping children recover and reintegrate into society."*

Bona discourse a comprehensive array of support services available for children who are survivors of abuse, emphasizing the critical components necessary for their recovery and successful reintegration into society. Health support is a foundational service that addresses both the physical and mental health needs of children. This includes medical examinations, treatment for injuries sustained from abuse, and on-going health care to monitor the overall well-being of the child. According to the World Health Organization (2016), access to health care is essential for survivors of violence as it helps to address immediate medical needs and long-term health consequences.

Legal assistance is another vital service provided to ensure that children have representation and support in navigating the complexities of the legal system. This includes helping children understand their rights, assisting with the reporting of abuse, and ensuring that legal proceedings are conducted fairly. Effective legal advocacy is crucial for empowering survivors and providing them with a sense of justice, which is a critical aspect of the healing process. A study by McGhee (2017) emphasizes that access to legal support contributes significantly to a child's sense of justice, which is essential for emotional recovery.

Psychosocial support encompasses counselling, therapy, and community engagement activities. These services are designed to help children process their trauma, build resilience, and foster social connections. Group therapy and individual counselling can provide safe spaces for children to express their feelings and experiences, which is essential for emotional healing. Studies show that psychosocial interventions can

significantly enhance the well-being of abuse survivors, enabling them to reintegrate into their communities more effectively.

Facilitator: *"Can you elaborate on the role of the Adama One Stop Center?"*

Badhane: *"At the center, the town attorney's office provides legal representation for cases involving children..... The representative has a degree in law and six years of experience, ensuring that children affected by sexual abuse receive necessary health and legal services....."*

Badhane's explanation of the Adama One Stop Centre focuses its crucial role in providing integrated support for children affected by abuse. The centre serves as a vital resource where various services converge; making it easier for children and their families to access the help they need in a single location. The involvement of the town attorney's office is particularly significant, as it ensures that children have access to legal representation in cases that involve sexual abuse. Having a representative with a law degree and six years of experience is essential for navigating the complexities of the legal system. This expertise not only aids in effectively addressing the legal aspects of abuse cases but also helps to protect the rights of the children involved. For instance, a study by Wondimu (2021) address that centres offering comprehensive support significantly improve outcomes for child abuse survivors by addressing their emotional, legal, and medical needs in one place.

Moreover, the integration of health services at the One Stop Centre is crucial for addressing the comprehensive needs of abuse survivors. By providing immediate access to medical care, psychological support, and legal assistance, the centre can facilitate a more holistic approach to recovery. This model aligns with best practices in child welfare, which emphasize the importance of coordinated care in promoting the well-being of vulnerable children. Facilitator asks can you share some current statistics on admissions and outcomes."

"In the budget year 2024, we admitted 56 children, with 3 fatalities... However, from January 2024 to March 2024, we successfully reintegrated 46 children back into their families after comprehensive care....."(Bona)

According to Bona statistics on admissions and outcomes provide a critical overview of the current situation regarding child rehabilitation services. In the budget year 2024, the admission of 56 children indicates a steady influx of individuals seeking

support. However, the mention of 3 fatalities is a stark reminder of the severe challenges faced by some children, highlighting the urgent need for effective interventions and ongoing support for vulnerable populations.

On a more positive note, the successful reintegration of 46 children back into their families from January to March 2024 demonstrates the effectiveness of the comprehensive care provided by the rehabilitation services. This high reintegration rate suggests that the programs in place are achieving their goal of helping children return to stable and supportive environments after experiencing trauma. These outcomes underscore the importance of holistic care that addresses not only the immediate needs of children but also prepares families for reintegration.

Facilitator: *"Can you provide some statistics on the cases handled this year?"*

Badhane: *"This year, we have reported 85 cases, with 60 receiving legal judgments. However, we are seeing an increase in the number of child abuse cases, which shows the growing need for services."*

Badhane's statistics shed light on the current state of child abuse cases being handled this year, indicating both the scope of the issue and the demand for services. Reporting 85 cases, with 60 leading to legal judgments, demonstrates that a significant number of cases are being processed through the legal system. This statistic reflects the ongoing efforts of rehabilitation services and law enforcement to address child abuse effectively. Nevertheless, the noted increase in the number of child abuse cases is concerning and underscores a critical need for enhanced support and preventive measures. Such an upward trend signifies several underlying issues, including greater awareness of child abuse, improved reporting mechanisms, or potentially a rise in incidents.

