



**ST. MARY'S UNIVERSITY**

**SCHOOL OF GRADUATE STUDIES**

**INSTITUTE OF AGRICULTURAL AND DEVELOPMENT STUDIES**

**MASTERS PROGRAM IN SOCIAL WORK**

**EFFECTS OF SEXUALLY ABUSED BOYS AND ITS COPPING  
MECHANISMS: THE CASE OF INTEGRATED FAMILY SERVICE  
ORGANIZATION**

**BY: REBECCA GETAHUN**

**June 2023**

**ADDIS ABABA, ETHIOPIA**



**ST. MARY'S UNIVERSITY**

**SCHOOL OF GRADUATE STUDIES**

**INSTITUTE OF AGRICULTURAL AND DEVELOPMENT STUDIES**

**MASTERS PROGRAM IN SOCIAL WORK**

**EFFECTS OF SEXUALLY ABUSED BOYS AND ITS COPPING  
MECHANISMS: THE CASE OF INTEGRATED FAMILY SERVICE  
ORGANIZATION**

**BY: REBECCA GETAHUN**

**ADVISOR: MOSISA KEJELA (PhD)**

**THESIS SUBMITTED TO SAINT MARY UNIVERSITY SCHOOL  
OF GRADUATE STUDIES INSTITUTED OF AGRICULTURAL AND  
DEVELOPMENT STUDIES IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR MASTERS PROGRAM IN SOCIAL WORK**

**June 2023**

**ADDIS ABABA, ETHIOPIA**

**ST. MARY'S UNIVERSITY**

**APPROVED BY BOARD OF EXAMINERS**

**EFFECTS OF SEXUALLY ABUSED BOYS AND ITS COPPING  
MECHANISMS: THE CASE OF INTEGRATED FAMILY SERVICE  
ORGANIZATION**

\_\_\_\_\_  
**Dean, Graduate Studies**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**External Examiner**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Internal Examiner**

\_\_\_\_\_  
**Signature**

## **DECLARATION**

I, the undersigned, declare that this thesis is my original work, prepared on the Effects of Male Child Sexual Abuse and Its Coping Mechanisms: The Case of Integrated Family Service Organization. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Rebecca Getahun

\_\_\_\_\_

Signature

\_\_\_\_\_

**Date**

**St. Mary's University, Addis Ababa**

## ENDORSEMENT

This thesis has been submitted to St. Mary's University for examination with my approval as a university advisor.

-----

Advisor

-----

Signature

-----

Date

**St. Mary's University, Addis Ababa**

# Acknowledgement

First and for most, I would like to give my glory and praise to the Almighty GOD for his invaluable cares and supports throughout the course of my life and helped me since the inception of my education to its completion.

I am grateful to appreciate my Advisor Mosisa Kejela (PhD) who has taken all the trouble with me while I was preparing the paper. Especially, his valuable and prompt advice, his tolerance guidance and useful criticisms throughout the course in preparing the paper, constructive corrections and insightful comments, suggestions and encouragement are highly appreciated.

I am also thankful to my family. I am thankful to my friends who have helped and supported me to prepare this paper. Also I would like to appreciate all the support I received from University and respondents Integrated Family Service Organization employees, care givers, sexually abused children who have participated in clarifying issues, completing the questionnaire and also facilitating in the process. Great appreciation is also extended to all those who helped me while conducting the study.

## Table of Content

Acknowledgement .....	6
Acronyms .....	i
<b>List of Figures</b> .....	ii
<i>Abstract</i> .....	iii
<b>CHAPTER ONE</b> .....	4
<b>INTRODUCTION</b> .....	4
1.1. Background of the Study .....	4
1.2. Statement of the Problem .....	6
1.3. Objective of the Study.....	8
Specific Objective of the Study: .....	8
1.4. Research Questions.....	8
1.5. Significance of the Study.....	8
1.6 Scope of the Study .....	9
1.7. The Limitations of the Study .....	9
1.7.1 Definition of Operational Terms .....	9
1.8. Organization of the Study .....	10
<b>CHAPTER TWO</b> .....	11
<b>REVIEW OF LITERATURE</b> .....	11
2.1. Theoretical Literature Review .....	11
2.2. Effects of Child Sexual Abuse.....	12
2.2.5. Emotional Well-being and Mental Health.....	15
2.2.6. Effect on Physical Health .....	17
2.2.7. Effect on Religion and Faith.....	17
2.3. Coping Mechanisms of Sexual Abuse Children .....	18
2.4. Child Sexual Abuse in Ethiopia.....	20
2.4.1 Conceptual Framework .....	22
<b>CHAPTER THREE</b> .....	24
<b>METHODOLOGY OF THE RESEARCH</b> .....	24
3.1. Background of the Study Area .....	24
3.2 Research Design .....	25
3.3 Research Approaches .....	<b>Error! Bookmark not defined.</b>

3.4 Type and Sources of Data .....	26
3.4.1 Primary Data.....	26
3.4.2. Secondary Data.....	26
3.5 Target Population .....	26
3.6 Sampling and Sample Size of the Study .....	27
3.7. Data Collection Tools.....	27
3.7.1. Questionnaire.....	28
3.8 Data Analysis.....	28
3.9 Reliability and Validity .....	28
3.10 Ethical Considerations.....	29
4.1. Demographic Characteristics .....	30
4.1.2. Age Category .....	30
4.1.3. Educational Background.....	<b>Error! Bookmark not defined.</b>
4.1.4. Religion of Children .....	32
4.1.5. Children Live with.....	<b>Error! Bookmark not defined.</b>
4.1.6. Parental Level of Education.....	33
4.1.7. Average Monthly Income of Parents .....	33
4.5. Effects of Sexual Abuse on Male children.....	36
4.5.1. Effects on Education .....	36
4.5.2. Effects on Religion and Faith .....	36
4.5.3. Effect on Emotional Well-being Mental Health.....	37
4.5.4. Effect on Interpersonal Relationships.....	37
4.5.5. Relationships with parent and siblings .....	38
4.5.6. Intimate Relationships .....	39
4.6. Coping Mechanisms of Sexually Abused Boys .....	41
4.6.1. Cognitive.....	41
4.6.2. Behavioral.....	41
4.6.3. Avoidance .....	42
4.6.4. Psychological support .....	43
4.6.5. Building a support network.....	43
4.6.6. Peer support .....	44
4.6.7. Medical support .....	44
4.8 Regression .....	46



4.8.1. Model Summary.....	47
4.8.2. ANOVA <sup>a</sup> .....	47
Table 20. ANOVA <sup>a</sup> .....	47
4.8.3. Coefficients <sup>a</sup> .....	48
4.9 Qualitative Data Analysis.....	48
4.8.4. Key Informant Interview with One Social Worker and Two Psychologists .....	48
4.8.4.1. Effects of the Sexual Abuse on Boy Children and Coping Mechanisms.....	48
4.8.5. Psychosocial Service Providers Competence .....	50
4.9. Discussions .....	52
4.9.1. Effects of Sexual Abuse on Male Children.....	52
Effects on Education .....	<b>Error! Bookmark not defined.</b>
CHAPTER FIVE.....	59
5. SUMMARY, CONCLUSION AND RECOMMENDATION .....	59
5.1. Summary.....	59
5.2. Conclusion of the Study .....	60
5.3. Recommendations .....	60
References .....	1
Annexes.....	6

## **Acronyms**

**CSA:** Child Sexual Abuse

**IFSG:** Integrated Family Service Organization

**NGOs:** Non-Governmental Organizations

**PSS:** Psychological Support

**WHO:** World Health Organization

**SPSS:** Statistical Package for Social Sciences

## **List of Figures**

Figure 3: Conceptual framework of effects and coping mechanisms of child sexual abuse

## *Abstract*

*This study is about the effects and coping mechanisms of sexually abused boys in Integrated Family Service Organization /IFSO/. To achieve the overall objective of the study, data was collected from children survivors of sexual abuse, counsellors, social worker, care giver and the organizations of management using questionnaire and interview. Accordingly, 33 child survivors of child sexual abuse and all management and counsellors of the centre were selected using census method and purposive sampling. The data was analysed using descriptive statistics and inferential statistics and major discussions were provided in to two major parts, In the first part the study discussed data collected from child survivors of sexual abuse while in the second part the interviews conducted with the counsellor and management were presented. The findings revealed that that, there are some factors that affect Children sexual abuse and coping mechanisms in the organization. There are some gaps that should be improved to minimize the effects of sexual abuse on Children' children in the organization. In order to ensure the privacy and confidentiality of the clients it is important to pay due attention to a standard separate counselling room. This will avoid disturbances and provide clients with friendly and comfortable environment both to clients and their parents/guardians.*

*Keywords: - Male Child, Sexual Abuse, Effect of Abuse, Coping Mechanisms*

# CHAPTER ONE

## INTRODUCTION

The introduction part of the study covers background of the study, the problem statement, the objectives of the study, the research questions, the significance of the study, the scope of the study, limitations of the study, and definitions of operational terms and organization of the study.

### 1.1. Background of the Study

The word "sexual abuse" is a loaded one, with numerous definitions. Because of its varied forms, levels of frequency, variety of conditions in which it might occur, and potential associations with various relationships, sexual abuse can be difficult to identify. (Rape, Abuse, Incest National Network, 2016). When parents and victims hear the word abuse, they often react in a variety of ways, including fear, wrath, a desire for vengeance, and righteous outrage. When sexual abuse occurs, victims, parents, and society as a whole may experience embarrassment, shame, and silence. Adult reactions to disclosure of sexual abuse of a child might range from silence to indignation. The result of combining all three in the form of child sexual abuse is a range of feelings, some useful and some not (Anne Cossins, 2000).

There is no accepted definition of child sexual abuse on a global scale. Child sexual abuse is defined by the World Health Organization (WHO) as "the involvement of a child in sexual activity that he or she does not fully understand, is unable to give informed consent to, is not developmentally ready for and cannot give consent to, or that violates the law or social taboos of society." (Joiner 2007) This activity between a child and an adult or another child who, due to their age or stage of development, is in a relationship of responsibility, trust, or power, and the activity being intended to gratify or satisfy the needs of the other person, constitutes child sexual abuse, according to the World Health Organization (1999). In addition to violating a child's right to life and to proper growth through healthy and reliable relationships, sexual abuse is an abuse of power over a kid. In the context of a relationship of responsibility, trust, or power, the World Health Organization (WHO, 2003) defines child abuse and child maltreatment as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, as well as commercial or other exploitation, which cause actual or potential harm to the child's health, survival, development, or dignity. The WHO defines child sexual abuse (CSA) as the involvement of a child in sexual behaviour that the kid does not completely understand and is unable to provide informed consent

to, that the child is not developmentally ready for, or that otherwise violates societal rules or taboos. Children shouldn't have to strive to stop sexual assault on their own. Adults must learn to recognize unacceptable behaviour when it occurs around children. The significant emotional, family, and societal consequences of child sexual abuse have demonstrated the need for a public health strategy to address the problem. If a kid has experienced abuse, every effort should be made to communicate with them in a language and manner that suits their age and developmental stage. However, every society has a set of expectations for how its members should behave in accordance with its norms and values. However, some individuals violate some norms and values, engaging in harmful behaviours like rape, beating, bullying, sexual harassment, verbal abuse, abduction, early marriage, female genital cutting, child abuse in all its manifestations, from trafficking in slaves to using children as weapons or as targets in war ( African child policy forum,2006).

According to Sara Berhanu (2008) , sexual abuse against children is a very deep rooted practice and children face sexual abuse at home ,schools , and in the community and presently, sexual abuse is becoming the most common forms of violence perpetrated on children (African Network for the prevention and protection against child abuse and neglect (ANPPCAN) ,(2006). Berchi the Annual Journal of Ethiopian Women Lawyers 'Association, (2021) the problem of Child sexual abuse is believed to be pervasive and increasing from time to time. For instance, there is evidence from the Federal First Instance Court at Lideta Bench in Addis Ababa from (2010-2011 to 2011-2012), there were 133 (119 F/14M) in 2011 which increased to 174 (137F/ 37M) in 2012. According to the data, there was increase of the incidence in both sexes over time.

In light of this, the goal of this research in the area of child sexual abuse is ultimately to uncover the effects and coping mechanisms of child sexual abuse and to guide practices in order to successfully handle its effects. According to the report integrated family service organization (IFSO) (2022), shows the problem male child was increased from 15-30 with in 2 years.

Children' sexual abuse is any non-consensual act of sexual coercion and/or domination which threatens the physical and/or psychological wellbeing of a male child or adult. These acts involve a misuse of power and may or may not involve physical force. This paper was explored the Effect of Sexual abuse of boy child and its coping mechanisms. Sexual abuse of Children also discussed. Since sexual abuse can happen to anyone the different survivors of sexual abuse were discussed in this paper. Lastly, this paper was addressed effect and coping mechanism of sexual abuse on Children' children on integrated family service organization (IFSO).

## **1.2. Statement of the Problem**

Children, adults, and people of various racial and socioeconomic backgrounds can all be victims of sexual abuse. If a victim of sexual assault is not properly cared for, the ramifications of the abuse may endure a lifetime. The trauma that a person experiences as a result of sexual abuse can have a significant impact on their lives in a number of ways, including making them feel frightened, anxious, or angry. Child sexual abuse is the exploitation of a child or adolescent for the sexual gratification of another person. Child sexual abuse is a horrific crime against children, Children describes when a child is used by an adult or adolescent for their sexual means and stimulation.

Children living in adverse condition are more likely to be in abusive situation which may include physical or sexual abuse, and exploitation. The most vulnerable children are street children, child laborers and child domestic workers (Rachel, 2008). Each source has a unique definition for the subjective concept of sexual abuse. Because of its varied forms, levels of frequency, variety of conditions in which it might occur, and potential associations with various relationships, sexual abuse can be difficult to identify (Rape, Abuse, Incest National Network, 2016). (You should focus on boy child or Children' sexual abuse rather than general child abuse. This is a comment that is given repetitively)

Moreover, sexual abuse might take the form of a stranger's aggressive deed or the groping of a relative. Ages 12 to 34 are the most vulnerable to rape and sexual assault (Rape Abuse, Incest National Network, 2016). Crossing cultural and socioeconomic boundaries, sexual abuse of minors involves economic, social, and political elements. Heiberg (2001), as Save the Children (Year) the rates of child sexual abuse are quite high worldwide. Accordingly, figures from the South and Central American region are an alarming to be 20% to 40%, in Zimbabwe 30% of children reported having been sexually abused, in which the majority are girls. The prevalence in Europe lies between 7% to 20% for girls and 3% to 10% for Children. In Nicaragua, 20% of Children and 26% of girls reported having experienced sexual abuse before they were 19 years old. Similarity, NASW (2001) stated 'child sexual abuse is the most hidden form of child abuse in the US and North America in such a way that 10,000 of US, Mexican and Canadian children and youths become victims of juvenile pornography, prostitution and trafficking each year'.

Children who live in poor conditions are more likely to be subjected to harmful situations, such as exploitation and physical or sexual abuse. Children who work as domestic helpers, child labourers, and street youngsters are the most vulnerable (Rachel, 2008). Child domestic workers are defined as children younger than 18 years who are engaged in domestic work outside the home of their own

family for remuneration (whether paid or unpaid), a portion of whom work in hazardous or exploitative situations akin to slavery (*Int. J. Environ. Res. Public Health*, 2002).

