HAWASSA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

AN ASSESSMENT OF CHILD PROTECTION SERVICES AT ONE STOP CENTER (OSC) HAWASSA UNIVERSITY COMPREHENSIVE SPECIALIZED HOSPITAL

BY: SIMEGN W/YOHANES

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AN ASSESSMENT OF CHILD PROTECTION SYERVICES AT ONE STOP CENTER (OSC) HAWASSA UNIVERSITY COMPREHENSIVE SPECIALIZED HOSPITAL

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RESEARCH PAPER SUBMITTED TO HAWASSA UNIVERSITY COLLEGE OF SOCIAL SCIENCES AND HUMANITIES DEPARTMENT OF SOCIOLOGY FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS IN SOCIOLOGY

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ADVISOR'S APPROVAL SHEET

This is to certify that the thesis Research entitled "An Assessment of Child Protection Services at One Stop Center (OSC) Hawassa University Comprehensive Specialized Hospital" submitted in partial fulfillment of the requirements for the degree of Master of arts in Sociology, the Graduate Program of the Department of Sociology, and Id No. GPSocw/0012/14 under my supervision. Therefore, I recommend that the student has been carried out by Simegn W/Yohanes, has fulfilled the requirements of the Research and hence herby can submit the thesis to the Department of Sociology.

_____	_____	_____
Name of Major Advisor	Signature	Date

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LIST OF ABBRIVATION

ACPF	African Child Police Forum
AWSAD	Association for Women's Sanctuary and Development
CACs	Child advocacy centers
CRC	Convention on the Rights of the Child
CCC	Community Conversation Committee
CSOs	Civil Society Organizations
DCS	Department of Children's Service
DRC	Declaration of the Rights of the Child
EHRCO	Ethiopian Human Rights Commission
FDRE	Federal Democratic Republic of Ethiopia
ICCPR	International Covenant on Civil & Political rights
ICESCR	International Covenant on Economic, Social & Cultural Rights
LON	League of Nations
MOLSA	Ministry of Labor and Social Affairs
OSC	One Stop Center
UDHR	Universal Declaration of Human Rights
UN	United Nation
UNICEF	United Nations Children's Fund
VAC	Violence Against Children

ABSTRACT

According to WHO child abuse is defined as all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development, or dignity. It is a serious and devastating problem not just in Africa, but the world over; however, the number of children on the continent who are abused has always been underestimated. States are the primary responsible body for the protection of children. Therefore, this study was conducted to assess child protection services at One Stop Center (OSC) at Hawassa university comprehensive specialized hospital. The ecological system theory is used as a theoretical framework to guide the study. Purposive sampling technique was used to select the study participants. Likewise, a qualitative research method was employed to collect data. The findings of the study were analyzed using thematic analysis. The result found out that the center provides medical, psyco-social, and legal support to the child who came with the sexual, physical and emotional abused. The center provides the aforementioned services for victim children free of charge except medical services. The current study revealed that one stop centers is the center where health practitioners, police and social workers coordinate closely to improve the health, safety, and well-being of survivors of sexual, physical, and emotional violence. The mechanisms devised by the one stop center to handle maltreated children include prioritizing the immediate safety of the child; utilizing a multidisciplinary team approach; enhancing the education and capabilities of staff; implementing preventative initiatives and community partnerships; establishing referral processes and additional services. However, this study disclosed that the child protection system multifaceted challenges is system including limited resources, insufficient funding, lack of access to free medical services and Limited availability of shelters especially for male child victims. which is posing barriers to providing holistic care for child survivor. The study recommends that a lot remains to be done to ensure funding this includes financial resources for free medical services, establishment of temporary shelter especially male survivors, immediate crisis intervention, awareness creation and partnership with stakeholders so as to provide comprehensive quality services at the center.

Key words: Child, Child abuse, Child protection, One Stop Center. Hawassa University Comprehensive Specialized Hospital

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

The Convention on the Rights of the Child defines “child” as every human being below the age of eighteen years. The Convention does not provide the minimum age of childhood. It does not stipulate either birth or conception as the starting point of childhood (Aneme, 2017).

According to (UNICEF, 2015) children in the world account for nearly half of the total population. Similarly, children are found at the heart of African‘s present and future that currently comprise 47 percent of Africa‘s overall population. Ethiopia has a young profile. A little less than half of its population, or about 49.5 million children, are under 18 years old, with 15.2 million children under five years old (Unicef, 2017).

Safeguarding children is also a job of professionals working in educational institutions. In summary, protecting children is a collective responsibility of everyone in the society and safeguarding young people is everybody's business (Ulhaq, 2021).

Child protection is premised on the realization that ensuring the rights of children is imperative for every country since it can advance a more equitable society, foster a healthier, more literate and, in due course, a more productive population (Tesfaye, 2017), while child abuse is a serious and devastating problem not just in Africa, but the world over; however, the number of children on the continent who are abused has always been underestimated further, child abuse is defined by the WHO as “all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child’s health, development or dignity (Badoe, 2017).

Similarly, the problem of child abuse has been rampant, prevails in all communities and settings. It threatens almost all children and happens to most children in its varied forms. It has been aggravated by complex factors such as poverty, illiteracy, violent conflicts and war, harmful traditional practices, and absence of proper systems for birth and death registration and certification. Even though state of the aggravating factors has come to gradually improve, there is no clear evidence whether the general trend of the problem is declining (Deda, 2011).

However, states are the primary responsible body for the protection of children. Accordingly, in order to ensure the existence of more effective and efficient child protection response a number of countries in Africa are now actively promoting various systems of protecting and strengthening children's wellbeing. Child protection system encompasses a cycle of preventive, protection, and curative response mechanisms. Ideally, government bodies are accountable for setting standards, availing, or delivering, supervising, and improving child protection services. Even though, these days there are also several non-governmental organizations and institutions which have been engaging in the provision of these services to supplement or fill the gap governments could not fill mainly due to lack of capacities to do so. Therefore, there are currently seven organizations in six countries of Africa (Zambia, South Africa, Kenya, Malawi, Zimbabwe, Ethiopia, and Senegal) partnered with the population council to implement the comprehensive One Stop Center(OSC) model for child protection part or in whole (Michael Reuben, Fauzia Mohamed, 2015).

Several countries have developed one-stop centers where medical, legal, social welfare, and counseling services take place under one roof. In the United States, these child advocacy centers (CACs) have been shown in prospective, controlled studies to increase police involvement in social welfare cases, increase the number of agencies present during interviews, increase the number of children receiving forensic medical exams, increase the non-offending parent satisfaction with the investigation process, and decrease the percentage of children who are very scared and uncomfortable during the interviewing (Mulambia *et al.*, 2018).

Many countries in the region have made investments to improve the quality and quantity of services provided in public institutions to boost access to care and support. The creation of one-stop centers (OSCs), which are a part of child protection programs and offer integrated, multidisciplinary services in a single physical location (usually a medical facility) has become an increasingly common method of doing this.

The basic services forming the core of the OSC model implemented in East and Southern Africa (Keesbury & Askew, 2010).

The successful implementation of a given institution mainly depends on the contextual challenges in which it is found. Thus, understanding the social, economic, political and cultural environments which act as challenges for an institution, organization or services is important from practical and

academic points of views. Contrary to this, the issue is often neglected. This is particularly true for child protection institutions in Ethiopia including One-Stop center (OSCs).

This comprehensive OSC model was started in Ethiopia specifically at Gandhi Memorial hospital in 2008 and expanded to Adama general hospital and Jimma University Medical Center in 2013. The center is setup to provide Services include health and forensic evidence services, psychosocial support services and legal assistance as stated in the standard operating protocol of the center (Mekonnen, 2019).

The Hawassa University Comprehensive specialized hospital One-Stop Center (OSC) was started in 2022.Like other comprehensive OSC models it has different child protection services. Therefore, the aim of this study was to assess the child protection system at One Stop Center in the study area.

1.2. Statement of the Problem

Children are subject to violence, exploitation, abuse, and neglect are at risk of death, poor physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, and poor parenting skills later in life (Herrenkohl *et al.*, 2022).

Violence of children has become a global problem. It occurs in the form of deliberately inflicted physical trauma, neglect, emotional and sexual abuse. In most cases children suffer from more than one type of abuse such as a physically abused child may also be neglected and emotionally deprived of love and care during the times when he/she needs it most (Ulhaq, 2021).

Global estimates published by WHO (2022) showed that Nearly 300 million children aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregiver,1 in 5 women and 1 in 13 men report having been sexually abused as a child aged 0-17 years. (Hutt, 2014).

Sexual Violence against children has a physical, psychological and social consequence that needs to be addressed in a timely manner. These include HIV and other sexually transmitted diseases, fistula, unintended pregnancy, complications of pregnancy and childbirth, maternal mortality, unsafe abortion, death, insecurity, depression, anger, anxiety, fear, self-hate, shame, self-blame, mental illness, suicidal thoughts/ attempts, blaming the survivor, social stigma, social rejection and isolation, loss of ability to function in a community. Accordingly, due to the wide range of needs of survivors, no single institution, organization or agency alone possesses all the knowledge, skills,

resources and mandate to respond to the complex needs of survivors of gender-based violence or can try to attempt the task of preventing violence against children alone. (Mekonnen, 2019).

In order to build child protection services it's also important to focus on institutional capacity development, planning, budgeting, monitoring, and information systems, as well as understanding the problems faced by the institutions, programs, and organizations (Rosenthal, 2009).

According to a study in Addis Abeba, violence against children was examined in terms of its types and trends and it also makes an effort to pinpoint the socio-demographic background of those who harm children and raises issues with legal authorities on child abuse (Dessie, 2016).

The existing studies on child abuse in Ethiopia and elsewhere focused mostly on the magnitude, trend, and gender aspect of the issue, as well as the types of abuse, its perpetrators, and its consequences (Gutema chimdi, 2020).