The growing number of cases shows the urgent need for additional resources, training, and community outreach programs to address the complexities of child abuse. It suggests that service providers must not only respond to existing cases but also focus on preventive strategies to mitigate future occurrences. Through understanding these dynamics, stakeholders can better allocate resources and develop targeted interventions to support affected children and families, ultimately enhancing the overall effectiveness of rehabilitation services in the community. Interviewer asks how the issue of sexual abuse being addressed is.

"We are collaborating closely with the police to ensure that cases of sexual abuse are reported and handled according to the law..... Additionally, we are conducting awareness campaigns to educate the community about these issues through various programs....." (Chalchisa)

Chalchisa response focuses a multi-faceted approach to addressing the issue of sexual abuse within the community. The collaboration with law enforcement is a critical component, as it ensures that cases of sexual abuse are reported and managed in accordance with legal protocols. Effective cooperation between rehabilitation services and the police is essential for creating a responsive system that can adequately support survivors and hold perpetrators accountable.

Furthermore, respondent emphasizes the importance of conducting awareness campaigns aimed at educating the community about sexual abuse. These initiatives are vital for fostering a culture of understanding and prevention. By informing community members about the signs of abuse, the rights of children, and the resources available for support, these programs can empower individuals to take action when they suspect abuse. Literature suggests that community education plays a crucial role in reducing stigma and encouraging reporting, which is essential for breaking the cycle of abuse (Smith & Fong, 2019).

Facilitator: *"What criteria do families need to meet for reintegration?"*

Bona: *"Families must demonstrate adequate income and must be free from any form of abuse..... We also have a Temporary Family Care program where children stay with families for 2-3 months before returning to their biological families....."*

Bona outlines important criteria that families must meet for the successful reintegration of child abuse survivors. The requirement for families to demonstrate adequate income is crucial, as financial stability is fundamental for providing a safe and nurturing environment. Families that can meet their basic needs such as food, shelter, and education are better positioned to support a child's recovery and reintegration into the home. Furthermore, the stipulation that families must be free from any form of abuse is vital for ensuring the safety and security of children. This criterion helps to safeguard the well-being of the child and prevent any potential re-traumatization.

Bona also mentions the Temporary Family Care program, which serves as an intermediary step before children return to their biological families. This program allows children to stay with foster families for 2 to 3 months, providing them with a stable environment where they can begin to heal while the biological family demonstrates their readiness for reintegration. This phased approach not only supports the child's emotional adjustment but also allows families time to address any underlying issues, such as financial instability or unresolved conflicts. Interviewer asks what kind of support services is available for children.

4.5. Challenges of Accessing Rehabilitation Services for Child Abuse Survivors

Accessing rehabilitation services for child abuse survivors presents numerous challenges that can significantly impede effective recovery and reintegration. These barriers not only hinder the immediate support that survivors need but also contribute to long-term negative outcomes, making it essential to understand and address them comprehensively.

Interviewer: *"What challenges do families face when trying to reintegrate?"*

Bonna: *"Many families hesitate to accept children back due to financial constraints, which complicate the reintegration process. We work closely with them to address these issues."*

Bonna comprehensions into the challenges families face during the reintegration of child abuse survivors reveal significant barriers that can complicate the process. One of the primary concerns he mentions is financial constraints, which often lead families to hesitate in accepting children back into the home. This hesitation stem come from fears about their ability to provide for the child's basic needs, such as food, clothing, and education. The financial strain can create a sense of instability, making families reluctant to take on the added responsibility of reintegrating a child who may require additional emotional and psychological support. Studies have shown that successful reintegration often depends on the family's perceived ability to meet both the practical and emotional needs of the child. Without adequate resources and support, families may struggle to provide a safe and nurturing environment, which is essential for the child's recovery.

