

ASSESSMENT OF PROTECTION SERVICES FOR MALTREATED CHILDREN AT THE ONE-STOP CENTER IN HAWASSA UNIVERSITY COMPREHENSIVE SPECIALIZED HOSPITAL

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ABSTRACT

The global establishment and growth of One-Stop Health Centers (OSCs) have significantly increased, despite a lack of comprehensive evaluation of their efficacy or implementation. This study aims to examine the services provided for abused children and the associated factors at the recently established one-stop child protection center at Hawassa University Specialized Hospital. Utilizing a cross-sectional narrative design with a qualitative approach, the study included six in-depth interviewees who are parents or caregivers of victim children; eight key informant interviewees from the center, and 12 focus group discussants across two sessions. Thematic analysis was employed to analyze the collected data. The findings reveal that the OSC currently offers three major services for abused children: medical, psychosocial, and legal. The primary forms of reported abuse include sexual, physical, and emotional, with many victims experiencing multiple types. The center utilizes multiple strategies to assist and protect children, prioritizing their safety through multidisciplinary approaches. It partners with relevant stakeholders for preventive and rehabilitation services. However, the center faces significant challenges in its efforts to assist abused children, primarily due to economic constraints, social stigma leading to underreporting, legal procedural obstacles, delays in apprehending offenders, and inadequate rehabilitation services. The study concludes that the institution offers key assistance for children who have encountered various forms of violence, predominantly sexual in nature. Nonetheless, budget limitations render the available programs inadequate to sufficiently address the rehabilitation and recovery requirements of all victim categories. Therefore, the study recommends enhancing its efficiency by securing additional funding through collaboration, raising community awareness to address underreporting, improving law enforcement procedure, ensuring effective rehabilitation services, and strengthening capacity-building initiatives for practitioners.

Keywords: One -top center, Child protection services, Child abuse, Hawassa University Specialized Hospital, Qualitative approach.

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INTRODUCTION

Child protection services are essential for the prevention of violence and the support of children who have been impacted by violence. Nevertheless, to be effective, the policy agenda must prioritize and allocate sufficient resources to child protection services. Consequently, it is imperative to establish child protection systems that are comprehensive and extend to every region of the country, as well as to provide child-sensitive counseling, reporting, and referral services that are accessible to all children. The United Nations is advocating for a shift from *ad hoc* pilot projects to comprehensive, multi-sectoral initiatives to prevent and effectively respond to child violence. This is in response to the growing evidence of effective strategies for children and families, emphasizing the need for sustained and coordinated action across all sectors [22].

A child protection system requires effective coordination between government departments and sectors at various levels, collaboration among multiple governmental and non-governmental actors, knowledge and data on child protection issues and best practices, minimum child protection standards and oversight, preventive and responsive services, a skilled workforce in child protection, sufficient funding, the voices and participation of children, and an informed and supportive public. Child abuse is the most prevalent form of harm to children worldwide, affecting their health, survival, and development. It is a significant public health, human rights, legal, and social concern, affecting every culture, country, and context [14].

The Federal HIV/AIDS Prevention and Control Office, the Ministry of Women's Affairs, the Ministry of Labor and Social Affairs, and the Ministry of Justice supervise the Ethiopian child protection system [5].

Various measures have been implemented by the Ethiopian government to strengthen the child protection system on a national scale, as reported by the African Child Forum [1].

Olson *et al.* [20] define a One-Stop Center (OSC) as an interprofessional, health-system-based center that offers survivor-centered health services, as well as a combination of social, legal, police, and/or shelter services, to survivors of intimate partner violence and/or sexual violence. The global implementation, scaling up, and donor investment in OSCs have all increased, despite the absence of a rigorous evaluation of their efficacy or implementation. The OSC model requires specific inputs, such as private consultation chambers and multidisciplinary staff, which contribute to OSC outputs such as the reduction of survivor interviews and the provision of more services at a single location, 24/7. These contribute to OSC outcomes, including enhanced multisectoral coordination and enhanced quality of survivor-centered care. These results are instrumental in the OSC's ultimate objective of reducing survivor stigma during the care-seeking process.