According to (Deda, 2011),Child protection have been a less understood and less prioritized issue in Ethiopia, while still a lot more holes to be filled and distance to be covered. Most children in the nation who require and deserve special protection and attention were not receiving it and still do not. Many children treated also received far less assistance than the quantity and caliber of it they need. According to this study the factors behind the scenes are the acute poverty, extreme level of illiteracy, and massive size of the population with bulge of children are the major ones, apathy, disregard, irresponsibility, and the like unjustifiable causes are also not out of the list.

A study in Jimma city (Gutema chimdi, 2020) revealed that, one of challenges in child protection system in the study area was poverty. Women and children have suffered from an increased gender-based violence, this has a life-long impact on their physical, sexual, and psycho-social well-being. This one-stop center gives access to a holistic service to survivors to recover from such trauma and reduces the incidences of GBV in the future.

To the best knowledge of the researcher child survivors including survivors of rape might not always be provided with quality services to help them heal. Instead, they might further be traumatized by lack of quality services. They may face further trauma or become re-victimized while accessing services because of insufficient funding, limited shelter. Therefore, the aim of this

study was to assess child protection services at one stop center (OSC) Hawassa university comprehensive specialized hospital.

1.3. Objective of the study

1.3.1 General objective

The general objective of this study was to assess Child Protection System at One Stop Center (OSC) Hawassa University Comprehensive Specialized Hospital

1.3.2 Specific objectives

- To explore major forms of child abused faced by children who are gaining services in the study area.
- To identify the services that the one-stop center (OSC) offers to children in the study area.
- To understand the mechanism devised by the one stop center to handle to children.
- To investigate the challenges faced by the one-stop center personnel and children during the service provision process.

1.4 Research Questions

In this assessment of child protection services of OSC in the study area, the researcher tried to answer for the following questions:

1. What are the major forms of abuse faced by children who are gaining services in the study area?
2. What are the services provided by one stop center (OSC) to abused children at the study area?
3. What are the mechanisms devised by the one stop center to handle abused children?
4. What are the challenges faced by the one stop center personnel and children during the service provisions process?

1.5. Significance of the Study

There are several benefits for child protection practitioners and has the potential to generate knowledge, identify best practices, and raise awareness about child protection issues. The following were the study's main implications to identify the most important child protection services so that government agencies and non-governmental organizations (NGOs) working on the

issues may take action to improve the current services and improving the quality and effectiveness of interventions aimed at safeguarding children and promoting their well-being.

1.6. Scope of the Study

The focus of this study was an assessment of child protection services at one stop center (OSC) Hawassa university comprehensive special hospital one-stop center. The scope of the study area was delimited to one stop center (OSC) in Hawassa University comprehensive specialized hospital. The study population were purposefully delimited to the survivor's parents or care givers and service providers at one stop center who were deployed by different governmental and non-governmental organization such as, prosecutor, health professionals, women, children and social affair office, social worker, police officer, Association for Women's Sanctury and Development, community conversation committee members. Methodologically, this study employed qualitative research.

1.7. Limitations of the Study

First This study assessed service provision for only child survivors in Hawassa University comprehensive specialized hospital one stop center. It does not include the other child protection service provisions. Second Individuals who have been survivors of rape were not directly interviewed and all required information to assess service provision was obtained without directly involving survivors. The third limitation was only a qualitative technique was used in this study.

1.8. Definition of Terms

Child: Any human being below the age of eighteen years

Child maltreatment: It includes all physical, sexual, and emotional abuses resulting in actual harm to the child's health, survival, and development.

Physical abuse: An act of commission by a caregiver that results or is likely to result in physical harm, including death of a child, Spanking, stabbing, or punching of a child. Spanking a child is usually considered a disciplinary action, although it can be classified as abusive if the child is or injured.

Neglect: An act of omission by a parent or care giver that involves refusal or delay in providing health care, failure to provide basic needs such as food, clothing, shelter, affection, and

attention, inadequate supervision, or abandonment. This failure to act holds true for both physical and emotional neglect.

Child protection: Include philosophies, policies, standards, guidelines, and procedures to protect children from intentional and unintentional harm.

Child sexual abuse: on one hand, engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities. On the other hand, engaging in sexual activities with a child where use is made of coercion, force, or threats.

Child sexual exploitation: Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, through sexual activity involving a child. It includes acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of payment or consideration in return for the child engaging in sexual activity, even if the payment is not made.

Perpetrator: A person, group or institution that directly inflicts or otherwise supports violence.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Violence Against Children

Defining the nature of each form of child abuse is complex, but robust conceptual models have developed over time to establish growing consensus (Mehta *et al.*, 2023)**.**Violence against Children includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, and teacher) that results in harm, potential for harm, or threat of harm to a child.(Fortson *et al.*, 2016).

There are four common types of child abuse: Physical abuse, Sexual abuse, Emotional abuse, and Neglect. With urbanization, armed conflict, displacement, and globalization, they also face threats to their survival and wellbeing stemming from the effects of technology, humanitarian crises such as attacks on civilians. Gender-based violence is on the rise, with severe and life-changing consequences for girls. Violence against children (VAC) happens in almost all settings the home, the school, within the community, and in alternative care and justice institutions, often at the hands of individuals whom the child knows and trusts.(Vohito,2017).

A research review on risk and protective factors for child abuse explains that risk for child abuse and neglect perpetration and victimization is influenced by several individual, family, and environmental factors, all of which interact to increase or decrease risk over time and within specific contexts. Risk factors for victimization include child age and special needs that may increase caregiver burden (e.g., developmental and intellectual disabilities, mental health issues, and chronic physical illnesses).Risk factors for perpetration also include young parental age, single parenthood, large number of dependent children, low parental income, parental substance abuse, parental mental health issues, parental history of abuse or neglect, social isolation, family disorganization, parenting stress, intimate partner violence, poor parent-child relationships, community violence, and concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates).Although risk factors provide information about who is most at risk for being a victim or a perpetrator of child abuse and neglect, they are not direct causes and cannot predict who will be a victim or a perpetrator.(Austin *et al.*, 2021).

2.2. Types of Violence Against Children

2.2.1. Physical violence against a child

Physical violence against a child is any intentional, undesired, and unnecessary act that causes physical harm to a child's body and that either causes or has a high probability of causing harm, pain, or emotional distress(UNICEF,2023)**.** It also has many forms including hitting with a hand or other objects; kicking, punching, shaking, or throwing the child; pinching or pulling hair; caning or whipping; tying with a rope or chains; or other acts involving physical force. Harmful practices with a bearing on the physical integrity of the child, such as female genital mutilation, are also included in physical violence (Iverson & Dervan, 2014). According to the study conducted by ACPF, half of children in Ethiopia experienced physical chastisement from family members.

2.2.2. Sexual violence against a child

Sexual violence against a child is any completed or attempted intentional, unwanted, and unnecessary sexual act against a child, including those committed for exploitation, that causes or has a significant probability of causing harm, pain, or psychological anguish (UNICEF,2023)**.** Poor households in most cases have large families, which, in addition to poor housing, may result in overcrowding and a greater risk of children being exposed to sexual violence (UNICEF, 2014) . In Ethiopia also, the family size of 84.7% of sexually abused male children is found to be above four persons (Dessie, 2016).

2.2.3. Psychological violence against a child

Psychological violence against a child is any intentional, undesired, and unnecessary behavior, whether verbal or nonverbal, that harms or has a high probability of damaging a child's development, including long-term physiological impairment and implications for mental health (UNICEF,2023)**.** In Africa, types of aggression other than the infliction of physical injury are rarely accepted as violence. Thus, injury committed by non-physical means on the mental or psychological well-being of a person is consequently rarely documented (Forum, 2010).

2.2.4. Neglect of a child

Neglect of a child is when individuals tasked with a child's care have the resources, expertise, and connections to address their needs, they intentionally neglect to provide for their bodily and mental

requirements, shield them from harm, or secure medical, educational, or other assistance (UNICEF,2023)**.**

According to a review and theoretical analysis of research on violence across the life course by Herrenkohl and friends, each year around one in seven children experience abuse or neglect in the United States. This approximation, based on official records of child protection reports, is most definitely an underestimation of all annual maltreatment cases because many instances of abuse and neglect go unreported (Herrenkohl *et al.*, 2022).

A research on comparative review of child sexual abuse practices and policies in Kenya and the United States of America (USA) revealed that Child sexual abuse in Kenya occurs within a social ecosystem of extreme poverty, a pandemic level of incidence of HIV/AIDS, a lack of educational options and unprecedented scores of orphaned children (Cassar, 2020).

In Ethiopia, where children regularly face humiliating physical punishment and psychological abuse at home, in school and in the community at large. Children endure painful and harmful acts against them, primarily, and ironically, committed by those closest to them parents, family members, neighbors, schoolteachers, and peers. Violence comes in all shapes and forms including rape, beatings, bullying, sexual harassment, verbal abuse, abduction, early marriage, female genital cutting, committing children to abusive and exploitative labour, trafficking, and the use of children as weapons and targets of war (Forum, 2016).

2.3. Effect of Violence against Children

Numerous studies associate childhood exposure to violence with adverse adjustment in the domains of mental health, social, and academic functioning (Bogat, Levendosky and Cochran, 2023). Research conducted under the title Consequences of Child Abuse and Neglect in Croatia revealed that Childhood abuse and neglect are linked to many negative consequences in various areas of the functioning of children, such as cognitive, physical, psychological, behavioral, and social functioning. Moreover, it has shown that abuse, as well as immediate consequences, also has clearly documented consequences which extent into adulthood and affect physical, psychological and social functioning, and contribute to the development of psychopathological disorders in adulthood (Dodaj1 and Sesar2, 2020).Another study conducted in Lusaka, Zambia found out that children who were exposed to different forms of domestic violence including physical abuse,

emotional (verbal) abuse, and economic abuse. The children were both witnesses and victims of domestic violence. The study also revealed that exposure to violence had negative effects on the children such as physical injury, fear and anxiety, loss of confidence and self-esteem, academic under performance, guilt and shame, and poor relationships with peers and parents (Mwandu *et al.*, 2020).