Bonna emphasizes the importance of working closely with families to address these financial issues. This collaborative approach is crucial, as it can involve providing

resources, such as financial assistance or access to community support services, which can alleviate some of the burdens families face. By empowering families with the necessary tools and support, service providers can foster a more conducive environment for successful reintegration.

Interviewer: *"What are the broader challenges facing the rehabilitation centres?"*

Jallisa: *"We face significant resource limitations and a lack of trained personnel..... Furthermore, the legal framework does not adequately protect children, leaving them vulnerable to repeated abuse....."*

Jallisa's comments illuminate several broader challenges confronting rehabilitation centres for child abuse survivors. A primary issue is the significant resource limitations that these centres face. This scarcity of funding and materials not only restricts the range of services available but also affects the quality of care provided to survivors. Research indicates that well-resourced rehabilitation facilities are essential for delivering effective interventions, as they can offer comprehensive support, including counselling, medical care, and educational services (Duncan & Rowe, 2018).

In addition to resource constraints, respondent identifies a critical shortage of trained personnel. The effectiveness of rehabilitation services is heavily reliant on the skills and expertise of staff members. A lack of adequately trained professionals leads to inadequate support for children, impairing their recovery process. Studies have shown that specialized training for staff is crucial in addressing the complex needs of abuse survivors and in implementing trauma-informed care practices (Harris et al., 2020).

Furthermore, respondent points out deficiencies in the legal framework that fails to adequately protect children, leaving them vulnerable to repeated abuse. This issue underscores the need for systemic reform in child protection laws. A robust legal framework is essential for safeguarding children and ensuring that perpetrators are held accountable. In summary, addressing these challenges resource limitations, shortages of trained personnel, and inadequate legal protections is crucial for enhancing the effectiveness of rehabilitation centres and ensuring that they can provide the necessary support to child abuse survivors.

Case stories

Story 1. Information from the victim was taken from the father of the child at the treatment center.

On October 29, 2023, a 55-year-old father arrived at the treatment center, seeking help for his 12-year-old daughter, a sixth-grade student who had been tragically raped by a 27-year-old neighbor. The victim, a practicing Muslim, faced not only the emotional trauma of this horrific act but also physical injuries that resulted from the assault. The father's account reveals the confusion and disbelief that engulfed their community. The incident was particularly shocking as it involved a blood relative, and the community had never encountered such an event before. Unfortunately, this lack of precedent led to a lack of precautions, leaving the family vulnerable.

Upon arriving at the treatment center, the father received crucial support. The staff provided counseling for him and his daughter, as well as medical treatment, including necessary injections. They also issued a health certificate documenting the rape, which the father understood to be vital in ensuring justice for his daughter. Despite the perpetrator being arrested, the father expressed concern about the ongoing pursuit by police, indicating that the legal process was still active. He faced additional challenges from within the community, where some families suggested that the child should not seek treatment due to her age, creating a stigma around her experience. This attitude reflects a troubling mentality that needs to be addressed.

The father emphasized the importance of education on such issues, advocating for lessons on consent and abuse to be incorporated into school curricula. He believes that raising awareness and educating children about their rights could help prevent such tragedies in the future.

2. Child victim story

On October 28, 2023, at 7:03 AM, a 16-year-old girl was on her way home after closing school when she was abducted in a Bajaj (a local auto rickshaw) and tragically raped. After the assault, she endured four harrowing days without receiving any medical treatment. During this time, she experienced both physical and emotional trauma, feeling isolated and afraid to seek help. Finally, she arrived at the treatment center, where she was met with compassion and support. The staff provided her with the necessary medical care and counseling to begin her healing process.

Narrative analysis of case stories one show that the father is portrayed as a protective figure, deeply affected by the trauma his daughter has endured. His age (55) suggests a generational perspective that influences his understanding of the situation, particularly regarding cultural norms and the stigma associated with child abuse. The father's confusion and disbelief are central emotions. These feelings reflect not only his personal trauma but also the shock experienced by the community. His narrative indicates a struggle to comprehend how such an atrocity occur, especially involving a blood relative, which introduces elements of disloyalty and complicity within family and community relationships.