Children often experience self-blame, shame, and guilt, as well as an overall sense of powerlessness, as a result of the inability to stop the abuse. In most cases, parents/guardians are reluctant to openly discuss sexual matters with children who contribute not to disclose the abuse directly and the tolerance towards silence increases the severity and extent of the problem (Filipas and Starzyski, 2007).

The dynamics of child sexual abuse differ from those of adult sexual abuse. In particular, children rarely disclose sexual abuse immediately after the event. Moreover, disclosure tends to be a process rather than a single episode and is often initiated following a physical complaint or a change in behaviour. The sexual abuse of children is a unique phenomenon; the dynamics are often very different to that of adult sexual abuse and therefore abuse of this nature cannot be handled in the same way (Saunders, Berliner & Hanson, 2003).

The sexually abused children are also vulnerable and at risk for sexualized behaviours which include such activities as kissing with one 's tongue thrust into the other person 's mouth, fondling one 's own or another person 's breasts or genitals, masturbation, and rhythmic pelvic thrusting. A case of child sexual abuse may be a concern of many different agencies in the community such as child protective services, family services, law enforcement, civil justice and criminal justice, as well as health care. The rationale behind to conduct this study is, there were no adequate studies which identify the effects and coping mechanisms on male child sexually abused in Ethiopia. According to annual report of 2020, there is a problem of effect of sexual abuse on Children and coping mechanisms in sufficient in the organization which is in an Integrated Family Service Organization. Due to the above two reasons the study conducted to fill the gap in the area.



### **1.3 Objective of the Study**

The general objective of this research is to assess the effect of sexual abuse of male child and coping mechanisms at Integrated Family Service Organization.

#### **Specific Objective of the Study:**

1. To assess the major causes of male child' sexual abuse.
2. To assess the effects of male child' sexual abuse on affected children.
3. To identify coping mechanisms of sexually abused male child.
4. To suggest and make recommendation the way to prevent male child' sexual abuse based on the results of the study.

### **1.4. Research Questions**

This research was assessed the effects and coping mechanisms of sexual abuse of male child supported by Integrated Family Service Organization for male child sexual abuse in Addis Ababa, Ethiopia by addressing the following research questions:

1. What are the major causes of male child' sexual abuse?
2. What are the effects of sexual abuse on sexually abused male child?
3. What are the coping mechanisms for such sexually abused male child?
4. What are the possible suggestions and recommendations for prevention mechanisms for male child sexual abuse based on the results of the study?

### **1.5. Significance of the Study**

Up to the knowledge of the researcher there is no adequate studies which conducted on the effects and coping mechanisms of male child sexually abused in Ethiopia, so that the current study will help to fill the existing knowledge gap in the field of study. The centre can also be able to identify areas that need improvement in order to help child' sexual abuse, and their families, recover and heal from the oftentimes devastating effects of sexual abuse. This may also help for researchers, policy makers, social organizations, academicians and Institutions as initiation for further studies for the future.

## **1.6 Scope of the Study**

The scope of the study was specified by area coverage as well as the issues discussed in the study. Accordingly, the study is delimited to the services of (IFSO) which are located in Addis Ababa Yeka Sub City , woreda 07 Around Sholla Shopping centre. The study was identified the effects and coping mechanisms of boy child sexual abuse. In this regard, the study was conducted based on the responses from boy child abuse, psychosocial service provider, social workers and management of the organization which was obtained from questionnaires, key informant interview with staffs and document Analysis.

## **1.7. The Limitations of the Study**

Due to the sensitive and private nature of boy child sexual abuse, privacy and secrecy must be carefully considered. Additionally, it is regarded as a taboo that prevents free exchange of knowledge and open conversation. On the other side, the participants' under-18 age range results in a range of comprehension and responses from them to the researcher. Additionally, reminding youngsters of their past experiences may trigger flashbacks that transport them to that time.

## **1.7. Definition of Operational Terms**

**Sexual abuse** is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent (APA, 2016). **Sexual abuse** includes a wide range of sexual activities, from fondling to non-consensual sex or rape. The term CSA is often used interchangeably with molestation, sexual assault, and rape (Walker, Hernandez, & Davey, 2012).

**Non-effective Coping Technique** refers to the goalless and/or negative coping techniques that survivors used during the abuse, or in the days and weeks following the abuse (Oaksfor&Frude, 2003).

**Child Sexual Abuse** is a form of child abuse that includes sexual activity with a minor. A child cannot consent to any form of sexual activity, period. When a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years. Child sexual abuse does not need to include physical contact between a perpetrator and a child.

**Coping** is defined as the thoughts and behaviours mobilized to manage internal and external stressful situations.

**Effective Coping Techniques** refer to positive goal driven coping strategies adopted by survivors in the months and years after the abuse, including how they cope to the present day (Oaksfor Frude, 2003).

**Male Child Sexual Abuse** is any non-consensual act of sexual coercion and/or domination which threatens the physical and/or psychological wellbeing of a male child. These acts involve a misuse of power and may or may not involve physical force.

**Effects of Sexual Abuse** means the results of sexual abuse that it includes shame, self-blame, depression, anxiety, post-traumatic stress disorder, self-esteem issues, sexual dysfunction, chronic pelvic pain, addiction, self-injury, suicidal ideation, borderline personality disorder, and propensity to re-victimization in adulthood.

**Coping Mechanisms of Sexual Abuse** is the thoughts and behaviours mobilized to manage internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defines mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress.

## **1.8. Organization of the Study**

This study is presented in five chapters. Chapter one deals with the general introduction to the study, the objective of the study, specific objectives, and the significance, statement of the problem, research questions, scope, and organization of the study. In chapter two, related literatures on Children' sexual abuse effect and coping mechanisms will be identified. Chapter three was provided information on the methodology for the study. It looks at the study design, the study population, sampling techniques used, data collection instruments, and procedures of data collection and analysis based on the findings obtained from the analysis. The concluding section, chapter five, was emphasized in summarizing the main points and recommendations.

## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

#### **2.1. Theoretical Literature Review**

Various cultural contexts do have various definitions of child sexual abuse since what is considered abusive in one cultural setting may be considered a typical behavioural pattern in another. Child sexual abuse is defined as the involvement of a child in sexual activity that the child does not fully understand, is unable to give informed consent to, is not developmentally ready for and cannot give consent to, or that violates societal laws or taboos. This definition was developed by the 2000 WHO Consultation on Child Abuse Prevention. This behaviour between a kid and an adult or another child who, due to their age or stage of development, are in a relationship of responsibility, trust, or power, and the activity being meant to gratify or satisfy the wants of the other person, is evidence of child sexual abuse.

Sexual abuse is likely to be the most harmful because it has a variety of short term effects like regressive behaviour (thumb –sucking or bed wetting), sleep disturbance, eating problem, poor performance in school, non-participation in school or social activities, sexualized behaviour, poor speech and language delays , poor self-esteem and post-traumatic stress disorder (PTSD) and , low IQ and reading score, hostile attribution bias, aggression behaviour, being disliked or having poor attachment relationship through adulthood, Whereas the children are more like to be raped or an abusive relationship in adulthood. Similarly, McHicAlamioys and Kadri (2004) explained that sexually abused children may do self-harm engage in substance abuse, experience suicidal ideation. Over 60 % of people end up drug rehabilitation centres reported as being abused or neglected as a child.

Moreover, if the abuse is done in early childhood, it increases the risk of delay in mental and language development and adolescents who are sexually abused are also much more likely to be sexually active, delinquent and in some cases they become depressed and attempt suicide. To add to this Joiner et al (2007) stated that physical abuse and violent sexual abuse during childhood are risk factors for suicide, and are greater risk factors than verbal abuse and molestation. Moreover, as Kendall & Tackett (2005) stated, if children are severely abused, physically and sexually, it impairs their ability to understand their emotions and regulate their arousal and the victims are therefore at increased risk of post-traumatic stress disorder (PTSD), These includes hyper vigilance,

intrusive thoughts, sleep problems, nightmares, intrusive thoughts, feeling of helplessness, avoidance, numbing and flash back of the abusive experiences. Finally, what they conclude is that, the more forceful and violent the abuse is the more the individual is likely to suffer from trauma.

The inducement or coercion of a child to engage in any unlawful sexual activity is the exploitative use of a child in prostitution or other unlawful sexual practices, the exploitative use of children in pornographic performance and materials". In addition to this, Kempe (2016), child sexual is the involvement of dependent, developmentally immature children and adolescents in sexual activities which they doubt fully comprehended, are unable to give informed consent to and violate social taboos of family roles. On the other hand, Nosek and Howland (2009) added sexual abuse is being forced, threatened, or deceived into sexual activities starting from touching to, intercourse or rape. When we come to child sexual abuse, it is almost the same but the age and its severity might matter a lot.

## **2.2. Effects of Child Sexual Abuse**

Numerous studies have documented the prevalence of child sexual abuse in developed countries. However, little is known about child sexual abuse in developing countries. Modern prevalence studies began in the late 1970's. However, the results of these studies show a clear inconsistency among the different samples taken. The World Health Organization defines child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend (women health, 2016). Which means the child is not mentally or physically developed enough to engage in such an activity as sex.

This discrepancy in reported prevalence of child sexual abuse may be attributed to differences in the type of child sexual abuse definitions used, variation in data collection methods (e.g. interviews versus surveys, sample differences (student groups, community groups, national groups) and/or to other factors such as the relative willingness of the respondents to admit to childhood assault (De Paul, Milner, & Mugica, 1995).

According to Judith Cooney (1987), every year in the United States thousands of cases of sexual abuse of children are reported to the police departments and child protection agencies. Authorities estimate that one out of four girls and one out of seven Children will be sexually abused or molested before age eighteen. According to the study reported by African Child Policy Forum, generally, being talked to in a sexual manner was reported as the most wide spread form of sexual abuse

against girls in the following five countries. It was reported in Burkina Faso to be (81%) but was also significant in Nigeria and Senegal (65%) as well as Cameroon and DRC (59%) Over all, the second most reported form of sexual violence was being touched or fondled in the private parts. Between 38% and 52% of the girls in the above countries studied reported having been sexually touched. Burkina Faso ranked highest with 52% of the girls reporting this type of violence. The most devastating form of sexual violence is the form of forced sexual intercourse/rape which was most highly reported in Burkina Faso and Nigeria (40%) followed by Cameroon (30%), DRC (27%) and Senegal (17%). Another study shows that in Addis Ababa from a total reported crime cases committed against children (between July 2005 and December, 2006). The prevalence was 23% of them were child sexual victimization. On average, 21 children were reported to be sexually abused each month, where majority of the sexual abuse incidence were committed against female children in their own house by someone they closely know (Ethiopian Journal of Health Science Report, Jibril, 2012).

A significant number of studies have shown that child sexual abuse occurs repeatedly against a single victim. For instance, in a study carried out by Amars HSS (2019), repeated episodes of child sexual abuse were reported by 59.5% of the children. The study findings of Kassim and Kassim (1995) are consistent with the findings indicated above. Accordingly, 27.7% of the victims indicated to have been abused more than one time. On the other hand, according to Huston et. Al (2010), a single episode of child sexual abuse was reported by 57% of the children while, again, the remaining 43% admitted to have been abused repeatedly (Huston., Parra, Prihola, and Foulds, 2006). With regard to the duration of child sexual abuse, research findings have revealed that child sexual abuse continued for a period of time once it is started and not terminated by the victim herself or by the intervention of another party. The Inquiry has heard that child sexual abuse can have wide-ranging and serious consequences. For some victims and survivors these effects endure throughout adult life. Child sexual abuse can affect psychological and physical well-being, family and intimate relationships, faith, and education and career. Victims and survivors can also be two to four times more likely to become victims of sexual, physical or emotional abuse again in their lifetime.

### **2.2.1. Interpersonal Relationships**

According to victim and survivor voices from the Truth Project, Independent Inquiry into Child sexual abuse (2017), One of the most profound effects of child sexual abuse is the damaging impact it can have on the ability to form and maintain close, loving relationships – both intimate and platonic. It can affect the relationships that victims and survivors have at the time of the sexual abuse and for the rest of their lives. They may find it difficult to talk to partners, family and friends about the sexual abuse, preventing others from being able to help and offer support. 42% of victims and survivors who participated in the Truth Project have said that child sexual abuse has adversely affected the relationships they have with others.

### **2.2.2. Problem of Intimate Relationships**

Child sexual abuse can cause difficulties in forming intimate and trusting relationships. Relationships can remind victims and survivors of the sexual abuse, and there may be emotional barriers that make it difficult to talk about sexual abuse with partners. Around a third (28%) of victims and survivors has told the Truth Project that they have had difficulties with trust and intimacy. Responses to the Inquiry's online consultation and discussion at the Forum focus groups also echoed this (impacts of child sexual abuse, a rapid evidence assessment (2017)).

### **2.2.3 Relationships with Parents and Siblings**

According to the impact of child sexual abuse: a rapid evidence assessment Independent Inquiry into Child sexual abuse (2017), has heard that some victims and survivors feel that the child sexual abuse they suffered has damaged their relationships with their parents or siblings. This may be because the perpetrator was a family member or a close friend of the family, or they may have disclosed the abuse they suffered to a family member or sibling and felt that they were not believed. The Inquiry has heard that this can make victims and survivors feel responsible for changes to family dynamics and the well-being of family members. It can also disrupt friendship groups and lead to bullying or being talked about by peers, causing loneliness and isolation. Child sexual abuse can also affect the parents of victims and survivors. The mental health of parents can be affected because they feel responsible for having been powerless and unable to protect their child. Child sexual abuse can also affect the parents of victims and survivors. The mental health of parents can

be affected because they feel responsible for having been powerless and unable to protect their child.

## **2.2. 4. Relationships with Children and Grandchildren**

According to the impact of child sexual abuse: a rapid evidence assessment Independent Inquiry into Child sexual abuse (2017, Perhaps one of the saddest consequences of child sexual abuse is the damaging effect it can have on parenthood. Some victims and survivors fear that the sexual abuse they suffered as a child will mean that they will not be safe parents or those others will consider them to be a danger to their own children. Some victims and survivors have talked about not being able to change nappies or even hug their own children. Child sexual abuse can also lead some victims and survivors to be especially protective of their own children and grandchildren. They are determined to make sure that their children and grandchildren feel loved and cared for, and that their own abuse will not have a negative effect on them.

## **2.2.5. Emotional Well-being and Mental Health**

According to the impact of child sexual abuse: a rapid evidence assessment Independent Inquiry into Child sexual abuse (2017, Victims and survivors of child sexual abuse cope and respond to abuse in different ways, and their response can change over time. For some, the psychological harm can be at least as severe and at times more enduring than the physical injuries sustained during the sexual abuse.

Around the time of sexual abuse, children can experience a range of emotions, including fear, sadness, anger, guilt, self-blame and confusion. Victims and survivors can feel humiliated or self-conscious, and will often not feel equipped or able to talk about what has happened.