A Research was conducted to explore Sexual Violence against Female and male children in the United Republic of Tanzania, for females, sexual violence was associated with significantly increased probability of having a sexually transmitted disease (STD) diagnosis or symptoms in the previous 12 months, reporting feelings of anxiety and depression in the past 30 days, and recent alcohol use. Males who experienced sexual violence were significantly more likely to report having an STD diagnosis or symptoms in the 12 months preceding the survey (Vagi *et al.*, 2016).

Research conducted in Ethiopia by save the children with the objective to document the views and experiences of children on violence against them by focusing on five selected regions of Ethiopia, children were asked to enumerate the negative effects of violence against them. The most frequently stated effects included were: physical disability and injury; lack of self-confidence; fear; mental problems; involvement in street life and vagrancy; truancy and dropping out of school; suicide and permanent hopelessness; HIV and other STD infections; unwanted pregnancy; stigmatization; birth related problems and child prostitution (Forum, 2016).

2.4. Child Protection

Child protection is defined as preventing and responding to violence, exploitation, and abuse against children, including sexual exploitation, child trafficking, child labor and harmful traditional practices such as female genital mutilation /cutting and child marriage (UNICEF, 2023). Correspondingly, child protection refers to strategies and structures aimed at protecting children from abuse, exploitation, neglect, and violence (Initiative, 2015).

Moreover, child protection is also safeguarding of the children from different maltreatments includes early marriage, child labor and other forms of exploitation, and all forms of abuse, including sexual abuse and physical violence against children in homes, schools, and wider communities (Toolkit, 2012).

2.6. Responses to Violence against Children

2.6.1. Global Response

The international legal recognition of children's right was first acknowledged in 1919 in response to World WAR I post war strife on children in Europe. Since then, the League of Nations which later was named as the United Nation (UN) adopted ten declarations and conventions involving a progressive and qualitative account that exclusively addresses children's right. There has been momentous progress on the legal protection of children from sexual abuse, an estimated 90 per cent of governments have legislation on sexual violence against children. Momentum is also increasing to ban violence against children as a form of sentencing. More than 60 per cent of governments confirmed the ban of inhuman sentencing for children and youth, including life imprisonment and capital punishment, and many others have introduced a moratorium to this effect (Lenzer,2017). Though African governments have made considerable improvement towards enhancing the protection of children over recent years, violence against children, in all its forms remain persistent. Progress has been too slow, too uneven ,and too fragmented to bring violence against African boys and girls to an end (Iverson and Dervan, 2014b).

2.6.2. The convention on the Rights of the Children

Another, convention CRC was ratified in 1989 by UN General Assembly and come into force. The CRC is the most complete announcement of child rights ever made i.e. it is the first UN Human Rights instrument since the UDHR which brings together as inseparable the full range of civil and political rights, and economic, social, and cultural rights. In addition, as stated in the preamble the Convention asserts the facts that children due to their vulnerability need special care and protection and it also adds as families, states independently or in cooperation are responsible for caring and protecting children due to their children. Thus, the Convention is a set of international standards and measures intended to protect and promote the well-being of children in society (Assembly *et al.*, 2023)

Moreover, the UN Convention on the Right of the Child (CRC) in an international human rights treaty that promotes the rights of all children worldwide. The treaty guarantees children the right to survival, the right to develop to their fullest potential, the right to protection from abuse, neglect and exploitation and the right to participate in family, cultural and social life (Bhakhry, 2016).

Besides, children ‘s participation rights have also been recognized in proceedings respecting child protection, health, youth criminal justice, immigration, and education (Abate, 2020).

2.6.3. Legal Frameworks for the Child Rights in Ethiopia

According to (Kassa, 2007), written constitution has been successively enacted in Ethiopia since 1931. Although, the constitution was not clarified and contained many of the elements that were included in the traditional codes governing the relationship between crowns and subject i.e. it declared Ethiopia a constitutional monarchy, headed by a monarchy who has got his ancestry from king Solomon of Jerusalem (J.Keller, 2010). Accordingly, since citizens were subjects of Emperors the constitutional recognition of fundamental rights of a person was the total result of the formation a modern Ethiopia and the pressure which the international community put on it (Alemayhu shiferaw, 2010). The same to that of the 1931 constitution the tradition of claiming the mythical descent, the so-called Solomonic tradition was included in the 1955 Ethiopian constitution (Beken, 2007).Accordingly, as an effort to end this royal absolutism another version of constitution was formulated in August 1974 (J.Keller, 2010). Although, the changes took place were too little as well as late, as a result, the regime disbanded and the constitution easily aborted (Bayeh, 2014) . Again, in the 1987 constitution of Derg, which is promulgated after a 13-year constitutional lacuna the idea of human rights was rarely considered as entitlement. According to (Forbes; *et al.*, 2011) , the constitution was demised by the liberationist struggles that continued till 1991 i.e. till the fall of the Derg and the new regime endorsed the Transitional character which served as constitution of Ethiopia for the time of the transition. Then after a prolonged transition, a Federal Democratic Constitution was enacted in 1994 and came into force in 1995 (Regassa, 2009). The 1995 FDRE constitution demonstrates a major transformation in terms of human rights as compared to the former constitutions (Abebe, 2011).

Accordingly, article 36 of the constitution recognizes the rights of all children to live, to name and nationality, and to know and be cared for by their parents, to be protected from exploitive practices. F further, the constitution prohibits the infliction of corporal punishment or cruel and inhumane treatment in schools and other institutions entrusted for the care of children as well as the accommodation of children in conflict with the law together with the adults. It also focuses on especially protection of orphan’s children. Moreover, article 36 (2) articulates the principle of the

best interest of the child as the primary consideration in all matters affecting children (FDRE, 1995).Based on the observations, it can be concluded that, in contrast to previous constitutions that specifically guaranteed children's human rights, not only because they are human but also because they are vulnerable or because their age was considered. Although these rights for children are outlined in the constitution, it is very contentious whether the CRC can be immediately applied or integrated into Ethiopia's legal system, particularly in the judicial system. The topic of incorporating human rights instruments into Ethiopian law is contentious, as demonstrated by Braasch and his colleagues. Specifically, it is debatable whether publicizing the international human rights instruments through Ethiopian "Federal Negarit Gazeta," an official publication that the government uses to publish laws and declarations, is necessary or merely approving the instruments themselves(Wicaksana and Rachman, 2018).

2.7. Empirical Studies

2.7.1. Services Provided by One Stop Center (OSC) to Abuse Children

One-stop centers for abuse children are specialized facilities that provide comprehensive, coordinated, and child-centered services to children and families who have experienced maltreatment. These centers offer a variety of service. One-stop centers are based on the principle of providing a seamless and coordinated approach to addressing child maltreatment. By bringing together a variety of professionals under one roof, these centers can ensure that children and families receive the care they need in a timely and efficient manner (Mulambia *et al.*, 2018).

Research conducted in India revealed that institutional screening and providing support to victims, thus proving that health care systems (hospitals) play a crucial role in response to violence against children. Doctors often play a leading role in early identification of violence against children, supportive responses, clinical care, and referrals as per the need of the victim (Verma *et al.*, 2020).

In Blantyre, Malawi, the Queen Elizabeth Central Hospital (QECH) is home to the country’s first one-stop center, referred to as a Chikwanekwane (“everything under one roof”). The team comprises pediatricians, nurses, social workers, police victim support officers and volunteer counselors working together to provide the best care possible for child survivors. At QECH, experienced doctors examine the child and document findings in a medico-legal report. An HIV test and post-exposure prophylaxis is offered, along with follow-up tests at 3 and 6 months after the

incident. Sexually transmitted infection management and emergency contraceptives are given when indicated. Social workers and counselors located within QECH offer safety and psychological support, respectively. Police and social welfare workers then continue their investigation and visit the victim at home to assess the ;safety of the child (Mulambia *et al.*, 2018).

A one-stop center was piloted at Gandhi Hospital in 2008 to provide a comprehensive response Mechanism on sexual violence against women and children. The Center was modeled on lessons and experiences learnt from the Thuthuzela Centers of South Africa and the Agaseke one-stop Center in Rwanda (Shelters for women and girls who are survivors, 2016).

The one-stop center in Dessie Town, Amhara Region, Ethiopia which was inaugurated on 14 November 2022 provides critical medical services for sexually abuse children and women including the clinical management of rape, abortion care, emergency contraceptive and treatment for diseases like HIV and sexually transmitted infections and hepatitis B. It also provides mental health and psychosocial services as well as legal aid to victims. In addition, it provides referral services including shelter and livelihood support in collaboration with partners (Mulatu, 2022).

2.7.2. Mechanism to handle Abuse children.

When handling sexually abuse children in a one-stop center, several mechanisms are in place to ensure their safety, well-being, and recovery. Here are some key mechanisms commonly employed:

2.7.2.1. Integrated Services:

A one-stop center multiple child protection professionals and agencies under one roof. Because of this integration, a multidisciplinary approach is possible, in which experts from many domains work together to offer complete services. This mechanism ensures that all aspects of a child's well-being, including medical, psychological, social, and legal needs, are addressed effectively (Okato *et al.*, 2020).

2.7.2.2. Case Management:

A dedicated case manager or coordinator usually oversees and arranges help for abused children at one-stop centers. Serving as a single point of contact, these experts make sure that every kid gets the help and interventions they need. Case management involves conducting assessments, developing individualized care plans, coordinating services, and monitoring progress to ensure that the child's needs are met (Johnson, 2010).

2.7.2.3. Trauma-Informed Care:

Children that are mistreated frequently have terrible experiences. To better understand and address the effects of trauma on children, one-stop centers use trauma-informed care practices. This mechanism involves creating a safe and supportive environment, using trauma-sensitive practices during interactions, providing trauma-focused therapies, and promoting resilience and healing (Johnson, 2010).

