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Addis Ababa University
College of Social Sciences, Arts and Humanities
School of Social Work

**Consequences and Coping Mechanisms of Child Sexual Abuse: The
Case of Children Supported by Integrated Family Service
Organization (IFSO) in Addis Ababa**

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May 2026
Addis Ababa, Ethiopia

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College of Social Sciences, Arts and Humanities
Graduate School of Social Work

This is to certify that the thesis prepared by **Alemayehu Gebreab** entitled:
***Consequences and Coping Mechanisms of Child Sexual Abuse: The Case of Children
Supported by Integrated Family Service Organization (IFSO) in Addis Ababa*** and submitted to
the School of Social Work, Addis Ababa University, in Partial Fulfillment of the requirement for
the Degree of Master of Social Work.

Signed by the Examining Committee:

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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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Abbreviation and Acronym

AIDS -	Acquire Immunodeficiency Syndrome
ANPPCAN- Neglect	African Network for the Prevention and Protection against Child Abuse and Neglect
APA -	American Psychological Association
CSA -	Central Statistical Agency
CSA -	Child Sexual Abuse
HIV -	Human Immunodeficiency Virus
IFSO -	Integrated Family Service Organization
NGO -	Non-Governmental Organization
PTSD -	Post Traumatic Stress Disorder
STD -	Sexually Transmitted Disease
UNCRC -	United Nations Convention on the Rights of the Child
UNICEF -	United Nations International Children's Emergency Fund
WHO -	World Health Organization

Abstract

This study assessed the consequence and coping mechanisms of child sexual abuse participants from Integrated Family Service Organization in Addis Ababa. Child sexual abuse resulted in critical and wide-ranged consequences that affect the psychological, social, health, economic and educational well-being of children and caregivers. The study utilized a case study design using in-depth and key-informant interview with 12 purposively selected respondents of which eight were survivor and corresponding caregivers and four professional working in IFSO. The findings of participants' interview and key-informants showed that survivor and caregivers experienced multifaceted problems including anxiety, emotional instabilities, fear, stigma, low self-esteem, discrimination, physical health complication, interrupted education, and severe financial strains. In response to these challenges, children and parents employed different coping mechanisms, including counselling, religious practice, family and community support, medical and isolation, that consequence with positive and harmful outcomes. In conclusion, child sexual abuse resulted with wide-range of psychological, social, health, economic and educational effects, whereas alternative coping strategies utilized by children and their caregivers that bring the recovery and resilience out comes. Social workers, counselors, and outreach professionals at institutions such as IFSO and similar child protection organizations and other stakeholders in Addis Ababa strengthen the provision of integrated and comprehensive intervention at the individual, family and community levels.

Keywords: Child Sexual Abuse, Effects of Abuse, Coping Mechanisms, Child Protection

UNIT ONE

INTRODUCTION

1.1 Background of the Study

Child sexual abuse is a serious global problem that affects millions of children and undermines their physical, psychological, social, and educational well-being. In many parts of the world, particularly in developing countries, children are exposed to conditions that increase their vulnerability to abuse and exploitation, including poverty, inadequate housing, limited access to education and health services, and weak social protection systems. Similar challenges are evident in Ethiopia, where many children continue to experience difficult living conditions that place them at risk of various forms of abuse and neglect (Getnet, 2007).

According to the United Nations Convention on the Rights of the Child (UNCRC, 1989), a child is any person below the age of eighteen years unless majority is attained earlier under national legislation. Because children are still undergoing physical, emotional, and cognitive development, they are particularly vulnerable to abuse and exploitation. Among the different forms of child abuse, child sexual abuse is one of the most harmful violations of children's rights. It involves engaging a child in sexual activities that he or she cannot fully understand, cannot consent to, or is not developmentally prepared for.

Child sexual abuse may take various forms, including rape, sexual assault, inappropriate touching, sexual exploitation, and other contact or non-contact sexual acts (Mathews, 2019). The consequences of child sexual abuse are profound and often persist throughout the survivor's life. Research indicates that survivors frequently experience depression, anxiety, low self-esteem,

fear, shame, guilt, social withdrawal, and difficulties in establishing trusting relationships. Many also suffer from post-traumatic stress, behavioral problems, and challenges in educational achievement and social functioning (King, 2009). The effects of abuse extend beyond the individual child, affecting family relationships and community well-being. Consequently, understanding how children and their families cope with these experiences is essential for promoting recovery and resilience.

In Ethiopia, child sexual abuse remains a sensitive and highly stigmatized issue. Cultural values emphasizing family honor and community reputation often discourage victims and their families from reporting abuse. Survivors may face labeling, discrimination, and social exclusion, while family members, particularly mothers, are frequently blamed for failing to protect the child. Such cultural attitudes create barriers to disclosure and access to support services. Harmful traditional practices, including early and forced marriage, child prostitution, abduction, and other forms of gender-based violence, further increase children's vulnerability to sexual abuse (UNICEF, 2021).

Religion also plays a significant role in shaping responses to child sexual abuse in Ethiopia. Religious institutions and leaders often influence family decisions and community attitudes regarding disclosure, reporting, and support-seeking behavior. Their influence can also contribute positively to child protection efforts by promoting awareness and prevention, although it may also discourage reporting in certain circumstances. Studies have shown that many survivors rely on religious practices and spiritual support as important coping mechanisms following experiences of abuse (Haileselassie et al., 2014).

Recognizing the importance of child protection, Ethiopia has adopted various international conventions and established national legal and policy frameworks to safeguard

children's rights. Ethiopia ratified the United Nations Convention on the Rights of the Child in 1991 and the African Charter on the Rights and Welfare of the Child in 2002. The National Child Policy (2017) and the National Social Protection Policy (2014) further demonstrate the government's commitment to protecting children from abuse, exploitation, neglect, and violence. These policies emphasize the shared responsibility of the state, communities, and families in ensuring children's safety and well-being.

In addition, Ethiopia has developed legal mechanisms to address child sexual abuse. The Constitution of the Federal Democratic Republic of Ethiopia guarantees children's rights to protection from exploitation and harmful practices, while the Criminal Code criminalizes rape, child sexual abuse, child prostitution, and other forms of sexual exploitation. The Revised Family Code also strengthens child protection by establishing the minimum age of marriage and defining parental responsibilities regarding child welfare. Furthermore, specialized child protection units, family courts, and child-friendly judicial procedures have been introduced to improve children's access to justice.

Despite these legal and institutional efforts, child sexual abuse remains a major concern in Ethiopia. Weak implementation of laws and policies, limited victim support services, inadequate awareness, and restricted access to justice continue to hinder effective child protection. Existing evidence suggests that children experience sexual abuse in homes, schools, religious institutions, workplaces, and communities. Studies indicate that sexual abuse has become one of the most common forms of violence perpetrated against children in the country (ANPPCAN, 2006; Sara, 2008). In Addis Ababa alone, previous reports estimated that thousands of girls have experienced sexual abuse, resulting in serious physical, psychological, and social consequences (MOLSA, 2005).

Child sexual abuse produces far-reaching consequences that affect multiple dimensions of a child's life. Research indicates that survivors often experience psychological distress, physical health problems, educational disruption, social isolation, and economic challenges, many of which may persist into adulthood if adequate support and coping mechanisms are not available (Putnam, 2003).

Although several studies have documented the prevalence and characteristics of child sexual abuse in Ethiopia, limited attention has been given to understanding the lived experiences of survivors and their families, particularly regarding the consequences of abuse and the coping mechanisms they employ. Most existing studies have focused on prevalence, risk factors, or institutionalized children, while little is known about children receiving community-based support while living with their families. Consequently, there is insufficient contextual evidence regarding how sexually abused children and their families experience, manage, and cope with the multifaceted consequences of abuse.

Therefore, this study seeks to examine the consequences of child sexual abuse and the coping mechanisms employed by children and their families receiving support from the Integrated Family Service Organization (IFSO) in Addis Ababa. By exploring survivors' lived experiences and coping strategies, the study aims to generate evidence that can contribute to improved child protection interventions, strengthen social work practice, and inform policies designed to support recovery and prevent further abuse.

1.2 Statement of the Problem

Child sexual abuse is a serious social and public health problem that affects children across the world and has far-reaching consequences for survivors, their families, and society at large. The effects of sexual abuse often extend beyond the immediate incident, resulting in long-

term psychological, social, educational, physical, and behavioral problems. Survivors may experience shame, fear, low self-esteem, social withdrawal, anxiety, depression, and difficulties in interpersonal relationships. Children living in adverse socio-economic conditions are particularly vulnerable to sexual abuse, exploitation, and other forms of violence (Lalor, 2005).

Previous studies have documented the magnitude and consequences of child sexual abuse in different contexts. Nyambura (2004), in a study conducted in Nairobi, Kenya, found that child sexual abuse results in physical, behavioral, and emotional problems among victims and emphasized the need for continuous assessment and context-specific research. Similarly, Dereje, Abebe, and Jayalakshmi (2006) reported that 68.7% of female high school students in South-West Ethiopia had experienced various forms of sexual abuse and recommended broader studies addressing different dimensions of child sexual abuse among vulnerable populations.

Studies conducted in Ethiopia have also highlighted the serious consequences of child sexual abuse. Berhanu (2014) found that sexual abuse negatively affects children's interpersonal relationships, self-esteem, self-confidence, physical well-being, and academic performance, with effects that may persist into adulthood. Likewise, Getinet (2017) reported that many child sexual abuse cases treated at Gandhi Memorial Hospital in Addis Ababa involved severe physical injuries and noted the absence of information on the psychological consequences of abuse. Simegn (2017) further revealed that sexually abused girls in Addis Ababa experienced various psychological problems and commonly relied on emotion-focused coping strategies, while Rebecca (2023) identified multiple coping mechanisms among sexually abused boys and recommended further in-depth studies involving survivors and their families.

Despite the growing body of literature, important knowledge gaps remain. Existing local studies on child sexual abuse have largely employed quantitative research approaches (Worku et al., 2006; Fikir and Assaye, 2005; Getinet, 2017; and Rebecca, 2023), focusing primarily on prevalence, associated factors, and measurable outcomes of abuse. While these studies provide valuable statistical evidence, they offer limited understanding of survivors' lived experiences and the coping mechanisms employed by children and their families. Furthermore, most studies have focused either on children in institutional settings, school populations, or hospital-based cases, with little attention given to children receiving community-based support services while continuing to live within their family environments.

The motivation for this study stems from the need to generate a deeper understanding of the consequences of child sexual abuse and the coping mechanisms employed by survivors and their families. Obtaining accurate information on child sexual abuse remains challenging because of stigma, underreporting, fear of disclosure, and cultural sensitivities surrounding the issue. These challenges often limit opportunities to understand how survivors and caregivers experience and manage the long-term effects of abuse.

Although previous studies have documented the prevalence, risk factors, and selected consequences of child sexual abuse in Ethiopia, limited attention has been given to understanding survivors' lived experiences and the coping mechanisms employed by both children and their families. Furthermore, little is known about the experiences of children receiving community-based support services while remaining within their family environment. By employing a qualitative case study approach, the present study seeks to generate in-depth contextual evidence on the psychological, social, educational, health, and economic consequences of child sexual abuse, as well as the coping strategies adopted by survivors and

their caregivers. The study is expected to provide new insights into how children and families experience, interpret, and respond to the consequences of sexual abuse within their everyday social contexts. The findings will contribute to social work practice, child protection interventions, and policy responses aimed at supporting survivors' recovery and preventing further victimization.

1.3 Objectives of the Study

The general objective of this study is to assess the Consequences and Coping Mechanisms of Child Sexual Abuse: The Case of Children Supported by Integrated Family Service Organization (IFSO) in Addis Ababa

1.3.1 The Specific Objectives of Study

- i. This study was intended to assess the psychological effects of child sexual abuse on affected children and their families.
 - ii. This study was intended to examine the social impacts of child sexual abuse on affected children and their families.
 - iii. This study was intended to examine the physical health consequences of child sexual abuse on affected children and their families.
 - iv. This study was intended to assess the economic consequences of child sexual abuse on affected families.
 - v. This study was intended to assess the educational effects of child sexual abuse on affected children and families.
 - vi. To explore the coping mechanisms employed by sexually abused children and their families in managing the effects of abuse.
-

1.4 Research Questions

- i. What are the psychological effects of child sexual abuse on affected children and their families?
- ii. What are the social impacts of child sexual abuse on affected children and their families?
- iii. What are the physical health consequences of child sexual abuse on affected children and their families?
- iv. What are the economic consequences of child sexual abuse on affected families?
- v. What are the educational effects of child sexual abuse on affected children and families?
- vi. What coping mechanisms are employed by sexually abused children and their families in managing the effects of abuse?

1.5 Significance of the Study

This study is significant because it contributes context-specific evidence on the consequences of child sexual abuse and the coping mechanisms employed by affected children and their families. Although child sexual abuse has been examined in previous studies, limited research has focused on children receiving community-based support services while living within their family environments, particularly in the context of the Integrated Family Service Organization (IFSO). The study addressed this knowledge gap by generating information that can inform child protection policies, social work practice, and future research.

The findings of the study enhanced understanding of the psychological, social, physical health, educational, and economic consequences of child sexual abuse. The study also provided insights into the coping strategies employed by survivors and their families in managing the

effects of abuse. Such evidence may assist governmental and non-governmental organizations, social workers, child protection practitioners, and policymakers in designing and strengthening prevention, rehabilitation, and support programs for sexually abused children.

Furthermore, the findings may contribute to improving institutional responses and community-based interventions aimed at promoting the recovery and well-being of survivors. The study may also serve as a useful reference for researchers, academicians, and students interested in child protection and child sexual abuse, thereby encouraging further research in the area.

1.6 Scope of the Study

This study focused on examining the consequences of child sexual abuse and the coping mechanisms employed by sexually abused children and their families receiving support from the Integrated Family Service Organization (IFSO) in Addis Ababa. IFSO was purposively selected because it is one of the few child-focused organizations in Ethiopia that has extensive experience in providing rehabilitation, psychosocial support, family strengthening, and child protection services to survivors and their families. In addition, the organization has been serving vulnerable children and families for many years, making it an appropriate setting for exploring the lived experiences of survivors and their caregivers. Geographically, the study was limited to Addis Ababa, where IFSO operates its child protection and family support programs. The study did not aim to represent all sexually abused children in Ethiopia; rather, it sought to generate an in-depth understanding of the experiences of children and families receiving community-based support services within the specific context of IFSO.

The study included sexually abused children receiving support from IFSO, their family members, and professionals directly involved in child protection services, including social workers, psychosocial service providers, and management personnel. A cross-sectional qualitative case study design was employed, whereby data were collected from participants during a single period of fieldwork conducted between April and June 2026.

1.7 Limitation of the Study

Despite efforts to ensure the quality of the study, several limitations were encountered. Due to the sensitive nature of child sexual abuse, some participants were reluctant to disclose personal experiences or provide detailed information, which may have limited the depth of the data obtained. In addition, the study was conducted within a single child protection organization, the Integrated Family Service Organization (IFSO), located in Addis Ababa. Consequently, the findings reflect the experiences of participants within this specific context and may not be generalizable to all sexually abused children or child protection institutions in Ethiopia. Furthermore, cultural factors such as stigma, shame, and fear of social judgment may have influenced participants' willingness to openly discuss their experiences. Similarly, professional factors, including concerns about confidentiality, organizational policies, and professional responsibilities, may have affected the responses provided by staff members participating in the study.