The father's explanation focuses a community unprepared to deal with the realities of child abuse. The lack of precedent creates a vulnerability that exacerbates the family's trauma. These points address the need for community education and preparedness to address such incidents effectively. The continuing legal process and the father's concerns about community attitudes illustrate the broader societal challenges faced by survivors and their families. The stigma associated with seeking treatment for his daughter emphasizes a troubling mentality that prevents victims from receiving the help they need. The father's emphasis on the need for education about consent and abuse reflects a proactive approach to prevention. His belief that raising awareness could prevent future tragedies indicates a desire to transform personal pain into a catalyst for social change.

Narrative analysis of case stories two show the 16-year-old girl's experience captures the profound isolation that often accompanies trauma. Her four days without medical care climax systemic failures in the response to sexual violence, as well as the emotional toll of feeling unsafe and unsupported. Despite her traumatic experience, the girl's arrival at the treatment center marks a turning point. The compassionate support she receives signifies a crucial moment of intervention that can facilitate healing. This aspect of her story emphasizes the importance of accessible and responsive care for survivors.

Comparing the two narratives illustrates different aspects of the trauma experienced by child abuse survivors. While the father's perspective focuses on the community and legal issues, the victim's story emphasizes the personal and emotional journey. Together, they provide a holistic view of the impact of abuse. The girl's story stresses the necessity of support systems that extend beyond medical care. The emotional and psychological support provided by the treatment center is essential for her recovery,

importance the need for comprehensive care that addresses both physical and mental health.

Facilitator: *"What challenges do you face in providing these services?"*

Rabbirra: *"We are experiencing significant resource constraints..... The legal aid provided is insufficient due to the high number of cases and limited staff..... Many children also face additional challenges related to food, clothing, and housing, especially those from impoverished backgrounds..... Mental health issues are prevalent among staff, leading to stress and burnout, which impacts service delivery."*

The findings pronounced by Rabbirra emphasize several critical challenges faced by service providers. Paramount, significant resource constraints are dominant, reflecting a broader issue recognized in literature where inadequate funding hampers the effectiveness of social services (Duncan & Rowe, 2018). This scarcity of resources particularly affects the provision of legal aid, which is insufficient given the high volume of cases and limited staffing. As noted by Harris et al. (2020), such limitations severely impede survivors' ability to navigate the legal system, thereby exacerbating their vulnerabilities.

Furthermore, respondent stresses challenges that many children face regarding basic needs such as food, clothing, and housing. This reflection resonates with findings by Smith and Fong (2019), who emphasize that economic instability significantly hinders recovery efforts for abuse survivors, necessitating a holistic approach that addresses both immediate and long-term needs. Moreover, the mental health issues experienced by staff, leading to stress and burnout, pose another layer of difficulty in service delivery. Research indicates that professionals working with trauma survivors often encounter secondary traumatic stress, which diminishes the quality of care provided.

Interviewer asks "What are some of the fundamental issues that need to be addressed in our town?"

"One significant concern is the lack of regulations to prevent children from wandering onto the streets..... It's crucial that the government ensures that service centers are operational and fully staffed to provide adequate services..... Strengthening protection measures for these children is also essential....." (Gurmessa)

Gurnessa's comprehensions identify several fundamental issues that require urgent attention in town. First and foremost, the lack of regulations to prevent children from wandering onto the streets is a critical concern. This absence of regulatory frameworks not only increases the risk of abuse but also focus the need for proactive measures to safeguard vulnerable children. Respondent also emphasizes the importance of ensuring that service centres are operational and fully staffed. The functionality of these centres is vital for providing necessary support, including shelter, counselling, and legal assistance.