2.7.2.4. Immediate Crisis Response:

In times of crisis, maltreated children may end up at a one-stop facility. To guarantee their security and stabilization, quick crisis response systems are in place. This may include providing emergency shelter, medical attention, and emotional support. Crisis response mechanisms aim to address the child's urgent needs and create a secure environment where they feel protected and cared for (Kimber, Gonzalez and MacMillan, 2020).

2.7.2.5. Counseling and Therapy:

Therapeutic interventions are frequently necessary for maltreated children to address the psychological and emotional impacts of the abuse. Typically, one-stop clinics give access to therapy and counseling services provided by licensed experts. These mechanisms involve individual therapy, group therapy, and specialized interventions such as play therapy or art therapy. Counseling and therapy help children process their experiences, develop coping skills, and work towards healing and recovery (Kimber, Gonzalez and MacMillan, 2020).

2.7.2.6. Legal Support:

To ensure their rights are upheld and to navigate the judicial system, maltreated children may need legal support. One-stop centers often have partnerships with legal professionals or provide access to legal support. This mechanism involves providing information about legal rights, assisting with legal proceedings, helping obtain protection orders, and advocating for the child's best interests in court (Initiative, 2015).

2.7.2.7. Family Support and Engagement:

Engaging and supporting the child's family is crucial in addressing the underlying factors contributing to abuse. One-stop centers employ mechanisms to provide support, education, and interventions to the child's family. This may include family counseling, parenting programs, and connecting families to community resources and support networks. By involving the family, one-

stop centers aim to create a safe and nurturing environment for the child's long-term well-being (Initiative, 2015).

2.7.2.8. Follow-up and Aftercare:

Even after their first visit to the one-stop center, maltreated children still need ongoing support. Mechanisms for aftercare and follow-up guarantee that the child's development and well-being are tracked and assisted. This could entail routine check-in referrals to community resources, help reintegrating into the school system, and ongoing counseling or therapy services. These mechanisms work together to provide a comprehensive and holistic response to maltreated children within a one-stop center. By addressing the child's immediate needs, providing therapeutic interventions, and engaging with the family, one-stop centers aim to promote healing, resilience, and long-term safety for maltreated children (Initiative, 2015).

2.8. Challenges Facing Child Protection Services

2.8.1. Economic Challenges

Poverty can be affecting the child protection programs/systems in both prevention and responding child maltreatments. In developing countries, different pandemic including HIV/AIDS have changed the social structure of society with orphans and children infected by the diseases becoming more common. The poverty that faces Africans negates against any realistic prospect of effective child protection services being developed. Due to family poverty and helplessness child labor continues to be an issue in developing countries. Besides, family poverty, child labor, and so on, the children are ill-treated till today. The impact has devastating effects on the way we view child protection and in particular child sexual abuse. The consequence of post-traumatic stress resulting from war needs to be addressed, and the development of programs that place children in the center of relief programs to foster a culture of child protection is essential. Global debt is now a major issue in many less developed countries. The poverty that faces the population of Africa negates against any realistic prospect of effective child protection services being developed. Most of these countries do not have the resources for child protection (Lachman et al., 2002).

2.8.2. Social and Cultural Challenges

Even if the forms, types, and the triggering factors are different, issues of child protection have been challenged by social, economic, and cultural factors across the globe. In less developed countries, especially sub-Saharans, the problems of the children are tremendous due to various

reasons like poverty. Also, the age long traditional practices that give less attention for children, ultimately downgraded the best interest of children are great challenges of child protection programs. Therefore, cultures and social norms are challenging child protection programs/systems at different levels of communities (WHO, 2009)

2.8.3. Political Challenge

Many children in Africa are denied their right to growth and development due to inadequate health and nutrition. Africa children are still dying from preventable causes such as malaria, malnutrition, and diarrhea, due to limited access to food and water, sanitation, and hygiene. Commitment to children participation in the decision that affect them- as a right itself and as means to develop and implement more effective policies and programmers for children is inadequate in Africa. Many countries are engaging in innovative and deliberate efforts to engage and consult children, of which the most effective those that are integrated into institutional structures and mechanisms, thereby making child participation more accountable. However, greater efforts are required to overcome the general lack of commitment that impedes these processes (Forum, 2010).

In Ethiopia, the problem of child maltreatment and abuse has been rampant, prevails in all communities and settings. It threatens almost all children and happens to most children in its varied forms. It has been aggravated by complex factors such as lack of political commitment for implementations of signed and adopted human rights instruments mainly CRC and different conventions, illiteracy, violent conflicts and war, harmful traditional practices, and absence of proper systems for birth and death registration and certification. Although, state of the aggravating factors has come to gradually improve. There is no clear evidence whether the general trend of the problem is declining (Deda, 2011).

2.9. Theoretical Framework

For the study, Ecological system theory is the focus of discussion as a theoretical framework. Thus, in this section, how this theory was contributed to assess child protection system and challenges which are barriers at different stage of intervention of stakeholders which acts as favorable environment will be discussed.

2.9.1. Ecological System Theory

According to Bronfenbrenner's ecological systems theory, a person's development is impacted by several interrelated environmental systems, which can range from their personal surroundings like their family to larger social structure like their culture. (Paquette and Ryan, 2001).

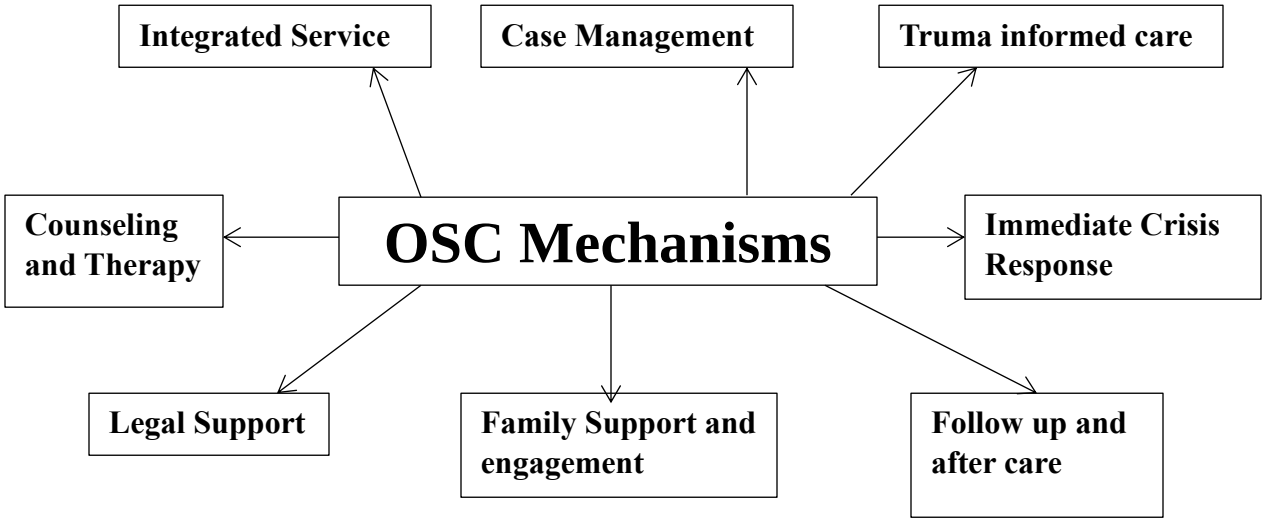
The Ecological Systems Theory developed by Bronfenbrenner provides a theoretical framework for understanding how children's social settings impact their development to comprehend children's development, the idea highlights the significance of seeing them in a variety of situations, or "ecological systems." The following are layers of ecological system theory: The first one is the microsystem, it refers to the immediate environments in which the child directly interacts, such as family, school, and community. In the context of a one-stop center, it is important to consider the child's microsystem and engage with these key stakeholders (Paquette and Ryan, 2001). the second Mesosystem, it refers to the interactions and connections between the different microsystems that influence the child. In the context of a one-stop center, it is important to facilitate collaboration and coordination between various agencies and systems involved in child protection (Paquette and Ryan, 2001). The third one is Exosystem: it refers to the broader social, economic, and political contexts that indirectly influence the child's development. In the context of a one-stop center, it is important to consider the systemic factors that impact child protection. And Macrosystem: it refers to the broader cultural beliefs, values, and norms that shape the child's development. In the context of a one-stop center, it is important to consider cultural sensitivity and responsiveness)and chronosystem are among the ecological systems; they all reflect various degrees of environmental impacts on an individual's development and behavior(Paquette and Ryan, 2001).

Also, the main intends of a systems approach are to strengthen the protective nature of the situation around children and to strengthen the child themselves, to ensure their wellbeing and fulfill their rights to protect from abuse, neglect, exploitation, and other forms of violence. In addition, system approach asserts the responsibility of states to guarantee the care and protection of children, through respecting, protecting, and fulfilling the rights of children listed in the CRC and other international human rights instruments. Moreover, a system theory suggests that by understand about each other component part of the system, and by analyzing how these interact or related with each other, intervention can be applied in one part of the system that will have considerable effect on another part of the system. Child protection services can comprehend the various causes that

lead to child abuse and design all-encompassing prevention and intervention measures by approaching the problem of violence against children from an ecological systems perspective. To create safe and loving environments for children, this method entails addressing risk factors at multiple levels, enhancing protective factors, fortifying connections, and pushing for systemic reforms (Mattingly, 1997).

This indicates that many governmental and non-governmental organizations must work together to respond to child abuse. These so-called "one stop centers" are comprehensive treatment models that assist children who have experienced violence against them. Therefore, the system theory can explain these types of system approach in child protection, because like a system a society of this theory one stop center is built from different perspectives and the professionals collected from medical center, social work, police officer, and so on.

2.10 Conceptual Framework



CHAPTER THREE

3. RESEARCH METHODS

3.1. Introduction

This chapter describes the methods and different techniques that were utilized to gather the necessary data and conduct the study. It also focuses on how the primary and secondary data were collected. Hence, this chapter focused on the following issues: study setting, research design, research approach, sampling techniques, sample size, data sources, method of data collection, method of data analysis, and ethics of the study and trustworthiness.