1.8 Organization of the Study

This study is structured into five chapters; Chapter one gives a brief introduction to the subject of the study. It is mainly focused on the explanation of the effects and coping mechanisms of sexually abused children: the case of children supported by integrated family service organization/ IFSO in Addis Ababa. The background, problem of the statement,

objective, research questions, significance, scope, limitation and definition of key terms are included under this chapter. Chapter two is where an in-depth theoretical & empirical review on the title was made, The Third chapter presents the methodology used for conducting this research; the fourth chapter presents results and discussion and finally the fifth chapter presents conclusion & Implication to Social Work.

1.9 Definition of Key Terms

- **Child:** A child refers to any person below the age of 18 years. This definition is consistent with both the UNCRC (1989) and the Constitution of the Federal Democratic Republic of Ethiopia (1995), Article 36, which recognize every person under the age of 18 as a child entitled to special protection and care.
 - **Sexual Abuse:** Any unwanted sexual act or activity imposed on an individual through force, coercion, manipulation, threats, or exploitation of a person's inability to provide informed consent (American Psychological Association [APA], 2016).
 - **Child Abuse:** "Child abuse is any act of omission which deprives children of their rights and liberties and/or interferes with their optimal development".
 - **Child Sexual Abuse:** The involvement of a child in sexual activities that he or she does not fully understand, cannot give informed consent to, or is not developmentally prepared for, and that violate societal or legal norms (World Health Organization, 2003).
 - **Effects of Sexual Abuse:** means the results of sexual abuse including depression, anxiety, swings, shock, post-traumatic stress disorder, shame, self-blame, loss of self-esteem, anger, sexual dysfunction, chronic pelvic pain, addiction, self-injury, suicidal ideation, personality disorder, and desire for revenge.
 - **Perpetrators:** persons who use children for sex without their will or consent.
-

- **Consequences:** are problems that resulted in psychological, behavioral, physical, educational, social and economical to health problems.
 - **Coping Mechanisms:** are means/ ways created by sexually abused children to live with the wounds of abuse.
 - **Physical Health Consequences:** Refers to the bodily and medical effects resulting from child sexual abuse, including physical injuries, reproductive health complications, sexually transmitted infections, chronic pain, sleep disturbances, and other health-related conditions experienced by survivors.
-

UNIT TWO

LITERATURE REVIEW

2.1 Definition of Concepts

Over the last several decades, child sexual abuse has gripped communities worldwide, as millions of children endure devastating violations from online and commercial sexual exploitation to forced trafficking, often at the hands of those entrusted with their care, including parents, siblings, and relatives (Parrot & Cummings, 2008).

2.1.1 Child Sexual Abuse

Definitions of child sexual abuse differs significantly across studies: General surveys often operationalized it as ‘unwanted sexual contact’ without specifying the type of acts involved. The publisher by UNICEF (2003), Child Sexual Abuse define as using power, which is an action of sexual against children under 16 ages. It is an illegal attempt that can be defined as statutory rape. It includes genital touching, verbal sex, masturbation, fingering and non-verbal sexual practices (Fox & Nkosi, 2003). Among all adverse childhood experiences, evidence indicated child sexual abuse, relatively has significant negative impact on victims’ quality of life, highlighting its unique seriousness as a form of trauma.

Child sexual abuse refers to the involvement of a child in sexual activities that he or she does not fully comprehend, is unable to provide informed consent to, or is not developmentally prepared for, and that violate legal or social norms. It includes both contact and non-contact sexual acts committed against a child for the sexual gratification of the perpetrator (World Health Organization, 2022; UNICEF, 2021). Child sexual abuse violence comes in different forms: rape, genital touching, fondling, molestation, sexual harassment, verbal abuse, abduction, early

marriage, female genital cutting, and committing children to abusive and sexually exploitative activities (The African Child Policy Forum & Save the Children Sweden, 2006).

The reviewed literature provides a conceptual and empirical foundation for understanding the nature, forms, and consequences of child sexual abuse. It highlights the multifaceted effects of abuse on children's physical, psychological, social, educational, and overall well-being. The literature also underscores the importance of examining coping mechanisms employed by survivors and their families. Therefore, it guides the present study in exploring the lived experiences of sexually abused children supported by IFSO and the strategies used to cope with the consequences of abuse.

2.1.2 Forms of Child Abuse

Sexual Abuse

Child sexual abuse is understood not merely as a physical assault upon the body but as a profoundly complex traumatic experience, that simultaneously wounds both body and mind (Daphna, 2019; & Felitti, 1991). Child sexual abuse is a deeply complex phenomenon, one that is further compounded by a wide array of individual level psychological factors and overarching sociocultural influences (Felitti, 1991). Even non-penetrative acts like fondling can severely disrupt a child's sense of safety and bodily autonomy, causing confusion, fear, and shame. More extreme violations, such as intercourse, produce profound and lasting psychological harm, including PTSD, anxiety, and depression, and often lead to difficulties with trust and intimacy in future relationships.

Physical Abuse

Physical abuse is the use of physical force such as hitting, kicking, shaking, burning and other force against a child. The consequence resulted in immediate injuries like bruises, fractures, or burns, as well as a long-term problem including impaired growth and neurological damage. Children who are abused or neglected are at higher risk for health problems. Child abuse or maltreatment has a negative effect on health of children. Abused children often suffer injuries including cuts, bruises, burns, and broken bones. In addition, abuse causes stress that can disrupt early brain development, the extreme case also result in stress that can harm the development of the nervous and immune system (Center of Disease Control and Prevention, 2010).

Emotional Abuse

Emotional or psychological abuse, an abuse that are severely damages a child's emotional development and self-worth through verbal attacks like threats, and humiliation, as well as rejection and isolation that induce abandonment feelings. Emotional abuse includes behaviors that harm a child's self-worth or emotional well-being through name-calling, shaming, and rejection, withholding love and threatening. Emotional abuse result in a chronic mental health problems including alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases. The repercussion becomes worse for children whose age is under four years and when their family has history of violence, drug or alcohol abuse, poverty and chronic health problems (Center of Disease Control and Prevention, 2010).

Child Neglect

According to Center of Disease Control and Prevention (2010), child abuse includes all types of neglecting a child under the age of 18 by parents, caregiver, or another person in a custodial role. World Health Organization (1999), define child neglect as the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

Different subtypes of neglect exist. Physical neglect refers to the failure to meet children's physical needs, and includes for example the failure to provide adequate nutrition, clothing, personal hygiene, supervision, and medical attention. Emotional neglect refers to the failure to meet children's emotional needs, and includes for example the failure to provide adequate nurturance and affection, allowing children to be witnesses of domestic violence, to knowingly permit maladaptive behavior by the child, the failure to seek care for emotional or behavioral problems, and the failure to provide adequate structure. Educational neglect refers to the failure to provide the care and supervision that are necessary to secure a child's education.

Understanding the various forms of child abuse provides a broader foundation for examining child sexual abuse as a distinct yet interconnected form of violence against children. The literature highlights the diverse ways in which children may experience harm and vulnerability. This understanding helps the present study to situate child sexual abuse within the wider child protection context and to explore its consequences and coping mechanisms among affected children and their families.

2.1.3 Exposing factors for Child Sexual Abuses

A combination of sociocultural factors can increase a child's to be vulnerable to such acts, including harmful cultural attitudes, poverty, substance use, lack of awareness, family instability, and weak legal protections (The African Child Policy Forum & Save the Children Sweden, 2006; Yahaya et al., 2013). A study conducted by Frazee (2000), mentioned that series of interrelated factors contribute to the abuse of girls such as systems; traditions and customs that consider girls less desirable; negative social attitudes that view girls as liabilities and properties

Debebe (2007), in a study conducted in Addis Ababa, Ethiopia, found that harmful traditional practices such as rape, abduction, and early marriage expose girls to sexual abuse. The expansion of vulnerable groups such as children in difficult circumstances like orphans, displaced families, and economically disadvantaged women headed households, the elderly and others is a challenge to the socioeconomic development of the society in which it escalate the level of children to expose for difficult conditions.

According to the findings of different studies (Ruggiero et al., 2000; Colman & Widom., 2004; Belay, 2008), if the abused has a close relationship to the abuser, the child is at disadvantage or vulnerable already. Sociodemographic characteristics such as nature of relationship between the abuser and the abused, the type of parent who raise the child, the place where the child lives, sex, and age of the child are among the reasons that contribute to child sexual abuse. Children immaturity, combined with the illegality of homosexuality in some contexts, and exposure to pornographic content, increases their vulnerability to sexual abuse (Hagos, Haile Mariam. 2009). Overall, research shows that multiple interrelated social, cultural, economic, and legal factors are contributing for child sexual abuses.

The literature on factors exposing children to sexual abuse provides an understanding of the social, cultural, economic, and familial conditions that increase children's vulnerability to abuse. This understanding helps the present study to contextualize survivors' experiences and better examine the consequences of abuse and the coping mechanisms employed by affected children and their families.

2.1.4 Perpetrators of Sexual Abuse

Abuse is the soul's injury when a child is betrayed by someone they once loved and trusted. Jibril (2012) classified the relationship between perpetrators and victims into nine major categories. The findings indicated that family members, relatives, neighbors, friends, teachers, employers, and priests collectively constituted 73.4% of all abusers.

Child sexual abuse often involves a misuse of power, trust, and authority by individuals upon whom children depend for care, protection, or support. Perpetrators may include family members, caregivers, neighbors, teachers, health professionals, intimate partners, or other individuals known to the child. The abuse of trust and dependency frequently makes disclosure difficult and increases the vulnerability of victims (UNICEF, 2021; World Health Organization, 2022).

Getinet (2017), in a study assessing the pattern and predisposing conditions of child sexual abuse among female children seen at Gandhi Memorial Hospital in Addis Ababa, found that the majority of perpetrators were males (97.6%), while only a small proportion were females. Most perpetrators were known to the child (87.8%), including neighbors, family members, friends, employers, and teachers, whereas only 4.8% were strangers. In addition, some perpetrators used alcohol or drugs (32.9%), deception, verbal abuse, or force during the abuse. According to Sobsey (1994) the large numbers of people involved, the close physical and

emotional contact existed in the care they provide, and the power inequality between the service provider and receiver of care are where the perpetrators are created and it leads to increase the risk of abuse to child in service and institution settings. Research generally shows that most abusers are known to the child and operate in settings marked by close contact and power gap, are conditions that make children more vulnerable to sexual abuse.

2.1.5 Consequences of Child Sexual Abuse

The effects of child sexual abuse are wide ranging, and vary from survivor to survivor depending on a number of different factors such as; age of the victim, duration of the abuse, number of perpetrators, and severity of the assault. Despite varying definitions of what constitutes abuse, the impact of sexual trauma on an individual has been well documented (Gibson & Leitenberg, 2001; Wiersma, 2003). However, much of the literature on trauma and post-traumatic stress has focused on the individual effects of the trauma on the primary victim, that is, the person who actually experienced the traumatic event; the traumatic effects also extended in to the family members and the societies as well (Herman, 1997).

According to Waithaka (2004), child sexual abuse do not harm only the individual victim, profoundly affecting the entire family system. While the child suffers physical and emotional trauma, parents, especially mothers experience guilt, emotional pain, and social stigma. Fear of shame may prevent families from reporting the abuse, allowing perpetrators to remain. These effects can strain family relationships and create long-term emotional and social challenges for all members. In combination, based on the review, the negative effect of child sexual abuse, in their both short and long lives are mainly classified as psychological, physiological/physical health, social & parental relationship, economic, spiritual, and educational.

Psychological consequence:

According to Azeb (2003), histories of adult survivors of childhood sexual abuse show that adult survivors' symptoms are significantly correlated with depression, anxiety, shame, and humiliation. Sexually abused child has a wide number of psychological consequences, such as low self-esteem, anxiety, depression, anger and aggression, post-traumatic stress, dissociation, substance abuse, sexual difficulties, somatic preoccupation and disorder, self-injurious or self-destructive behaviors (Lalor K. 2010). Sexually abused girls live a temporary life style. They are exposed to psychological and social problems wherever they are. Shame is one of the hard to cope emotions caused by abuse. Child sexual abuse may cause feelings of shame depending on the degree of abuse (Feiring & Taska, 2005). A study conducted by Kim, Talbot and Cicchetti (2009) indicated that shame is significantly related to child sexual abuse.

Herman (1992) argued that the psychological effects of the abuse often remains latent for many female survivors until a significant developmental shift occurs; for instance committing to a long-term partnership, becoming a parent, or facing life events that mirror the dynamic they had with their abuser. If a survivor is in a relationship with a person who is caught unaware by the sudden change in their partner's behavior triggered by a life event, it can be quite disconcerting for the non-survivor partner and potentially threatening to the quality of the relationship.

A study by Meron (2006) found that certain survivor children develop a hatred for the entire neighborhood, particularly toward the perpetrator's family (mother, brother & sister). Since sexual abuse is not just a private thing which affect the victim herself, the mother also suffer and started to become upset, annoyed and anxious to his intimidation to the entire family.

According to Finney (1992, as cited in Rahel 2005), hatred is a natural and spontaneous feeling that arise from actions we find disgraceful and when the hurt is intolerable.

Effect on Physical Health

Heger et al. (2012) indicated that children referred for possible sexual abuse, research shows that survivors may have poorer physical health than those who have not been abused. Children can sustain physical injuries during sexual abuse. The effect of child sexual abuse is not only limited to host of psychological and psychiatric problems but also to physical manifestations, which include difficulty in walking or sitting, bruises, bleeding or itching in genital area or the mouth, pregnancy or sexually transmitted disease, loss their virginity, especially among preteens and repeated urinary infections (Rape & Sexual Abuse Center, 2002).

According to Rebecca (2023) who conducted a study on male child sexual abuse among children supported by IFSO in Addis Ababa. The study concluded that the majority of the participants (76%) reported that their experiences of sexual abuse exposed them to various physical health problems. This indicates that sexual abuse has significant negative consequences on the physical well-being of abused children. In addition, engaging in unsafe sex, having many sexual partners, earlier sexual initiation, unplanned pregnancy and higher risk of infection with STDs including HIV/AIDS are also common consequence of child sexual abuse (Yemataw, 2008, 31(1): 24-31). One of the commonly observed consequences of unwanted sexual abuse is unwanted pregnancy. It has also adverse impacts on pregnancy. That is associated with risk of abortion, miscarriages and premature labor. Because Ethiopian law does not provide for the right to abortion, safe abortion is difficult to obtain. Consequently, many women turn to unsafe abortion, often resulting in adverse health effects and a range of associated complications.

Gynecological Problems are another consequence of sexual abuse children. These problems includes painful infections that damage reproductive organs, bleeding, perforation of the uterus, in fertility, genital infections or discharges and swelling in the genital area causes difficulties to sit comfortably, pelvic pain, painful menstruation can be stated. Fistula, STIs and female circumcision further intensify the situation (Cooney, 1987; Tesfay, 2003; Rousso, 2001; Davis, 2000; Dominquez et al, Sara, 2001).

Consequence on Social Relationship

Child sexual abuse can significantly disrupt survivors' relationships with parents, siblings, and other family members. Rebecca (2023) found that most respondents (80%) reported that their experiences of sexual abuse negatively affected their relationships with family members, resulting in weakened emotional bonds and strained family interactions. Similarly, the Independent Inquiry into Child Sexual Abuse (2018) reported that abuse often damages sibling relationships and family cohesion, particularly when the perpetrator is a family member or a trusted individual. Disclosure of abuse may lead to disbelief, self-blame, family conflict, and social isolation. Victims may also feel responsible for the emotional distress experienced by family members.