The Inquiry has been told that child sexual abuse can have a profound psychological effect that lasts into and throughout adult life. Existing research has linked child sexual abuse with low self-esteem and mental health conditions. The accounts provided to the Truth Project have supported this: victims and survivors have reported a range of mental health issues that are a result of the sexual abuse they suffered.

The most common issues reported were depression (33%), lack of trust in authority (32%), thoughts of suicide (28%), anxiety (28%), self-harming (22%) and attempted suicide (22%). Participants in the online consultation said that they were most likely to experience anxiety and fear, depression,



self-harm and thoughts of suicide. Panic attacks, low self-confidence, obsessions, eating disorders, and alcohol and drug use were also reported by Forum members.

However, the Inquiry has also been struck by how victims and survivors have been proud of their resilience and powers of recovery. Many go on to lead successful lives – but have said that they never fully leave the abuse they experienced behind and will go through tough periods in their lives as a result. These periods of negative emotions can be triggered by known dates or events, or be quite random and entirely unpredictable. Research shows that particular aspects of life – most notably childbirth.

According to, Leeners B, Gorres E, et.al. (2016) birth experiences in adult women with a history of childhood sexual abuse *Journal of Psychosomatic Research*, many victims and survivors seek therapy or counseling, but have reported severe difficulties in accessing services and treatment. Where support and treatment have been accessed, accounts from victims and survivors are mixed. It is clear that the right support or treatment at the right time is hugely beneficial to victims and survivors, but some have reported receiving unhelpful or inappropriate responses from professionals.

Supportive and positive responses from families, friends, caregivers and professionals have been found to help recovery. Participants in the online consultation indicated the importance of being believed and respected when accessing support. However, when a victim and survivor disclose the child sexual abuse they suffered and receive a lack of support; this can increase feelings of guilt and shame and deter them from seeking support in the future.

There are also concerns that many services are being withdrawn and the cost of treatment is often high, which can be a very real barrier for those without a job or on low incomes. The availability of support and treatment is a significant issue and this is considered in more detail later in this report (see Chapter 6 for more information).

### **2.2.6. Effect on Physical Health**

According to Heger A, Ticson L, Velasquez O, et al. (2012) children referred for possible sexual abuse, medical finding in children child abuse Neglect, research shows that victims and survivors of child sexual abuse may have poorer physical health than those who have not been abused.

Children can sustain physical injuries during sexual abuse. Victims and survivors who engaged with the Truth Project reported that they experienced a physical injury (12%) such as internal damage as a result of the sexual abuse. Children can also contract sexually transmitted diseases as a result of the abuse.

There are also long-term effects of child sexual abuse that include a range of illnesses and disabilities. Hypertension, chronic fatigue, malnutrition, mobility, and problems with reproductive systems and childbirth are all linked to child sexual abuse.

Ten percent of female victims and survivors told the Truth Project that they became pregnant as a result of the sexual abuse.

### **2.2.7. Effect on Religion and Faith**

According to Gall TL, Basque V Damasceno- Scott M, et al. (2007) spirituality and the current adjustment of adult survivors of childhood sexual abuse Journal for the scientific study of Religion, when considering the effect child sexual abuse has on a victim and survivor's religion or spiritual beliefs, two particular themes have been highlighted to the Inquiry through the Truth Project. Victims and survivors may question their religion and spiritual beliefs, particularly where the perpetrator was connected to their religion or faith. They may also use religion and faith as a coping mechanism for resilience and recovery.

Research suggests that it can be common for victims and survivors to feel disillusioned with religion and spiritual beliefs after they have been sexually abused. They can feel abandoned or punished by a god and begin to question their understanding of the world. Studies show that this is particularly likely when the perpetrator is someone who represents God in the eyes of the victim, or has used religion or spiritual beliefs to justify the sexual abuse.

The Inquiry has heard that some victims and survivors continue to practice their religion or spiritual beliefs to ensure that their children grow up having faith. Others try to use their religion or spiritual beliefs as a way of dealing with the sexual abuse they suffered as a child but can find it challenging and be left feeling disillusioned.

### **2.1.8 Effect on Education and Later Life**

According to Barrett A, Kamiya Y and Sullivan (2014) childhood sexual abuse and later life economic consequences *Journal of Behavioral Experimental*, the Inquiry has heard that victims and survivors respond to child sexual abuse in different ways. Some victims and survivors have explained that their education provided a coping strategy for dealing with – or escaping from – the sexual abuse. However, for others, their attainment at school, college and university suffers and their employment prospects are affected. This is consistent with the findings of relevant research.

Some victims and survivors have told the Truth Project that they have struggled and disengaged at school and that they feel as though their futures were stolen. Some were unhappy at school (16%) or had academic difficulties (16%) and others left school early (8%).

Responses to the Inquiry's online consultation also indicated that victims and survivors have been affected by low educational attainment, unemployment and financial difficulties as a result of sexual abuse.

Research has associated child sexual abuse with increased unemployment, increased receipt of state benefits, reduced income and greater financial instability. Research and victim and survivor accounts suggest that poor physical or mental health may be the reason for this since it can affect education and attaining qualifications, difficulties coping with the normal daily routine of life, getting involved in criminal behavior, or not having somewhere safe and stable to live.

### **2.3. Coping Mechanisms of Sexually Abused Child**

Pearlin and Schooler (1998), defined coping as “any response to external life strains that serves to prevent, avoid, or control emotional distress”. They recognized that the act of coping is related to both the life strains and the state of one's inner emotional life. Lazarus and Folkman (2001) defined coping as, a transactional process, which changes over time and within its situational contexts. Lazarus & Folkman (2006) view that even though stress is inevitable; it is the coping that makes the difference in adaptation outcomes. According to them, coping has two major functions (a) Regulating stressful emotions or Emotion-focused coping and (b) Altering the distressed person-environment relation or Problem-Focused Coping. According to (Phyllis, 2011), Emotion-focused coping deals with efforts to manage the negative emotions associated with the stressful situation which is used when events are perceived as uncontrollable, such as health situations. These coping strategies include cognitive distraction, seeking emotional support, emotional regulation and

expression, selective attention, communicating with people about the situation and cognitive restructuring (Phyllis, 2011).

The other coping style is problem focused coping which is referred to as the efforts used to change the basis of stress directly. This type of coping focuses on altering the environment, changing the external pressures, or seeking resources to help make the situation less threatening. Problem-focused coping strategies usually are used by adult individuals in work contexts (Lazarus & Folkman, 2001).

Coping strategies can also be classified as being positive or negative. Some people use positive coping strategies to manage their situation, such as positive thinking and the utilization of appropriate social supports, which include family, friends, and holy places (Perkins et al. 2004). Others may also use negative coping strategies, such as the use of avoidance behaviours, negative thinking, and substance abuse (Greeff et al., 2006; Nehra, Chakrabarti, Kulhara, & Sharma, 2005).

Psychosocial support (PSS) defined as “an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child”, all of which are essential elements for meaningful and positive human development. It includes, “formal and informal services that address psychosocial well-being either directly and specifically (e.g., through interpersonal moral support, counselling, spiritual support, creating mutual support group, etc.) or indirectly (e.g., school and nutritional support programs that may alleviate stress and worry)” Gilborn et al. (2006) also, social connectedness, such as having supportive relationships with primary caregivers and members of one’s cultural or faith groups and access to community resources are widely recognized as protective factors that buffer the consequences of negative experiences on children Gilborn et al (2006) indicate that, although teenagers report that they feel very well supported by the adults in their lives and their religious communities, many youth do not receive the social support needed from peers and adults to effectively mitigate the impacts of the stressful and traumatic events in their lives.

Psychosocial support (PSS) is defined as an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child, all of which are essential elements for meaningful and positive human development (Philippi Namibia, cited in Van Den Berg.2006). Providing psychosocial support to affected child Interventions to sexually abused girls tend to focus on the education and material needs and ignore the psychosocial needs. These needs are in most cases misunderstood and difficult to assess. Such an attitude undermines and destroys the fundamental

human attachments to normal family life and youth development as observed by Foster & Jiwli (2001), Levine and Foster (2000). Sexually abused girls suffer fear and anxiety due to their abuse. These problems are further compounded by traditional taboos surrounding discussion of abuse. Victims cannot cope without support; they need plenty of opportunity to express their feelings without fear of stigma, discrimination or exclusion (Foster & Jiwli, 2001; Levine & Foster, 2000; REPSI, 2003). According to Abraham Maslow (1999) human beings' motivations to face and achieve goals in life's challenges are based on the fulfilment of needs. Once the basic survival needs are met, human beings move on and work towards full filling the other needs such as need to love and to be loved by family and friends. Once the fulfilments of these needs are met an individual attempts to work towards the fulfilment of the next set of needs known, as the attachment needs.

## **2.4. Child Sexual Abuse in Ethiopia**

The main ideas of our topic were to discuss on the effects of Child Sexual Abuse especially among the youth, ways of caring for the victimized individuals, creating awareness and coming up with possible solutions of reducing this abominable act. The recommendation focuses on how the abused kids can be well taken care of and treated in hospital settings. As mentioned, nurses are expected to know the diverse effects of this brutal act, which would in turn assist them in handling such patients. They however face a difficult challenge as some of their victims may tend to be quite shy and unable to open up or express themselves. Patients it therefore a key factor to be embraced by health professional workers working in this field.

Every country in the world has laws that prohibit sexual activities with children and adolescents. However, these laws vary from country to country, but they agree for most part on what constitutes behaviour of abusive sexually. For example, convention on the right of the child, article 19 stipulates, "state parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other persons who has the care of the child". Therefore, for those who violate this constitutional right of the child there will be penalized. The revised Ethiopian criminal code, under the title of crimes against morals and the family Article 620, No. 2 stated that, where the crime is committed:

- (a) On a young woman between thirteen and eighteen years

(b) On an inmate of an alms-house or asylum or any establishment of health, education, correction, detention or internment which is under the direction, supervision or authority of the accused person, or on anyone who is under the supervision or control of or dependent upon him; or

(c) On a woman incapable of understanding the nature or consequences of the act, or of resisting the act due to old age, physical or mental illness, depression or any other reason; or

(d) By a number of men acting in concert, or by subjecting the victim to act of cruelty or sadism, the punishment shall be rigorous imprisonment from five years to twenty years.

(e) Where the rape has caused grave physical or mental injury or death, the punishment shall be life imprisonment.

(f) Where the rape is related to illegal restraint or abduction of the victim, or where communicable disease has been transmitted to her, the relevant provisions of this code shall apply concurrently. On the other hand, when we see Article 626, on sexual outrage on minors between the age of thirteen and eighteen years it has the following provisions.

1) Whoever performs sexual intercourse with a minor or the opposite sex who is between the ages of thirteen and eighteen years, or causes her to perform such an act with her is punishable with rigorous imprisonment not exceeding seven years.

2) Whoever performs an act corresponding to the sexual act or any other indecent act upon a minor, of the opposite sex who is between the ages of thirteen and eighteen years, induces him to perform such an act, or deliberately performs such an act in his presence, is punishable with simple imprisonment not less than three months or with rigorous imprisonment not exceeding five years.

3) Where the victim is the pupil, apprentice, domestic servant or ward of the criminal, or a child entrusted to his custody or care, or in any other way directly dependent upon or subordinate to him to punishment shall be:

a. With rigorous imprisonment from five years to twenty years in respect of the crime specified in sub-article (1) above.

b. With rigorous imprisonment from three years to ten years in respect of the crime specified in sub-article (2) above; or

c. With rigorous imprisonment not exceeding seven years in respect of the crime specified in sub-article (3) above. 4) Where the sexual outrage has caused grave bodily or mental injury to or death of the victim, the relevant provision of this code shall apply concurrently.

Finally when we look at Article 627, sexual outrages are committed on infants:

1) Whoever performs sexual intercourse with a minor of the opposite sex, who is under the age of thirteen years or causes her to perform such act with her, is punishable with rigorous imprisonment from thirteen years to twenty-five years

2) A woman who causes a male minor under the age of thirteen years, to perform sexual intercourse with her, is punishable with rigorous imprisonment not exceeding ten years.

3) Whoever performs an act corresponding to the sexual act or any other indecent act upon a minor, of the opposite sex who is under age of thirteen years, induces him to perform such an act, or deliberately performs such an act in his presence, is punishable with rigorous imprisonment not exceeding ten years.

4) Where the victim is the pupil, apprentice, domestic servant or ward of the criminal, or a child entrusted to his custody or care or in any other way directly dependent upon or subordinate to him.

a. In respect of the crime prescribed in sub-article (1) above the punishment shall be more severe on such a person than when it is committed by other person;

b. In respect of the crime prescribed in sub article (2) above the punishment shall be rigorous impressments from three years to fifteen years.

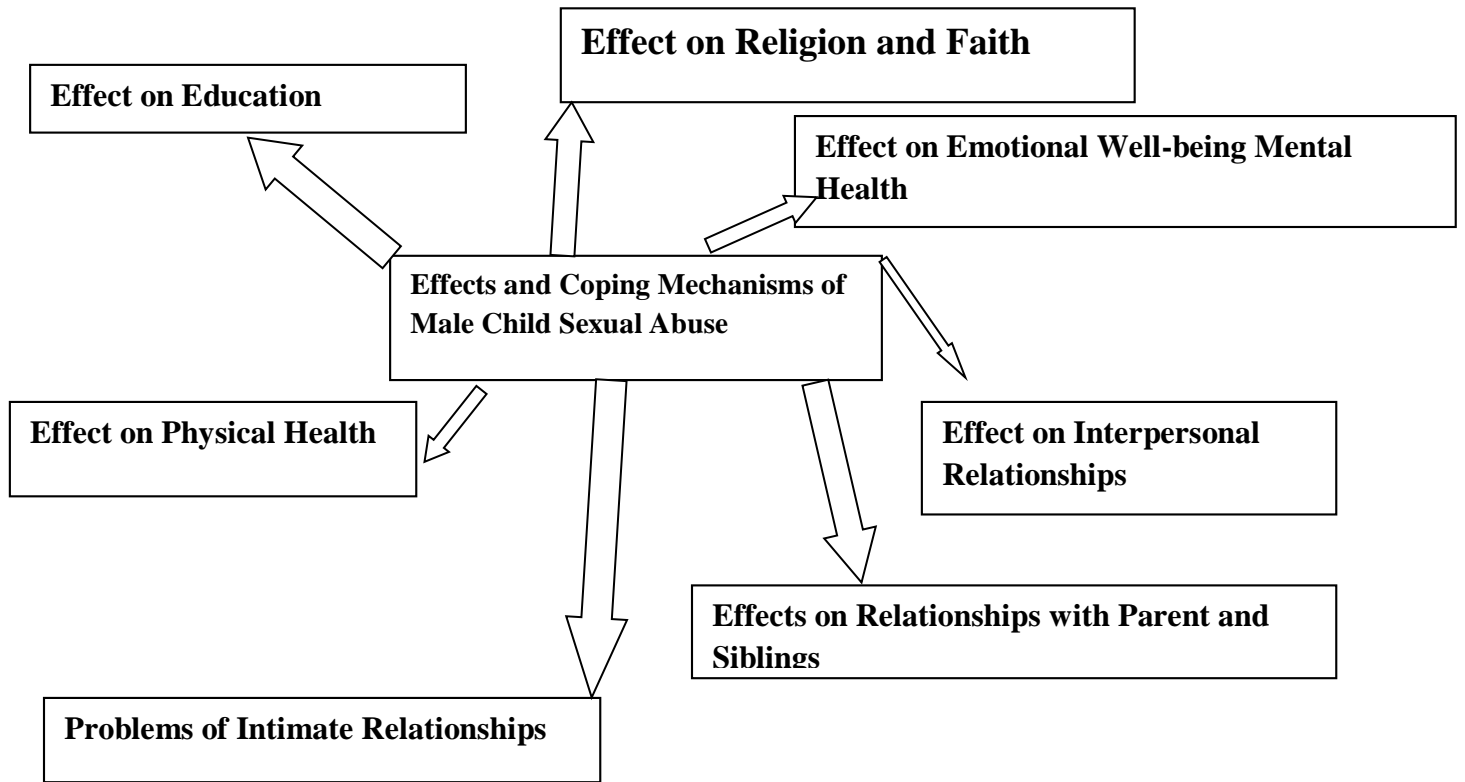
c. In respect of the crime prescribed in sub-article (3) above the punishment shall be rigorous imprisonment from three years to fifteen years. 5) Where the sexual outrage has caused grave bodily or mental injury or death of the victim, the punishment shall be rigorous imprisonment for life.