3.2. Study Setting

Hawassa is found in the Sidama regional state on the shores of Lake Hawassa in the Great Rift Valley; 273 km south of Addis Ababa via Debre Zeit and 1,125 km north of Nairobi. The city lay s on the Trans-African Highway; an international road that starched from Cairo (Egypt) to Cape Town (South Africa). Geographically the City lays between 703‟ latitude North and 380 28‟longitudes East. Hawassa city is bordered by Lake Hawassa in the West, Oromia Region in the North, Wendogenet woreda in the East and Shebedino woreda in the south. Currently Hawassa is serving as the Capital of the Sidama region. The city administration has an area total catchment of 15,720ha, divided in to 8 sub-cities and 32 Kebeles, These Eight sub cities are Hayek Dare, Menehariya, and Tabore, Misrak, Bahile Adarash, Addis Ketema, Hawela-Tula and Mehal- ketema sub city (Evans, Peal and Dinku, 2016).

The Ethiopian Central Statistical Agency estimates that the population of Hawassa is 577,075 out of this 287,734 are males and 289,431 are females and it has an annual population growth rate of 4%.The population is relatively young, with 65% under 25 years of age and around 5.5% over 50 years of age (CSA, 2023).

The selected study area of this research is Hawassa university comprehensive Specialized Hospital One Stop center, which gives various child protection services in Hawassa city.

3.4. Research Approach

The type of research design that was used by the researcher was determined by the nature of the study (Creswell, 2007).

A qualitative study approach was employed for this study. It helps to investigate a personal experience of participants about the challenges and services provided at OSC of Hawassa University comprehensive specializes medical center. The design helped to achieve the goal of better understanding. The study was an institution-based study carried out at Hawassa university comprehensive Specialized Hospital center.

3.5. Sampling technique

In this study, a purposive sampling technique was employed to select both institution and study participants. According to (Huyler and McGill, 2019), purposeful sampling is a technique widely used in qualitative research for the identification and selection of information rich cases for the most effective use of limited resources. when developing a purposive sample, researchers use their knowledge or expertise about some group to select subjects. In-depth interviews also demand applying these kinds of sampling techniques.

The selection of participants for in-depth interview, Focus Group Discussion, and key informants had considered different attributes like age, gender, roles, and responsibilities. Accordingly, samples in the study were selected from survivors' family and stakeholders who have experiences related to issue. The study heavily relied on the fieldwork which entails key informant interviews, health professional, police officer and prosecutors whose roles, responsibilities and concerns were believed to be highly related to the topic of the study. By considering all these, samples in the study were selected from both sexes within survivors' family of violence against children and professionals who had work experiences related to issue.

3.6. Sample Size

The sample size in purposive sampling may or may not be fixed prior to data collection because purposive sample sizes are often determined based on saturation of data. Therefore, for the purpose of this study, the sample was determined based on the principle of saturation of data. A total of 8 key informant interviewees, 6 in-depth interviewees and 12 FGD were selected discussants purposively as a sample.

3.7. Source of Data

To generate relevant data for this study both primary and secondary data was used. While secondary data were compiled from sources such as books, journals and articles, primary data was gathered from the participants of the study.

3.7.1. Primary Sources

The primary information was collected by using, in depth interview, key informant interviews and focus group discussions to gathering data from survivors' family and stakeholders who had experiences related to issue.

3.7.2. Secondary Sources

Relevant secondary information was collected from different books, journal, and articles for a different purpose in line with the subject of the study.

3.8. Methods of Data Collection

The primary phase of research, data gathering, can overshadow the quality of outcomes by reducing the possibility of errors during the project (Taherdoost, 2021).

The researcher employed a variety of data collection approaches to obtain a comprehensive picture of the situation at hand. As a primary data source in-depth interview, key informant interview and focus group discussions (FGD) were used in this study.

3.8.1. In-depth Interview

An in-depth interview allows a researcher to developed deeper into a topic. Until the necessary information was gathered from study participants. The method aided the researcher in gathering informants' thoughts, feelings, and lived experiences on a certain issue under investigation (Bernard 2011).

According to (Rutledge and Hogg, 2020) in-depth interview include several characteristics that demonstrate the technique's utility in qualitative research. These characteristics are an in-depth interview designed to structure with flexibility; it is interactive in character, employs a variety of probes, and the interview is generative of new knowledge that is likely to emerge at some point; it is always conducted through face-to-face interaction. In these study (6) participants who are the

parents or care givers of children gaining services at one stop center were participated in in-depth interview.

The purpose of these in-depth interview was to assess how the survivors' parents or caregivers perceive the services provided and the challenges they face through process of gaining services at the one stop center.

The individual story focused on survivors and their families' experiences that they passed through. Qualitative data was collected in face-to-face interview at One-Stop Center (OSC) with close collaboration with the survivors' family. During interview, it was tried to make the environment conducive to support the respondents to speak in a very open manner. The method was also advantageous if the participants did not understand research questions in a personal interview, the researcher could fill in, and if the researcher senses the participants was not answering fully, he/she could probe for more complete data.

3.8.2. Key Informant Interview

Key informant interview was mostly suitable in qualitative research and apply when the participants have special knowledge about the issues. The purpose of this interview was to collect information from a wide range of people include professionals, community leaders, or experts who must have firsthand information and knowledge about the community (Khemlani David, 2014).

Key informant interview in this study were (8) from service providers of government and non-governmental organizations. These include coordinator of OSC, medical doctor, nurses, counselors, social worker, AWSAD coordinator, women, child and social affair office and police officers. These all were interviewed to generate rich data on services provided to survivors as well as practices related to child protection service delivery mechanisms, capacity of service providers and collaboration among actors in local context.

3.8.3. Focus Group Discussion

Another tool, to collect data was Focus Group discussion. Focus group consists of a small group of people, usually between six and nine in number, who were brought together by a trained moderator (the researcher) to explore attitudes and perceptions, feelings, and ideas about a topic (Basnet, 2018).

Two focus group discussions (FGDs) were selected from community conversation committee members they were established by the center. Both women and men participants of focus group

discussion were selected from the different kebeles and the discussion time on monthly meeting with the ONE stop center schedule. This instrument was used to obtaining quality and in-depth information on the quality of various response mechanisms, as well as challenges in child protection system at the study area.

The purpose of these Focus Group Discussions was to collect deeper understanding and gathering detailed information from the respondents concerning the issue of children, the services provided by the one stop center and the social, economic, and cultural environments which act as challenges to the child protection services. In addition to the method as used to have clear picture of how the different actors in the child protection systems were addressing in One Stop center.

3.8.4. 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 (Creswell, 2003). For this study, thematic data analysis was used as the data analysis method. The qualitative data collected through in-depth interviews, key informant interview and focus group discussions was manually processed with meanings and contents carefully interpreted, organized, and summarized in accordance with the subject under research. As a result, all data was collected in the local language of Amharic, and translated into English by the researcher, who took great care to maintain the uniqueness and clarity of the material while doing so. In accordance with this, the researcher presented the data in a descriptive and reflexive manner while maintaining its original content. During the data analysis, ultimate caution was taken to protect the originality of the ideas and responses of the participants of the study.

3.9. Ethical Consideration

The topic of this research paper was one of the most sensitive aspects of sociological research, while focusing on the ethical consideration of the study, ensuring the legality of the research and follow the required ethics to get legal way was needed. To ensure ethical implication of this study, the following procedures were done to access legal way that is an official support letter from Hawassa University College of Social Sciences and Humanities, Department of Sociology in-order to submit for concerned bodies. Then a written consent notes which were prepared and presented to participants that ensure their cordial willingness to participate in the study and to give clarification to the study participants to establish a proper rapport.

Before the time of data collection, the selected participants were informed about the research objectives, scope, and expected outcomes of the research through local language and Amharic. Hence, all study participants were requested for their voluntariness before becoming part of the study participants, if anyone who were not willing to participate in the study were be excluded from the study; and during the time of interview and discussion informants who were interested to avoid specific questions or interrupt the interview or discussion were allowed.

CHAPTER FOUR

4. FINDINGS AND INTERPRETATIONS OF THE STUDY

This chapter dealt with the presentation and interpretations of the major findings of the study, based on themes developed from the specific objectives of the study. Accordingly, the chapter was organized into four parts. Thematically, the first part was the major forms of abuse faced by abused children in the study area. The second concentrated about the services provided by one stop center (OSC) to abused children at Hawassa university compressive specialized hospital The third part focused on the mechanism devised by the one stop center to handle abused children. Finally, the last part dealt with the challenges faced by the one stop center personnel and children during the child treatment process**.**

4.1. Major forms of child abuse faced by children who are gaining services in the study area

4.1.1 Medical Services.

The one stop center 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, post-exposure prophylaxis and HIV testing are provided free of charge. During my field visit I witnessed that the center provides various medical service to maltreated children working 7 days a week and 24 hours a day by shifting

With this regard,

From key informant interview, one male Doctor Described the One Stop Center and Medical Service activities as follows:

> *"The one-stop centers in Hawassa university comprehensive specialized hospital aims to provide comprehensive support to children who have experienced maltreatment, including*

medical care, counseling, legal assistance, and referral services. These center works towards protecting children from further harm, promoting their recovery, and holding perpetrators accountable within the legal framework of the country. The center is physically housed in medical facilities. This center is located here in Hawassa university compressive specialized hospital to provide integrated and multidisciplinary services to abused children. The center's stuff has 5 Doctors (on rotational basis) and 3 nurses, 2 police officers, 2 prosecutor and 1 social worker. The medical services are provided for the victims to help them recover from their physical injuries, and medical certificate are issued for evidence, and they are transfer for legal services" (KI-1)

Similarly, One Stop Center 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, 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 is done and management of STI, and Post-Exposure Prophylaxis (PEP) administration are done. Among the above services survivors were expected to pay for physical examination, laboratory tests and for medications but post exposure prophylaxis and HIV testing were free of charge" (KI-3)

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

"The One Stop Center provides tremendous benefits to children who have been abused. We were here from Tabor sub-city three days ago, my child a 14-years-old girl who was raped by our neighbor. And she was psychologically and physically injured and 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 is not for free, but we received the cost from AWSAD by refund process because the victim has been transferred to the AWSAD safe house" (IV-1)

The opinion of participants from FGDs regarding the services provided at One Stop Center is described as follow.