In some cases, relationships deteriorate further when relatives or siblings were aware of the abuse but failed to intervene. Parents frequently experience feelings of guilt, helplessness, and emotional distress because they were unable to protect their child. Likewise, siblings may experience shock, sadness, anger, confusion, and uncertainty regarding how best to support the victim (Han & Kim, 2016; Humphreys, 1995; Plummer & Eastin, 2007). These findings indicate that the effects of child sexual abuse extend beyond survivors and negatively affect the emotional and social well-being of the entire family.

Child sexual abuse trauma is associated with significant social relationship difficulties, including impaired conflict resolution, reduced interpersonal sensitivity, insecure adult attachment patterns, and increased feelings of isolation and stigma, which collectively imply long-term challenges in forming and maintaining healthy social connections.

Effect on their Education

Beyond its psychological and social effects, child sexual abuse impairs survivors' academic performance, leading to class absenteeism, diminished intrinsic motivation to learn, achieve less academically, drop out from schooling, and perception of lessons as burdensome chores rather than opportunities for growth (Ruggiero et al., 2000; Colman & Widom, 2004; Getnet, 2007).

Rebecca (2023) found that a large proportion of respondent (75%) indicated that child sexual abuse negatively affects education. This suggests that abused children often face difficulties such as poor concentration, school absenteeism, and declining academic performance. The trauma and emotional distress resulting from abuse can disrupt learning, reduce motivation, and limit the child's ability to fully engage in educational activities, highlighting the broader impact of abuse beyond immediate physical and emotional harm.

Economic Consequences

Abuse against women, girls, and children constitutes a hidden drag on economic and social development, as it drains survivors' energy, undermines their confidence, and harms their health, thereby deprives society of their full participation and contribution, Report on violence against women in Ethiopia (1997:9). One of the largest sources of economic impact of child maltreatment comes from reduced earnings. Currie and Widom (2010) Because of various reason including reduced educational attainment, higher rates of chronic conditions, higher rates of a

substance use disorder, higher rates of anxiety and depression, etc.), estimate that victims of neglect, sexual abuse, and physical abuse earned less per year on average than a matched comparison group. The relationship between childhood maltreatment and reduced earnings operates along several margins, lower educational attainment, reduce labor force participation, occupation selection, and wage disparities within occupations. More broadly, maltreatment impairs psychological, physical, social, family, economic, spiritual, and educational domains, underscoring its profound and far-reaching nature. Such negative consequences unfold both immediately and over the long-term, affecting not only the child but also their family and broader society.

2.1.6 Coping Mechanisms to overcome the situations

Coping mechanisms are commonly explained using the Stress and Coping Theory developed by Lazarus and Folkman (1984). This theory defines coping as constantly changing cognitive and behavioral efforts used by individuals to manage internal and external demands that are appraised as stressful or exceeding their resources. The coping process begins with cognitive appraisal, which includes primary appraisal, where an individual evaluates whether an event is harmful, threatening, or challenging, and secondary appraisal, where the individual assesses available coping resources and strategies.

Based on this evaluation, individuals adopt two major forms of coping strategies: emotion-focused coping and problem-focused coping. Emotion-focused coping aims to regulate emotional distress caused by the stressful event, while problem-focused coping seeks to modify or eliminate the source of stress. The effectiveness of coping strategies depends on the nature of the stressor, availability of social support, and individual resilience (Lazarus & Folkman, 1984).

Religious Coping

Religious coping refers to the use of religious beliefs, practices, and spiritual resources to manage stress and trauma. According to Pargament (1997), religious coping can provide meaning, comfort, and a sense of control in situations perceived as uncontrollable. It is widely recognized that individuals facing traumatic experiences often rely on prayer, worship, fasting, and seeking guidance from religious leaders as coping mechanisms.

In many African societies, including Ethiopia, religion plays a central role in shaping individuals' interpretation of traumatic events. Survivors of child sexual abuse and their families often turn to religious institutions such as churches and mosques for emotional support, healing, and hope for recovery. Religious coping may foster psychological resilience by providing a sense of divine protection and meaning-making in the face of suffering (Ano & Vasconcelles, 2005). However, in some cases, exclusive reliance on spiritual coping may delay access to professional psychological and legal support.

Cultural Coping

Cultural coping refers to coping strategies that are shaped by social norms, cultural values, and traditional belief systems. Culture influences how individuals interpret trauma, express distress, and seek help (Helms & Cook, 1999). In collectivist societies such as Ethiopia, coping is often embedded within extended family systems, community structures, and traditional authority figures such as elders.

Families of sexually abused children may rely on informal support systems, including relatives, elders, and community mediators, rather than formal institutions. In some cases, cultural norms emphasizing family honor and social reputation may encourage silence or non-

disclosure of abuse, which functions as both a coping and protective strategy for family identity. At the same time, positive cultural coping mechanisms such as communal support, collective problem-solving, and kinship solidarity can enhance resilience and emotional recovery among survivors (Ungar, 2011).

Empirical Evidence on Coping Mechanisms

Empirical studies show that coping strategies among sexually abused children vary widely depending on individual, familial, and contextual factors. Haileselassie et al. (2014) found that abused children employ both adaptive and maladaptive coping strategies, including seeking social support, emotional suppression, avoidance, and spiritual practices.

Similarly, Simegn (2017) reported that many sexually abused children cope through emotional expression such as crying, withdrawal, or sharing experiences with trusted individuals, while others adopt avoidance strategies to distance themselves from traumatic memories. Maladaptive coping such as substance use and self-isolation has also been documented among survivors (Renooy, 2002).

Coping Mechanisms in the Ethiopian Context

In Ethiopia, coping mechanisms of sexually abused children are strongly influenced by religious and cultural frameworks. Studies indicate that survivors and families commonly rely on prayer, church attendance, and spiritual counseling as primary coping strategies (Rebecca, 2023). Religious leaders often play a significant role in providing emotional support and guidance.

At the same time, cultural coping mechanisms such as reliance on extended family networks, community elders, and informal mediation systems are widely practiced. However, stigma associated with sexual abuse may lead to silence and underreporting, which can

negatively affect access to professional support services (Save the Children, 2005). Despite these challenges, supportive family and community networks remain important protective factors that contribute to resilience and recovery among survivors.

2.1.7 Child Sexual Abuse in Ethiopia

Multiple factors are driving the increasing incidence of child sexual abuse in Ethiopia. Harmful traditions like forced early marriage and divorce, combined with rural-urban migration, financial hardship, lack of awareness about sexual abuse, scarce basic services, weak protection from both police and the community, and exploitation of children socially and economically, are some of the factors highly contribute to early childhood sexual abuse (Save the Children, 2005).

Ethiopia has perused extensive efforts to advance children's rights and protection since adopting the UNCRC in 1991. Notably, under the 2004 amended law, the rape or abuse of a girl aged 13 to 18 by a male constitutes an aggravating circumstance punishable by up to 20 years in prison. Approximately 48% of Ethiopia's population is comprised of adolescents, who require special care during childhood. Thus, schoolchildren between the ages of 10 and 19 are considerably more vulnerable to sexual abuse, child trafficking, and other associated issues than adults in Ethiopia (Fernandez B. 2019). This means child sexual abuse continues to be a serious public health problem. Furthermore, it is common for underreporting; little study has been done on the magnitude of childhood sexual abuse among high school students in urban as well as in rural parts of Ethiopia (Habtamu, et al 2023).

Data from the 2024/25 Ethiopian Demographic and Health Survey reveal that, among women aged 15 - 49 with a history of marriage or intimate partnership, 30% have experienced physical, emotional, or sexual violence committed by a current or former husband or partner. In addition, 19% of women reported that they experienced emotional violence, 23% experienced

physical violence, and 8% experienced sexual violence. Experience of physical, emotional, or sexual violence from husband/intimate partner is higher among older women 40 - 49 (39%), those living in rural areas (32%), women in Sidama (44%), Gambella (42%), and Amhara (35%), and formerly married women (45%). Experience of spousal violence decreases with increasing educational level.

2.1.8 Theories related with child sexual abuse

2.1.8.1 System Theory

System theory provides a framework for examining the complex web of relationships and structures surrounding a person in their environment, this understanding guides the identification of issues and the creation of balanced interventions to strengthen the “fit” between people and their environment (Friedman, Bruce & Allen, 2014). This theory targets to assess the dynamic relationships and interdependencies that exist among the various components within a system, as well as between the system and its surrounding. System theory, the components are characterized by their interdependence, meaning that the behavior and state of one component can significantly influence others. One of the objective of this study will be investigating the understanding of children and families toward the effects and coping mechanisms of sexual abuse of survivors and families supported by caregiving institution such as IFSO. In the structure of child abuse survivors, systems theory suggests that interventions should not exclusively focus on the child but also consider the families and caregivers who are highly influencing the children action toward the problem is the basic steps in addressing the subject.

2.1.8.2 Social Learning Theory

Social Learning Theory, developed by Albert Bandura, enlightens that human behavior is basically learned through observing and imitating others. The theory highlights the role of

modeling in the learning process, indicating that individuals acquire attitudes and behaviors by watching people they consider important or influential. According to Bandura (1977), reinforcement and punishment also contribute to learning; however, observational learning has a strong influence on individuals' behavioral patterns and emotional reactions. In relation to this study, the theory is useful for understanding the cognitive and behavioral reactions of child sexual abuse victims, as well as the coping mechanisms they use to cope and overcome the effects of abuse.

2.2 Empirical Literature Review

Demographic and Health Surveys in six Sub-Saharan African countries conducted between 2003 and 2007 were used to assess the relationship between childhood sexual abuse and socio-economic status using multiple logistic regression models. The result shows there was no association between childhood sexual abuse and education, wealth and area of settlement. However, there was contrasting association between childhood sexual abuse and working status of women (Yahaya et al., 2012).

According to a cross-sectional study of female students at Jirren High School in South-West Ethiopia (April 2005) on child sexual abuse and its outcome found that childhood sexual abuse is a major contributor to the disease burden among children and adolescents. The results indicated that the prevalence of child sexual abuse was 68.7% in different forms of sexual abuses. Majority of abusers according to the study were unknown persons and schoolmates. The consequences of victims of sexual abuse includes unwanted pregnancy (7.2%) and STDs (5.9%). The rate of other psychological effects of child sexual abuse, such as suicide ideation, suicide attempt, and sexual dysfunction, was high. The study also identified that the overwhelming majority (86.4%) considered sexual abuse to be a major social problem (Worku D, Gebremariam

A, & Jayalakshmi S. 2006). Developing appropriate interventions for this highly vulnerable population requires a better understanding of the living circumstances and broader health profile of children who have experienced sexual abuse. The current study covered only child sexual abuse and its outcomes among high school female children in South-West Ethiopia. A large study covering different child sexual abuse aspects mainly in vulnerable areas need to be carried out. Although research evidence on child sexual abuse incidence in Ethiopia is limited. Despite this, the rate of reports bring out serious concern.

Based on the cross- sectional study carried out in Addis Ababa, the prevalence of child sexual abuse in general population was 38.5 %, with family members accounting for 29% of cases and other known adults for 68% (Jibril, 2012). Accordingly, recent literature's findings identified that socio-economic background of survivors educational level, their parent's educational status and average monthly income are directly related with sexual abusing issues (Rebecca, 2023). Most of the survivors of the center come from poor and low educational status family background. This condition shows that economical poor families are more vulnerable by the problem.

Most researches on the subject indicates that children aged 10 to 19 are significantly more vulnerable to sexual abuse in Ethiopia. This means child sexual abuse continues to be a serious public health problem. Furthermore, it is common for underreporting; little study has been done on the effects of child sexual abuse and the coping mechanisms employed by the children and their families among children existing with different age groups in Ethiopia, yet the cases are escalating. Given that, there are few numbers of institutions formally registered and operating on sexually abused children in Ethiopia. Hence, the researcher considers studying child sexual abuse essential for developing evidence-based interventions; accordingly, this study is

timely, aiming to fill existing gaps in the literature concerning the effects and coping strategies of sexually abused children under IFSO care, particularly by focusing the contribution of the result in preventing further abuse within the community.

UNIT THREE

METHODOLOGY OF THE STUDY

3.1 Philosophical Paradigm

This study is guided by the constructivist/interpretivist philosophical paradigm because it seeks to explore how children who have experienced sexual abuse and their families understand, interpret, and give meaning to their experiences and coping mechanisms. Since the study focuses on participants' subjective realities rather than objective measurement, it assumes that knowledge is socially constructed through interactions, experiences, and the contexts in which individuals live.

The selection of this paradigm is consistent with the nature of the research problem, which aims to understand the lived experiences of children supported by IFSO and the meanings they attach to the consequences of sexual abuse and their coping responses. Such experiences are shaped by personal, social, and cultural contexts and therefore require an approach that allows participants to express their own perspectives and interpretations.

This position is supported by constructivist scholars who argue that reality is not a single objective entity but is socially constructed by individuals through their experiences and interactions (Crotty, 1998; Mertens, 2010). Similarly, Creswell (2018) notes that research conducted within a constructivist paradigm seeks to understand the meanings participants assign to their experiences and recognizes the existence of multiple realities. Therefore, the constructivist/interpretivist paradigm was considered appropriate for examining the experiences and coping mechanisms of sexually abused children and their families in their natural social contexts.

3.2 Research Design

This study employed a qualitative research approach because it sought to explore the consequences of child sexual abuse and the coping mechanisms used by survivors and their families. Since the study focused on understanding participants' lived experiences, perceptions, and meanings within their natural settings, a qualitative approach was considered most appropriate for generating rich and detailed information. Within the qualitative approach, an instrumental case study design was adopted. The case consisted of sexually abused children and their families receiving support from IFSO in Addis Ababa. This design was selected because it enabled an in-depth examination of the phenomenon within its real-life context and provided a comprehensive understanding of the psychological, social, health, and coping dimensions associated with child sexual abuse. The case was bounded by both organizational context and time, focusing specifically on children and families supported by IFSO during the study period.

The use of an instrumental case study was further justified by the study's intention to use the experiences of IFSO-supported children and families to gain broader insights into the consequences of child sexual abuse and the coping strategies employed by survivors and their families. This approach allowed the researcher to generate detailed, context-specific, and holistic information about the phenomenon under investigation. This methodological choice is supported by Yin (2009, 2012), who argues that case study design is appropriate when a researcher seeks to investigate a bounded system within its real-life context and obtain an in-depth understanding of complex social phenomena. Accordingly, the case study design was considered suitable for examining the experiences of sexually abused children and their families within the specific context of IFSO.

3.3 Study Area

The study was conducted in Addis Ababa, the capital city of Ethiopia, which is the country's largest urban center and a major hub for administrative, economic, and social activities. The city hosts a diverse population, including vulnerable children who may be exposed to different forms of social and economic risks, including child sexual abuse. This makes Addis Ababa an appropriate setting for studying the experiences of sexually abused children and their coping mechanisms.

The study specifically focused on children and families receiving services from the Integrated Family Service Organization (IFSO). IFSO is a non-governmental organization established in 1995 that works on the prevention of gender-based violence and the provision of psychosocial and material support to vulnerable children, youth, and women. The organization provides services such as counselling, psychosocial support, educational assistance, and temporary shelter for survivors of abuse and other vulnerable groups. IFSO was selected as the study site because it directly supports sexually abused children, making it a relevant setting for accessing participants and exploring their lived experiences and coping strategies within a structured support system.