### **2.4.1 Conceptual Framework**

The main objective of this study is to identify effect and coping mechanisms of boy child sexual abuse and its coping mechanisms in case of integrated family service organization Addis Ababa Ethiopia. Based on the objective of the study, the following conceptual model is framed. Even though literature is not extensively found upon effect and coping mechanisms of

young men sexual abuse as previously discussed in the related literature review parts and a few studies mentioned under, effect and coping mechanisms of young men sexual abuse . So based on theoretical and empirical literature, conceptual framework will be developed as follows.

**Figure 1: Conceptual Framework**



Source: Developed by the Researcher, 2023



## **CHAPTER THREE**

### **METHODOLOGY OF THE RESEARCH**

#### **3.1. Background of the Study Area**

This study focused on the Integrated Family Service Organization (IFSO) supported Children who were abused textually at different parts of Sub-City, Addis Ababa, to analyse the psychosocial supports available to survivors of child sexual abuse in Addis Ababa. Indigenous non-governmental organization (NGO) IFSO was founded in 1995 and is non-profit. In some areas of the country, particularly Addis Ababa, the IFSO is now operating various initiatives. The main urban endeavour is to provide comprehensive psychological care to child sexual assault survivors. At present, the centre is providing the different psychosocial service such as counselling service, therapeutic training (video, photo, drama, music), good parenting training, medical support, financial support, emergency support, educational material support, foster home)temporary shelter service etc... to reduce the psycho-social problems to rape survivors and enable them smooth reunion and re-integration to their respective communities for more than 100 child survivors of sexual abuse and out of which more than 30% are male. The organization gets victim boy children from different parts of Addis Ababa in all 11 sub cities.

#### **3.2 Research Approaches**

In the current study, mixed methods research approach was employed. This design primarily was selected for it allows the combination of quantitative and qualitative research into a single research at different stages of the research process: formulation of research questions; sampling; data collection; data analysis, and interpretation stages (Greene, 2008; Johnson, & Onwuegbuzie, 2004; Kadushin, Hecht, Sasson, & Saxe, 2008; Marsland, Wilson, Abeyasekera, & Kleih, 2001; Shaffer & Serlin, 2004; Thurmond, 2001). Mixed methods research design also serves the dual purposes of generalization from a larger sample to a population and in-depth understanding of a phenomenon through detailed study of a smaller sample (Bazeley, 2004; Onwuegbuzie & Collins, 2007; Onwuegbuzie & Leech, 2006). It will also allow the occurrence of data analysis and integration at almost any point in time (Bryman, 2006; Rocco, Bliss, Gallagher, & Perez-Prado, 2003).

Since the present study is primarily intended to triangulate and complement data from various sources and methods, concurrent triangulation design of the mixed methods research specifically employed. According to Hanson et al. (2005), and Yauch and Steudel (2003), in concurrent

triangulation design the collection and analysis of both quantitative and qualitative data will do simultaneously, both forms of data are given equal priority, data analysis is usually conducted separately, and integration usually occurs at the data interpretation stage. For Creswell et al. (2014), the advantage of concurrently gathering both quantitative and qualitative data is that it allows the researcher to compare the themes identified in the qualitative data analysis with the statistical results in the quantitative analysis to search for congruent findings

### **3.3 Research Design**

The research design refers to the overall strategy that choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data. This study will adapt a descriptive research design and explanatory research design. According to Cooper and Schindler (2020), a descriptive study is concerned with finding out the what, where and how of a phenomenon. According to Lelissa TB (2018); as cited in (Saunders et al. 2007), on the other front, an explanatory study sets out to explain and account for the descriptive information. So, while descriptive studies may ask ‘what’ kinds of questions, explanatory studies seek to ask ‘why’ and ‘how’ questions (Grey, 2014). It builds on exploratory and descriptive research and goes on to identify actual reasons a phenomenon occurs.

Explanatory research is conducted in order to help us finding problem that was not studied before in depth. The explanatory research is not giving us some conclusive evidence but helps us in understanding the problem more efficiently. According to Lelissa TB (2018); as cited by (Saunders et al., 2007), Exploratory research is conducted when enough is not known about a phenomenon and a problem that has not been clearly defined.

## **3.4 Type and Sources of Data**

### **3.4.1 Primary Data**

The primary data are those which are collected afresh and for the first time, and thus happen to be original in character. There are several methods of collecting primary data, particularly in surveys and descriptive researches like observation, questionnaire, interview, and so on (Kothari, 2004). For this study, questionnaire was used to collect the data. In this method a questionnaire was given to the persons concerned with a request to answer the questions and return the questionnaire. A questionnaire was consisting of a number of questions printed or typed in a definite order on a form of close ended questions was used to collect the primary data for the study from selected samples in order to take the opinions of employees.

### **3.4.2. Secondary Data**

Will Hillier (2022) defines secondary data as information that has previously been gathered from primary sources and made available for use by scholars in their own research. Data that has previously been gathered from primary sources and made easily accessible for academics to use for their own research is known as secondary data. It is a category of information that has previously been gathered. The information may have been gathered by one researcher for a specific study and then made available for use by another researcher. As in the case of the national census, the information may also have been gathered for general use without a specified study goal. On the other hand, secondary data are those that have already been gathered and subjected to the statistical process by another party. Books, online searches, papers, journals, and other materials relevant to this study were among the secondary sources of information employed by the researcher. These secondary sources assist the researcher in understanding how essential ideas have been defined and quantified by others, as well as how this research effort connects to prior research.

## **3.5 Target Population**

The unit of analysis in the study was sexual abused Children' children which have been supported by integrated family service organization Ethiopia (IFSOE) for more than six months before February 16, 2023. The number of total populations is small, manageable and limited area the researcher decided to use census method because this method gives the researcher to understand the study topic in depth. The target populations are such as 30 sexual abused male children, 15

staffs of integrated family service organization (IFSO), the target is 33 totally, Which was took in census method, because census method is advisable for population less than 50 (Kervin, J.B. (1999).

### **3.6 Sampling and Sample Size of the Study**

For this particular study the researcher was used one of the census methods was applied. To this end, out of the total population of 3 staffs (Social worker 1, and psychologist 3) and 30 male children currently supported by integrated family service organization, whose age is in the range of (7 -17) and who are already in the program and got the services for more than six months before February 16, 2023. The sexually abused Children who supported by different service at the centre are between the age of 3 -17, however, for this particular research, children above the age of 7 up to 17 male child were considered and staffs were took purposive methods according to their nature of position from the organization.

### **3.7. Data Collection Tools**

The major data collection instruments were used questionnaires, key informant interviews and document analysis. The organization 's documents that the researcher refer was benefit individual file, the counseling guideline and the organization 's best practices. Questionnaires were used in instances where a respondent can easily read and understand without assistance. The questionnaire was prepared based on the research objectives. In this regard the questionnaire was carefully provided for survivors while interviews will be conducted for management social worker and counselors of the center. In addition to this, the researcher will use the organization 's secondary data as information to effectively work on the sample respondents 'response.

The researcher was choosing three basic research techniques that is semi-structured questionnaire; review of organizational documents to collect data and information. In order to have focus and structured responses the researcher will prepare guiding questions that will use to gather information from the respondents.

Before going into the discussion with respondents, the researcher was introduced herself, objective of the study, duration of the discussion and ethical issues such as privacy and confidentiality. After making sure those participants of the study were clear with the issues raised above, the researcher was officially requesting the center to be able to review relevant documents.

The target group of this study is sexually abused children in the age of 7 up to 17 who are admitted at IFSO to get different supports.

The researcher was prepared 30 questionnaires and distributed to the target populations such as 30 Children sexual abused children and make the key informants interview with social worker and psychologists and Document analysis from (IFSO).

### **3.7.1. Questionnaire**

Inorder to get primary data, different tools were applied to gather the field data. The researcher was employed both qualitative and quantitative research methods to collect relevant data for the study. Under the quantitative reseach method structured questionnaire was employed to gather the relevant data from the (IFSO) of the population.

### **3.7.2. Key informant Interview**

The main purpose of key informant interview was to get the general information about the effects of sexual abuse on boy child and coping mechanisms (IFSO) from their day today activities in their office. Hence, by using interview the current study mainly generated data about the major effects of sexual abuse on male child and coping mechanisms in (IFSO) psychologists and social worker.

## **3.8 Data Analysis**

The data was collected from different sources, both quantitative and qualitative, was processed and analyse. Mixed approach was applied to came up with well validate and substantiate findings. The questionnaire was developed using different literatures and guidelines written on the proper rehabilitation services for the survivors of child sexual abuse and best practices found from the secondary sources. Accordingly, data was obtained through questionnaire edited for their completeness, categorize, register and interpret using descriptive statistical method. An analysis was performed using SPSS software, version 27. Quantitative data was analysed using tables, pictures, graph and percentages, Correlations and regressions. Data collect from interview was analysed qualitatively through narration and by the direct quotation when necessary.

## **3.9 Reliability and Validity**

In the current study, the reliability of the questionnaire scales was established using Cronbach Alpha. Cronbach alpha ( $\alpha$ ) was primarily computed for it is an indicator of the internal consistency of items with Likert-type scales (Shevlina, Milesb, Daviesc, & Walker, 1998; Streiner, 2003). For the interpretation of Cronbach alpha coefficient, Gliem and Gliem (2003) suggested the following

rule of thumb:  $\alpha \geq .9$  is excellent,  $.8 \leq \alpha \leq .89$  is good,  $.7 \leq \alpha \leq .79$  is acceptable,  $.6 \leq \alpha \leq .69$  is questionable,  $.5 \leq \alpha \leq .59$  is poor, and  $\alpha \leq .5$  is unacceptable. Similarly, Du Plessis and Hoole (2006) recommended Cronbach alpha level of .70 as accepted and indicative of a reliable scale.

**Reliability Statistics**

Cronbach's Alpha	N of Items
.943	23

Source: Own Survey, 2023

**3.10 Ethical Considerations**

As part of the research activities, while talking with the child survivors about sexual abuse requires permission from them and their caregivers. However, permission can depend on the child’s age and circumstances. The researcher was obtained their consent before proceeding with any questionnaire and interview assessments.

At the very outset of meeting with child survivors of sexual abuse and their caregivers, the researcher will start the study by explaining the purpose of the research and inform the caregiver that the result of the research will not have any negative impact on them instead it was help a lot the centre to improve on any gap and keep up the strengths of the services being render to the child survivors of sexual abuse and their families. The researcher was explained how the child survivors ‘information was safely and securely store and use in the study (confidentiality protocols). Caregivers was only agree to participate on the research when they have a full understanding of the purpose of the research and related benefits. Informed consent was the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Organization and caregivers were typically responsible for giving consent for information until the research was completed. Caregivers had the right to stop asking question for their when necessary.

## CHAPTER FOUR

### DATA ANALYSIS AND INTERPRETATION

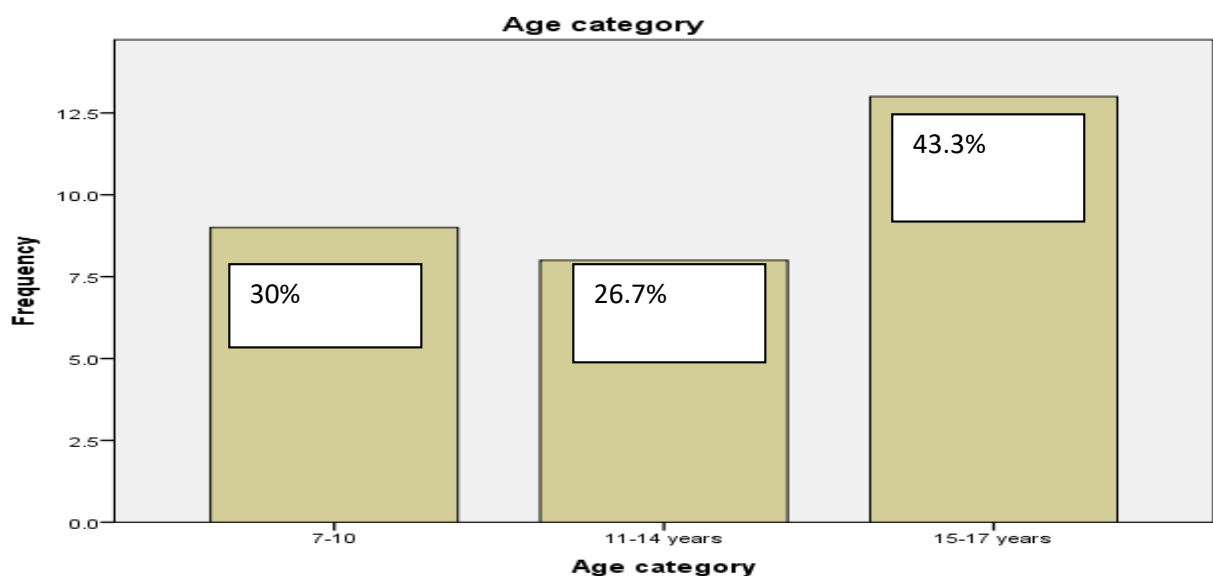
This study investigated the effects and coping mechanisms of male Child Sexual Abuse in Addis Ababa considering the case of Integrated Family Service Organization. To achieve the overall objective of the study data was collected using questionnaire, and interview. Accordingly, the study using questionnaire tried to identify the effects and coping mechanisms by male children and staffs who received counselling service, the study also collects data Integrated Family Service Organization and considering Counsellors and social workers through key informant interview. In this regard the study was basically tried to identify the effects of sexual abuse and its coping mechanisms.

#### 4.1. Demographic Characteristics

In this part, the study analysed Socio-demographic characteristics of respondents like; age, educational level, Grade level, Religion and other similar characteristics. On the other hand, income level of parents which has been obtained from the organization's secondary data. In this regard, the researcher distributed a total of 30 questionnaires and returned with 100% response rate. For this reason, the analysis has been done using 30 questionnaires.