Gandhi Memorial Hospital in Ethiopia introduced this comprehensive OSC paradigm in 2008. Adama General Hospital and Jimma University Medical Center subsequently adopted it in 2013. According to the standard operating protocol. The center provides psychosocial support services, legal assistance, and health and forensic evidence services [16]. The Hawassa University Comprehensive specialized hospital OSC launched in 2022. It provides a diverse array of child protection services, which is consistent with other comprehensive OSC models.

According to Rosenthal [21], to establish child protection services, it is crucial to prioritize the development of institutional capacity, planning, budgeting, monitoring, and information systems, as well as to

comprehend the challenges encountered by institutions, programs, and organizations. In this regard, investigations of the newly established OSC are worth researching in Ethiopia.

In Ethiopia, the majority of academic studies concentrate on child protection services, with only a very few specifically addressing OSCs. Gutema [10] conducted a study in Jima City, specifically focusing on a OSC to study its opportunities and challenges. Deda [9] also pointed out that child protection in Ethiopia has received insufficient attention and understanding, and there are still numerous disconnections and gaps that require attention.

The researchers assume that quality services to aid in healing may not always be available to child survivors, including those who have experienced rape. Instead, a lack of quality services could exacerbate their trauma. They may face further trauma or become re-victimized while accessing services due to insufficient funding and limited shelter. Therefore, the aim of this study was to assess the child protection services at OSC in Hawassa University specialized Hospital.

METHODS

Study design

The nature of the study dictates the researchers' choice of research design [8]. This research employed a cross-sectional narrative design with a qualitative approach. The study was institution-based and conducted at the OSC of Hawassa University Comprehensive Specialized Hospital.

Sampling and selection procedures

This study utilized a purposive sample strategy to choose participants. Huyler and McGill [11] assert that purposive sampling is a method commonly employed in qualitative research to identify and select information rich situations, optimizing the use of limited resources. Researchers utilize their knowledge or experience regarding a certain group to select subjects while constructing a purposive sample. In purposive sampling, the sample size may be predetermined or not, as it is frequently established depending on data saturation. Consequently, for this investigation, the sample was established according to the principle of data saturation. Researchers intentionally selected eight key informants, six in-depth interviewees, and 12 focus group discussion (FGD) members.

Data collection methods

As a primary data source in-depth interview, key informant interview and FGDs were used in this study.

In depth Interview

In-depth interview enables a researcher to explore a subject more thoroughly. Study participants furnish the requisite information. The method aids the researcher in collecting the perceptions, emotions, and lived experiences of informants regarding a particular subject under examination [4].

This study involved six participants, who are parents or caregivers of children utilizing services at a one-stop facility. The objective of these interviews was to evaluate the perceptions of survivors' parents or caregivers regarding the services offered and the difficulties encountered in accessing them at the one-stop facility. Researchers gathered qualitative data through in-person interviews at the OSC in close cooperation with the relatives of the survivors. Researchers endeavored to establish a supportive atmosphere during the interview to promote candid responses from the participants.

Key informant interview

Key informant interviews were particularly suitable in qualitative research when participants had specialized knowledge on the relevant issues. The objective of this interview was to gather information from a diverse array of individuals, including professionals,

community leaders, and specialists with direct knowledge about the neighborhood [13]. This study included eight key informant interviews with service providers from governmental and non-governmental organizations. The key informants comprised the OSC coordinator, a physician, a nurse, a counselor, a social worker, an AWSAD/NGO coordinator, specialists in women's, children's, and social affairs, and law enforcement personnel. Researchers conducted interviews with key informants to obtain comprehensive data on services offered to survivors, practices concerning child protection service delivery systems and coordination among local stakeholders.