3.4 Population, Sample and Sampling Techniques

The study was conducted among sexually abused female children and their families receiving support from the Integrated Family Service Organization (IFSO) in Addis Ababa. The total population consisted of 50 registered child-family cases under the organization's services. A qualitative case study design was employed, where each case included a child survivor and their corresponding family members. This design was selected to enable an in-depth exploration of both individual experiences of sexual abuse and family-level coping mechanisms.

A purposive sampling technique was used, combining criterion-based and homogeneous purposive sampling approaches. Criterion-based sampling ensured that participants met predefined inclusion criteria, while homogeneous sampling was applied because all participants shared similar characteristics as service recipients of IFSO. According to Mack et al. (2005), purposive sampling involves selecting participants based on predefined criteria aligned with the research objectives.

Children were included if they were registered clients, had experienced sexual abuse within the past 1-3 years, had received support for at least six months, and were willing to participate together with their caregivers. Caregivers were required to be biological parents living with the child for at least six months, while key informants were selected based on at least one year of professional experience at IFSO and direct involvement in supporting sexually abused children. The inclusion of children aged 9-12 years was purposively determined because this developmental stage enables children to verbally express their experiences while still representing a vulnerable pre-adolescent group, making it suitable for examining the impacts of sexual abuse.

From the total population of 50 cases, eight child-family cases were selected based on the principle of data saturation, where data collection continues until no new themes emerge. This approach is consistent with qualitative research, which prioritizes depth of understanding over statistical generalization. In addition, four key informants were included to strengthen data triangulation. Accordingly, a total of 20 participants (8 children, 8 caregivers, and 4 key informants) were interviewed using in-depth interviews as the sole data collection method.

3.5 Data Collection Tools and Procedures

To address the research objectives and obtain a comprehensive understanding of the consequences of child sexual abuse and the coping mechanisms employed by survivors and their families, the study used multiple qualitative data collection tools, namely semi-structured in-depth interviews, key-informant interviews, observation, and document review. The use of multiple sources of data enabled triangulation and enhanced the credibility of the findings. Semi-structured interview guides were developed primarily using open-ended questions to encourage participants to describe their experiences in their own words. A limited number of structured questions were also included to obtain participants' background information, such as age, educational status, and professional experience. Follow-up and probing questions were used whenever necessary to obtain detailed and comprehensive responses.

The in-depth interview guide was prepared by the researcher based on the study objectives, research questions, and relevant methodological literature. During the development and refinement of the guide, consultations were made with the academic advisor, peers, selected IFSO staff, and other relevant individuals to ensure the clarity, relevance, and appropriateness of the questions. The guide was initially prepared in English and subsequently translated into Amharic by the researcher with the support of a language expert to maintain conceptual consistency. It consisted of 9-13 guiding questions supported by probing questions. In-depth interviews were conducted with child participants and their family members to explore their experiences of child sexual abuse and the coping strategies they employed.

In addition, semi-structured key-informant interviews were conducted with selected IFSO staff, including social workers, counselors, and program coordinators. A separate interview guide was prepared for this purpose to obtain professional perspectives on the consequences of child

sexual abuse, available support services, and challenges encountered in service provision. These interviews served as an important source of data triangulation. Observation was also employed during interviews to capture non-verbal expressions, emotional reactions, and contextual factors that complemented participants' verbal responses. Interviews were audio-recorded with participants' consent, and field notes were taken to document relevant observations and reflections.

Furthermore, document review was used as a secondary source of data. Relevant organizational documents, including strategic plans, policies and procedures, case records, operational reports, and service agreements, were reviewed to provide contextual information and support the interpretation of findings obtained from primary data sources. This contributed to a more comprehensive understanding of the study phenomenon.

3.6 Techniques of Data Analysis

The data collected through in-depth interviews, key-informant interviews, observations, and document reviews were analyzed using manual thematic analysis. The analysis process involved organizing, transcribing, translating, coding, categorizing, and interpreting the data to identify meaningful patterns and themes related to the consequences of child sexual abuse and the coping mechanisms employed by survivors and their families. Audio-recorded interviews were carefully listened to and transcribed verbatim in the language in which they were conducted (Amharic) by the researcher. The transcribed data and field notes were subsequently translated into English by the researcher with the assistance of a language expert to ensure conceptual equivalence and clarity for analysis and reporting purposes.

Following transcription and translation, the data were analyzed manually using an inductive thematic analysis approach. Rather than relying on predetermined categories, codes

were generated directly from participants' responses and experiences. The researcher repeatedly reviewed the transcripts and field notes to identify recurring ideas, concepts, and patterns. Similar codes were then grouped into broader categories and themes reflecting the major issues emerging from the data. The identified themes were subsequently reviewed, refined, and interpreted in relation to the research objectives and relevant literature. The findings were then presented through thematic descriptions supported by participants' narratives and documentary evidence. The use of thematic analysis was considered appropriate because it enabled the researcher to systematically identify, organize, and interpret patterns of meaning across the dataset.

This analytical approach is supported by Braun and Clarke (2006), who describe thematic analysis as a flexible method for identifying, analyzing, and reporting themes within qualitative data. Similarly, Antwi and Hamza (2015) note that qualitative data analysis involves moving from the description of participants' experiences to the interpretation of their broader meanings within a particular social context. In addition, descriptive statistics such as frequencies, percentages, and means were used to summarize the socio-demographic characteristics of the respondents.

3.7 Quality Assurance

To ensure the trustworthiness of the study, several quality assurance strategies were employed throughout the research process. Credibility was enhanced through data triangulation by collecting information from multiple sources, including child participants, family members, key informants, observations, and document reviews. The documents reviewed included IFSO policies and procedures, case records, operational reports, and other service-related documents. Information obtained from these sources was compared with interview and observation data to

verify consistency and provide contextual support for the findings. The quality of the interview guides was strengthened through consultation and review processes. During the development and refinement of the interview instruments, the researcher consulted the advisor and selected senior IFSO professionals who had extensive experience working with sexually abused children and their families. These consultations focused on improving the clarity, appropriateness, ethical sensitivity, and contextual relevance of the interview questions. Particular attention was given to ensuring that questions directed to children were age-appropriate, non-leading, and unlikely to cause distress or re-traumatization. Feedback obtained from these consultations was incorporated into the final revision of the interview guides.

Dependability was enhanced by conducting data collection in phases, which enabled continuous review of the quality and completeness of the data. Detailed field notes, interview records, and coding procedures were maintained to ensure transparency of the research process. Confirmability was strengthened through the use of audio recordings, systematic coding procedures, and cross-checking information obtained from different participant groups. Member checking was also employed during interviews by summarizing and clarifying participants' responses to ensure accurate understanding. These measures enhanced the credibility, dependability, and confirmability of the study (Creswell, 2018; Croker, 2009).

3.8 Ethical Consideration

Ethical considerations were given careful attention throughout the study due to the sensitive nature of child sexual abuse and the involvement of children aged 9-12 years. In addition, each participant was asked to sign an official consent form approved by the advisor from the university, and permission to conduct the study was secured from IFSO. Participation was entirely voluntary, and all participants were informed about the purpose, procedures,

potential benefits, and risks of the study. Because the study involved children, informed consent was obtained from their parents, while assent was obtained from the children themselves.

Interviews were conducted only after both consent and assent had been secured. Particular attention was given to ensuring that interview questions were age-appropriate, non-leading, and unlikely to cause distress or re-traumatization. Interviews were conducted in a safe and supportive environment, and participants were informed of their right to refuse to answer any question or withdraw from the study at any time without any negative consequences.

To protect participants' privacy and confidentiality, pseudonyms were used in place of real names during transcription, analysis, and reporting. Any identifying information was removed from the data, and findings were reported in a manner that prevented the identification of individual participants. Audio recordings, transcripts, and related research materials were stored securely on the researcher's password-protected computer and were accessible only to the researcher. Throughout the study, efforts were made to minimize potential risks and uphold the dignity, rights, and well-being of all participants. These procedures were implemented in accordance with established ethical principles for research involving human participants (Yin, 2016).

UNIT FOUR

FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings and discussion of the study based on data obtained from in-depth interviews with child survivors of sexual abuse, their caregivers, and key informants from the Integrated Family Service Organization (IFSO) in Addis Ababa. The chapter addresses the research questions by exploring the consequences of child sexual abuse on survivors and their families, as well as the coping mechanisms employed to respond to these challenges.

The study involved eight child survivors and their respective caregivers, together with four key informants directly engaged in child protection and rehabilitation services. To provide contextual understanding of the participants, demographic characteristics are first presented using brief descriptive summaries. The subsequent sections focus on the lived experiences and perspectives of participants regarding the impacts of child sexual abuse and the strategies used to cope with its consequences.

Analysis of participants' narratives revealed several interrelated experiences reflecting the multifaceted nature of child sexual abuse. Although presented separately for analytical clarity, participants frequently described overlapping psychological, social, health-related, educational, and economic challenges. In addition, issues such as stigma, caregiver burden, reporting experiences, and institutional support emerged as important contextual factors influencing both the impacts of abuse and the recovery process.

The discussion section subsequently relates the findings to the study objectives and existing empirical literature to provide a broader understanding of the experiences of survivors and their families. Together, the findings and discussion highlight the complex and interconnected consequences of child sexual abuse and the various coping responses adopted by affected children and their caregivers.

4.2 Findings

4.2.1 Demographic Characteristics of the respondents

This section presents the characteristics of the study participants, including the age and educational status of child participants, educational background of caregivers, family sources of income, children's living arrangements, reporting pathways following the incidents, and the professional background and work experience of key informants. These characteristics provide important contextual information for understanding the lived experiences and perspectives presented in the subsequent findings. Although the study primarily employed a qualitative approach, participant characteristics are presented to help describe the social, educational, and economic contexts within which the experiences of child sexual abuse occurred. Narrative descriptions are used to illustrate the diversity of participants' circumstances, while tables are included to summarize key background information and improve the presentation of participant profiles.

In-depth Interview Participants (16: 8 children and 8 parents)

Table 4. 1 Demographic Characteristics

No.	Pseudo names	Age (Child)	Education Level (Child)	Education Level (Care- giver)	Source of income/ occupation Parents	Whom you are Reporting the issue for?
1.	Meseret			7	Daily labor	Police
2.	Elisa	12	6			
3.	Daniel			7	Daily labor	Police
4.	Meaza	11	5			
5.	Elifnesh			5	Merchant	Police
6.	Sable	10	4			
7.	Alima			no	Daily labor	Police
8.	Alisha	9	3			
9.	Assefu			5	Merchant	IFSO
10.	Blen	10	3			
11.	Fantu			6	Plastic bottle collection	Police
12.	Zeritu	11	4			
13.	Zufan			5	Grandfather support	Police
14.	Lemlem	9	2			
15.	Turiye			5	Employee	Police
16.	Nardos	10	4			

Source: Own survey, 2026

Table 4. 2 Key-Informants (4 key-informants)

No.	Key-Informants	Educational Background	Role/ Profession in IFSO	Years of Experience in IFSO
1.	KI-1	1st Degree	Vice Director and Program Leader Project Coordinator	19
2.	KI-2	1 st Degree	(Prevention and Rehabilitation)	1
3.	KI-3	1st Degree	Social Worker	4
4.	KI-4	1st Degree	Counselor (Psychologist)	7

Source: Own Survey, 2026

The child participants were between 9 and 12 years of age and were enrolled in primary school from Grade 2 to Grade 6. This age group was purposively selected because children within this developmental stage were generally able to communicate their experiences, feelings, and challenges more effectively while still requiring appropriate ethical and emotional protection during the interview process. Special attention was given to ensuring that the interviews did not unnecessarily remind children of traumatic experiences or cause additional emotional distress. Consequently, sensitive questions were approached cautiously, and greater emphasis was placed on obtaining complementary information from caregivers whenever detailed discussion of traumatic events could potentially affect the child's well-being.

The educational backgrounds of the participants also provided important contextual information. Although all children were attending school at the time of the study, their narratives revealed various educational challenges following the abuse, including difficulties in

concentration, emotional distress within school environments, interruptions in attendance, and reduced participation in learning activities. These experiences demonstrate how abuse can affect educational engagement and academic progression.

The participants came from economically vulnerable households characterized by low and unstable sources of income, including daily labor, petty trade, informal employment, recycling activities, and support from extended family members. These economic circumstances frequently emerged during interviews as factors influencing access to health care, educational continuity, legal follow-up, and psychosocial support services. As a result, economic vulnerability formed an important context for understanding the recovery experiences of the children and their families. Consequently, participant characteristics provided important context for understanding the varied experiences reported in the subsequent findings.

Family structures and caregiving arrangements also varied among participants. Some children lived with their mothers only, others with fathers, while a few lived within extended family settings. These caregiving arrangements played a significant role in shaping emotional support systems, protection mechanisms, and post-incident decision-making processes. Regarding reporting and help-seeking pathways, the majority of cases (seven out of eight) were initially reported to the police, reflecting the dominant role of law enforcement in responding to child sexual abuse incidents. In contrast, one case was first reported directly through Integrated Family Service Organization (IFSO), indicating the role of child protection institutions as an alternative entry point for support and recovery services. These reporting experiences illustrate the limited diversity of formal reporting mechanisms and the strong reliance on police services as the primary response structure.

The study also included four key informants from IFSO who were directly engaged in child protection and rehabilitation services. These participants held professional positions including Vice Director and Program Leader, Project Coordinator, Social Worker, and Counselor. Their work experience ranged from one to nineteen years, providing diverse institutional perspectives on the psychological, social, health, and economic consequences of child sexual abuse and the intervention strategies used to address them.

Overall, the characteristics of participants were reflected not only in their background profiles but also in their lived experiences. Their narratives demonstrated how socio-economic conditions, caregiving arrangements, reporting pathways, and institutional support systems collectively shaped their recovery processes and everyday realities following child sexual abuse. Detailed descriptions of participants' experiences are presented under the thematic findings sections.

4.2.2 Consequences of Child Sexual Abuse on Survivors and their Families

This section presents findings related to the consequences of child sexual abuse on survivors and their families based on narratives obtained from child participants, caregivers, and key informants. Participants described a wide range of experiences reflecting the multidimensional nature of child sexual abuse and its effects on children's well-being, family relationships, and everyday lives. The findings reveal that the consequences of abuse were not limited to the immediate experience of the child but extended to caregivers and the broader family environment. Participants reported various psychological, social, health-related, educational, and economic challenges that often occurred simultaneously and influenced one another. Across the thematic findings, participants also described contextual factors such as community stigma, caregiver burden, reporting experiences, and institutional support, which

influenced the severity of the consequences experienced and the recovery process of survivors and their families.

For ease of presentation, the findings are organized under six major thematic areas that emerged from participants' accounts: psychological effects, social effects, physical health effects, economic effects, educational effects, and coping mechanisms. Although presented separately, these themes were closely interconnected within the lived experiences of survivors and their families.

4.2.2.1 Psychological consequences of child sexual abuse

In response to the first research question, which sought to explore the psychological consequences of child sexual abuse among children supported by IFSO, participants described a range of psychological effects resulting from their abuse experiences. Analysis of the interview data revealed experiences of fear, anxiety, emotional distress, shame, guilt, intrusive memories, and diminished self-confidence among both survivors and their caregivers.

Data obtained through in-depth interviews indicated that child sexual abuse had profound psychological consequences for survivors and their families. Participants frequently described persistent emotional distress, fear, anxiety, shame, self-blame, and recurring memories of the abuse that continued to affect their daily lives.