##### 4.1.2 Age Category

Bar chart 4.1. Age Category

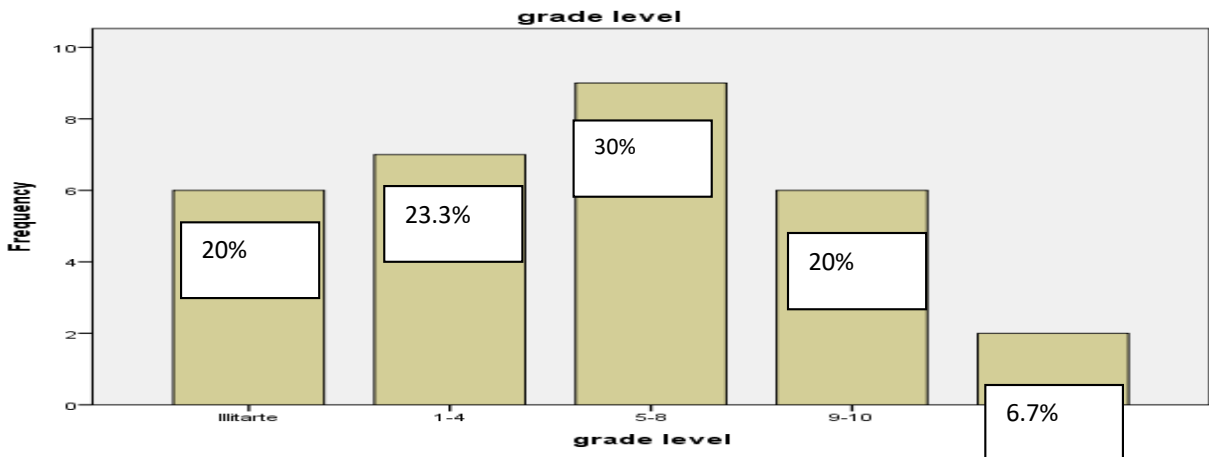


Source: Own Survey, 2023

In relation to the age of male children between the ages of 7 to 17 are considered for the purpose of this research; though the organization under consideration provided psycho social support starting from the integrated Family service organization. Those below the age of 7 are not considered due to the level of understanding of the questionnaire and the responses to each of the questions raised in the research though they were administered through different art and play therapy. In this regard, about 4% of children belongs to the age groups of 7-10 Years, 30% belong to 11- 14 Years, 26.7%; 15-17 age group constituted 43.3% of the study participants. The age group from 15-17 years were consisted of large percentage who were highly affected by male child sexual abuse.

### 4.1.3. Educational background

Bar Chart 4.2. Grade Level



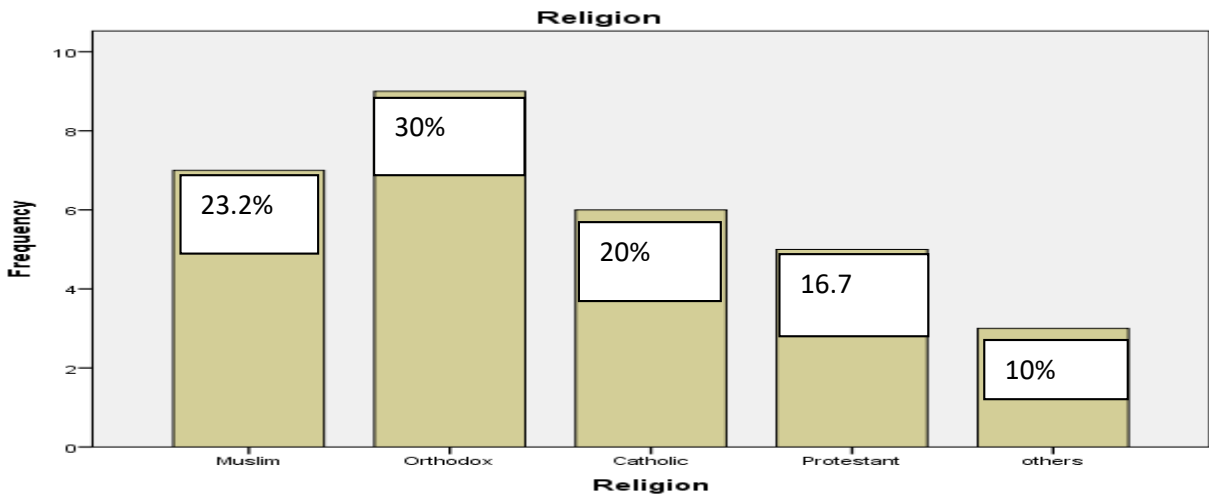
Source questionnaire, 2023

The above bar chart 4.2 shows the male children educational background constituted Illiterate 20%, first primary cycle of education (1-4) were 23.3%; the second primary cycle (5-8) consisted of 30%; the secondary school (9-10) was 20% and the rest (11-12) rated as 6.7%. from the study participants, male children from 5 -8 grade were the most affected ones.



#### 4.1.4. Religion of Children

Bar Chart 4.3.

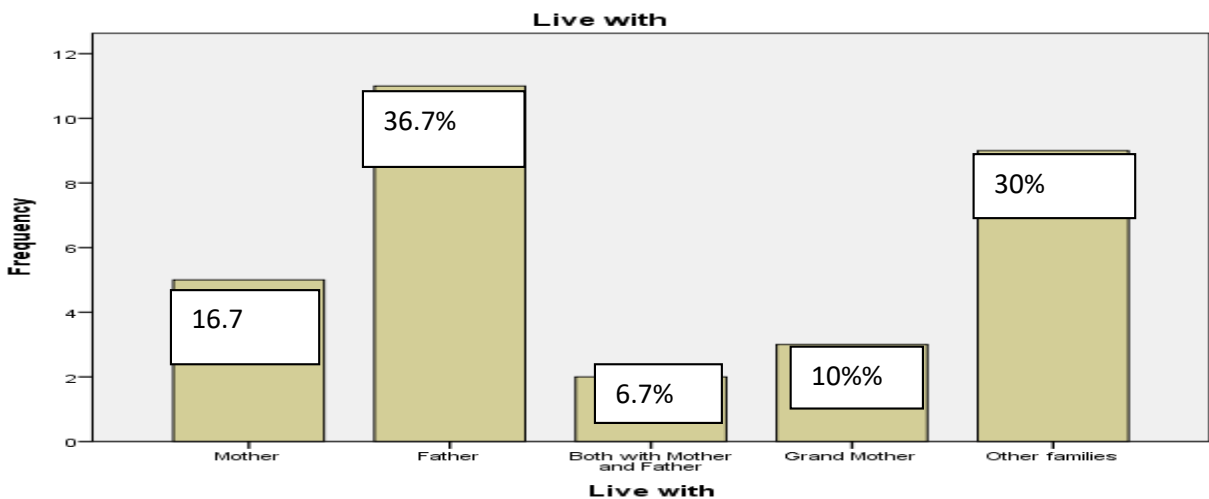


Source: Own Survey, 2023

Respondent's religion counted Muslim 23.3%, Orthodox 30%, catholic 20%, protestant 16.7 and others 10%. This implies higher number of respondents is Orthodox. This group consisted of large population which accounted 30% Orthodox

#### 4.1.5. Children Living with

Bar Chart 4. 5 Live with

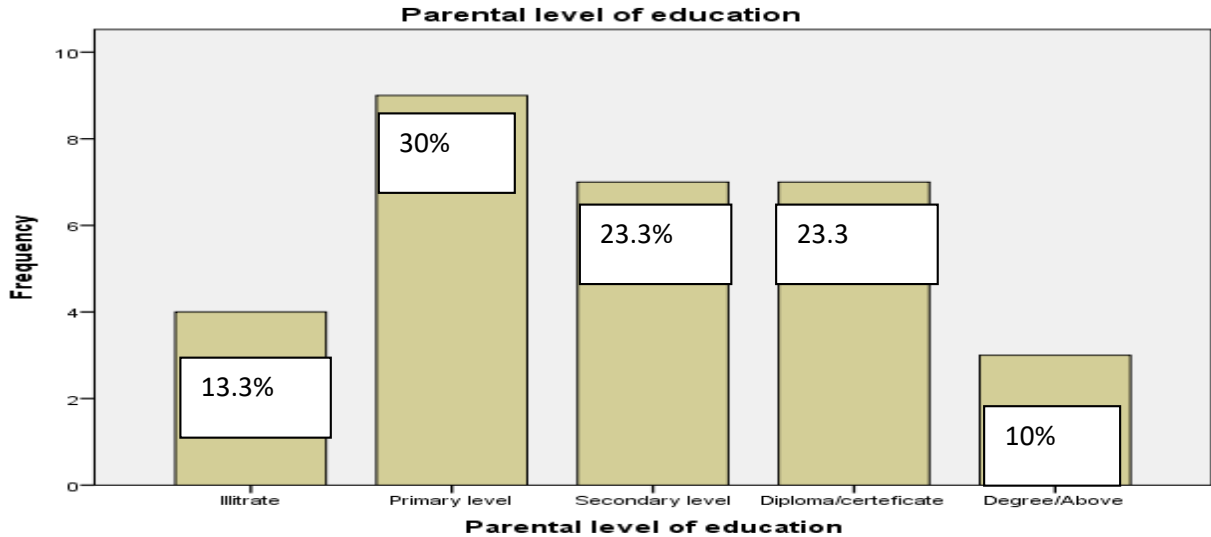


Source: Own Survey, 2023

Respondent's living condition accounted that, mother 16.75%, Father 36.7%, Both with Mother Father 6.7%, Grandmother 10% and others families 10%. This data consisted of large population which accounted 30% live with.

#### 4.1.6. Parental Level of Education

Bar chart 6. Parental Level of Education

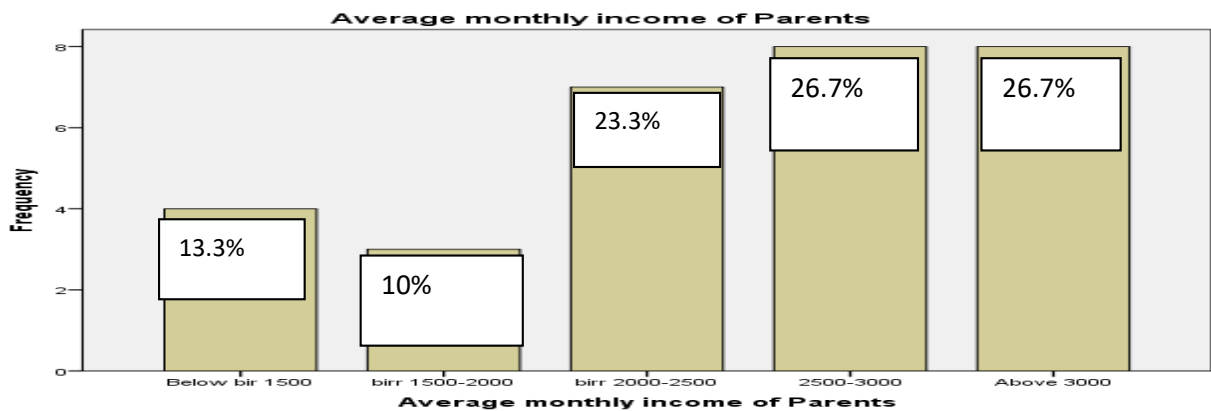


Source: Own Survey, 2023

Parental level of education also Illiterate 13.3%, primary 30% Secondary 23.3%, Diploma/certificate, 23.3% first degree and above 10%. The implication is high number of parent primary level. This data consisted of large population which accounted 30% primary level.

#### 4.1.7. Average Monthly Income of Parents

Bar chart 7. Average monthly income of parents



Source: Own Survey, 2023

Respondents 'parental level of income also shows above 1500 is 13.3%, birr 1500-2000 10%, 2000-2500 23.3%, 1500-300 26.7%, and Above 3000 26.7%. Highly income levels are more affected. This data consisted of large population which accounted 30% 2500 and above.

## 4.2. Exposing Factors to Child Sexual Abuse

Children can be exposed for sexual abuse by several factors, such as; being affected by, peer pressure, drug addiction, economical problem, others etc. In this regard the study identified factors of sexual abuse. Below, the table shows the reason and exposing factors. This data consisted of large population which accounted 30% 2500 and above.

**Table 4.1. Exposing Factors of Children Sexual Abuse,**

<b>Factors Exposed You to Sexual Abuse</b>				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Living Place	11	36.7	36.7
	Drug Addiction	4	13.3	50.0
	Economical Problem	5	16.7	66.7
	Peer Pressure	5	16.7	83.3
	Others	5	16.7	100.0
	Total	30	100.0	100.0

Source: Own Survey, 2023

As it's showed on the table, living place, 36.7% of the children have been exposed to the sexual abuse because of the living place. As showed in table most of the sexually abused because of living place was the leading reason that exposed them to the unwanted activities. On the other hand, respondents accounted for other have their contributions accordingly; each showed economic problem, other factors, peer pressure, drug addiction, and drug addictions were the other reasons that exposed the child to sexual abuse.

## 4.3. Who abuse you?

Table 4. 2. Who abused you?

<b>Who abused you?</b>				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Intimate Families	6	20.0	20.0
	Strange Violence	2	6.7	26.7
	Stepbrother	7	23.3	50.0
	Others	15	50.0	100.0
	Total	30	100.0	100.0

Source: Own Survey, 2023

As showed table 2 from the respondents 50% of sexual abuse in the centre had the abuse by the intimate families. Most people said families were difficult to access, since the family is private terrain, which culturally cannot be questioned or looked into. Others have been stated on the table according to it magnitude.

#### 4.4. What was your reaction towards sexual abuse?

**Table 4.3. What was your reaction towards sexual abuse?**

What was your reaction towards sexual abuse				
	Frequency	Percent	Valid Percent	Cumulative Percent
Tolerate	14	46.7	46.7	46.7
Inform To Parents	3	10.0	10.0	56.7
Valid Inform to Friends	6	20.0	20.0	76.7
Others	7	23.3	23.3	100.0
Total	30	100.0	100.0	

Source: Own Survey, 2023

As showed from the above table, 46.7% of the boy child survivors in IFSO have tolerated and silent the case right after the abuse and this may result from the fear of families, cultural influence, discrimination and such reasons. On the other part other reactions are stated on the table accordingly. The result showed that, children were not sharing their problem with parents immediately and one of the major reasons that the child survivors hid their problem was the cultural influence and discrimination which will worsen the relationship between the children and parent. The child survivors of sexual abuse who have tolerated or silenced the case also did not understand what was happening to them and they experienced fear, embarrassment or shame about the abuse, which also affects their willingness and ability to talk to the psychosocial service providers at the end.

## 4.5 Effects of Sexual Abuse on Male children

### 4.5.1. Effects on Education

Table 4.4. Effects on Education

Effects on Education					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly disagree	5	16.7	16.7	16.7
	Neutral	2	6.7	6.7	23.3
	Agree	9	30.0	30.0	53.3
	Strongly agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

Source: Own Survey, 2023

When the researcher discussed about the effects of sexual abuse, some of the respondents said that sexual abuse has its effects of education. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 30% agree, and 6.7% neutral and 16.7% strongly disagree. This data consisted of large population which accounted 46.7% strongly agree.