Furthermore, respondent stresses the need to strengthen protection measures for children. This aligns with findings that assert the importance of comprehensive protective strategies, including community awareness programs and collaboration among various stakeholders, to enhance the safety and well-being of children (Smith & Fong, 2019). Make a speech these foundational issues is essential for creating a more supportive environment for children and ensuring that they have access to the services they need to thrive.

Facilitator: *"What lessons have been learned from working in this field?"*

Oliyad: *"It's essential to keep families involved until cases are resolved, as their support significantly impact outcomes..... Continued community education is necessary to combat stigma and foster a supportive environment for victims"[...]. Moreover, the government needs to prioritize child abuse issues alongside economic development initiatives to better protect vulnerable children....."*

According to Oliyad, thoughts on lessons learned from working in the field of child abuse rehabilitation emphasize several crucial insights that are vital for improving outcomes for survivors. One of the most significant lessons is the importance of involving families throughout the rehabilitation process. Research consistently shows that family support plays a crucial role in the healing journey of abuse survivors, positively influencing their emotional and psychological well-being. Engaging families not only helps create a more stable environment for the child but also facilitates better communication and understanding of the child's needs during the recovery process.

Furthermore, respondent focuses on the necessity of continued community education to combat the stigma associated with child abuse. Stigmatization deters victims from seeking help and can isolate families, ultimately hampering recovery efforts. Furthermore, there is a need for the government to prioritize child abuse issues alongside economic development initiatives. This perspective is critical, as effective child protection policies cannot exist in isolation. Integrating child welfare into broader economic strategies ensures that vulnerable populations receive the attention and resources they need.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

The main objective of the study was to evaluate the rehabilitation services and associated challenges for child abuse survivors in Adama City Administration. The analysis revealed that rehabilitation programs in Adama City employ an assortment of practices aimed at addressing the complex needs of child abuse survivors. These programs emphasize gender-specific services, particularly in facilities like AWSAD, which cater exclusively to female survivors. Nevertheless, a significant gap exists in services for male survivors, emphasizing the need for more inclusive approaches. Furthermore, study indicates that gender-sensitive approaches in rehabilitation not only improve outcomes for female survivors but are also crucial for engaging male survivors effectively.

The use of thematic analysis demonstrated that while rehabilitation practices are well-intentioned, they often lack sufficient resources and comprehensive strategies to fully support the diverse needs of all survivors. This emphasises the importance of developing more robust and inclusive rehabilitation frameworks that can effectively serve all children affected by abuse. The findings indicate that the landscape of rehabilitation facilities in Adama City is predominantly composed of government-run and non-profit organizations. While these facilities provide essential services such as counselling, educational support, and temporary family care, the lack of private facilities limits options for families seeking specialized care. Accessibility remains a critical concern, as many families face financial and logistical barriers that hinder their ability to utilize available services. Although there is a clear commitment to child welfare, the current system requires enhancements to ensure that services are not only available but also easily accessible to those in need.

The study emphasizes the importance of expanding the range of rehabilitation facilities to include private options, which offer specialized services custom-made to diverse needs. Furthermore, give a talk financial and logistical barriers is essential for improving access; examination shows that transportation assistance and financial aid can significantly enhance service utilization among vulnerable populations. One of the more striking conclusions drawn from this research is the apparent neglect of child abuse issues by the government, which seems to prioritize economic development

over social welfare concerns. This lack of attention has contributed to a weakening response to the escalating problem of child abuse in the community. The study identified a generally weak societal attitude toward child abuse, which further perpetuates the issue.

These findings, indicating that when governments prioritize economic growth over social welfare, vulnerable populations, including child abuse survivors, often suffer. This neglect lead to insufficient funding for essential services and a lack of comprehensive policies aimed at addressing child welfare. Furthermore, societal attitudes play a critical role; research has shown that communities with stigmatizing views on child abuse are less likely to support prevention and intervention efforts.

A significant challenge identified in this study is the increasing prevalence of child abuse cases, which places additional strain on existing rehabilitation services. Families often struggle with socioeconomic factors, such as poverty and instability, which complicate their ability to engage with rehabilitation programs. Furthermore, the need for on-going community education regarding available resources and the importance of seeking help is crucial. These challenges emphasize the necessity for a coordinated effort to improve service delivery, increase awareness, and foster a supportive environment for survivors.