One of the interview participants was Elisa (pseudonym), an 11-year-old Grade 6 student residing in Addis Ababa. At the time of the interview, she was living with her mother.

Describing her emotional experiences following the incident, she stated:

A short time ago, I am feeling persistent depression, anxiety, and profound sense of shame that I cannot easily explain. I frequently recall the incident in troubling ways,

and these memories repeatedly return, particularly when I am alone or in deep thought. (Elisa, In-depth interview, April 18, 2026).

Elisa's account illustrates the emotional burden associated with the abuse experience, particularly the persistence of anxiety, shame, and intrusive memories that continued long after the incident.

Elisa's mother, Meseret, reported that her daughter was sexually abused by an adult male neighbor known to the family. According to Meseret, the man engineered opportunities to be alone with the child and gained her trust by giving gifts; over time, he abused her when no one was present. Meseret learned of the incident several days later. She earns the family's livelihood through daily labor, mainly washing clothes, and described the severe psychological impact on the household, intense emotional distress and persistent worry about her daughter's future. As she stated:

When I learned about what happened to my child, I was extremely shocked and emotionally overwhelmed. I experienced intense worry, confusion, and helplessness because I did not know what action to take. Even now, I frequently recall the incident, and the memories continue to affect my emotional well-being and daily responsibilities. Although I have tried to cope and support my child, I still sometimes blame myself for not being able to protect her. I often feel nervous and concerned about how the incident has affected our lives and my child's future well-being. (Meseret, In-depth interview, April 18, 2026).

The narrative demonstrates that the psychological consequences of child sexual abuse extended beyond the survivor to affect caregivers as well. Meseret described feelings of shock,

helplessness, self-blame, and persistent emotional strain while supporting her child through the recovery process.

Another interview participant, Daniel, a father residing in Addis Ababa, supports his family through small-scale informal work. He is the primary caregiver of his 11-year-old daughter, Meaza, currently a Grade 5 student, who survived a traumatic sexual abuse incident at age eight that continues to affect her life. Daniel reported that the perpetrator, an adult male neighbor known to the family, repeatedly abused Meaza and leveraged a power imbalance to coerce her into silence. The family has been receiving support from IFSO for over six months and voluntarily agreed to share their experiences. Despite this support, Meaza continues to struggle with emotional distress, health challenges, and disrupted schooling. Daniel detailed the psychological consequences of this trauma as follows:

When I heard about the incident, I was severely distressed and totally confused, and during that moment I could not properly understand how to respond or what immediately action should I take. I felt profound anger, emotional disturbance, and helplessness, as I found it difficult for me to accept and deal with. Even in the present time, I continue to experience emotional pain and distress whenever I recall the incident, and these memories still affect my inner peace and overall emotional well-being. (Daniel, In-depth interview, April 18, 2026).

Daniel's account reflects the confusion, emotional pain, and helplessness experienced by caregivers following disclosure of child sexual abuse. His narrative also highlights the continuing emotional effects associated with recalling the incident.

Meaza described her own emotional condition and the gradual process of recovery following the abuse. She stated:

In recent time, I have frequently experienced feelings of anger and have considered about changing my school. Previously, I had more troubling emotion, but now I am working toward personal improvement. I feel stronger and more hopeful than before and I am striving to become successful in the future. My father courage me to stay strong and concentrate on my education, and the counseling service provided by IFSO are helping me recover emotionally and feel better. (Meaza, In-depth interview, April 18, 2026).

Although Meaza reported experiencing anger and emotional difficulties after the incident, her narrative also suggests signs of resilience and gradual psychological recovery through family encouragement and psychosocial support provided by IFSO.

Across the in-depth interviews, survivors and caregivers consistently described child sexual abuse as a source of significant psychological suffering. Participants reported experiencing fear, anxiety, emotional distress, shame, guilt, self-blame, nervousness, loss of confidence, withdrawal, and recurring memories associated with the abuse. Many indicated that these emotional reactions persisted over time and continued to affect their personal well-being, family relationships, and daily functioning.

The key-informant interviews further supported these findings. Participants emphasized that children receiving support services frequently experienced emotional trauma, fear, communication difficulties, reduced confidence, emotional instability, and withdrawal from normal social interactions. According to KI-1:

Child sexual abuse has serious psychological and social consequences for both children and their families. Children receiving services from IFSO often experience fear, emotional trauma, withdrawal, communication difficulties, emotional instability, and reduced self-confidence. These challenges may affect their school participation, peer relationships, and family functioning. In some cases, families relocate or change schools for their children. To address these problems, IFSO provides counseling services aimed at psychological recovery, emotional expression, and rebuilding self-worth. (KI-1, April 22, 2026).

The key-informant narratives reinforced the experiences described by survivors and caregivers, indicating that psychological distress remains one of the most common consequences observed among children affected by sexual abuse. The findings suggest that the emotional effects of abuse are often long-lasting and influence both survivors and their family members throughout the recovery process.

4.2.2.2 Social impacts of child sexual abuse

In response to the second research question, which sought to explore the social impacts of child sexual abuse among children supported by IFSO, participants described various social challenges affecting both survivors and their caregivers. Analysis of the interview data revealed recurring patterns related to reduced social interaction, negative community responses, and disruption of existing social relationships. Through thematic analysis, these patterns were organized into three interrelated social sub-themes: (i) social withdrawal and isolation, which emerged from participants' accounts of avoiding peers, limiting social interaction, and reduced participation in school and community activities; (ii) stigma and negative community reactions, which emerged from experiences of labeling, repeated questioning, public discussion of abuse

incidents, and community pressure; and (iii) disruption of social networks and relocation, which emerged from participants' descriptions of weakened community relationships, loss of social support, reduced community engagement, relocation, and school changes following the abuse.

4.2.2.2.1 Social Withdrawal and Isolation

Participants frequently described social withdrawal and isolation as common consequences of child sexual abuse. Survivors often became reluctant to interact with peers, participate in school activities, or engage in community life. Feelings of shame, fear, and discomfort contributed to reduced social interaction and weakened peer relationships. Several caregivers also reported that their children preferred to remain isolated to avoid unwanted attention and reminders of the abuse.

Alima, the mother of a nine-year-old survivor, reported that her daughter was abused by a family member living within their shared compound. According to Alima, the perpetrator continues to reside in the same compound, causing the family constant distress and ongoing re-traumatization as they watch him live freely without facing accountability for his crimes. Alima noted that the abuse occurred when her daughter was very young, which severely disrupted her childhood and left her unable to enjoy playing with her peers. She further explained how the trauma affected her daughter's social relationships and sense of belonging as follows:

Following the incident, I faced several challenges in my social relationships because people in the community often discussed my child's situation without considering its impact on her. Since we continued living in the same area, many people became aware of the incident and frequently brought it up whenever they saw us. This made my child feel uncomfortable. Some children at school also talked about the issue based on what they heard from others. As a result, my child's confidence and sense of

belonging were affected, making her feel isolated and different from her peers. (Alima, In-depth interview, April 18, 2026).

The experiences reported by caregivers were further supported by key informants.

According to KI-2:

Child sexual abuse created interconnected social and psychological well-being of both children and their families. Most of the survivors and their families who are receiving support in IFSO identified, as they were experienced discrimination, families tend to conceal abuse due to fear of stigma, weakened relationship within the communities, which limits social interaction and support systems. Children faced problems to actively engaged in their class activities, prefer isolation and decrease school peer relationships, and some time prefer to school dropout. Socially, families face community conflict, labeling, and rejection, our intervention is guided by case specific assessment to address each problem according to the nature of the incidents. (KI-2, April 22, 2026).

The accounts of both caregivers and key informants revealed that child sexual abuse frequently undermined children's confidence, reduced their participation in school and peer activities, and contributed to feelings of isolation. Families also reported limiting their social interactions because of concerns about negative community reactions.

4.2.2.2.2 Stigma and Negative Community Reactions

Another prominent finding was the experience of stigma and negative reactions from community members following disclosure of the abuse. Participants described repeated questioning, public discussion of the incident, labeling, and lack of sensitivity from community

members. These experiences often intensified emotional distress and created additional social challenges for both survivors and caregivers.

Elifnesh, a mother residing in Addis Ababa, supports her family through the daily production and sale of injera. Her ten-year-old daughter, Seble, now a Grade 4 student, survived an abusive incident three years ago, that resulted in severe, long-term trauma. The abuse was perpetrated by a young male belonging to the landlord's family, from whom Elifnesh rented her living space. Initially, Elifnesh was entirely unaware of the abuse; she had not anticipated such an assault on her young child, especially given their close relationship with the landlord's household. Furthermore, because her livelihood required her to leave early in the morning and return late at night, Elifnesh was unable to monitor her daughter during the day and prevent the abuse.

Driven by a sense of moral obligation to raise awareness, Elifnesh frequently attended public meetings regarding child protection and openly disclosed her daughter's experience. However, she became deeply discouraged by the outcome, as her openness triggered intense social stigma and hostile community reactions. She described how neighborhood members repeatedly gossiped about the incident and insensitive community members persistently questioned her daughter, explaining:

After my child's case became known in the community, many people frequently approached us to ask about the incident. These repeated questions confused and distressed my child, and she often wondered why others knew about her situation. Over time, the constant reminders became overwhelming for both of us and made us feel uncomfortable in the community. To protect my child from further distress and unwanted

attention, I decided to relocate to a new area where people were unfamiliar with our situation. (Elifnesh, In-depth interview, April 18, 2026).

Similarly, several participants reported that disclosure of the abuse often resulted in unwanted attention, community pressure, and persistent reminders of the incident. These experiences affected children's confidence, sense of belonging, and willingness to participate in social activities.

4.2.2.2.3 Disruption of Social Networks and Relocation

The findings further revealed that child sexual abuse disrupted existing social networks and community relationships. Participants described weakened relationships with community members, loss of social support, reduced community participation, and, in some cases, relocation to new environments. Several caregivers explained that they reduced their involvement in community activities because of stigma, repeated questioning, and concerns about their children's well-being. In some instances, families chose to relocate or consider changing schools in order to protect children from continued exposure to community discussions about the abuse.

Zufan described significant social stigma following the abuse. Community members repeatedly questioned his daughter about the incident and her possible HIV status, causing emotional distress and affecting her school attendance. Similar experiences occurred at school, increasing her anxiety and illness. She provided psychological support and raised community awareness, yet stigma persisted. Family members also discussed the issue in ways that harmed her well-being. Ultimately, she relocated the family and changed her school to reduce pressure and improve her recovery.

Following the abuse, persistent questioning and community gossip repeatedly reminded my child of the incident and disrupted her social life. Similar experiences occurred at school, making it difficult for her to interact with others. To protect her from continued stigma and social pressure, I tried to reduce such exposure and support her emotional adjustment. (Zufan, In-depth interview, April 18, 2026).

Key informants also confirmed that survivors and their families frequently experienced strained community relationships, social exclusion, and reduced access to informal support networks following the incident. According to KI-2, some families concealed the abuse due to fear of stigma, while others experienced rejection, labeling, and community conflict that limited their participation in social life.

Overall, both in-depth and key-informant interviews demonstrated that child sexual abuse had substantial social consequences for survivors and their families. Participants consistently reported experiences of social withdrawal, isolation, stigma, labeling, reduced peer interaction, weakened community relationships, and disruption of social support networks. These experiences often limited children's participation in school and community life and, in some cases, contributed to relocation and reduced community engagement among affected families.

4.2.2.3 Physical Health consequences of child sexual abuse

Participants described a range of physical health problems experienced by survivors following child sexual abuse. The findings revealed health conditions including urinary complications, sexually transmitted infections, reproductive health problems, unwanted pregnancy, sleep disturbance, appetite loss, recurrent illness, physical weakness, and other long-term medical complications associated with the abuse. Data obtained through in-depth interviews indicated that child sexual abuse resulted in serious and often long-lasting health consequences

for survivors. Participants reported various physical health problems ranging from genital injuries and infections to reproductive complications and chronic medical conditions requiring continuous follow-up and treatment.

One of the interviewed cases involved Assefu, a resident of Addis Ababa who supports her family through small-scale petty trade. Her daughter, Blen (pseudonym), was a nine-year-old Grade 3 student at the time of the incident. Describing the health consequences experienced by her child, Assefu stated:

After the attack happened, my child developed several health problems, including urinary tract infection, abnormal vaginal discharge, frequent illness, and gonorrhea. Although some of these conditions improved with treatment, a subsequent abuse incident resulted in an unwanted pregnancy, which was terminated after two months. Following the termination, she experienced painful urination and persistent back pain. The combined health problems and emotional distress later contributed to episodes of epilepsy and occasional loss of consciousness. She continues to require regular medical follow-up and close care, which has also affected my own physical and emotional well-being. (Assefu, In-depth interview, April 18, 2026).

Another participant, Fantu, the mother of Zeritu, also described the severe health consequences her child experienced following the abuse. According to her account, the child developed multiple health complications that required continuous medical follow-up and specialized care. Reflecting on their experience, she stated:

Following the incident, my child developed several long-term health problems, including fistula, reproductive tract infections, recurrent illness, and a sexually

transmitted infection. She later experienced additional complications such as bloody urination, urinary incontinence, hearing problems, weight loss, and HIV infection. Due to these health conditions, medical professionals recommended ongoing medical follow-up and specialized care. (Fantu, in-depth interview, April 18, 2026).

The accounts of caregivers revealed that child sexual abuse often resulted in multiple and interconnected health problems. Participants described experiences of sexually transmitted infections, urinary complications, reproductive health problems, recurrent illness, physical weakness, chronic pain, and other medical conditions that required ongoing treatment and monitoring. In some cases, the health consequences were compounded by emotional distress and other psychological difficulties that affected the overall well-being of survivors.

The findings from key-informant interviews further supported the experiences reported by caregivers. Key informants indicated that children receiving support from IFSO frequently presented with health problems such as sexually transmitted infections, urinary tract complications, abnormal discharge, unwanted pregnancy, abortion-related complications, sleep disturbance, loss of appetite, headaches, and other health concerns associated with sexual abuse. As KI-1 explained:

Child sexual abuse has multidimensional effects on children and their families, physically it affects by suffering trauma, vomit, stomach problem, different genital wounds, urinary complication, severe depression, emotional distress, sleep disturbance, loss of self-control, and persistent headache. In response, we implemented comprehensive coping mechanisms including emergency medical service, individual and group psychological therapy, and emotional expression to assist and restore children

well-being and strength family resilience through short-term/ emergency and long-term rehabilitation program. (KI-1, April 22, 2026).

Overall, both in-depth and key-informant interviews revealed that child sexual abuse produced substantial physical health consequences for survivors. Participants consistently reported a range of health problems, including urinary complications, sexually transmitted infections, reproductive health conditions, unwanted pregnancy, recurrent illness, chronic pain, sleep disturbances, appetite loss, physical weakness, and other long-term medical complications. These findings indicate that the health consequences of child sexual abuse often extend beyond the immediate period of abuse and may require sustained medical care and follow-up support.