FGD

A FGD serves as an additional instrument for data collection. A professional moderator (the researcher) assembles a small group of individuals, typically including six to nine participants, in a focus group to investigate attitudes, perceptions, emotions, and concepts regarding a specific issue [3]. In this study, the researchers organized two FGDs based on gender categories with members of the community conversation committee under the support of the center. The objective of these conversations was to acquire a comprehensive understanding and specific information from the participants regarding the issue of children, the services provided by the OSC, and the social, economic, and cultural contexts that present barriers to child protection services at the center.

Data analysis

Gathering and organizing data, understanding, and analyzing data, and interpreting and presenting data in some meaningful forms are all parts of qualitative data analysis [7]. For this study, thematic data analysis was used. The qualitative data were manually processed with meanings and contents carefully interpreted, organized, and summarized in accordance with the major emerged themes. All data were collected in the local language of Amharic, and translated into English by the researchers, who took great care to maintain the uniqueness and clarity of the material while doing so.

Qualitative data analysis includes the collection and organization of data, comprehension and examination of data, as well as the interpretation and presentation of data in significant formats [7]. This study employed thematic data analysis. The researchers systematically analyzed the qualitative data, meticulously analyzing, categorizing, and summarizing its meanings and contents in alignment with the principal emerging themes. The researchers gathered the data in the Amharic language and translated it into English, ensuring the preservation of the material's distinctiveness and clarity.

Ethical considerations

This research paper addressed a sensitive issue in sociological inquiry, highlighting the importance of ensuring the study's legality and compliance with ethical norms. Researchers undertook the following measures to ensure the ethical considerations of this study, including acquiring an official letter of endorsement from the Department of Sociology at Hawassa University College of Social Sciences and Humanities, which then presented to the pertinent authorities. Subsequently, we drafted and delivered a formal agreement document to the participants, affirming their agreeable willingness to engage in the study and offering clarity to cultivate an appropriate connection.

RESULTS

Four principal themes emerged from the study findings: the services provided by the OSC to abused children; the predominant forms of abuse encountered by children receiving services at the center; the strategies implemented by the OSC to assist children; and the challenges confronted by the personnel and children during the service delivery process.

Major forms of services provided by the OSC for abused children

The study finding shows that the OSC offers three major types of services for maltreated children: medical, psychosocial, and legal.

Medical services

The OSC provides various services to abused children. It is physically housed within the medical facilities of the hospital and has a team consisting of five doctors (on a rotational basis), three nurses, two police officers, two prosecutors, and one social worker. Under the medical services, victims receive medical interviews, physical examinations, HIV testing and counseling, treatment, and the completion of medical legal forms. Forensic specimens are collected, and management of sexually transmitted infections (STIs) and administration of Post-Exposure Prophylaxis (PEP) are also conducted. While survivors are expected to pay for physical examinations, laboratory tests, and medications, PEP and HIV testing are provided free of charge. During the field visit, researchers witnessed that the center provides various medical services to maltreated children, working 7 days a week and 24 h a day.

In this regard, in the key informant interview, one male doctor described the OSC and medical service activities as follows:

"The One-Stop Center in Hawassa University comprehensive specialized hospital provides comprehensive support to children who have experienced maltreatment, including medical care, counseling, legal assistance, and referral services. This center works toward protecting children from further harm, promoting their recovery, and holding perpetrators accountable within the legal framework of the country. The medical services are provided for the victims to help them recover from their physical injuries, and medical certificates are issued for evidence, and they are transferred for legal services." (KI-1)

Similarly, the OSC coordinator added that:

"The Hawassa University comprehensive specialized hospital integrated One-Stop Center was setup to provide health and forensic evidence services, psychosocial support services, and legal assistance as stated in the standard operating protocol of the center. The service is available to men and women under the age of 18 who have been abused and come seeking help, regardless of race, color, or religion, depending on their injuries. Under the medical service, medical interview, physical examination, HIV testing and counseling, treatment, additionally completion of medical legal forms, and collection of forensic specimens are done, and management of STIs and Post-Exposure Prophylaxis (PEP) administration are done. Among the above services, survivors were expected to pay for physical examinations, laboratory tests, and medications, but post-exposure prophylaxis and HIV testing were free of charge." (KI-3)