*"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 medical service. If the cost not covered by other NGOS the survivor's family should pay the cost of services" (*FGD-1)

4.1.2 Psycho-Social Supports

Supporting, healing, and recovery for abused children is the goal of psychological aid to child abuse.The main objective of psychological support in Hawassa One Center is to assist with healing and recovery from emotional, psychological, and social effects. This includes crisis care as well as longer-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. Further during my field visit I witnessed the existence child friendly play therapy in the center. These psychosocial support services are free of cost and often provided through the case management process, or through other individual and group services provided by the same organization.

This idea is substantiated by the following data collected from Key informant, in-depth interview and FGD as the following pattern.

One social worker from key informant interview was explain based on her experience in the following manner:

"Besides psychological assistance is to help children regain their well-being and develop resilience by treating the emotional, psychological, and behavioral repercussions of abuse. This service is provided to survivors and their families or guardians who comes to needs help from one stop center. Children who have been abused have psychological and social issues beyond physical issues. The psychological and social issues problem is solved when

they are given age-appropriate counseling is a critical component of a one-stop center's services to address child abuse. Play therapy, family therapy, and psychotherapy were provided to victims and their families at One Stop Center. If so, they will be treated there because there is available psychiatric doctor in hospital. In addition, we have a referral linkage that can provide ongoing psychological assistance which gives trainings and supervision by social workers and community services workers in collaboration with us" (KI-4)

In similar, one of key informants ,42 years old Nurse further elaborated as follow:

"Emotional problems including fear, anxiety, sadness, anger, and low self-esteem are frequently brought on by child maltreatment. By offering counseling, therapy, and emotional support, psychological aid aims to address these emotional difficulties and assist child in creating positive self-images, healthy coping strategies, and emotional regulation abilities. Age-dependent psychological assistance acknowledges the distinct developmental needs and capacities of children across several age groups in the context of child abuse. The method used to provide psychological support can change depending on the age and developmental stage of the child" (KI-2)

One survivors' family member from in-depth interview elaborated the importance of psychological support for the survivors and family as the following manner:

"My cousin, 6 years old boy was sexually assaulted, and we came here to seek help, the attack was a little more severe, so he was hospitalized and treated. We paid for treatment and medication as well as a laboratory, but we got it for free for psychological support. The boy who was abused said ''he would not return to school because he feared that he would be ostracized by his schoolmates". But with a series of psychosocial support and follow-ups, he was able to return to school with his self-awareness corrected. Therefore, the psychosocial support service must be strengthened as mental, or counseling services are of paramount importance to both survivors and their parents" (*IV-2)*

4.1.3. Legal Aid

Every child has the right to be safe from harm. Nevertheless, every year the lives and physical, mental, and emotional well-being of millions of children around the world are threatened by maltreatment. These children without legal protection and aid are everywhere vulnerable. The provision of legal aid services within a one-stop center plays a crucial role in ensuring that child abuse victims have access to justice, receive legal support and representation, and are empowered to seek 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. Every child has the right to be safe from harm. Nevertheless, every year the lives and physical, mental, and emotional well-being of millions of children around the world are threatened by maltreatment. These children without legal protection and aid are everywhere vulnerable. I interviewed the key informants about the existence of legal aid service at the center, and they had the following to say.

One of key informants, coordinators of OSC describe the legal aid service as follows:

> *"There are two police officers and two prosecutors working in the Legal Service, and this service is provided the service to only eight sub-districts kebele in Hawassa. There is no legal service in One Stop Center that provides service to victim who come outside of Hawassa. For victims who come outside of Hawassa, health service, counselling services and medical evidence are given, and they will be informed to pursue their case in their local court. As you know, the main purpose of the legal service is to protect citizens from violence and to keep the comfort of citizens by establishing a favorable rule of law. In addition, NGOs working in partnership with One Stop Center identify those who need to enter shelters and facilitate their acceptance" (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 we work with in One stop Center alternate in shifts and only work hours from Monday to Friday. Our*

mission is to protect the community from abuse and to investigate the case of abused children who come to One Stop Center and prosecute the perpetrator in cooperation with relevant authorities to investigate and make decisions, as well as raise awareness so that victims are not exposed to other forms of violence. We refer victims to NGOs who give shelter working with us who must put in custody until their case is over. Sometimes we have them placed in safe house with their mothers if they are very little children. At the same time, they receive mentorship and various support training from the organization, for which we mainly refer to the non-governmental organization AWSAD safe house, which plays a major role" (*KI-5)*

One 37 years old legal aid service Prosecutor elaborated the issue as follows:

"Legal aid services in Hawassa One Stop center provides legal consultation such as initial consultations to child victims and their families, providing information about their legal rights, available legal options, and may provide legal representation to child victims during legal proceedings, such as court hearings, custody battles, and protective order hearings, legal consultation, court accompaniment this includes accompanying them to court hearings, providing emotional support, and explaining court procedures to alleviate anxiety and enhance understanding and Support, legal advice and referrals and collaboration with multidisciplinary team members. Legal professionals within the one-stop center may act as advocates for the child, ensuring their voice is heard and their best interests are protected" (KI-6)

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

"My daughter is a 7-years-old. We were sent to the Ones Stop Center from the police after physically injured by a 40-year-old men neighborhood. We didn't know there was a comprehensive service here. Except the medical service the legal and psychological support in the one stop center is free of charge. and we are very happy to have all the support together. The lawyers are working with the relevant authorities to gather information. Next, they bring the perpetrator to justice(IV-3)

According to focus group discussions with men and women discussants said that:
In One Stop Centers for child abuse cases, legal aid services are essential. These institutions are dedicated to offering survivors of child abuse all-encompassing care, which includes legal aid. It

improves the efficacy of interventions and support programs for child abuse, making it easier for survivors to access justice and fostering their healing and general well-being (FGD-2)

4.2 Major forms child abused encountered by children.

Children without protection are vulnerable to violence, sexual abuse, physical harm, and exploitation. The specific forms of child abuse in the center are sexual, physical, and psychological abuse. The different types of abuse of children can coexist at the same time, and this is key for detailed understanding of the issue. Child abuse refers to various forms of abusive behaviors towards children. The major forms of child abuse reported Hawassa university One Stop Center include child sexual abuse, physical and emotional abuse. It was clearly shown that children at the center were victims of sexual assault, and the assault was not sex specific as it was shown from previous findings that young boys were raped. This implies that there is a need for strong protection for children. In developing countries such as Ethiopia, underreporting is common, had it not been the case, the magnitude of sexual assault is so pervasive. The low prevalence of child sexual abuse can be attributed to several factors including fear, social stigma against rape survivors and other cultural norms.

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

> *"In addition to sexual abuse and physical harm, children who came to One Stop Center are psychologically traumatized. Because One Stop Center provides victims with multidisciplinary services, such as health, legal and psychological services, we also send or transfer them to a safe house if it is known that they are incapacitated and assaulted again. Therefore, children who have been sexually abused in any health facility are referred to us from all eight sub-districts kebeles of Hawassa City" (KI-2)*

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

> *"The one stop center in Hawassa university receive male and female children's victims under the age of 18 who have experienced sexual assault, physical trauma, and psychological abuse. The average number of child abuse case seen in OSC in one year was around 120, among this 10 percent were male victims. child sextual abuse, representing about 90% of the total reported case."* (*KI-4)*

4.3 The mechanisms devised by the one stop center to handle abuse children.

The One-Stop Center at Hawassa University Specialized Referral Hospital uses various mechanisms to effectively handle maltreated children. The center focuses on the child's immediate safety by quickly reacting to allegations of abuse and ensuring the child is removed 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. Additionally, 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.

With this regard one of my key informants, Doctor elaborated the issue as follows:

> *"The Hawassa university specialized referral hospital's One-stop center uses various mechanisms to effectively handle maltreated children. Among that One-Stop Center puts the child's immediate safety first. They have established procedures for reacting quickly to allegations of abuse and making sure the child is taken out of harmful way. The other mechanism is multidisciplinary team approach. such as child protection workers, law enforcement officers, medical personnel, and legal advocates. comprehensive evaluation, well-coordinated interventions, and all-encompassing support for the child and family are made possible by this cooperative approach"* (*KI-1)*

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

> *"To enhance our Education and Developing Capabilities at the one-stop center we have received specific training in working with abuse victims, providing trauma-informed care, and protecting children. They should have the necessary skills to handle sensitive situations and provide support to children and families"* (*KI-4)*

One of my key informants, Police officers elaborated the issue as follows:

> *"The Hawassa University One Stop Center Provide and carry out preventative initiatives that educate child, 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, or school-based projects and media coverage (now a days discontinued due to budget problem). 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 safe house center"* (*KI-5)*

4.4. Challenges faced by the one stop center personnel and children during the child treatment process.

4.4.1. Economic challenges

One of the primary challenges faced by the One Stop Center (OSC) is a lack of sufficient funding, which restricts their ability to provide free medical services. While some medication, such as post-exposure medication for HIV prevention, is obtained from organizations like UNICEF and provided free of charge, 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 there are NGOs that collaborate with the OSC to cover expenses for some individuals, there are cases where victims do not meet the criteria for aid organizations, and their medical expenses are not covered. 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 my key informants, coordinators of OSC elaborated the issue as follows:

> *"One of the primary challenges of the OSC is often a lack of sufficient funding. Limited financial resources can restrict the center's ability to give free of charge medical service. In our One Stop Center the medical service is not free of charge. But we take some medication from non-governmental organization like UNICEF such as post exposer medication that gives for prevention of HIV is free of charge. Unlike health service Legal and counseling service is free of charge.*