4.2.2.4 Economic burden on children and their families

In response to the fourth research question, which sought to explore the economic consequences of child sexual abuse among children supported by IFSO, participants described substantial economic challenges affecting both survivors and their caregivers. Analysis of the interview data revealed recurring patterns related to increased household expenditures, disruption of livelihood activities, and difficulties meeting essential household needs. Through thematic analysis, these patterns were grouped into three interrelated economic sub-themes: (i) increased financial burden and unexpected expenses, which emerged from participants' accounts of medical, legal, and other abuse-related costs; (ii) livelihood disruption and reduced earning capacity, which emerged from caregivers' descriptions of reduced work opportunities and competing caregiving responsibilities; and (iii) difficulty meeting basic household needs, which emerged from participants' reports of challenges in accessing food, housing, education, healthcare, and other essential resources.

4.2.2.3.1 Increased Financial Burden and Unexpected Expenses

Participants frequently described the financial burden associated with medical treatment, medications, hospital visits, legal proceedings, and other expenses that arose following the abuse. Many caregivers reported that these costs exceeded their household resources and placed considerable strain on family finances.

Daniel, the father of an 11-year-old survivor, explained that medical treatment and prolonged legal processes generated substantial expenses that undermined the family's financial stability. He stated:

I spent a significant amount of money on medical treatment, medications, and frequent hospital visits for my child and myself. The prolonged legal process following the incident also required additional expenses. These unexpected and repeated costs placed considerable pressure on our family and greatly affected our economic stability. (Daniel, In-depth interview, April 18, 2026).

Similarly, Zufan described how limited household resources were further strained by expenses related to healthcare, legal follow-up, and the child's recovery needs.

Our family survives on limited financial support from my father and income from daily labor. Following the incident, the costs associated with legal follow-up, healthcare services, and required medications became difficult to manage. The high cost of treatment and continued follow-up placed additional pressure on our already limited resources and significantly affected our financial situation. (Zufan, In-depth interview, April 18, 2026).

The accounts of caregivers revealed that child sexual abuse often generated unexpected financial demands that placed considerable pressure on already vulnerable households. Key informants also confirmed that medical and legal expenses were among the most frequently reported economic challenges experienced by beneficiary families.

4.2.2.3.2 Livelihood Disruption and Reduced Earning Capacity

Another prominent finding was the disruption of caregivers' livelihood activities following child sexual abuse. Participants explained that caring for affected children reduced the time available for income-generating work and, in some cases, affected their ability to maintain stable employment. Many caregivers described balancing work responsibilities with caregiving duties, medical appointments, and emotional support for their children, which limited their productivity and earning opportunities.

Following the incident, I became responsible not only for meeting my family's daily needs but also for providing continuous care and emotional support to my child. Frequent hospital visits, follow-up appointments, and caregiving responsibilities reduced the time and energy I could devote to work. As a daily laborer, this affected my ability to earn a stable income and made it increasingly difficult to sustain our livelihood. Balancing caregiving responsibilities with income-generating activities has been one of the greatest challenges my family has faced. (Daniel, In-depth interview, April 18, 2026).

The experiences shared by caregivers indicate that the consequences of child sexual abuse extend beyond the affected child to influence household livelihood activities. Increased caregiving responsibilities often reduced caregivers' ability to engage fully in income-generating work, thereby affecting household economic stability.

The perspectives of caregivers were further supported by key informants. According to KI-3:

Economically, many families, particularly low-income households, experience disruption to their livelihood following child sexual abuse. Caregivers often spend considerable time supporting affected children through treatment, follow-up services, and daily care, which reduces their ability to engage in regular income-generating activities. In some cases, household income is further affected when the primary breadwinner is involved in the legal process or unable to continue working as before. These circumstances frequently weaken families' earning capacity and increase their economic vulnerability. To address these challenges, we provide limited financial assistance and livelihood support based on the needs of each case. (KI-3, April 22, 2026).

The accounts of both caregivers and key informants revealed that child sexual abuse frequently disrupts household livelihoods by reducing caregivers' working capacity and limiting opportunities for income generation. Participants consistently described the challenge of balancing caregiving responsibilities with employment demands, which often weakened household economic resilience and increased financial vulnerability.

4.2.2.3.3 Difficulty Meeting Basic Household Needs

The findings further revealed that the economic consequences of child sexual abuse affected families' ability to meet basic household needs. Participants described difficulties covering essential expenses such as food, house rent, educational costs, healthcare services, and other daily necessities. These challenges were particularly severe among low-income households that were already experiencing financial hardship before the incident.

Our family depends mainly on limited support from my grandfather, and meeting basic household needs is often difficult. Because of our financial situation, we sometimes struggle to obtain adequate food and other essential necessities. My health condition requires a balanced and nutritious diet, but this is not always possible. We also face difficulties accessing medical treatment and prescribed medications because of their high cost, and my mother sometimes relies on traditional remedies when we cannot afford healthcare services. (Lemlem, In-depth interview, April 18, 2026).

The experiences reported by caregivers indicate that the economic burden associated with child sexual abuse extends beyond direct expenses and livelihood disruption to affect families' capacity to secure basic necessities. Financial constraints often limited access to adequate nutrition, healthcare services, educational materials, and other resources necessary for children's well-being and recovery.

The perspectives of caregivers were further supported by key-informants. According to KI-2:

Many of the families we support, particularly low-income households, struggle to meet basic household needs following child sexual abuse. The combined effects of reduced income and additional expenses often make it difficult to afford adequate food, healthcare services, educational materials, house rent, and other essential necessities required for the well-being and recovery of affected children. (KI-2, April 22, 2026).

The accounts of both caregivers and key informants revealed that many families struggled to satisfy basic household needs following the abuse. Participants consistently described difficulties accessing food, housing, healthcare, education, and other essential services.

These challenges often increased household vulnerability and negatively affected the well-being and recovery of both survivors and their caregivers.

4.2.2.4 Educational effects on children and families

The interview findings revealed that child sexual abuse had significant educational consequences for survivors and their families. In addressing the fifth research question, which sought to explore the consequences of child sexual abuse among children supported by IFSO, participants described reduced concentration, declining academic performance, poor class participation, absenteeism, loss of motivation to learn, and increased risk of school dropout. The findings further indicated that the educational difficulties experienced by survivors were often associated with the psychological, social, and health-related consequences of the abuse.

One of the interviewed cases involved Nardos, a 10-year-old Grade 4 student living in Addis Ababa with her mother, Turiye. Reflecting on the changes in her daughter's educational performance following the abuse, Turiye explained:

My child was an outstanding student before the abuse and consistently performed well in her class. However, the incident disrupted her education, and she now struggles with concentration, attendance, and academic performance due to ongoing health and psychological challenges. Although her teachers recognize her academic potential and encourage her to continue learning, her current condition limits her full participation in school. As a family, we continue supporting her education while managing the challenges of her recovery. (Turiye, In-depth interview, April 19, 2026).

Another participant, Meseret, also described the impact of the abuse on her child's educational engagement. She explained that community pressure, stigma, and persistent thoughts

about the incident affected her child's interest in schooling and participation in learning activities. According to her account:

The community pressure has greatly affected my child, and she frequently thinks about the incident. She believes that people continue to discuss her experience, which increases her emotional distress. As a result, she often isolates herself and avoids interacting with others. To protect her from further stigma, I transferred her to a private school in another area despite the additional cost. However, she still shows little interest in attending classes and fully engaging in her education. (Meseret, In-depth interview, April 18, 2026).

The experiences reported by caregivers indicated that child sexual abuse often disrupted children's educational progress. Participants described difficulties maintaining concentration, attending classes regularly, participating in learning activities, and sustaining previous levels of academic achievement. Several caregivers reported that emotional distress, stigma, and health-related challenges contributed to declining educational performance and reduced motivation to continue schooling.

The findings from key-informant interviews further supported the experiences reported by caregivers. Key informants indicated that many children receiving support from IFSO experienced educational difficulties following the abuse. As KI-4 explained:

Most children receiving support under IFSO are at risk of school dropout and struggle with concentration and regular class attendance, whether due to stigma or psychological and physical injuries from the incident. As a support, the program provide

emergency services aimed at enabling them to continue their schooling and improve their educational outcomes. (KI-4, April 22, 2026).

Overall, both in-depth and key-informant interviews revealed that child sexual abuse negatively affected children's educational experiences and outcomes. Participants consistently reported poor concentration, reduced class participation, declining academic performance, absenteeism, loss of motivation to learn, and increased risk of school dropout. In some cases, families transferred children to different schools in an effort to protect them from stigma and create a more supportive learning environment. Beyond the commonly reported educational consequences, the findings indicate that children's educational difficulties were shaped by the combined effects of psychological distress, social stigma, health-related challenges, and family circumstances. The study further revealed that caregivers often made significant efforts, including school transfers and continuous educational support, to sustain children's learning despite ongoing challenges. These findings highlight how child sexual abuse disrupts not only educational performance but also the broader educational pathways and support systems surrounding affected children.

4.2.2.5 Coping mechanisms employed by survivors and their families

In response to the research question exploring coping mechanisms among survivors of child sexual abuse and their families, participants described a range of strategies used to manage the psychological, social, physical, educational, and economic consequences of abuse. Analysis of the interview data revealed two interrelated coping mechanisms: positive (adaptive) coping mechanisms and negative (survival-oriented) coping mechanisms. Rather than relying on a single approach, survivors and caregivers often employed multiple coping strategies simultaneously. The choice of coping strategy was influenced by the severity of the abuse, availability of

professional services, family support, community reactions, and prevailing socio-cultural beliefs. The findings further suggest that coping is not a fixed process but a dynamic one, with survivors and caregivers shifting between adaptive and survival-oriented responses throughout the recovery process.

4.2.2.5.1 Positive (Adaptive) Coping Mechanisms

Participants frequently described adaptive coping mechanisms that promoted emotional recovery, psychological stability, and resilience. These strategies included seeking professional and institutional support, relying on family-based emotional care and protection, obtaining assistance from neighbors and relatives, participating in religious activities, and maintaining continuous medical follow-up. Rather than functioning independently, these forms of support complemented one another and collectively strengthened survivors' recovery.

Several caregivers explained that counselling services, psychosocial interventions, medical treatment, and educational support provided through organizations such as IFSO helped children gradually regain emotional stability and confidence. Family members also played a central role by providing reassurance, close supervision, guidance, encouragement, and opportunities for open communication, enabling children to express their emotions and rebuild hope for the future.

I continue to seek medical treatment for my child at different health facilities due to multiple health complications resulting from the abuse. Although the problems have not fully resolved, there has been gradual improvement. Before receiving support from IFSO, I also accessed counselling services from a similar institution, which helped in the early stages of her recovery. (Assefu, In-depth interview, April 18, 2026).

The experiences reported by caregivers were further reinforced by key informants, who emphasized that effective recovery requires integrated interventions combining counselling, medical care, family counselling, educational assistance, and phased rehabilitation aimed at restoring children's psychological well-being and resilience.

“We support survivors and their families through structured counselling interventions aimed at psychological recovery, emotional expression, and rebuilding self-worth. The services include individual and family counselling, storytelling, relaxation techniques, and phased rehabilitation designed to help survivors move from victimhood toward resilience.” (KI-1, April 22, 2026).

Other participants described the importance of continuous parental guidance, emotional reassurance, and maintaining supportive family relationships throughout the recovery process.

I always try to advise and guide my child so she can rebuild her strength and confidence. Every day, especially when she returns from school, I sit with her and talk about life in a simple way she can understand. I encourage her to think positively, focus on her future, and believe she can succeed despite what has happened. As a mother with limited resources, I use my time, words, and emotional support to help her cope, reminding her of her strengths and encouraging her to engage with supportive people so she does not feel alone. (Turiye, In-depth interview, April 18, 2026).

Overall, both in-depth and key-informant interviews demonstrated that adaptive coping relied on the combined contribution of professional services, family support, community assistance, religious practices, and continuous caregiving. Participants consistently viewed

recovery as a gradual process strengthened through coordinated support from multiple sources rather than by any single intervention alone.

4.2.2.5.2 Negative (Survival-Oriented) Coping Mechanisms

Alongside adaptive strategies, participants described coping responses that emerged as immediate attempts to reduce emotional pain and protect survivors from further distress. These responses included social withdrawal, self-isolation, avoiding interactions with boys or community members, limiting participation in social activities, excessive sleeping, remaining silent about the abuse, relocating to different neighborhoods, transferring schools, and avoiding environments associated with traumatic memories.

Participants explained that these behaviors were not adopted because survivors believed they were desirable solutions but because they temporarily reduced fear, shame, stigma, emotional distress, and repeated reminders of the abuse. In some instances, survivors also expressed intense anger, thoughts of revenge, wishes to leave their communities permanently, and, in severe cases, suicidal thoughts. Caregivers regarded these reactions as indicators of overwhelming psychological suffering requiring continuous support and professional intervention.

Since the abuse, my child has never been the same emotionally. She became withdrawn, preferred to stay alone after school, avoided playing with friends, and often remained silent or became easily angry and anxious. Isolating herself seemed to be her way of escaping painful memories and overwhelming emotions. I also struggled to cope. I constantly blamed myself for failing to protect her, lost my inner peace, and at times even thought about ending my own life because the emotional burden felt unbearable. Although these reactions brought temporary relief from intense distress, neither of us was

able to overcome the trauma, and we continue to struggle in our daily lives. (Assefu, In-depth interview, April 18, 2026).

Another participant similarly described environmental changes, including relocation and reducing exposure to triggering situations, as temporary strategies intended to protect children from further emotional harm and community stigma.

To protect my child from repeated community discussions that reminded her of the abuse, I relocated our home and changed her school. I also restricted her movements and social activities to prevent further harm. Although these measures affected her social life, they helped us avoid distress and feel temporarily safer. (Meseret, In-depth interview, April 18, 2026).

Key informants also acknowledged that survivors frequently relied on avoidance, religious practices, and other protective behaviors while simultaneously receiving multidisciplinary support aimed at gradually replacing survival-oriented responses with healthier coping strategies.

Persistent fear, stigma, and emotional distress often lead survivors and their families to adopt survival-oriented coping strategies, including social withdrawal, isolation, avoiding community interaction, and relocation. Although these responses provide temporary protection from further distress, they may also limit recovery and social reintegration. (KI-2, April 22, 2026).

Overall, the findings indicate that survivors and caregivers did not rely exclusively on either adaptive or survival-oriented coping. Instead, both forms frequently coexisted and evolved throughout the recovery process. Importantly, the study suggests that survival-oriented coping

should not simply be interpreted as maladaptive behavior but as an immediate response to overwhelming emotional distress, persistent stigma, and limited alternatives. Although such strategies sometimes provided temporary psychological relief, they also risked reinforcing isolation, delaying disclosure, and prolonging recovery when sustained over time. This finding extends existing literature by demonstrating that coping among survivors of child sexual abuse is dynamic, context-dependent, and strongly shaped by family circumstances, community attitudes, and access to institutional support rather than by individual psychological factors alone.

4.3 Discussion

This study, guided by the objective of examining the consequences of child sexual abuse and coping mechanisms among survivors and their families supported by IFSO in Addis Ababa, demonstrates that CSA produces deeply interconnected and multidimensional impacts across psychological, social, educational, physical, and economic domains. It further shows that coping is not a linear or individual response, but a socially embedded and continuously evolving process shaped by institutional support, family systems, religious practices, and socio-cultural conditions. A key overarching contribution of this study is that consequences and coping mechanisms are not separate phenomena; rather, they are mutually reinforcing and often occur simultaneously within the same lived experience sought to examine the multidimensional consequences of CSA and the coping mechanisms employed by survivors and their families receiving support from IFSO in Addis Ababa. The findings demonstrate that the consequences of CSA extend far beyond the immediate incident, affecting survivors and caregivers across psychological, social, educational, physical, and economic domains. More importantly, the study revealed that these consequences are closely interconnected and continuously influence one another throughout the recovery process. Unlike many previous studies that examine the consequences of CSA as

separate dimensions, the present study illustrates that these domains operate simultaneously; creating a cumulative burden that shapes both survivors' recovery and families' everyday lives. Furthermore, the study identified context-specific coping mechanisms that are strongly influenced by family circumstances, community reactions, institutional support, and socio-cultural beliefs. These findings contribute new insights into understanding CSA within the children supported by childcare in Ethiopian context, where limited empirical evidence currently exists.