One survivors' mother participant in an in-depth interview further elaborates the issue as follows:

"The One-Stop Center provides various supports to children who have been abused. We were here from Tabor sub-city three days ago with my child, a 14-year-old girl who was raped by our neighbor. And she was psychologically and physically injured, which brought her to One-Stop Center. Here we received medical service, psychological support, and her medical credentials, and by now we are receiving legal aid support. The biggest advantage of this service is that we have access to a multidisciplinary service in one place, and we have access to medical, consulting, and legal services without wandering anywhere. However, the health services provided at this center are not for free, but we received the cost from the Association for Women's Sanctuary and Development (AWSAD) by refund process because the victim has been transferred to the AWSAD safe house." (IV-1).

The FGD participants also stated their views:

"The services provided at One-Stop Center are intended to meet the physical, psychological, emotional, and social needs of the abused children because child maltreatment or abuse has various impacts on the affected child. All survivors get the services free of charge except before admission to the safe house. If the cost is not covered by other NGOs, the survivor's family should pay the cost of services." (FGD-1)

Psycho-social supports

The main objective of psychosocial support in Hawassa University Hospital's OSC is to aid in healing and recovery from emotional, psychological, and social effects. This includes crisis care, long-term emotional and practical support for the survivor and her/his family; information and advocacy; case management; and educating family members so that they can support the survivor's healing and recovery. During the field visit, the researchers observed the presence of child-friendly play therapy in the center. These psychosocial support services are free of charge and often provided through the case management process.

One of the key informants, the interviewee social worker, provided an explanation based on her experience.

"Psychosocial assistance helps children regain their well-being and develop resilience by treating the emotional, psychological, and behavioral repercussions of abuse. The One-Stop Center provides this service to survivors and their families or guardians who seek help. Abused children face psychological and social challenges in addition to physical ones. Age-appropriate counseling, a crucial part of a One-Stop Center's child abuse services, solves the problem of psychological and social issues in abused children. The One-Stop Center provides victims and their families with play therapy, family therapy, and psychotherapy. In addition, we have a referral linkage that offers ongoing psychological assistance, including training and supervision from social workers and community services workers who collaborate with us." (KI-4)

In a similar vein, a 42-year-old nurse, one of the key informants, provided further elaboration.

"By offering counseling, therapy, and emotional support, psychosocial aid helps the victim children to address emotional problems such as fear, anxiety, sadness, anger, low self-esteem, and emotional difficulties and assist them in creating positive self-images, healthy coping strategies, and emotional regulation abilities. At the center, age-dependent psychological assistance acknowledges the distinct developmental needs and capacities of children across several age groups in the context of child abuse. Depending on the child's age and developmental stage, the method of providing psychological support can vary." (KI-2)

During an in-depth interview, a family member of a survivor elaborated on the importance of psychological support for both the survivors and their families.

"We came here to seek help after my cousin, a 6-year-old boy, suffered a sexual assault. The severity of the attack led to his hospitalization and subsequent treatment. The abused boy's fear of ostracism from his schoolmates prevented him from returning to school. But with a series of psychosocial support and follow-ups, he was able to return to school with his self-awareness corrected. Therefore, strengthening the psychosocial support service is crucial, as mental or counseling services hold significant importance for both survivors and their parents." (IV-2)

Legal aid

Children without legal protection and aid are everywhere vulnerable. A OSC's provision of legal aid services is crucial in empowering child abuse victims to seek justice, receive legal support and representation, and pursue protection and recovery. By integrating legal aid into the comprehensive services provided, the center can address the legal aspects of child abuse cases and contribute to the overall well-being and safety of the child. The key informant, a coordinator of the center, describes the legal aid service as follows:

"The Legal Service has two police officers and two prosecutors, and it exclusively serves residents of Hawassa city. The One-Stop Center does not offer legal services to victims who reside outside of Hawassa. It provides health services, counseling, and medical evidence to victims who come from outside Hawassa and advises them to pursue their case in their local

court. In addition, NGOs working in partnership with One-Stop Center identify those who need legal aid and facilitate the support." (KI-3)

Another key informant police officer said that:

"Legal aid services within a One-Stop Center for child abuse provide crucial support to child victims and their families by ensuring access to legal representation, advice, and assistance throughout the legal process. It collaborates with other center elements to offer a thorough and well-coordinated response to child abuse incidents. The legal entities the center collaborates with also operate in shifts and only work from Monday to Friday. Our mission is to safeguard the community from abuse, investigate the cases of abused children who come to One-Stop Center, prosecute the perpetrator in collaboration with relevant authorities for investigation and decision-making, and raise awareness to prevent victims from encountering other forms of violence. We direct victims to our partner NGOs that provide shelter and custody until their cases conclude. Occasionally, if the victims are very young children, we place them in a safe house with their mothers. Simultaneously, the organization, primarily the non-governmental AWSAD Safe House, provides them with mentorship and various forms of support training." (KI-5)

One 37-year-old legal aid service, the prosecutor further elucidated the issue as follows:

"Legal aid services at the Hawassa One-Stop Center offer legal consultation, including initial consultations with child victims and their families, where they provide information about their legal rights and available legal options. In addition, they may offer legal representation to child victims during legal proceedings, including court hearings, custody battles, and protective order hearings. The One-Stop Center's legal professionals can advocate for the child, guaranteeing their voice and protection of their best interests." (KI-6)

Another survivors' family member from the in-depth interview strengthens the above idea by saying:

"My daughter is 7 years old. The police sent us to the One-Stop Center after a 40-year-old male neighbor physically injured us. We didn't know there was a comprehensive service here. Except for the medical service, the legal and psychological support in the One-Stop Center is free of charge. We are delighted to have all the support in one place. The lawyers are working with the relevant authorities to gather information. Next, they bring the perpetrator to justice" (IV-3).

According to FGD participants:

"In One-Stop Center for child abuse cases, legal aid services are essential. These institutions dedicate themselves to providing comprehensive care, including legal aid, to survivors of child abuse. It enhances the effectiveness of interventions and support programs for child abuse, facilitating survivors' access to justice and promoting their healing and overall well-being." (FGD-session 2)

Major forms of child abuse reported to the center

The major forms of child abuse reported to the OSC include sexual, physical, and emotional abuse. The practitioners stated that the center has received both sex children's victims of several forms of abuse, where some are double or more types. Despite the widespread underreporting, the practitioners have revealed that they are identifying and supporting victims through the community conversation group. Due to socio-cultural factors, including fear of social stigma against rape survivors, several cases remain undetected.

Regarding this, one of the key informants, the health service nurse, elaborated on the issue as follows:

"In addition to sexual abuse and physical harm, some of the victim children who came to One-Stop Center are psychologically traumatized. Relatives have exploited some of the children through frequent physical harm, rape, and begging. Most of the victim children originate from

caregivers who brought them in to receive support from their biological family" (KI-2).

One of the key informants from the psychosocial service added that:

"The One-Stop Center in Hawassa University specialized Hospital receives male and female children's victims under the age of 18 who have experienced sexual assault, physical trauma, and psychological abuse. In a single year, OSC saw an average of 120 child abuse cases, with 10 percent of these victims being male. Child sexual abuse accounts for approximately 90% of all reported cases." (KI-4)

Mechanisms used by the OSC to support abused children

The OSC at Hawassa University Specialized Hospital uses various mechanisms to effectively handle maltreated children. The center prioritizes the child's immediate safety by promptly responding to abuse allegations and ensuring the child's removal from harm's way. They employ a multidisciplinary team approach involving child protection workers, law enforcement officers, medical personnel, and legal advocates. This collaborative approach enables comprehensive evaluation, well-coordinated interventions, and comprehensive support for the child and their family. The center also emphasizes the importance of education and developing capabilities among its staff, providing specific training in working with abuse victims, trauma-informed care, and protecting children. In addition, the center carries out preventative initiatives to educate the community about child abuse, its effects, and how to identify and report it. They aim to establish alliances with other organizations and ensure families and children can access appropriate services through clear referral processes, which may include rehabilitation or safe house centers.