### 4.5.2. Effects on Religion and Faith

Table 4.5. Effects on Religion and Faith

Effects on Religion and Faith					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly Disagree	3	10.0	10.0	10.0
	Neutral	3	10.0	10.0	20.0
	Agree	11	36.7	36.7	56.7
	Strongly Agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Source: Own Survey, 2023

When the researcher discussed about the effects of sexual abuse, some of the respondents said that sexual

abuse have its effect on religion and faith. These respondents are account 43.3% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 10% neutral and 13.3% and strongly disagrees. This data consisted of large population which accounted 43.3% strongly agree.

### 4.5.3. Effect on Emotional Well-being Mental Health

Table 4.6. Effect on emotional well-being mental health

Effect on emotional well-being mental health				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Disagree	6	20.0	20.0	20.0
Neutral	1	3.3	3.3	23.3
Agree	7	23.3	23.3	46.7
Strongly Agree	16	53.3	53.3	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of children sexual, some of the respondents said that sexual abuse has its effects on emotional wellbeing mental health. These respondents are count 53.3% that said strongly agree. Other respondents said based on the question as follows: 23.3% agree, 4.4%, 3.3% neutral and 20% strongly disagrees. This data consisted of large population which accounted 53.3% strongly agree.

### 4.5.4. Effect on Interpersonal Relationships

Table 4.7. Effect on Interpersonal Relationships

Effect on Interpersonal Relationships				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Disagree	5	16.7	16.7	16.7
Neutral	2	6.7	6.7	23.3
Agree	9	30.0	30.0	53.3
Strongly Agree	14	46.7	46.7	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of Children children sexaul abuse, some of the respondents said that sexual abuse has its effects on interpersonal relationship. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 30% agree, 6.7% neutral and 16.7% strongly disagrees. This data consisted of large population which accounted 53.3% strongly agree.

#### 4.5.5. Relationships with Parent and Siblings

Table 4.8. Relationships with Parent and Siblings

Relationships with Parent and Siblings				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	2	6.7	6.7	6.7
Disagree	3	10.0	10.0	16.7
Valid Neutral	1	3.3	3.3	20.0
Agree	9	30.0	30.0	50.0
Strongly Agree	15	50.0	50.0	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said thatmale children sexual abuse has its effects on relationship with paraents an dsiblings. These respondents are count 50% that said strongly agree. Other respondents said based on the question as follows: 30% agree, 3.3% neutral, 10% disagree and 6.7% strongly dis agrees. This data consisted of large population which accounted 50% strongly agree.

#### 4.5.6. Intimate Relationships

Table 4.9. Intimate Relationships

Intimate Relationships				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Disagree	3	10.0	10.0	10.0
Disagree	2	6.7	6.7	16.7
Neutral	2	6.7	6.7	23.3
Agree	11	36.7	36.7	60.0
Strongly Agree	12	40.0	40.0	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that male children sexual abuse has its effects on intimate relationships. These respondents are count 40% that said strongly agree. Other respondents said based on the question as follows: 36.6% agree, 6.7% disagree, 6.7% neutral and 10% strongly agrees. This data consisted of large population which accounted 40% strongly agree.

#### 4.5.7. Effect on Physical Health

Table 4.10. Effect on physical health

Effect on Physical Health				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Disagree	4	13.3	13.3	13.3
Disagree	2	6.7	6.7	20.0
Neutral	1	3.3	3.3	23.3
Agree	11	36.7	36.7	60.0
Strongly Agree	12	40.0	40.0	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that male children sexual abuse has its effects on physical health. These respondents



are count 40% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 6.7% disagree, 23.3% neutral and 2013.3% strongly agrees. This data consisted of large population which accounted 40% strongly agree.

## 4.5. Coping Mechanisms Sexually Abused Boy

### 4.6.1. Cognitive

Table 4.11. Cognitive

Cognitive				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	3	10.0	10.0	13.3
Valid Neutral	1	3.3	3.3	16.7
Agree	11	36.7	36.7	53.3
Strongly Agree	14	46.7	46.7	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the coping mechanisms of sexual abuse on Children children, some of the respondents said that cognitive is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 10% disagree, 3.3% neutral and 3.3% strongly agrees. This data consisted of large population which accounted 46.7% strongly agree.

### 4.6.2. Behavioral

Table 4.12. Behavioral

Behavioral				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	3	10.0	10.0	10.0
Disagree	1	3.3	3.3	13.3
Valid Agree	12	40.0	40.0	53.3
Strongly Agree	14	46.7	46.7	100.0
Total	30	100.0	100.0	

(Source: Own Survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that behaviour is one of the coping mechanisms of regarding to male sexual abuse.

These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 3.3% disagree, and 10% strongly agrees. This data consisted of large population which accounted 46.7% strongly agree. This data consisted of large population which accounted 46.7% strongly agree.

### 4.6.3. Avoidance

Table 4.13. **Avoidance**

<b>Avoidance</b>				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	3	10.0	10.0	13.3
Valid Neutral	1	3.3	3.3	16.7
Agree	12	40.0	40.0	56.7
Strongly Agree	13	43.3	43.3	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said avoidance is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 43.3% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 10% disagree, 3.3% neutral and 3.3% strongly agrees. This data consisted of large population which accounted 43.3% strongly agree.

#### 4.6.4. Psychological Support

Table 4.14. Psychological Support

Psychological Support					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly Disagree	3	10.0	10.0	10.0
	Disagree	1	3.3	3.3	13.3
	Agree	14	46.7	46.7	60.0
	Strongly Agree	12	40.0	40.0	100.0
	Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said Psychological support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 40% that said strongly agree. Other respondents said based on the question as follows: 46.7% agree, 3.3% disagree and 10% strongly agrees. This data consisted of large population which accounted 46.7% agree.

#### 4.6.5. Building a Support Network

Table 4.15. Building a Support Network

Building a Support Network					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly Disagree	6	20.0	20.0	20.0
	Disagree	1	3.3	3.3	23.3
	Agree	9	30.0	30.0	53.3
	Strongly Agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the

respondents said building a support network is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 30% agree, 3.3% disagree, and 20% strongly agrees. This data consisted of large population which accounted 46.7% agree.

#### 4.6.6. Peer Support

Table5. 16. Peer Support

Peer Support				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	2	6.7	6.7	10.0
Valid Neutral	2	6.7	6.7	16.7
Agree	12	40.0	40.0	56.7
Strongly Agree	13	43.3	43.3	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that peer support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 43.3% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 6.7% disagree, 6.7% neutral and 3.3% strongly agrees. This data consisted of large population which accounted 43.3% agree.

#### 4.6.7. Medical Support

Table4. 17. Medical Support

Medical Support				
	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	3.3	3.3	3.3
Disagree	2	6.7	6.7	10.0
Valid Agree	10	33.3	33.3	43.3
Strongly Agree	17	56.7	56.7	100.0
Total	30	100.0	100.0	

(Source: Own survey, 2023)

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that medical support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 56.7% that said strongly agree. Other respondents said based on the question as follows: 33.3% agree, %6.7 disagree, and 3.3% strongly agrees. This data consisted of large population which accounted 56.7% strongly agree.

#### **4.7. Correlation**

Pearson correlation coefficients reveal magnitude and direction of relationships (either positive or negative) and the intensity of the relationship (-1.0 to +1.0). Correlations are perhaps the most basic and most useful measure of association between two or more variables (Marczyk, DeMatteo &Festinger, 2005).

As per Marczyk, DeMatteo and Festinger, (2005) correlations of .01 to .30 are considered small, correlations of .30 to .70 are considered moderate, correlations of .70 to .90 are considered large, and correlations of .90 to 1.00 are considered very large. Accordingly, the below Pearson correlation coefficients shows that the variables of effects of male child sexual and its coping mechanisms in an integrated family service organization were all positively related within The range of .996 to 1.000, all were significant at  $p < 0.01$  level. All the independent variables i.e. Coping Mechanisms of Sexual Abuse on male Child, Factors exposed to such sexual abuse show a large level of positive relation with the dependent variable (Boy child).

Table 4.18. **Correlations**

		<b>Correlations</b>		
		factors exposed you to sexual abuse	Who abuse you	What was your reaction towards sexual abuse?
Factors exposed you to sexual abuse	Pearson Correlation	1	.333	.553**
	Sig. (2-tailed)		.072	.002
	N	30	30	30
Who abused you?	Pearson Correlation	.333	1	.416*
	Sig. (2-tailed)	.072		.022
	N	30	30	30
What was your reaction towards sexual abuse?	Pearson Correlation	.553**	.416*	1
	Sig. (2-tailed)	.002	.022	
	N	30	30	30

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Regarding the relationship among the independent variables, the table clearly shows that the variables are significantly correlated with each other (sig. level  $p < 0.01$ ). Also as shown in the table all variables have a significant relationship among each other.

## 4.8 Regression

In order to see contribution each variables of effects of boy child sexual and its coping mechanisms in an integrated family service organization, standard multiple regression analysis was employed. The regression model presents how much of the variables of effects of male child sexual and its coping mechanisms is explained by the selected organizational traits: Coping Mechanisms of Sexual Abuse on boy Child, Factors exposed to such sexual abuse on the organization. As shown on the table below, .950 % variation in effects of boy child sexual abuse and coping mechanisms (where by R square is .950 and adjusted R square is .947).

### 4.8.1. Model Summary

Table 19. Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.968 <sup>a</sup>	.937	.933	.25141356

a. Predictors: (Constant), Factors exposed to such sexual abuse, Coping Mechanisms of Sexual Abuse on Boy Child

The ANOVA table shows the overall significance /acceptability of the model from a statistical perspective. As the significance value of F statistics shows a value .000, which is less than  $p < 0.05$ , implies the model is significant. This indicates that the variation explained by the model is not due to chance.

### 4.8.2. ANOVA<sup>a</sup>

Table 20. ANOVA<sup>a</sup>

ANOVA <sup>a</sup>						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	25.524	2	12.762	201.905	.000 <sup>b</sup>
	Residual	1.707	27	.063		
	Total	27.231	29			

a. Dependent Variable: Effects of Boy Child Sexual Abuse

b. Predictors: (Constant), Factors exposed to such sexual abuse, Coping Mechanisms of Sexual Abuse on Boy Child

### Regression Coefficients

The regression coefficient explains the average amount of change in dependent variable that caused by a unit of change in the independent variable. Therefore, sexual abuse related factors are the most contributing variable of sexual abuse traits in the prediction of boy child sexual abuse with beta



value 0.947. The other sexual abuse variables, in their descending order of standardized coefficients, are

Factors exposed to such sexual abuse (B=.947), Coping Mechanisms of Sexual Abuse on Boy Child (B=-.018) that the variables are making significant to the prediction of sexual abuse. In addition, significance levels of factors related factor is .000, which is less than 0.05. This indicates that there is statistically significant relationship between them and the dependent variable (boy sexual abuse). In the contrast Coping Mechanisms of Sexual Abuse on Boy Child on the organization has significant value of is .834. This implies that the variables don't have significance relationship since their significance value is more than 0.05.

### 4.8.3. Coefficients<sup>a</sup>

Table 21. Coefficients<sup>a</sup>

Coefficients <sup>a</sup>						
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	.001	.047		.031	.975
	Coping Mechanisms of Sexual Abuse on Boy Child	.025	.116	.023	.212	.834
	Factors exposed to such sexual abuse	.927	.107	.947	8.657	.000

a. Dependent Variable: Effects of Boy Child Sexual Abuse

## 4.9 Qualitative Data Analysis

### 4.8.4. Key Informant Interview with One Social Worker and Two Psychologists

#### 4.8.4.1. Effects of the Sexually Abused Boys and Coping Mechanisms

✓ What is your experience on the effects of boy child sexual abuse?

The researcher has also conducted key informant interview with the management and staff working directly with the clients, on the service that is provided at the centre. According to their experience, as explained by them, effects of sexual on boy children are the same assumption as it stated by the questionnaire. According to their explanation, there are many effects on their live as it explained by the research questions en by questionnaires. The informants, in this study have indicated different effects of sexual abuse on boy children, such effect on education, effect on religion and faith, effect on emotional well-being mental health, effect on interpersonal relationships, relationships with parent and siblings, problems of Intimate relationships and Effect on physical health.

- ✓ How do you describe your level of understanding about the effects of boy sexual abuse with your work?

Because of our day today work we understand the effects of sexual abuse on boy child, as it explain above the nature of and characteristic of the effects such as educational, religion and faith, emotional wellbeing, mental health, interpersonal relationship and so on we have high level of understanding about it.

- ✓ As a service provider, how do you describe your communication with the child survivor of sexual abuse on the initial stage?

Our communications with those children who get different services are very intimate according to the rules of communications. As we know psychological and social work ways of communication are very limited and bounded depend on the nature of client problem which occurred on the condition of him.

- ✓ How does your organization encourage you so as to give effective coping mechanism?

On the other be sides of coping mechanisms of the effects of sexual abuse according to the Key informant interviews they can give some points about coping mechanisms of boy children towards it effects, we encouraged by different aspects, such giving psychosocial supports, medical and economical, cognitive, behavioural, building a support network and Medical support are get more positive explanation about it.

- ✓ What are the main challenges in your work?

The main challenges in our work is take them into our system, as soon as they take a time until they became in to their mood and gate rest when they adapted the new condition of our organization. After they adapt the environment they becomes moving freely as usual and easily communicated with us gate service as brotherly.

#### **4.8.5. Psychosocial Service Providers Competence**

The Study also interviewed counsellors on several issues that affect psychosocial service of the centre. Accordingly the study had provided the discussion as follow:

Regarding counsellors experience on sharing an accurate knowledge about sexual abuse to facilitate recovery and healing, the interviewers showed that, as much as, they can they are tried their ultimate efforts to share apply their knowledge on the survivors Children, however, that they explained as a challenges that, the organization didn't provide adequate supportive materials that can enhance counsellors experience and knowledge.

The Counsellors also mentioned that they identify strengths of caregivers/family during the psychosocial service, supporting their child, Advocating for their child's care, protecting their child and reaching out to psychosocial service providers, Handling family problems, and encouraging hopes and dreams

The study also identified counsellor's level of happiness on the provided service of the organization as well as results what they see. Accordingly they explained that, most of the counsellors were not happy on the facilities provided by the organization, however, due to their efforts when they see some of the survivors become to cure they become happy. Generally, their explanation showed their level of happiness affected by organizational facilities problem than their personal effort.

In addition to counsellors level of satisfaction the interview had been also assessed clients' level of satisfaction on the provided service and the response showed that, it's difficult to speak on behalf of the clients. However, they stated that they have witnessed improvement in client's self-esteem, interaction, self-confidence. The counsellors also observed that at the beginning clients were depressed, shy, sad, suspicious, feeling of guilt, low self-esteem, but after the treatment and different psycho-social support, clients were over their emotional problems. The counsellors reported that they were able to confirm the change through the home visits of clients.