The findings indicate that the psychological consequences of CSA extend beyond immediate emotional reactions and evolve through survivors' ongoing interactions with their families and social environments. Fear, shame, anxiety, emotional instability, withdrawal, and loss of self-confidence emerged as interconnected experiences that affected children's social relationships, educational participation, physical health, and daily functioning, suggesting that psychological distress forms the foundation upon which many subsequent consequences develop. A notable finding is that emotional suffering was reinforced not only by the abusive incident but also by persistent stigma, community reactions, repeated legal procedures, and prolonged health challenges, making recovery a socially embedded rather than purely individual process. The study further revealed that caregivers experienced parallel psychological trauma, including guilt, self-blame, emotional exhaustion, hopelessness, and fear regarding their children's future, indicating that child sexual abuse creates family-wide trauma rather than affecting only the survivor. Moreover, some psychological responses gradually evolved into survival-oriented coping mechanisms, such as emotional suppression, withdrawal, silence, and avoidance of social interaction. Although these responses may appear maladaptive from a clinical perspective, participants frequently perceived them as necessary strategies for preserving emotional safety

under persistent stigma and uncertainty. While these findings are consistent with Herman (1997), Lalor (2010), and Azeb (2003), the present study extends previous knowledge by demonstrating that psychological consequences, family trauma, and coping are inseparable processes continuously shaped by broader social and cultural contexts.

The findings further indicate that the social consequences of CSA extend beyond disrupted relationships and social isolation to become part of the broader process through which survivors and families attempt to regain emotional safety. Participants consistently described withdrawal from peers, reduced community participation, fear of interacting with others, damaged family relationships, and persistent experiences of stigma and discrimination. However, these experiences were not simply passive consequences of the abuse. Many families intentionally limited social interaction, relocated their homes, transferred children to different schools, or discouraged participation in community activities to protect survivors from repeated reminders of the abuse and further emotional harm.

This study therefore introduces an important analytical insight by demonstrating that social withdrawal functions simultaneously as both a consequence of abuse and a survival-oriented coping mechanism. Consequently, the boundary between social consequences and coping becomes increasingly blurred, as families actively reconstruct their social environments to achieve emotional safety. Furthermore, the study identified community stigma as a structural force that not only worsens survivors' social experiences but also shapes family decisions throughout the recovery process. These findings suggest that recovery is socially negotiated rather than purely individual. While generally consistent with Rebecca (2023) and the Independent Inquiry into Child Sexual Abuse (2018), which documented stigma and social isolation among survivors, the present study advances existing knowledge by showing that social

isolation frequently represents an intentional protective strategy rather than merely an adverse consequence of abuse. This provides a more context-sensitive understanding of survivor behavior within the Ethiopian socio-cultural context.

A notable contribution concerns the structural role of stigma throughout survivors' recovery. Previous studies frequently identify stigma as one social consequence among many. In contrast, the present study demonstrates that stigma functions as a central mechanism linking nearly all dimensions of survivors' experiences. Stigma intensified psychological distress, disrupted education, limited community participation, influenced economic decisions such as relocation, delayed disclosure, and shaped families' selection of coping strategies. Rather than representing an isolated social problem, stigma emerged as an underlying structural factor influencing both the severity of abuse consequences and the pathways toward recovery. This finding suggests that effective intervention programs should address community attitudes and social norms alongside individual therapeutic support.

The educational findings similarly demonstrate that the consequences of CSA extend beyond reduced concentration, absenteeism, declining academic performance, poor class participation, and loss of learning motivation. Participants explained that educational disruption frequently resulted from deliberate caregiver decisions intended to protect children from stigma, bullying, or repeated exposure to environments associated with the abuse. School transfer, reduced school attendance, and increased parental supervision were commonly viewed as protective actions despite their negative educational implications. These findings suggest that educational outcomes are shaped through the interaction between trauma, family decision-making, and community responses rather than psychological distress alone. Education therefore becomes both a consequence of abuse and an arena in which families negotiate protection,

recovery, and future opportunities. These findings correspond with those of Ruggiero et al. (2000) and Colman and Widom (2004), who reported poorer educational achievement among survivors. However, this study contributes additional insight by demonstrating that educational disruption is also socially mediated through caregivers' protective responses to anticipated stigma and safety concerns, thereby extending previous understandings of educational consequences.

The physical consequences identified in this study further demonstrate that survivors' health problems frequently persist long after the abusive incident. Participants reported chronic reproductive health complications, repeated medical treatment, long-term psychological-health interactions, and continuous professional follow-up. More importantly, these health consequences were intensified by delayed disclosure, fear of reporting, limited awareness of available services, and restricted access to timely intervention. Consequently, health outcomes reflected not only the severity of the abuse itself but also weaknesses within the surrounding institutional and service systems. Another important finding is that inadequate community awareness regarding available support services delayed help-seeking and reduced opportunities for early intervention, thereby prolonging survivors' suffering. While these findings support previous research by Heger et al. (2012) and the CDC (2010), the present study extends existing knowledge by demonstrating how institutional barriers and limited service visibility interact with stigma to shape long-term health outcomes. Physical consequences therefore emerge not only as biological outcomes but also as structurally mediated experiences.

The economic findings similarly reveal that CSA generates financial burdens extending well beyond medical expenses. Families described spending considerable resources on medical care, counselling, transportation, legal follow-up, school transfers, relocation, and daily caregiving while simultaneously experiencing reduced income and increased household

responsibilities. A particularly important contribution of this study is the finding that recovery itself generates additional economic vulnerability. Families therefore become financially disadvantaged not only because abuse occurred but also because meaningful recovery requires substantial and continuous investment. This creates a cycle in which poverty limits access to recovery while recovery efforts simultaneously deepen household poverty. The findings further suggest that economic hardship influences families' ability to sustain treatment, maintain educational participation, and access comprehensive support services, thereby reinforcing other consequences of abuse. Although these findings agree with Currie and Widom (2010), the present study contributes a broader understanding by demonstrating that recovery-oriented activities themselves constitute an important source of household economic strain.

The findings regarding coping mechanisms represent one of the most significant contributions of this study. Rather than demonstrating a linear progression from crisis to recovery, participants described coping as a dynamic and continuously evolving process involving multiple overlapping responses. Survivors and families simultaneously relied on professional and institutional services, family-based emotional support, religious faith, practical caregiving, environmental adjustment, and behavioral adaptation while responding to changing emotional, social, educational, physical, and economic challenges. More importantly, the study identified two interconnected forms of coping: adaptive coping mechanisms that promote long-term recovery and resilience, and survival-oriented coping mechanisms that provide immediate emotional protection under conditions of persistent stigma and uncertainty. These survival-oriented responses included social withdrawal, relocation, emotional suppression, restricted movement, avoidance of triggering environments, and, in some cases, thoughts of escaping from the community or life itself. Rather than interpreting these responses simply as maladaptive

behaviors, the findings suggest that survivors and caregivers frequently perceived them as the safest available options within their existing social realities. This introduces a more context-sensitive understanding of coping by recognizing that families often choose strategies that maximize immediate emotional safety despite potential long-term social costs.

These findings generally support Lazarus and Folkman's coping theory, WHO (2022), and Pargament (1997), but substantially extend existing knowledge by demonstrating that coping within high-stigma environments is socially constructed, context-dependent, and influenced by institutional accessibility, cultural norms, community reactions, and family resources. Unlike many previous studies that conceptualize coping primarily as an individual psychological response, the present study demonstrates that coping operates as a family- and community-level survival process in which adaptive and survival-oriented strategies coexist, interact, and change over time. Furthermore, stigma emerged as the central structural mechanism linking the multidimensional consequences of child sexual abuse with the coping strategies adopted by survivors and caregivers. Rather than merely worsening psychological distress, stigma actively shaped disclosure, help-seeking behavior, educational participation, social relationships, recovery pathways, and the selection of coping strategies. This broader conceptual understanding highlights the importance of integrated, multidisciplinary, family-centered, and stigma-sensitive interventions that address not only survivors but also the wider institutional and community environments within which recovery takes place.

Overall, this study contributes to the existing literature in several important ways. First, it confirms that the consequences of child sexual abuse are multidimensional and interconnected rather than isolated experiences. Second, it identifies new sub-themes within the psychological, social, educational, economic, and coping dimensions that deepen understanding of survivors'

lived experiences. Third, it demonstrates that stigma functions as a structural force shaping both the consequences of abuse and the coping strategies adopted by survivors and their families. Fourth, it introduces the concept of positive (adaptive) and negative (survival-oriented) coping mechanisms, providing a contextually grounded interpretation of behaviors often described as maladaptive in previous literature. Finally, the study shows that recovery itself can generate additional economic and social challenges, emphasizing that effective responses to child sexual abuse require integrated, family-centred, trauma-informed, and community-based interventions. Collectively, these findings extend current knowledge and provide context-specific evidence that can inform policy development, professional practice, and future research aimed at improving the well-being of child sexual abuse survivors and their families in Ethiopia.

UNIT FIVE

CONCLUSION AND IMPLICATION TO SOCIAL WORK

5.1 Conclusion

This study examined the consequences of child sexual abuse and the coping mechanisms employed by survivors and their families receiving support from the Integrated Family Service Organization (IFSO) in Addis Ababa. Guided by the study objectives, the findings demonstrate that child sexual abuse produces multidimensional and interconnected consequences that extend beyond the immediate abusive incident and continue to influence survivors, caregivers, and families throughout the recovery process.

Regarding the first objective, the study found that child sexual abuse has profound psychological, social, educational, physical, and economic consequences. Psychologically, survivors experienced fear, shame, anxiety, emotional instability, withdrawal, and loss of self-confidence, while caregivers also experienced guilt, self-blame, hopelessness, and emotional exhaustion, indicating that child sexual abuse creates trauma at the family level rather than affecting only the individual child. Socially, survivors experienced isolation, disrupted peer relationships, reduced community participation, and persistent stigma. Educationally, survivors encountered poor concentration, declining academic performance, absenteeism, reduced motivation, and school transfers. Physically, survivors experienced long-term health complications requiring continuous medical follow-up, while economically, families faced increased expenditures, reduced income, and additional caregiving responsibilities that further intensified household vulnerability.

Beyond identifying these consequences, the study reveals that they are deeply interconnected rather than occurring independently. Psychological distress emerged as the central consequence influencing children's social participation, educational performance, physical health, and family functioning. Furthermore, the findings indicate that survivors' experiences were continuously reinforced by community stigma, repeated exposure to the abusive event, prolonged legal processes, delayed disclosure, and limited access to timely services, demonstrating that recovery is shaped not only by the abusive experience itself but also by the surrounding social and institutional environment.

Concerning the second objective, the study found that survivors and their families employed multiple, overlapping coping mechanisms rather than relying on a single strategy. Positive (adaptive) coping mechanisms included professional and institutional support, counselling, medical care, psychosocial services, educational assistance, religious practices, and continuous emotional support from caregivers. At the same time, participants adopted survival-oriented coping mechanisms such as social withdrawal, relocation, school transfer, restricting children's movements, emotional suppression, and avoidance of situations associated with the abuse. Although these responses may appear maladaptive, families often perceived them as necessary protective strategies for ensuring immediate emotional safety in contexts characterized by persistent stigma, fear, and uncertainty.

A major contribution of this study is its demonstration that the boundary between the consequences of child sexual abuse and coping mechanisms is often indistinct. Several behaviors identified as consequences, including withdrawal, isolation, silence, and restricted social interaction, simultaneously functioned as coping responses intended to protect survivors from further psychological harm and community judgment. This finding suggests that coping should

not be understood simply as a response that follows trauma but as an integral part of survivors' lived experiences.

The study further contributes to existing knowledge by demonstrating that stigma operates as a central structural factor linking the consequences of child sexual abuse with the coping strategies employed by survivors and their families. Stigma influenced disclosure, access to support services, educational participation, social relationships, health-seeking behavior, and family decision-making throughout the recovery process. Consequently, recovery emerged as a socially negotiated process shaped by family dynamics, institutional responses, and broader cultural and community contexts rather than an individual psychological journey alone.

Overall, this study extends previous research by showing that child sexual abuse should be understood not merely as an isolated traumatic event but as a continuing social process in which consequences and coping mechanisms evolve together over time. The findings highlight the importance of integrated, family-centered, multidisciplinary, and stigma-sensitive interventions that simultaneously address survivors' psychological, social, educational, physical, and economic needs while strengthening community awareness, improving access to professional services, and supporting caregivers as active partners in the recovery process.

5.2 Implication to social work

Drawing on the study's findings about the effects and coping mechanisms of sexually abused children, focusing on cases supported by the IFSO in Addis Ababa, this section outlines implications for social work practice, policy, research, and education to guide effective intervention and advocacy for survivors and their families.

Implication for Practice

Addressing the multidimensional psychological, social, health, economic, and educational impacts of child sexual abuse demands holistic, coordinated social work interventions that operate on three levels: individually through trauma-informed, child-centered care and counselling by the social workers, counselors, and health staffs from IFSO and similar child protections in Addis Ababa. At family level, social workers should empower families with psychological support, parental coaching, and access to services. At community level, the findings of this study indicate that stigma, social isolation, and negative community reactions significantly affect survivors' recovery processes and limit open disclosure and help-seeking behaviors. At the same time, informal community support from neighbors and relatives was identified as an important coping resource, although it was inconsistent and influenced by prevailing social attitudes. Based on these findings, strengthening community awareness is essential to reduce stigma and improve supportive responses toward survivors. Social workers, in collaboration with community leaders, families, and service providers, should therefore enhance community sensitization activities that address harmful attitudes and encourage supportive engagement with survivors. Furthermore, the findings highlight the importance of improving coordination between key service providers such as health professionals, legal officers, teachers, and social workers within institutions like IFSO to ensure early identification, timely referral, and integrated response to cases of child sexual abuse.

Implication for Policy

Child sexual abuse constitutes serious violation of children's rights, producing lasting harm across psychological, social, health, economic, and educational domains. It demands a well-coordinated policy response. In this matter, social workers have a role in urging enhanced

child protection frameworks via key players: the Ministry of Women and Social Affairs, the Addis Ababa City Administration Women and Children Affairs Bureau, Ministry of Education, Ministry of Health, Federal Police Commission, IFSO, and other relevant governmental and non-governmental organizations.

Aligned with international conventions such as the UN Convention on the Rights of the Child, child protection frameworks emphasize prevention, early identification, timely intervention, and integrated service delivery as key principles for addressing child abuse. Similarly, the Ethiopian legal and policy framework, including the National Children's Policy and relevant child protection provisions under the Criminal Code and social welfare strategies, also recognizes the importance of protecting children through coordinated prevention, response, and rehabilitation services, although implementation gaps remain at practice level. Moreover, accountability and abuse prevention require reinforced regulatory and monitoring systems within schools, childcare institutions, and community space.