The critical role of socioeconomic factors in the prevalence of child abuse and the subsequent engagement with rehabilitation services is challenge face in the study area. Poverty and instability create environments where abuse is more likely to occur, while simultaneously limiting families' ability to seek and utilize support. Moreover, community education initiatives are essential for raising awareness about available resources and the importance of early intervention.

In conclusion, while there are commendable efforts underway in Adama City to rehabilitate child abuse survivors, the findings from this study focus critical areas for improvement. Addressing the gaps in service provision, enhancing accessibility, and tackling the challenges faced by families are essential steps toward creating a more effective rehabilitation framework. Future initiatives should focus on developing inclusive practices, expanding the range of available facilities, and promoting community engagement to support the recovery and well-being of all child abuse survivors.

5.2. Recommendation

Based on the conclusion of the study, the following recommendations are proposed to enhance the effectiveness of services and discourse the identified challenges:

- The study advised to expand rehabilitation facilities through increasing the range of rehabilitation facilities by incorporating private options that offer specialized services designer to the diverse needs of both male and female survivors. This expansion provides families with more choices and access to comprehensive care.
- Adama City rehabilitation center advised to enhance gender-sensitive approaches implement and promote gender-sensitive rehabilitation practices that cater to the specific needs of male survivors while maintaining robust support for female survivors. Training programs for staff should emphasize these approaches to improve engagement and outcomes for all survivors.
- It is recommended that the government make it easier for families to receive rehabilitative services by removing the logistical and financial obstacles. To make sure that services are accessible and cheap, this entail setting up transportation assistance programs and offering financial aid or sliding scale pricing based on income.
- It is imperative to elevate government commitment to child welfare. The study advocate for increased funding and focus on child welfare programs, emphasizing the critical need to balance social welfare with economic development. To ensure that rehabilitation services effectively meet the needs of survivors, we require robust regulations and enhanced financial resources. This dual approach will not only strengthen our support systems but also raise a healthier, more resilient community.
- The study strongly recommends the implementation of community education initiatives. The study advocates developing ongoing campaigns that raise awareness about child abuse, focus available resources, and stress the importance of seeking help. These initiatives are vital for transforming societal attitudes toward child abuse, fostering a culture of understanding and support.
- The study recommends the urgent need to strengthen support systems for child abuse survivors. Through creating a coordinated network among government agencies, non-profit organizations, and community groups, we can significantly

improve service delivery and support. This collaborative approach will enhance resource sharing and ensure a more integrated rehabilitation process for survivors.

- To combat the rising trend of child abuse, it is imperative to establish and enforce robust laws aimed at preventing children from engaging in street activities that expose them to exploitation and abuse. This includes stricter regulations against child labor, trafficking, and any form of neglect that places children in harm's way.
- The government should allocate land specifically for the establishment of rehabilitation service centers dedicated to child abuse survivors. By prioritizing the creation of safe havens for these vulnerable populations, the government can enhance the capacity of existing facilities and support comprehensive care.
- To ensure that rehabilitation services are effective, ongoing training and professional development for service providers are essential. This includes equipping healthcare professionals, social workers, and legal advocates with the skills and knowledge needed to address the unique needs of child abuse survivors. Regular workshops and refresher courses can help maintain high standards of care and response.

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Appendix

Appendix 1: Statement of Informed consent

Here I am requested to be part of the study conducted by Abdi Wakjira on Rehabilitation Services and Associated Challenges for Child Abuse Survivors: A Case of Adama City Administration I realized the general objective of this study is to explore the services and challenges in the rehabilitation system of child abuse victim's survivors in Adama city. All points of our discussion will be used for this study purpose only and I will assure all your opinion raised in this conversation will be confidential.

My opinions and views discussed in this discussion will be used only for this study and will be confidential. Any written and recording data taken from you is included in the study without personal identification in the report. I understood my participation volunteer based and if the interview process does not give me comfort, I have the right to withdraw from the conversation any time. My sign confirms my willingness to participate in this study.