Communities that come to One Stop center seeking services are unable to pay for tests and treatment due to poor economic resources, although there are NGOs that work with us to cover their expenses, sometimes they are outside the criteria of the aid organizations their medical expenses are not covered. And sometimes the victim's family unwanted to disclose the case. As a result, victims are unable to obtain medical evidence because they are unable to obtain medical services, and the legal services find it difficult to obtain them without medical evidence. So, this remains one of the biggest challenges for One Stop Center in the issue of payment therapy. To address this problem, we sometimes contribute to One Stop Center staff and get victims access to treatment. In addition, in the event of an overwhelming problem, we will contact the head of the hospital to get a stamp of free treatment. But this is not always a case to be achieved. In addition, Children who are abused are so emotionally damaged that they want something fun and mind-blowing, but One Stop Center is not conducive to providing these kinds of services" (KI-3)

Similar idea from the focus group discussants elaborated the issue:

"The problem of child abuse in Ethiopia is widespread and the issue should be a matter of great concern. The safehouse that is available in AWSAD in Hawassa has only concern about female victim. We have seen the following specific case in the center, a 5-year-old boy was brought to us by his stepfather as a sexual harassment victim. We took the boy to One Stop Center for treatment, but he couldn't get medical care on time because the survivor's family didn't have any money. In addition, he couldn't enter the shelter because there was no shelter accessibility for male VAC. So, we obtained free letter from kebele, and the boy was given medical treatment and is now receiving legal services. This is the big challenges in child protection process" (FGD-1)

4.4.2. Social and cultural challenges

Child protection services are influenced by cultural norms, attitudes, and beliefs. 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 prevent 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 my key informants, Prosecutor elaborated the issue as follow:

> *"When victims come to us from the health service with medical evidence, we prepare a witness and collaborate with the victim and their families, as well as social works, to hand the perpetrator over to the law and judiciary, but the victim's family ends up mediating on the sidelines. The law must be respected when the perpetrator is corrected by the law. Otherwise, it is inevitable that the victim will be attacked again"* (*KI-6)*

Additional idea was raised from the FGD participants as follows:

> *"The culture of secrecy is particularly true in case of sexual violence against girls and boys which is usually perceived as act that destroys the family through disgraces"* (*FGD-2)*

According to one of my key informants, social affair officer

> *"The guilt and stigma that are frequently attached to their experiences as victims of abuse or violence can keep them from getting the assistance they need. Social attitudes that blame or judge survivors may create barriers to accessing OSC services. The culture of silence and secrecy that prevail in Ethiopia has a negative impact on children and discourage them from reporting and\or disclosing violent act" (KI-8)*

From focus group discussants added the issues that: Language is a key barrier in the service delivery at the one stop center.

The victims often are from various ethnic background thus speak different language which make it difficult the social worker to communicate with their survivors and family. The linguistic and cultural backgrounds of children and their families must be taken into consideration in child protection procedures. The process of communication between children, families, and professionals can be impeded by several factors such as language hurdles, cultural disparities (FGD-2)

4.4.4. Police and low enforcement challenge

This type of crime is a recurring problem in the city, and the lack of available space in shelters and limited resources hinders the ability to assist new victims. Raising awareness about child protection laws, reporting procedures, and the importance of early intervention through public campaigns is necessary. Many people may not be familiar with the warning signs of child abuse or the available support resources. Even still, because of problems with police-community cooperation, there have been delays in capturing the assailant. This reveals a structural issue that must be resolved to guarantee that victims of these crimes receive prompt justice.

One of Key informant AWSAD coordinator elaborated the issue as follow:

"*A 50-year-old man brought a twelve-year-old girl from the countryside to teach her, but he repeatedly sexually assaulting her, and finally the teenager told a neighbor and they brought her to a one-stop center and started treatment because of the presence of HIV in her blood, then she could be brought into a shelter However, the victim was mentally ill and was given mental support. But even though it has been six months since she came to us, the attacker has not yet been arrested, and we face a collaboration problem from the police side. This crime is a frequent problem in the city, and if victims who have previously been given the opportunity to enter shelters and received various professional psychological and economic support and will not be able to leave the place for new arriving victim, we cannot receive new commers* "(KI-7)

Additional idea was raised from the other FGD participants like this:

> *"A lot of people might not be aware of the warning indicators of child abuse or the resources for support that are out there. To educate and raise public knowledge about child protection laws, reporting procedures, and the value of early intervention, campaigns are required" (FGD-1).*

CHAPTER FIVE

5. DISCUSSION

This assessment of child protection services was carried out in Hawassa university specialized hospital one stop center. The study revealed that different types of abuse of children could coexist at the same time and overlapped. The child sexual, psychological, and physical violence was evident, as a result most of child survivor suffered from psychological trauma. This is consistent with the findings of different studies (Mehta et al., 2023; UNICEF, 2014).

The current study found out that the center provides medical, psyco-social, and legal support to the maltreatment child. Accordingly, one can say that One-stop centers where health practitioners, police and social workers coordinate closely, was an effective strategy to improve the health, safety, and well-being of survivors of sexual and physical, emotional violence. These finding was similar to that was obtained from a 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 (Mulambia *et al.*, 2018). The finding was also similar with a research finding conducted in Jimma town which pointed out that the comprehensive service provided to the survivor of child maltreatment created platform for service providers and also, it is indicators of strengthening child protection program at study area (Gutema chimdi, 2020).

Unlike the finding of studies conducted in Zambia (Chomba *et al.*, 2010) and Jimma (Gutema chimdi 2020) this study found out that child survivors at the medical service were expected to pay for medical services they get except for services like HIV prophylaxis and they were only refunded if they were referred to safe house provided by NGOs. This means the OSC only provides psycho-social 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 one stop center, those survivors who did not meet the criteria were not eligible for the refund. As a result, survivors' family who did not meet the criteria who have low socio-economic status suffered from economic problem.

Even though multidisciplinary services, such as health, legal and psychological services were provided for survivors in the one stop center it had no temporary shelter, survivors were sent or transferred to a safe house operated by NGOs. Even the shelters accept only female survivors, there were no shelters in the city which accept male survivors. As a result, male survivors are exposed to revictimization especially if the perpetrator is member of the survivor family.

Regarding the mechanisms devised by the one stop center to handle maltreated children, this study revealed that the first mechanism focuses on ensuring the immediate safety of the child and reacting quickly to allegations of abuse. This approach was consistent with the findings of other studies that emphasize the importance of prioritizing the safety of the child when responding to child abuse cases. Reacting promptly and effectively to allegations of abuse is crucial for protecting the child from further harm (McTavish *et al.*, 2020).However according to some respondents the mechanism devised by the OSC was not applied in full scale, like luck of temporary shelter for survivors.

Another mechanism was the use of a multidisciplinary team approach at the One-Stop Center. This approach involves collaboration among child protection workers, law enforcement officers, medical personnel, and legal advocates. Like the findings of other studies (Barlow and McMillan, 2023) 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, there was a gap from the law enforcement agents that sometimes the perpetrators were not held accountable on time.

Enhancing the education and capabilities of employees at the One-Stop Center was another mechanism employed, that the staff receive specific training in working with abused victims, providing trauma-informed care, and protecting children. This aligned with the findings of other study that emphasized 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 (Within and Leone, 2017).

Furthermore, Preventative initiatives and community partnerships as a mechanism in the center aims to educate children, parents, guardians, and the community about child abuse, its effects, and

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. Additionally, 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 (McTavish *et al.*, 2020).However the discontinued media coverage due to budget constraints, raised concerns about the long-term viability of preventive initiatives. Exploring alternative funding models or community partnerships for sustained media coverage, as seen in studies like (T. Mulugeta, 2020) is very important.

Referral processes and additional services ensure that families and children can access the right services outside of the One-Stop Center. 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 One-Stop Center. 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 Save the (Initiative, 2015).

This study revealed that there are certain challenges faced by one stop center 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 service free of charge. Fee barriers can act as a significant deterrent for accessing services, particularly for families with low socioeconomic backgrounds. In similar, assessment by(Chomba *et al.*, 2010) reveled that economic barriers inhibit progress to address effective child protection services. There was also lack of resources for holistic care beyond immediate crisis intervention. Providing recreational activities, and child-friendly spaces is crucial for healing and well-being but often hindered by budget constraints. This finding was consistent with another study by (Mulambia *et al.*, 2018) which revealed that child-friendly areas are essential for healing and overall wellbeing.

The current study shed light on the social and cultural challenges encountered in assessing child protection services in the One Stop Center. Issue of the victim's family mediating on the sidelines,

rather than allowing the law and judiciary to take appropriate action against the perpetrator, this indicates a challenge in ensuring that the legal process is followed, and that the perpetrator faces the consequences of their actions. The importance of respecting the law to prevent further harm to the victim should be given due emphasizes.

In addition, culture of secrecy surrounding sexual violence against girls and boys was another challenge. This cultural perception leads to a reluctance in disclosing or addressing the issue. This cultural challenge creates barriers in terms of reporting, investigating, and addressing cases of child maltreatment, particularly sexual violence. Many studies(Raman and Hodes, 2017; Mulambia *et al.*, 2018) 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. The other challenge reveled in this study in the One Stop Center was the lack of temporary shelter within the center due to this case the center refers survivor to shelters operated by NGOs this finding is similar with a study finding conducted in Jimma

This situation exposes male survivors, particularly if the perpetrator is a family member, to potential revictimization.

CHAPTER SIX

6. CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Several countries have developed one-stop centers where medical, legal, social welfare, and counseling services take place under one roof. Ethiopia has also developed one stop centers in several location across the country. This study was conducted in one of these centers namely the Hawassa university comprehensive specialized hospital One Stop Center. Hence, this section presented a conclusive remark based on the finding of the result.