In this context, a key informant, a doctor, provided the following detailed explanation of the issue:

"The Hawassa University specialized referral hospital's One-Stop Center uses step wise strategies to support maltreated children. When a victim child visits the center, immediate care will be given prioritizing its safety first and then other support mechanisms continue. The One-Stop Center has established procedures to promptly respond to allegations of abuse and ensure the child's safety." (KI-1)

Similarly, the other participant from the key informant interview explained that:

"Training and support systems are being provided by the center practitioners to enhance their skill knowledge about working with abuse victims, providing trauma-informed care, and protecting children." (KI-4)

One of the key informants, a police officer, elaborated on the issue in the following manner:

"The Hawassa University One-Stop Center Provide and carry out preventative initiatives that educate children, parents, guardians, and the community about child abuse, its effects, and how to spot and report it. These initiatives may take the form of workshops, school-based projects, and media coverage (now discontinued due to budget problems). Encourage the development of solid alliances with other community organizations, including NGOs, schools, child welfare agencies, and medical facilities. It make sure families and children can get the right services outside of the One-Stop Center by establishing clear referral processes. This includes rehabilitation or a safe house center." (KI-5)

Challenges faced by the OSC personnel and children during the child treatment

Economic challenges

One of the primary challenges faced by the OSC is a lack of sufficient funding, which restricts its ability to provide free medical services. Organizations like UNICEF provide some medication, such as post-

exposure medication for HIV prevention, free of charge, but most medical services at the OSC are not free. This poses a problem for communities seeking services, as they often cannot afford the costs of tests and treatment due to poor economic resources. Although NGOs collaborate with the OSC to cover expenses for some individuals, there are cases where victims fail to meet the criteria for aid organizations, resulting in their medical expenses being unpaid. Moreover, some victims' families may choose not to disclose the case, making it difficult for them to obtain medical evidence required for legal services. This creates a significant challenge in terms of payment for therapy at the OSC.

One of the key informants, an OSC coordinator, elaborated on the issue as follows:

"The majority of victim child families come from impoverished economic backgrounds, necessitating the provision of free medical services." Legal and counseling services are free of charge, whereas medical services charges can only be refunded if the child is admitted to the safe house." (KI-3)

Social and cultural challenges

Cultural norms, attitudes, and beliefs influence child protection services. It might be difficult to properly address and prevent child abuse and neglect in some communities due to customs or societal norms that go against child protection principles. The key informants highlighted that the victim's family sometimes mediates instead of seeking legal action, which undermines accountability and puts the victim at risk of further harm. Respecting the law is crucial to preventing future attacks. There is a prevalent culture of secrecy surrounding sexual violence against children, seen as a disgrace that can destroy families. This culture hinders victims from seeking help and reporting incidents.

One of the key informants, the prosecutor, elaborated on the issue as follows:

"When victims come to us from the health service with medical evidence, we prepare a witness and collaborate with the victim, their families, and social workers to hand the perpetrator over to the law and judiciary. However, the victim's family often ends up mediating on the sidelines: "To let the law correct the perpetrator, we must respect the law." Otherwise, the victim will unavoidably be subjected to another attack." (KI-6)

The FGD participants brought forth the following additional ideas:

"The culture of secrecy is especially prevalent in cases of sexual violence against girls and boys, often viewed as a humiliation for the victim family." (FGD-2)

According to one of the key informants, the social affairs officer:

"The frequently attached guilt and stigma to their experiences as victims of abuse or violence can prevent them from receiving the necessary assistance. Social attitudes that place blame or judge survivors may create barriers to accessing OSC services." (KI-8)

Police and law enforcement related challenge

Persistent prevalence of child abuse and inadequate and less coordinated legal procedures pose a significant risk to victim children. Furthermore, the absence of public campaigns undermines community awareness about child safety laws, reporting protocols, and early intervention. A significant number of individuals lack awareness of the indicators of child abuse and the available help resources. Moreover, due to gaps in police-community collaboration, there have been delays in apprehending the perpetrator. To guarantee that victims of these offenses obtain timely justice, procedural matters require scrutiny.

One of the key informants, an AWSAD coordinator, elaborated on the issue as follows:

"A 50-year-old man tutored a twelve-year-old girl, and he sexually assaulted her repeatedly. Eventually, the teenager reported the incident to a neighbor, who then took her to a One-Stop Center for treatment. The teenager received treatment in a shelter due to the presence of HIV in her blood. Despite the passage of six months since the victim's arrival, the police have not yet arrested the attacker, posing a collaborative challenge."

Another key informant added:

"In addition to the issue of collaboration, street children and homeless children, particularly those who have experienced multiple victimizations, frequently visit the center. However, due to a lack of consistent support, they rarely receive consistent legal assistance, unlike children who have caregivers." (KI-7)

The FGD participants brought forth the following additional ideas:

"Many individuals may not be aware of the warning signs of child abuse or the available resources for support. To educate and raise public knowledge about child protection laws, reporting procedures, and the value of early intervention, campaigns are required." (FGD-1).

DISCUSSION

This study was carried out in a Hawassa University specialized hospital OSC. The study revealed that different types of child abuse could coexist and overlap at the same time. The study clearly demonstrated the presence of child sexual, psychological, and physical abuse; consequently, the majority of child survivors experienced psychological trauma. This is consistent with the findings of different studies [23,25].

The current study found out that the center provides medical, psychosocial, and legal support to the maltreated child. Accordingly, one can say that OSCs, where health practitioners, police, and social workers coordinate closely, were an effective strategy to improve the health, safety, and well-being of survivors of sexual and physical, emotional violence. These findings were similar to those obtained from research conducted in Malawi, which concluded that although a perception of negligence by police may discourage use of service, we believe that the one-stop model is an appropriate means to deliver high-quality care to survivors of abuse [17]. The finding was also similar to research finding conducted in Jimma town, which pointed out that the comprehensive service provided to the survivor of child maltreatment created a platform for service providers and was also an indicator of strengthening the child protection program in the study area [10].

This study, in contrast to studies conducted in Zambia [6] and Jimma [10], discovered that the medical service expects child survivors to pay for the medical services they receive, with the exception of HIV prophylaxis, and only reimburses them if NGOs refer them to a safe house. This means that the OSC only provides psychosocial support and legal aid for free. The safe houses had their own criteria to refund the money that the survivors had paid for the services they get at the OSC; those survivors who did not meet the criteria were not eligible for the refund. As a result, families of survivors who did not meet the criteria and had a low socio-economic status faced financial difficulties.

The OSC offered survivors multidisciplinary services such as health, legal, and psychological services, but it lacked a temporary shelter. Instead, NGOs sent or transfer survivors to a safe house. Despite the fact that the shelters only accommodate female survivors, there were no shelters in the city specifically designed for male survivors. This exposes male survivors to victimization, particularly when the perpetrator is a member of their family.

Regarding the mechanisms devised by the OSC to handle maltreated children, this study revealed that the first mechanism focuses on ensuring the child's immediate safety and reacting quickly to allegations of abuse. This approach was consistent with the findings

of other studies that emphasize the importance of prioritizing child safety when responding to child abuse cases. Reacting promptly and effectively to allegations of abuse is crucial for protecting the child from further harm [23,25]. However, some respondents claim that the OSC's mechanism, such as providing temporary shelter for survivors, was not fully implemented.