Sign of participant

Date

Researcher sign

Date of data collection

Appendix 2. Letter quest for permission of child involvement in the study

To: _____ Organization/Office/

Subject: Permission of child involvement in the study

Giving permission is required for your institution to participate in a research study conducted by Mr. Abdi Wakjira a graduate student at Addis Ababa University. The purpose of this study is to investigate to understand and explore the rehabilitation services and challenges faces the survivors of child abuse victims in the system. This study consists in depth interview, key informant interview and document review on the services and challenges in the service provision system focusing on the data collected from individuals to fit the objectives of the study. So, your institution is required voluntarily to facilitate the required information from face-to-face interview and work document review.

The researcher will assure that he does not accept any risk comes due to your involvement. All data gained from your interview will be used and published as evidence of the thesis. Your participation as individual or institution is based on your willingness to contribute the input for this study.

Researcher's Name: _____ Signature: _____ Date:

Giving of Consent

I have read this agreement statement and understood to contribute what is expected from me. So, I will confirm my willingness to participate on this study through putting my signature.

Name	Sign.	Date
_____	_____	_____

Appendix 3.Semi-structured questionnaires' prepared for interview

Part I. Background information

- A. Organization
- B. Educational background
- C. Years of Experience
- D. Age
- E. Gender
- F. Designation/Responsibility

Part II. Rehabilitation services to child abuse survivors

1. What do you know about the services provided in Adama town for child abuse victim-survivors to rehabilitate them?
2. What kind of responses and services are available for survivors of child abuse victims in Adama town?
3. Are there responses based on the types of child abuse? Please explain the nature of the services.
 - If the Victim is by parents/family/intimate individuals
 - If the Victim is outside of the family
4. What type of service provisions/rehabilitation mechanisms are utilized by service providers in Adama town for child abuse services?
 - A. One-stop centre/comprehensive service
 - B. Referral pathway
 - C. Reintegration
5. Can you tell me about the expertise of human resource personnel who work in service provision at the centres that provide services to child abuse survivors?
 - a. Qualification

b. Experience

6. Are there enough spaces for the survivors in the facility and organizational settings?
 - Types of facilities based on ownership
 - Types of the organizations based on the durability of services given by the facility
7. What are the positive results of rehabilitation centres in protecting children from the consequences of child abuse victims?
8. What are the challenges in providing services for child abuse victims?
 - In terms of availability of facilities (family, community and town level)
 - Awareness of service recipients and family and also as a community
 - In providing comprehensive service through coordination
 - Services providers
 - Human capacity
 - Child socialization and integration
 - Functionality of rules, laws and regulation
9. What do you think needs to be added or revised regarding the responses given in coordination with family, individuals, community, different partners, and government?
10. If you have anything to add to our conversation, please tell me.

Appendix 4: Semi-structured questionnaires' designed for in-depth interview

In-depth Interview guides

Part I. Background information

- A. Name of the rehabilitation centre
- B. Age
- C. Gender
- D. Living condition(with family or others) before joining the rehabilitation centre
- E. Family background (living status and living situation)
- F. Who brought you to the centre
- G. Types of harm face the child

Part II. Interview guiding questions

1. Tell me the entire process that leads you to access the services to be rehabilitated.
2. Tell me about your experience after joining this centre.
3. Can you tell me the services you have got at this centre
 - a. Accommodation
 - b. Counselling
 - c. Food
 - d. Recreation
4. Are you satisfied with the services you were given?
5. Tell me the things you enjoyed the most at this facility.
6. Tell me what you hated the most at this facility.
7. Can you explain what makes it difficult to go to the rehabilitation centre? Maybe it's something from family, community, or relatives.
8. Please tell me how the centre meets your needs and shape what you expect after leaving the centre.
9. How does the centre prepare you in the way you hope to fully join the community?
10. Is there anything you suggest to improve while addressing the same problems that are challenging children?
11. Please draw a picture that you believe represents your life.