The study also assessed counsellors' level of communication with the child survivors in the centre; this is because as effective communication skills are fundamental to delivering good care. The heart of compassionate and effective service provision relies on the service provider having the appropriate knowledge, attitudes and skills to communicate trust, comfort and care to children. It is through the dynamic process of communication (verbal and non-verbal) that positive, helpful relationships are developed and healing starts to occur. Therefore, clients showed as they are communicating their survivors child's verbally and orally.

The study also assesses counsellors' intakes provided by the organization to encourage their works.

in this regard as already explained in the administrators interviewing part they were mentioning that, the organization provided some experience sharing practice in collaboration with Milano University, which is some of the positive experience done by the organization. In addition the organization gives work freedom, for counsellors are free to use their interested techniques to diagnoses the survivors.

The study also interviewed counsellors how they respect survivors belief and thought, Accordingly they explained that, service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. Empower the child so he/she is in control of what happens during communication exchanges. The child's right to participation includes the right to choose not to participate. Accordingly the responses perceived that, children are given freedom to exercise their right in the organization. At every step of the process, explain to children what is happening to help secure their physical and emotional well-being. . Explain what will happen . The service provider should explain what will happen and what the child's rights are during the session. This helps children know what to expect and what they can control. For example, children have the right to stop the interview at any time or not answering to a question. Children have the right to make mistakes and should be allowed to change their minds. Children rarely end conversations arbitrarily, but they and their parents feel safer if they know they can. Finally, it never hurts to remind children that there is no right or wrong answers. You are only interested in their experiences and ideas. Based on this ideas the study were investigate whether the case providers explained those activities for clients or not.

As per the discussion held with the Sr. counsellor; he mentioned his support to the child survivor of sexual abuse as below:

I have worked for more than ten years on the issue of child sexual abuse; I always read article, books and research. As a result, I share my knowledge and experience to professionals and parents through discussion, group and individual counselling and training; I'm happy when I see the result of my work, the children change after the therapy for example the child became traumatized, unhappy, and lonely. Although after reputed counselling session the children change their behaviour became sociable. I use different statement like: The incidents happen to many children; it is not only you who faced this kind of problem this is not the end of the world, life will continue and every problem will be solved. I tell an example of abused history from famous women who was sexually abused in their childhood. Services currently being rendered by the centre are individual and group counselling, Medical, financial support, temporary shelter, therapeutic

entertainment program like music, art, video and drama therapy.

## **4.9. Discussions**

### **4.9.1. Effects of Sexual Abuse on Male children**

Numerous studies have documented the prevalence of child sexual abuse in developed countries. However, little is known about child sexual abuse in developing countries. Modern prevalence studies began in the late 1970's. However, the results of these studies show a clear inconsistency among the different samples taken. The World Health Organization defines child sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend (women health, 2016). Which means the child is not mentally or physically developed enough to engage in such an activity as sex.

This discrepancy in reported prevalence of child sexual abuse may be attributed to differences in the type of child sexual abuse definitions used, variation in data collection methods (e.g. interviews versus surveys, sample differences (student groups, community groups, national groups) and/or to other factors such as the relative willingness of the respondents to admit to childhood assault (De Paul, Milner, & Mugica, 1995).

According to Judith Cooney (1987), every year in the United States thousands of cases of sexual abuse of children are reported to the police departments and child protection agencies. Authorities estimate that one out of four girls and one out of seven Children will be sexually abused or molested before age eighteen. According to the study reported by African Child Policy Forum, generally, being talked to in a sexual manner was reported as the most wide spread form of sexual abuse against girls in the following five countries. It was reported in Burkina Faso to be (81%) but was also significant in Nigeria and Senegal (65%) as well as Cameroon and DRC (59%) Over all, the second most reported form of sexual violence was being touched or fondled in the private parts. Between 38% and 52% of the girls in the above countries studied reported having been sexually touched. Burkina Faso ranked highest with 52% of the girls reporting this type of violence. The most devastating form of sexual violence is the form of forced sexual intercourse/rape which was most highly reported in Burkina Faso and Nigeria (40%) followed by Cameroon (30%), DRC (27%) and Senegal (17%). Another study shows that in Addis Ababa from a total reported crime cases committed against children (between July 2005 and December, 2006). The prevalence was 23% of them were child sexual victimization. On average, 21 children were reported to be sexually abused each month, where majority of the sexual abuse incidence were committed against female children

in their own house by someone they closely know (Ethiopian Journal of Health Science Report, Jibril, 2012).

A significant number of studies have shown that child sexual abuse occurs repeatedly against a single victim. For instance, in a study carried out by Amars HSS (1996), repeated episodes of child sexual abuse were reported by 59.5% of the children. The study findings of Kassim and Kassim (1995) are consistent with the findings indicated above. Accordingly, 27.7% of the victims indicated to have been abused more than one time. On the other hand, according to Huston et. Al (1995), a single episode of child sexual abuse was reported by 57% of the children while, again, the remaining 43% admitted to have been abused repeatedly (Huston., Parra, Prihola, and Foulds, 1995). With regard to the duration of child sexual abuse, research findings have revealed that child sexual abuse continued for a period of time once it is started and not terminated by the victim herself or by the intervention of another party. For instance, according to Huston et.al, (1995), 7% of the victims have indicated to have been abused for more than three years at a stretch (Huston, Parra, Prihola, and Foulds, 1995). different literatures have been explain more about th effects of sexual abuse: this research result shows as follows:

#### Exposing Factors to Child Sexual Abuse

Children can be exposed for sexual abuse by several factors, such as; being affected by, peer pressure, drug addiction, economical problem, others etc. In this regard the study identified factors of sexual abuse. Below, the table shows the reason and exposing factors. This data consisted of large population which accounted 30% 2500 and above. Exposing factors of children sexual abuse, As it's showed on the table, living place, 36.7% of the children have been exposed to the sexual abuse because of the living place. As showed in table most of the sexually abused because of living place was the leading reason that exposed them to the unwanted activities. On the other hand, respondents accounted for other have their contributions accordingly; each showed economic problem, other factors, peer pressure, drug addiction, and drug addictions were the other reasons that exposed the child to sexual abuse.

who abuse you?

As showed table 2 from the respondents 50% of sexual abuse in the centre had the abuse by the intimate families. Most people said families were difficult to access, since the family is private terrain, which culturally cannot be questioned or looked into. Others have been stated on the table according to it magnitude.

What was your reaction towards sexual abuse?

As showed from the above table, 46.7% of the boy child survivors in IFSO have tolerated and silent the case right after the abuse and this may result from the fear of families, cultural influence, discrimination and such reasons. On the other part other reactions are stated on the table accordingly. The result showed that, children were not sharing their problem with parents immediately and one of the major reasons that the child survivors hid their problem was the cultural influence and discrimination which will worsen the relationship between the children and parent. The child survivors of sexual abuse who have tolerated or silenced the case also did not understand what was happening to them and they experienced fear, embarrassment or shame about the abuse, which also affects their willingness and ability to talk to the psychosocial service providers at the end.

### **Effects on Education**

When the researcher discussed about the effects of sexual abuse, some of the respondents said that sexual abuse has its effects of education. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 30% agree, and 6.7% neutral and 16.7% strongly disagree. This data consisted of large population which accounted 46.7% strongly agree.

### **Effects on religion and faith**

When the researcher discussed about the effects of sexual abuse, some of the respondents said that sexual abuse have its effect on religion and faith. These respondents are account 43.3% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 10% neutral and 13.3% and strongly disagrees. This data consisted of large population which accounted 43.3% strongly agree.

### **Effect on emotional well-being mental health**

When the researcher discussed about the effects of children sexual, some of the respondents said that sexual abuse has its effects on emotional wellbeing mental health. These respondents are count 53.3% that said strongly agree. Other respondents said based on the question as follows: 23.3% agree, 4.4%, 3.3% neutral and 20% strongly disagrees. This data consisted of large population which accounted 53.3% strongly agree.

### **Relationships with Parent and Siblings**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said thatmale children sexual abuse has its effects on relationship with paraents an dsiblings. These respondents are count 50% that said strongly agree. Other respondents said based on the question as follows: 30% agree, 3.3% neutral, 10% disagree and 6.7% strongly dis agrees. This data consisted of large population which accounted 50% strongly agree.

### **Intimate Relationships**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said thatmale children sexual abuse has its effects on intimate relationships. These respondents are count 40% that said strongly agree. Other respondents said based on the question as follows: 36.6% agree, 6.7% disagree, 6.7% neutral and 10% strongly agrees. This data consisted of large population which accounted 40% strongly agree.

### **Effect on Physical Health**

When the researcher discussed about the effects of sexual absue on Children children, some of the respondents said thatmale children sexual abuse has its effects on physical health. These respondents are count 40% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 6.7% disagree, 23.3% neutral and 2013.3% strongly agrees. This data consisted of large population which accounted 40% strongly agree.

## **4.10. Coping Mechanisms of Children Sexually Abused**

Pearlin and Schooler (1998), defined coping as “any response to external life strains that serves to prevent, avoid, or control emotional distress”. They recognized that the act of coping is related to both the life strains and the state of one’s inner emotional life.Lazarus and Folkman (2001) defined coping as, a transactional process, which changes over time and within its situational contexts. Lazarus &Folkman (2006) view that even though stress is inevitable; it is the coping that makes the difference in adaptation outcomes. According to them, coping has two major functions (a) Regulating stressful emotions or Emotion-focused coping and (b) Altering the distressed person-environment relation or Problem-Focused Coping. According to (Phyllis, 2011), Emotion-focused coping deals with efforts to manage the negative emotions associated with the stressful situation which is used when events are perceived as uncontrollable, such as health situations. These coping strategies include cognitive distraction, seeking emotional support, emotional regulation and



expression, selective attention, communicating with people about the situation and cognitive restructuring (Phyllis, 2011).

The other coping style is problem focused coping which is referred to as the efforts used to change the basis of stress directly. This type of coping focuses on altering the environment, changing the external pressures, or seeking resources to help make the situation less threatening. Problem-focused coping strategies usually are used by adult individuals in work contexts (Lazarus & Folkman, 2001).

Coping strategies can also be classified as being positive or negative. Some people use positive coping strategies to manage their situation, such as positive thinking and the utilization of appropriate social supports, which include family, friends, and holy places (Perkins et al. 2004). Others may also use negative coping strategies, such as the use of avoidance behaviors, negative thinking, and substance abuse (Greeff et al., 2006; Nehra, Chakrabarti, Kulhara, & Sharma, 2005).

Psychosocial support (PSS) defined as “an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child”, all of which are essential elements for meaningful and positive human development. It includes, “formal and informal services that address psychosocial well-being either directly and specifically (e.g., through interpersonal moral support, counselling, spiritual support, creating mutual support group, etc.) or indirectly (e.g., school and nutritional support programs that may alleviate stress and worry)” Gilborn et al. (2006) also, social connectedness, such as having supportive relationships with primary caregivers and members of one’s cultural or faith groups and access to community resources are widely recognized as protective factors that buffer the consequences of negative experiences on children Gilborn et al (2006) indicate that, although teenagers report that they feel very well supported by the adults in their lives and their religious communities, many youth do not receive the social support needed from peers and adults to effectively mitigate the impacts of the stressful and traumatic events in their lives.

Psychosocial support (PSS) is defined as an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child, all of which are essential elements for meaningful and positive human development (Philippi Namibia, cited in Van Den Berg, 2006). Providing psychosocial support to affected child Interventions to sexually abused girls tend to focus on the education and material needs and ignore the psychosocial needs. These needs are in most cases misunderstood and difficult to assess. Such an attitude undermines and destroys the fundamental

human attachments to normal family life and youth development as observed by Foster & Jiwli (2001), Levine and Foster (2000). Sexually abused girls suffer fear and anxiety due to their abuse. These problems are further compounded by traditional taboos surrounding discussion of abuse. Victims cannot cope without support; they need plenty of opportunity to express their feelings without fear of stigma, discrimination or exclusion (Foster & Jiwli, 2001; Levine & Foster, 2000; REPSSI, 2003). According to Abraham Maslow (1999) human beings' motivations to face and achieve goals in life's challenges are based on the fulfilment of needs. Once the basic survival needs are met, human beings move on and work towards fulfilling the other needs such as need to love and to be loved by family and friends. Once the fulfilments of these needs are met, an individual attempts to work towards the fulfilment of the next set of needs known, as the attachment needs. This is explained by different literature on the coping mechanisms of sexual abuse on the other parts; the research result shows as follows:

### **Cognitive**

When the researcher discussed about the coping mechanisms of sexual abuse on Children, some of the respondents said that cognitive is one of the coping mechanisms of regarding to male sexual abuse. These respondents are 46.7% that said strongly agree. Other respondents said based on the question as follows: 36.7% agree, 10% disagree, 3.3% neutral and 3.3% strongly agree. This data consisted of large population which accounted 46.7% strongly agree.

### **Behavioral**

When the researcher discussed about the effects of sexual abuse on Children, some of the respondents said that behaviour is one of the coping mechanisms of regarding to male sexual abuse. These respondents are 46.7% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 3.3% disagree, and 10% strongly agree. This data consisted of large population which accounted 46.7% strongly agree. This data consisted of large population which accounted 46.7% strongly agree.

### **Avoidance**

When the researcher discussed about the effects of sexual abuse on Children, some of the respondents said avoidance is one of the coping mechanisms of regarding to male sexual abuse. These respondents are 43.3% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 10% disagree, 3.3% neutral and 3.3% strongly agree. This data consisted of large population which accounted 43.3% strongly agree.

### **Psychological Support**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said Psychological support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 40% that said strongly agree. Other respondents said based on the question as follows: 46.7% agree, 3.3% disagree and 10% strongly agrees. This data consisted of large population which accounted 46.7% agree.

### **Building a Support Network**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said building a support network is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 46.7% that said strongly agree. Other respondents said based on the question as follows: 30% agree, 3.3% disagree, and 20% strongly agrees. This data consisted of large population which accounted 46.7% agree.

### **Peer Support**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that peer support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 43.3% that said strongly agree. Other respondents said based on the question as follows: 40% agree, 6.7% disagree, 6.7% neutral and 3.3% strongly agrees. This data consisted of large population which accounted 43.3% agree.

### **Medical Support**

When the researcher discussed about the effects of sexual abuse on Children children, some of the respondents said that medical support is one of the coping mechanisms of regarding to male sexual abuse. These respondents are count 56.7% that said strongly agree. Other respondents said based on the question as follows: 33.3% agree, %6.7 disagree, and 3.3% strongly agrees. This data consisted of large population which accounted 56.7% strongly agree.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1. Summary

Majority of the survivors of the centre come from poor and low educational status family background and therefore, socio-economic background of survivors and parents directly related with sexual abuse issues.

Right after the incident of Children sexual abuse effects and coping mechanisms, per the guideline of IFSO, the social workers and counsellors go through four main areas to identify the effects and coping mechanisms and help the child get all the needful and those areas are: action plan for the child's safety; action plan for medical care; the psychosocial care and the action planning for legal/justice needs.

The field staffs are implementing basic psychosocial interventions for child survivors of sexual abuse such as activities to support their re-integration into social and community life. Supportive counselling offered during the process of case management was still insufficient.

Social workers at IFSO would consider the presence of: a supportive, non-offending caregiver/parent; the person who referred the child for services, taking into consideration the person's relationship with the child; people identified by the child directly as trusting adults in the child's life, or people who spend significant time with the boy child.