Another mechanism was the use of a multidisciplinary team approach at the OSC. This approach involves collaboration among child protection workers, law enforcement officers, medical personnel, and legal advocates. Like the findings of other studies [23], this cooperative approach allows for comprehensive evaluation, well-coordinated interventions, and all-encompassing support for the child and their family. The involvement of various professionals with different expertise helped address the complex needs of child abuse victims. However, the law enforcement agents sometimes failed to hold the perpetrators accountable on time.

The OSC implemented a mechanism to enhance the education and capabilities of its employees, ensuring they received specific training in working with abused victims, providing trauma-informed care, and safeguarding children. This aligns with the findings of other studies, which emphasize the need for professionals involved in child protection to receive specialized training. Having the necessary skills to handle sensitive situations and provide appropriate support is crucial for effectively addressing child abuse cases [21].

Furthermore, the center's preventative initiatives and community partnerships serve as a mechanism to educate children, parents, guardians, and the community about the effects of child abuse, how to spot and report it. This approach was consistent with the findings of other studies that emphasize the importance of raising awareness about child abuse and educating the community. In addition, establishing partnerships with other community organizations, such as NGOs, schools, child welfare agencies, and medical facilities, is crucial for providing comprehensive support and services to child abuse victims and their families [18]. However, the discontinued media coverage due to budget constraints raised concerns about the long-term viability of preventive initiatives. It is crucial to explore alternative funding models or community partnerships to ensure sustained media coverage, as evidenced by studies such as those conducted by Mulugeta in 2020.

Referral processes and additional services ensure that families and children can access the right services outside of the OSC. This includes rehabilitation or safe house centers. This mechanism is important as it ensures that child abuse victims receive appropriate support beyond the initial intervention at the OSC. Other studies also emphasize the need for clear referral processes and the availability of additional services to address the long-term needs of child abuse victims [1].

This study revealed that there are certain challenges faced by OSC personnel and children during the child treatment process. Limited resources, insufficient funding for programs, and lack of access to necessities for children make them more vulnerable to abuse. The inability to access free medical services places a financial burden on victims and their families, exacerbating their already challenging circumstances. Limited financial resources can restrict the center's ability to give medical services free of charge. Fee barriers can significantly hinder service access, especially for families from low socioeconomic backgrounds. Chomba *et al.* [6] found that economic barriers hinder the advancement of effective child protection services. There was also a lack of resources for holistic care beyond immediate crisis intervention. Budget constraints often hinder the provision of recreational activities and child-friendly spaces, which are crucial for healing and well-being. This finding was consistent with another study by Mulambia *et al.* [17] which revealed that child-friendly areas are essential for healing and overall well-being.

The present study illuminates the social and cultural obstacles that arise when evaluating child protection services at the OSC. The problem arises when the victim's family intervenes passively.

In addition, the culture of secrecy surrounding sexual violence against girls and boys presented another challenge. This cultural perception results in a reluctance to disclose or address the issue. This cultural challenge creates barriers in terms of reporting, investigating, and addressing cases of child maltreatment, particularly sexual violence. Several studies by [17] have identified cultural norms and values that discourage victims and their families from openly discussing instances of child maltreatment, particularly those related to sexual violence. These cultural norms often prioritize maintaining the family's reputation and avoiding societal scandals. This study at the OSC also identified a challenge where the absence of temporary shelter within the center, which directs survivors to shelters run by non-governmental organizations. This result aligns with a study that took place in Jimma by Gutema [6]. This situation exposes male survivors, particularly if the perpetrator is a family member, to potential re-victimization.

RECOMMENDATION

The study recommends enhancing the efficiency the OSC by securing additional funding through collaboration, raising community awareness to address underreporting, improving law enforcement procedure, ensuring effective rehabilitation services, and strengthening capacity-building initiatives for practitioners.

CONFLICTS OF INTEREST

The researchers assert the absence of any conflicts of interest that may affect this research.

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