Implication for Education

Social work education programs should address the complex and multidimensional psychological, social, health, economic, and educational effects of child sexual abuse among survivors and their families. Child sexual abuse prevention and response should be mainstreamed within both social work education programs and relevant levels of the general education system, depending on curriculum relevance. At the higher education level, social work curricula should integrate trauma-informed practice, child protection, and psychosocial intervention competencies to prepare professionals for effective response. In addition, at the lower-level education system, particularly in primary and secondary schools, age-appropriate child protection education, safety

awareness, and reporting mechanisms should be incorporated into school curricula to enhance early awareness, prevention, and identification of abuse cases.

Furthermore, social work training programs should include essential practical components such as case management, child protection systems, and cross-sectoral collaboration skills. Emphasis should also be placed on competencies in early identification of abuse, ethical decision-making, and providing psychosocial support to both children and their families. This mainstreaming of child protection content within the social work curriculum is essential to equip graduates with the knowledge and skills required to support recovery, resilience, and long-term well-being of survivors.

Implication for Research

Despite robust research on child sexual abuse, the literature has not yet fully captured a cohesive representation of the complexity concerning the lived lives of those having had these experiences. This study limited to females aged 9 - 12 and their families who received IFSO support in Addis Ababa. As a result, it does not capture experiences of other age groups, males, child outside Addis Ababa, those in shelters, or children served by other institutions. To address this gap, future work should expand to more diverse populations and compare different institutional settings, which would help clarify how experiences, impacts, and coping strategies vary. The findings also point to a need for deeper inquiry into why some age groups face higher vulnerability to sexual abuse, and how a child developmental stage influences both risk and the process of recovery. Additionally, mixed methods studies are encouraged to measure the effect magnitudes and intervention effectiveness. Overall, this study provides a foundation for future investigations in to child protection, trauma recovery, and social work practice in diverse environments.

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Appendix I

ADDIS ABABA UNIVERSITY COLLEGE OF SOCIAL SCIENCES, ARTS AND HUMANITIES SCHOOL OF SOCIAL WORK

I am currently doing in partial fulfillment of the requirements for the Degree of Masters of Social Work in Addis Ababa University, which is on *“Effects and Coping Mechanisms of Sexually Abused Children: the case of children supported by Integrated Family Service Organization/ IFSO in Addis Ababa.”*

The purpose of the study is to know the effects of sexual abusing on children and the coping mechanisms taken by the survivor children and their families to overcome the problem among the child supported by IFSO. It will take me 30 to 40 minutes to ask you the questions I would like to ask you. I thus, respectfully ask that you respond honestly to each question, as it will greatly influence the outcome of our study. The researcher wishes to reassure you that any information you choose to share will be kept completely private and used exclusively for scholarly purposes. Furthermore, the report will not include any reference of your name & address. It is voluntary for you to take part in this study. You will be asked to sign a consent form if you would like to participate in the study. You have the right to withdraw from the interview at any moment and without giving any reason. Your relationship with the researcher will not be affected in any way if you decide to withdraw from this study.

I appreciate your candid responses and the valuable time you have sacrificed in advance.

Name of the participant _____

Signature _____ Date _____

Name of the Researcher _____

Signature _____ Date _____

Interview Guide (In-depth Interview Guide for Children)

The purpose of this interview is to gather information about the experiences and consequences of child sexual abuse and the coping mechanisms used by children and their families. The study is being conducted for academic purposes as part of a research study. Your participation will help to better understand the challenges faced by children and contribute to improving support services for survivors. You are not required to answer any question that you do not feel comfortable with, and your responses will be kept strictly confidential.

Thank you very much for your willingness to participate in this interview.

1. Age?
 2. Can you tell me about your daily routine?
 - I spend my time at home ☐
 - I spend my time with my friends ☐
 - I spend my time at school ☐
 3. Have you recently experienced something unusual?
 4. Specify your level of education.
 5. What is the source of income/occupation of your parents (mother/father)?
 6. Have you recently experienced any kind of problem?
 7. Is there something that is disturbing you and preventing you from being happy?
 8. What is your school life look like? What problems have you faced?
 9. What is your current relationship with your family look like?
 10. Have you recently experienced any health problems?
-

11. When you feel unusual (difficult) emotions, what solutions do you usually take?
 12. When you face problems, who helps you?
 13. How do they help you?
 14. What kind of support would make you happier?
 15. What are your future aspirations?
-

የቃለ-መጠይቅ መመሪያ ለህጻናት የተዘጋጀ (In-depth Interview Guide)

በዚህ ቃለ-መጠይቅ ለመሳተፍ ፈቃደኛ ሆነዎ ስለመጡ እጅግ አመሰግናለሁ።

1. ዕድሜ?

2. የዕለት ተዕለት አዋዋልሽን ልትነግሪኝ ትችያለሽ? እቤት ነው የማሳልፈው ☐

ጓደኞቼ ጋር ነው የማስልፈው ☐ ትምህርት ቤት ነው የማሳልፈው ☐

3. ጥሩ ስሜት እንዳይሰማሽ/ ድንጋጤ/ ፍረሃት ስለፈጠረብሽ እንግዳ ነገር ልትነግሪኝ ትችያለሽ?

4. የትምህርት ደረጃ ግለጫ?

5. የወላጆችሽ (የእናት/ አባት) የገቢ ምንጭ/ሥራ ምንድን ነው?

6. በቅርቡ ምን ዓይነት ችግር ተሰምቶሽ ያውቃል?

7. ደስተኛ እንዳትሆኑ የሚረብሽሽ ነገር አለ?

8. የትምህርት ሕይወትሽ ምን ይመስላል ምን ችግር ገጥሞሻል?

9. አሁን ከቤተሰብ ጋር ያለሽ ግንኙነት ምን ይመስላል?

10. በቅርቡ የጤና ችግር ገጥሞሽ ነበር ወይ?

11. ያልተለመድ (አስቸጋሪ) ስሜት በሚሰማሽ ወቅት አዘውትረሽ ምን መፍትሄ ትወስጃለሽ?

12. ችግሮች ሲገጥሙሽ ማነው የሚረዳሽ?

13. ችግሮች ሲገጥሙሽ እንዴት ነው የሚረዳሽ?

14. ምን ዓይነት ድጋፍ ቢደረግልሽ የበለጠ ደስተኛ ነሽ?

15. ወደፊት ምን ምኞት አለሽ?

Interview Guide (In-depth Interview Guide for Parents)

The purpose of this interview is to gather information about the experiences and consequences of child sexual abuse and the coping mechanisms used by children and their families. The study is being conducted for academic purposes as part of a research study. Your participation will help to better understand the challenges faced by children and contribute to improving support services for survivors. You are not required to answer any question that you do not feel comfortable with, and your responses will be kept strictly confidential.

Thank you very much for your willingness to participate in this interview.

1. Are you the parent of the child?

- Mother ☐
- Father ☐

2. What is your educational level?

3. Does your child live with you?

- Yes ☐
- No ☐

4. What is your source of income/occupation?

5. What unusual situation occurred in the relationship between you, your child, or your family?

6. When did you find out that your child experienced sexual abuse (non-consensual sexual activity)?

7. Please describe the type of abuse:

8. What was your emotional reaction when you learned about the problem?

9. What was the first action you took after learning about the problem?

10. Did you report the issue to the concerned body?

- School director
- Police
- Support organization
- Other (specify): _____

Social Impacts

11. Please describe in detail the social problems that occurred to you and your child:

Psychological Impacts

12. Please describe in detail the psychological effects/problems experienced by you and your child:

Health Impacts

13. Please describe in detail the health problems experienced due to the issue:

Economic Impacts

14. Please describe in detail the economic impacts/problems (e.g., income reduction):

Educational Impacts on the Child

15. Please describe in detail how the issue affected your child's education:

Coping and Responses

16. After the incident, what responses did you (and your child) take regarding psychological, health, social, educational, and economic challenges?

17. Who supports you in overcoming these challenges?

- Relatives
- Friends
- IFSO professionals
- Other (specify): _____

18. What type of support do you think would be most effective for you?

የቃለ-መጠይቅ መመሪያ ለወላጆች የተዘጋጀ (In-depth Interview Guide)

በዚህ ቃለ-መጠይቅ ለመሳተፍ ፈቃደኛ ሆነው ስለመጡ እጅግ አመሰግናለሁ።

- እርስዎ የልጅዎ ወላጅ እናት ☐ ወላጅ አባት ☐
- የትምህርት ደረጃዎትን ግለጹ?
- ልጅዎ ከእርስዎ ጋር ነው የምትኖረው አዎ ☐ አይደለም ☐
- የገቢ ምንጭ/ሥራ ምንድን ነው?
- በልጅዎና በርስዎ/ በቤተሰቡ ግንኙነት ውስጥ ምን እንግዳ ነገር ተፈጠረ?
- ልጅዎ ጾታዊ (ያለ ፍላጎት የግብረሰጋ ግኑኝነት) ጥቃት መፈጽሙ መቼ ተረዱት?
- የጥቃቱን ዓይነት ግለጹ፡
- ችግሩን ሲረዱት ምን ዓይነት ስሜት አንጽባረቁ?
- ችግሩን ከተረዱ በኋላ ቅድሚያ ምን እርምጃ ወሰዱ?
- ችግሩ ተከትሎ ለማነው ያሳወቁት? ለት/ት ቤት ዳይሬክቶር ☐ ለፖሊስ ☐
ለድጋፍ ሰጪ ተቋም ☐ ሌላ ካለ ይገለጽ፡ _____
- በችግሩ ምክንያት በእርስዎና በልጅዎ ላይ ያጋጠመ ማህበራዊ (ከሰዎች ጋር ባለ ግኑኝነት) ችግሮችን በዝርዝር ይግለጹ፡
- በችግሩ ምክንያት በእርስዎና በልጅዎ ላይ ያጋጠመ ስነ-ልቦናዊ ተፅዕኖዎች/ችግሮችን በዝርዝር ይግለጹ፡
- በችግሩ ምክንያት በእርስዎና በልጅዎ ላይ ያጋጠመ የጤና ችግሮችን በዝርዝር ይግለጹ፡
- በችግሩ ምክንያት ያጋጠመ ኢኮኖሚያዊ ተፅዕኖዎች/ችግሮችን (የገቢ መቀነስ) በዝርዝር ይግለጹ፡

15.በችግሩ ምክንያት ልጅዎ በትምህርት ክትትል ላይ ያጋጠማት ተፅዕኖዎች/ችግሮችን በዝርዝር ይግለጹ፡

16.ከጥቃቱ በኋላ በዕለት ተዕለት ሕይወትዎ ውስጥ ላጋጠመዎት የስነልቦና፣ የጤና፣ የማህበራዊ ግክኑኝነት፣ በት/ት ክትትል፣ በኢኮኖሚ/ በገቢ እና በመሳሰሉት ላይ ላጋጠማችሁ ችግሮች (እርስዎ እና ልጅዎ) ምን ዓይነት ምላሾች የሰጣሉ?

17.በችግሩ የተነሳ ያጋጠማችሁን ችግሮች ለማስወገድ የሚያደርጉትን ጥረት ማን ይደግፍዎታል?

18.ምን ዓይነት ድጋፍ ቢደረግልዎት የበለጠ ውጤታማ ነው ይላሉ?

Key-Informant Interview Guide

The purpose of this interview is to gather information about the experiences and consequences of child sexual abuse and the coping mechanisms used by children and their families. The study is being conducted for academic purposes as part of a research study. Your participation will help to better understand the challenges faced by children and contribute to improving support services for survivors. You are not required to answer any question that you do not feel comfortable with, and your responses will be kept strictly confidential.

1. Please describe your professional role
 2. Describe your experience working with sexually abused children.
 3. How long have you been working with children supported by IFSO or similar organizations?
 4. What are the common forms of child sexual abuse observed among the children you work with?
 5. What overall consequences (short-term and long-term) does sexual abuse have on affected children and their families?
 6. What psychological problems are most commonly observed among sexually abused children?
 7. What are the major social impacts of sexual abuse on affected children (e.g., relationships, school participation, social interaction)?
 8. What physical and health-related problems are commonly observed among sexually abused children?
 9. What economic challenges do families of sexually abused children face as a result of the abuse?
-

10. What coping strategies do sexually abused children use to deal with the effects of abuse?
 11. What types of services and support does your organization provide to sexually abused children and their families?
 12. What specific interventions are used to address psychological, social, health, and economic challenges?
 13. Do you provide specialized care for children experiencing severe stress or trauma? If yes, please describe the type of care and observed outcomes.
 14. In your opinion, how effective are these interventions in improving the well-being of the children?
-

የቁልፍ መረጃ ሰጪዎች ቃለ-መጠይቅ መመሪያ

1. እባክዎ የሙያዎን ሚና ይግለጹ።
2. ከተጎጂ የጾታ ጥቃት የተደረሰባቸው ሕፃናት ጋር ያላችሁን የሥራ ልምድ ይግለጹ።
3. ከIFSO ወይም ተመሳሳይ ድርጅቶች ድጋፍ የሚያገኙ ሕፃናት ጋር ስንት ዓመት ሰርተዋል?
4. ከእርስዎ ጋር የሚሰሩ ሕፃናት መካከል በተደጋጋሚ የሚታዩ የህፃናት የጾታ ጥቃት አይነቶች ምንድን ናቸው?
5. የጾታ ጥቃት በተጎጂ ሕፃናትና ቤተሰቦቻቸው ላይ የሚያስከትለው አጠቃላይ ተፅዕኖ (አጭር ጊዜና ረጅም ጊዜ) ምንድን ነው?
6. በጾታ ጥቃት የተጎዱ ሕፃናት ላይ በተደጋጋሚ የሚታዩ የስነ-ልቦና ችግሮች ምንድን ናቸው?
7. የጾታ ጥቃት በተጎጂ ሕፃናት ላይ የሚያስከትለው ዋና ማህበራዊ ተፅዕኖ (ለምሳሌ፡ ግንኙነት፣ ትምህርት ተሳትፎ፣ ማህበራዊ መስተጋብር) ምንድን ነው?
8. በጾታ ጥቃት የተጎዱ ሕፃናት ላይ በተደጋጋሚ የሚታዩ አካላዊና የጤና ችግሮች ምንድን ናቸው?
9. የጾታ ጥቃት ምክንያት በተጎጂ ሕፃናት ቤተሰቦች ላይ የሚያጋጥሙ የኢኮኖሚ ችግሮች ምንድን ናቸው?
10. በጾታ ጥቃት የተጎዱ ሕፃናት የተፅዕኖውን ሁኔታ ለመቋቋም የሚጠቀሙት የመቋቋም ስልቶች ምንድን ናቸው?
11. ድርጅታችሁ ለተጎጂ ሕፃናትና ቤተሰቦቻቸው የምትሰጡት አገልግሎቶችና ድጋፎች ምንድን ናቸው?

12. የስነ-ልቦና፣ ማህበራዊ፣ የጤናና የኢኮኖሚ ችግሮችን ለመፍታት የምትጠቀሙት የተለዩ እርምጃዎች (interventions) ምንድን ናቸው?
13. ከፍተኛ ጭንቀት ወይም አስከፊ ተጎዳ (trauma) ያጋጠማቸው ሕፃናት ልዩ እንክብካቤ ትሰጣላችሁ? ከሆነ የምትሰጡትን እንክብካቤና የታዩትን ውጤቶች ይግለጹ።
14. በእርስዎ አስተያየት እነዚህ እርምጃዎች የሕፃናትን አጠቃላይ ደህንነት ለማሻሻል ምን ያህል ውጤታማ ናቸው?
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