As a general rule at IFSO, psychosocial assessments would be conducted with children ages seven and above. Social workers would also determine the capacity of children to participate on a case-by-case basis, taking into account their capacity to understand what is happening and their willingness to participate.

All children were 't offered the same high-quality care and treatment, regardless of their family situation or the status of their caregivers.

## **5.2. Conclusion of the Study**

The major objective of the study was to analyse effects and coping mechanisms of sexually abused male children at ISFO. Accordingly, the major findings of the study areas are concluded as follows.

Regarding, children background, the study has identified their educational level, their parent's educational status and average monthly income. This is because that socio-economic background of survivors and parents directly related with sexual abusing issues. Most of the survivors of the centre come from poor and low educational status family background. This condition shows that economical poor families are more vulnerable by the problem.

## **5.3. Recommendations**

Based on problem discussed throughout the paper, the study recommends the following:

One of the problems that affect service delivery practice of the centre was counsellors Accuracy of knowledge. Accurate knowledge about child sexual abuse helps to ensure service providers share knowledge with children and families that are based on fact and not personal belief or opinion. Therefore, to solve such challenges training of psychosocial and social workers staff on the core knowledge concepts is an essential part of building the foundational skill set required to deliver appropriate services for child survivors.

The other challenges indicated in the find were lack of management direct observation and supervision practice. To solve such challenge the study recommends that, supervisors should identify opportunities to observe staff working with children and families. Direct observation allows supervisors to see how an individual applies knowledge about child sexual abuse in real time.

On besides of coping mechanisms system with medical and other mechanisms the stated on chapter facilities need to be strengthen, especially for the clinical diagnosis on the type and extent of the problem which will allow the counsellors and social workers to provide the children with suitable approach /therapies to intervene and treat accordingly.

Management of IFISO should work on fund raising to allow it to diversify services to meet the needs of the diverse group coming to the centre.

Finally, to enhance implementation and reinforcement of the law and policies on male child sexual abuse all concerned parties of government and non-government organizations, professionals, religious and community representatives need to work together to mitigate male child sexual abuse.

On the other hand, shows the ways for other researchers on the issue in detail.

## References

- African Child Policy Forum/ACPF, (2006), Violence Against children in Ethiopia: In their words.
- African Child Policy forum /ACPF, (2011), Violence against children in Africa, a compilation of the main findings of various research projects since 2006.
- American Psychiatric Association: Diagnostic and Statistical manual of Mental Disorder, Fourth Edition, Text Revision, Washington, DC, Child Abuse, 2016, Ruth S, Kempe, C, -Harvard University
- Barrett A, Kamiya Y and Sullivan VO (2014) CHILDHOOD SEXUAL ABUSE and later life economic consequences Journal of Behavioral Experimental,
- Bazeley, P. (2004). Issues in mixing qualitative and quantitative approaches to research, In R. Buber, J. Gadner, & L. Richards (Eds.), Applying qualitative methods to marketing management research (pp.141-156). UK: Palgrave Macmillan.
- Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research*, 6(1) 97–113. DOI: 10.1177/1468794106058877.
- Child Physical and Sexual Abuse: Guidelines for Treatment. Final Report: January 15, (2009), Prepared by National Crime victims Research and Treatment Center, Medical university of South Carolina, Charleston, South Carolina Center for Sexual Assault and traumatic Stress Harborview Medical Center, Seattle, Washington.
- Child Sexual Abuse a study of prevalence in great Britain, Baker A& Duncan, S, (1985)
- Child Domestic Work, Violence, and Health Outcomes: A Rapid Systematic Review *Int. J. Environ. Res. Public Health* **2022**
- Creswell, W. J. (2014). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches(3rd Edition). SAGE Publication Inc. University of Nebraska- Lincoln
- DargieTeshome, (2008), the problem of child Sexual Abuse and Exploitation in Ethiopia, Addis Ababa University, unpublished.

Derejew, Abebe G, JayalAkshmis, Child sexual abuse and its outcomes among high school students in south west Ethiopia tropical doctor, 2005, 36(3): 137-140. Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Text-Revision DSM-IV-TR, American Psychiatric Association; (2000) Published by American Psychiatric Association.

Dr. Steve Cooper, A comprehensive Hand book for counselling, inception, implementation and evaluation published by Infinity books 203 Shiven Tower Central Market, PaschinVihar, and New Delhi – 110063.

Ethiopian Journal of Health Science, 2012 March; 22(1); 59-66 PMID: PMC 3437980. The child sexual abuse epidemic in Addis Ababa; JibrilJemal. Family dysfunction and the psychological impact of child sexual abuse, Pelletier & Handy, 1986 G, Pelletier L, C

Federal Democratic Republic of Ethiopia, Standard service Delivery Guide Lines, February, 2010, Addis Ababa

Federal NegaritGazeta of the federal democratic republic of Ethiopia 1st year No. 1 21st August, 1995.

Gagnier, C., & Collin-Vézina, D. (2016). The Disclosure Experiences of Male Child Sexual Abuse Survivors. *Journal of Child Sexual Abuse*, 25(2), 221-241. doi:10.1080/10538712.2016.1124308

Gall TL, Basque V Damasceno- Scott M, et al. (2007) spirituality and the current adjustment of adult survivors of childhood sexual abuse Journal for the scientific study of Religion,

Gilborn, L, Apicella, L, Brakarsh, J, Dube, L, Jemison, K, Kluckow, M, Smith, T & Snider, L. (2006).

Green, E. G. T., Deschamps, J., & Paez, D. (2005). Variation of individualism and collectivism within and between 20 countries: A typological analysis. *Journal of cross cultural psychology*, 36(3), 321-339. DOI: 10.1177/0022022104273654.

Heger A, Ticson L, Velasquez O, et al. (2012) children referred for possible sexual abuse, medical finding in children child abuse Neglect,

Hanson, W. E. , Creswell, J. W., Plano Clark, V. L., Petska, K. S., & Creswell, J. D.



(2005). Mixed methods research designs in counseling Psychology. *Journal of Counseling Psychology*, 52(2), 224–235. DOI: 10.1037/0022-0167.52.2.224.

Health Promotion for women for women physical disabilities, psychology, HyghesR.B  
.Nosek MA Howland CA Groff J.Y & Mullen P.D (2003)

Heiberg, Turid (2001) *An international overview of Save the children's work against child sexual abuse and exploitation: commodities in stigma and shame. save the children sweden.*

Janet Saul, PhD, (2007), Division of violence prevention national center for injury prevention and control, US department of health and human service controls for disease control and preventive (CDC).

Johnson DR, Wu J. *Journal of marriage and the family* 2002; 64:211-224. 8*Journal of Pharmacognosy and Photochemistry* 2018; 7(1): 207-212

Judith Cooney, Ed.D (1987), *coping with sexual abuse*, published by the rosin publishing Group, Inc.

Lelissa TB (2018); *Research Methodology*; University of South Africa, PHD Thesis

Leeners B, Gorres E, etal. 2016) *Birth experiences in adult women with a history of childhood sexual abuse* *Journal of Psychosomatic Research*,

Maslow, A. H. (1999). *Toward a psychology of being* (3rd ed.). New York: John Wiley and Sons.

MeronMohasen (2006), *sexual abuse of girls with disability. A case of four girls in Addis Ababa*, Addis Ababa University, unpublished.

Miller, KL. , Dove, M.K., S.M (oct.2007). *A counselor's guide to child sexual abuse; prevention, reporting and treatment strategies*, , coulombs, Ohio

National Association of Social Worker (2001). *Commercial child sexual exploitation: the most hidden form of child sexual abuse*. Washington. Available <http://www.socialworkres.org/pressroom/2001.asp>

Nehra, R., Chakrabarti, S., Kulhara P., & Sharma, R. (2005). Caregiver-coping in schizophrenia- A re-examination. *Social Psychiatry and Psychiatric Epidemiology*,40(4), 329–336.

NSVRC: AUG. 2012 Understanding child sexual abuse.. (n.d.).Retrieved December 16, 2016, from \www.nsvrc.org

Population council, (2008), Sexual and Gender based violence in Africa, Literature Review.

Prevalence of Child sexual abuse in Finland, Sariola&Uutela 1994, H. Sariola A

Priebe, G. &Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society. An epidemiological study of adolescents' disclosures. *Child Abuse and Neglect*, 32(12), 1095-108.

Rachel Leu-Wiesel, (2008), child sexual abuse: A critical review of intervention and treatment modalities, school of social work, university of Haifa, Hacormel, Haifa, 31905 Israel.

Red' Oconner, (1991), child sexual abuse: Treatment, prevention and Detection, published in Australia, west Heidelberg. Richard Nelson Jones, Theory and practice of counseling and therapy, 3rd edition, 2001, published in 2001 by continuum, the tower building 11 York Road London.

Save the Children Alliance, (1990), African charter on the rights and welfare of the child, Printed by Andenet printers.

Sara Berhanu,(2008), The situation of child sexual Abuse in Addis Ababa, Addis Ababa University, Unpublished.

S.K. Mangal, Statistics in Psychology and Education, 2nd ed., (2003), Prentice Hall of India Private Limited, New Delhi-110 001.

Saunders, B.E., Berliner, L., and Hanson, R.F. (Eds) (2003), Child Physical and sexual Abuse: Guide lines for Treatment (Final report: January 15, 2003). Charleston, SC: National Crime victim's research and treatment center.

Standard Service Delivery Guidelines: Federal Democratic Republic of Ethiopia by Ministry of Women's Affairs and Federal HIV/AIDS prevention and control office, Feb, 2010.

The criminal code of the federal democratic republic of Ethiopia, proclamation No. 414/2004, published by BerhanenaSelam Printing press, May 9, 2005, Addis Ababa.

The impact of child sexual abuse: a rapid evidence assessment Independent Inquiry into Child sexual abuse (2017)

Victim and survivor voices from the Truth Project, Independent Inquiry into Child Sexual Abuse (2017),

Victorian Government Department of Human Service Melbourne, Victoria, (2009), child sexual abuse; understanding and responding for professionals working with children who have experienced sexual abuse, printed by big print, 45 Buckhurst street, 5th Melbourne 3205.

WIL L HILLIER, **UPDATED ON NOVEMBER 30, 2022**

Yauch, C. A., & Steudel, H. J. (2003). Complementary use of qualitative and quantitative cultural assessment methods. *Organizational Research Methods*, 6(4), 465-481. DOI: 10.1177/1094428103257362  
Women's Health. N.D. Sexual Abuse. Retrieved December 16, 2016, from <https://www.psychologytoday.com/us/blog/protecting...>

## Annexes

### Annex I: Introduction and Consent Statement

**My name is Rebecca Getahun.** I am a graduate student of Master of Arts in Social Work at Sent marry University, College of social work. I kindly request you to give permission to your child to participate on the research that I am currently doing in partial fulfillment of the requirements for the Degree of Masters of Social Work which is on effects of Male Child Sexual Abuse and coping mechanisms in Addis Ababa: The Case of Integrated Family Service Organization.

Direct participation of your children are very important to give an appropriate data which is essential for the feedback of my research and to describe their support based on the services provided to them by the organization. Besides, the information that your child provides will be kept strictly confidential and it will not be shared with other persons without their consent. Participation in this study is volunteer, and if your children do not feel comfort to answer question, they have the right to stop at any time and the participation will not have any negative consequences or any loss of services that they are currently receiving. I hope that you will give permission to your child to participate on this study.

Thank you in advance for your permission!!

### Part I: - Respondents Background Information

Please read each of the following questions carefully, highlight your choice and put (x) in the given box.

#### 1. Age: -

1. 7-10 Years Old [ ] 2. 11-14 Years old [ ] 3. 15 – 17 Years old [ ]

#### 2. Location: City ----- Sub City ----- Woreda-----

#### 3. Grade Level: -

1. Illiterate [ ] 2. 1-4 [ ] 3. 5 – 8 [ ] 4. 9 – 10 [ ] 5. 11 – 12 [ ]

#### 4. Religion: 1. Muslim 2. Orthodox 3. Catholic 4. Protestant 5. Other

#### 5. Live in with: - 1. Mother [ ] 2. Father [ ] 3. Both with mother and Father [ ]

4. Grandparent [ ] 5 Adopted [ ]

#### 6. Parental level of Education: -

1. Illiterate [ ] 2. Primary level [ ] 3. Secondary level [ ] 4 Diploma/Certificate [ ]  
5. Degree/ Above

**7. Average Monthly Income of parents:**

- 1. Below Birr 1500 [ ]
- 2. Birr 1500 – 2000 [ ]
- 3. Birr 2000 – 2500 [ ]
- 4. Birr 2500- 3000 [ ]
- 5. Birr above 3000 [ ]

**Part II. Factors Exposed to Such Sexual Abuse:**

The study considers some of prominent factors as exposing factors for sexual abusing problem of Children. Therefore, based on the provided questions please indicate your answer using (x) mark

**1. Which factors exposed you to sexual abuse?**

- 1. Living place [ ]
- 2. Drug Addiction [x]
- 3. Economical Problem [ ]
- 4. Peer pressure [ ]
- 5. Others [ ]

**2. Who abused you?**

- 1. Intimate families [ ]
- 2. Relative friends [ ]
- 3. Strange violence [ ]
- 4. Stepbrother
- 5. Others [ ]

**3. What was your reaction towards sexual abuse?**

- 1. Tolerate [ ]
- 2. Inform to police [ ]
- 3. Inform to Parents [ ]
- 4. Inform to Friends [ ]
- 5. Others [ ]

### **PART III: - Effects of Male Child Sexual Abuse**

The study considers some of prominent effects of male Child sexual abuse. Therefore, based on the provided questions please indicate your answer using (x)

		Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	Effect on Education					
2	Effect on Religion and Faith					
3	Effect on Emotional Well-being Mental Health					
4	Effect on Interpersonal Relationships					
5	Relationships with Parent and Siblings					
6	Problems of Intimate Relationships					
7	Effect on Physical Health					

#### **PART IV: -Coping Mechanisms of Sexual Abuse on Male Child**

The study considers some prominent Coping mechanisms of child sexual abuse. Based on the question provided please indicate your answer on the provided space carefully by putting (X).

	Type of coping mechanism	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	Cognitive					
2	Behavioural					
3	Avoidance					
4	Psychological Support					
5	Building a Support Network					
6	Peer Support					
7	Medical Support					

## **Annex IV: Interview Guide for Key Informants**

**I would like to say thank you for your willingness to participate In this interview.**

- ✓ What is your experience on the effects of male child sexual abuse?
- ✓ How do you describe your level of understanding about the effects of male sexual abuse with your work?
- ✓ As a service provider, how do you describe your communication with the child survivor of sexual abuse on the initial stage?
- ✓ How does your organization encourage you so as to give effective coping mechanism?
- ✓ What is your experience on helping children understand and manage the effects of abuse?
- ✓ Can you also please share with me your experiences on helping the families of survivors?
- ✓ As a service provider, what kind of healing statements do you use while communicating the survivors of male child sexual abuse?
- ✓ What are the main challenges in your work?
- ✓ How do you face a difficult problem which is beyond your ability?
- ✓ What are the best practices that took place in the organization? Can you please explain briefly?