The finding on the first specific objective shows that the major forms of child abuse reported to Hawassa university One Stop Center include child sexual, physical, and emotional violence. Hence, children are facing multiple forms of violence, and some even have faced triple forms at a time.

The finding on the second specific objective i.e. services that the one-stop center (OSC) offers to abuse children at Hawassa University's compressive specialized hospital revealed that the Center (OSC) has been providing medical services, Psycho-social support, and legal aids to the victim. Children though the center had charges for medical fees. From this it can be concluded that even though different services were provided by the center, child survivors were expected to pay for the medical service they receive at the center. As a result, families shall suffer from financial constraints.

The third specific objective of the study was to understand the mechanism devised by the one stop center to handle abused children. The general finding from participants regarding the mechanism devised by the one stop center to handle abused children indicates that the center focuses on the child's immediate safety by quickly reacting to allegations of abuse, employ a multidisciplinary team approach, education and developing capabilities among its staff and it also carries out preventative initiatives to educate the community about child abuse, its effects, and how to identify and report it, where some thrives are not practically given on the ground. On the basis of this result it is possible to conclude that there are several mechanisms employed by the center yet there are disparities between the actual types of service provided and the service providers claimed.

The last specific objective of the study was to investigate the challenges faced by the one-stop center personnel and children during the child treatment process. According to the major reasons are resource scarcity, financial dearth, insufficient funding, lack of access to free medical services, lack of temporary shelters for survivors and social and cultural challenges. From this the researcher concludes that the above challenges pose barriers to providing holistic care for child survivors and exposes them to potential revictimization.

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6.2 Recommendations

Based on the findings of the study, the following recommendations are proposed:

- Efforts should be made by the government to ensure that child survivors have access to free medical services, regardless of whether they are referred to safe houses operated by NGOs. Funding should be secured to cover the costs of medical services for child survivors to alleviate the financial burden on them and their families.
- The establishment of temporary shelters within the one-stop center is crucial to provide immediate and safe accommodation for both female and male survivors. This will help protect them from potential revictimization and ensure their safety and well-being.
- It is important to raise awareness about child abuse and its effects within the community.
- Partnerships with community organizations, such as NGOs, schools, and medical facilities, should be established to strengthen the support and services provided to child abuse victims and their families.
- Efforts should be made to secure for holistic care beyond immediate crisis intervention, such as recreational activities and child-friendly spaces.
- Cultural norms and values that discourage victims and their families from openly discussing instances of child maltreatment, particularly sexual violence, should be addressed. It is crucial to promote a culture of openness and support survivors in seeking justice through the legal process. Respecting the law and ensuring that perpetrators face consequences for their actions can help prevent further harm to victims.

APPENDIXES

APPENDIX I

Informed Consent For

Dear participant.

My name is Simegn W/Yohannes. I am studying Master of Sociology in Hawassa University. This is to conduct a study aimed to "assessment on child protection service at one stop center (OSC) Hawassa university comprehensive specialized hospital." The purpose of this study is to assess the child protection services of OSC in the study area for academic purpose.

The findings of the study can further be used as a reference for advocacy purposes in the future. The study has been approved by Hawassa University School of Graduate Studies to be conducted in partial fulfillment of the requirements for the Master of Arts in Sociology. The real and honest information you will provide to me have significant value for this study. The researcher will use tape recorder to register all explanation of the participants completely. The researcher strongly notices you that, all the privacy and confidentiality of the information you will provide will be confidential, will not passes to other third party, and participants will not be mentioned by name when findings of the study mentioned. If you will not be willing to participate in the study, you have the right to stop. Therefore, I kindly request your honest and valuable response to my questions to attain the objectives of the study. If you have any question after the interview, don't be shy to contact me via.

Tell. +251-905-464-601. Email: simegnwoldeyohanes22@gmail.com

Signature of participant_____

Date_____

APPENDIX-2

Key Informant Interview Guide with Stakeholders

Informational statement read by the interviewer:

Today I would like to talk to you about the services provided by one-stop-center for the survivor of violence against children and the mechanism devised by the one stop center to handle maltreated children. Also challenges of child protection service in responding child maltreatment. This study is conducted in Hawassa city, particularly at one-stop- center in Hawassa University Comprehensive Specialized Hospital You have been selected for the interview because you have been involved in the unit of the one-stop-center.

Code-----

Interview Date	
Sex	
Age	
Residencial Place	
Educational Level	
Organization	
current position	
Work Experience	

Part I. Types of Services provided for children in OSC.

1. What are the core services provided by one stop center (OSC) offers to maltreat children at the study area?
2. Can, you mention the types of Health services provided by one stop center to maltreat children in the study area?
3. Can, you mention the types of legal services provided by one stop center to maltreat children in the study area?
4. Can, you mention the types of psychological care/counselling/ services provided by one stop center to maltreat children in the study area?
5. Can you mention social benefits/referral linkage/ that are provided for families and children?

Part II. Major forms of violence faced by maltreat children in the study area.

6. Is there child protection unit in OSC are responsible for responding to reports of violence against children?

7. What are the major forms of violence faced by maltreated children who are gaining services at one stop center in the study area?

Part III. What are the mechanisms devised by the one stop center to handle maltreated children?

Part IV. challenges of OSC service in child protection process.

8. What are the challenges of one-stop-center at the study area? (Availability of the required human and material resources. Do you have rules, regulation, or guidelines? Is there any challenge in the accessibility of the service? the specialized trainings provided for staff on caring for child survivors. availability of community organization to needed to support the services. (like community awareness creation) compatibility of the services with the community value, norms, and practices,

availability of safe house for abused children.

9. Do you have anything else to add? Thank you for your time and valuable contributions.

Appendix 2: In-depth Interview Guide for Survivors' Family

Code------

Interview Date	____/ ____/ ____ DD MM YY
Informant type	Parents of VAC survivor
Sex	
Age	
Residential Place	
Educational Level	
Means of Leving	
Relation ship	
Marital Status	

1. Please tell me when your first visit is to one stop center.
2. When you arrived at OSC, what are the types of services you have gained?
3. Is the service free of charge?
4. Have you come with your child to OSC while he/she has postponement?
5. What are the challenges you faced when you receive the services?
6. Do you have anything else to add? Thank you for your time and valuable contributions.

Appendix 3: Focus Group Discussion Guide

Code------

No		Age	Sex	Religion	Education	Occupation
1						
2						
3						
4						
5						
6						

Part I. Types of Services provided for children in OSC.

1.What are the core services provided by one stop center (OSC) offers to maltreat children at the study area?

2.can, you mention the types of Health services provided by one stop center to maltreat children in the study area?

3. can, you mention it the types of legal services provided by one stop center to maltreat children in the study area?

4. can, you mention it the types of psychological care/counselling/ services provided by one stop center to maltreat children in the study area?

5. Can you mention social benefits/referral linkage/ that are provided for families and children?

Part II. Major forms of violence faced by maltreat children in the study area.

6. Is there child protection unit in OSC are responsible for responding to reports of violence against children?

7.What are the major forms of violence faced by maltreated children who are gaining services at one stop center in the study area?

Part III. Challenges of OSC service in child protection process.

8.What are the challenges of one-stop-center at the study area? (Availability of the required human and material resources. Do you have rules, regulation, or guidelines? Is there any challenge in the accessibility of the service? the specialized trainings provided for staff on caring for child survivors. availability of community organization to needed to support the services. (like community awareness creation) compatibility of the services with the community value, norms, and practices, availability of safe house for abused children.

9. Do you have anything else to add? Thank you for your time and valuable contributions.

Table 1-Socio-Demographic data of in-depth interview participants

Code of Interviewee	Sex	Age	residential place	Educational level	Means of living	Relation ship	Marital Status
IV-1	F	42	Hawassa	Illiterate	Daily Laborer	Mother	separated
IV-2	M	42	Hawassa	Grade 6	Trade	Ancle	married
IV-3	F	29	Hawassa	Grade 4	Daily Laborer	Mother	separated
IV-4	F	32	Hawassa	Illiterate	Daily Laborer	Mother	separated
IV-5	F	31	Hawassa	Grade8	Daily Laborer	neighbor	married
IV-6	M	49	Hawassa	Illiterate	Trade	Aunt	widowed

Table 2-Socio-Demographic data of Key informant interview participants

Code of Interview	Age	Sex	Educational Level	Organization	Position	Work Experience
KI-1	46	M	Doctor	Hawassa University Specialized Hospital	Doctor	7
KI-2	42	F	Degree	Hawassa University Specialized Hospital	Nurse	14
KI-3	44	F	Masters	Hawassa University Specialized Hospital	OSC's Coordinator	16
KI-4	34	F	Degree	Hawassa University Specialized Hospital	OSC's Social worker	8
KI-5	38	M	Degree	Hawassa City Police Office	OSC's Police Officer	9
KI-6	37	M	Degree	Hawassa City Police Office	OSC's Prosecutor	8
KI-7	42	F	Masters	Association for Women's Sanctuary and Development	AWSAD Coordinator	13
KI-8	40	F	Degree	Women, Children and social Affairs Office	social affair officer	11

Table 3-Socio-Demographic data of FGD participants

Code of Interview	Age	Sex	residential place	Educational Level	Employment
FGD-1	46	Female	Hawassa	Degree	Civil Servant
FGD-1	35	Female	Hawassa	Diploma	Civil Servant
FGD-1	41	Male	Hawassa	Diploma	Civil Servant
FGD-1	39	Female	Hawassa	Grade 12	Civil Servant
FGD-1	42	Male	Hawassa	Grade 10	Civil Servant
FGD-1	40	Female	Hawassa	Diploma	Civil Servant
FGD-2	36	Female	Hawassa	Diploma	Civil Servant
FGD-2	34	Female	Hawassa	Grade 12	Civil Servant
FGD-2	38	Male	Hawassa	Diploma	Civil Servant
FGD-2	40	Male	Hawassa	Degree	Civil Servant
FGD-2	32	Male	Hawassa	Degree	Civil Servant

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