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Deafening Echoes: Lived Experiences of Adult Survivors of Online Sexual Abuse and Exploitation of Children

Adesty P. Dulawan^{a,b}

^aThe Graduate School, University of Santo Tomas, Espana, Manila, Philippines;

^bWorld Hope International, Cebu, Philippines

Correspondence: adesty.dulawan.gs@ust.edu.ph

Lucila O. Bance

The Graduate School, University of Santo Tomas, Espana, Manila, Philippines

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Abstract

Online Sexual Abuse and Exploitation of Children (OSAEC) is a global phenomenon of technology-facilitated sexual violence that has become prevalent in the Philippines. This exploratory qualitative study aimed to establish an in-depth understanding of the enduring effect of OSAEC victimization and utilize the phenomenological perspectives to identify key components of a trauma intervention for the population. Specifically, in-depth interviews were held with 5 adult survivors who were initially screened for trauma and 5 psychologists who are providing therapy to survivors of sexual violence. The themes showed that adult survivors of OSAEC face instability across various aspects of their life, including financial constraints, complex family relationships, huge family responsibilities, and health issues. Furthermore, they manifest persistent trauma symptoms such as hounding fears, intrusive memories, avoidance behaviors, negative affect and cognitions. Feelings of shame and stigma related to their past experiences likewise contribute to social isolation and emotional distress. Despite these challenges, the survivors demonstrate resilience through supportive relationships and faith-based coping. Facilitating the recovery of the survivors necessitate an integrative and survivor-focused therapeutic intervention that addresses the digital aspects of the abuse; builds skills in coping and emotional regulation; and fosters resilience. At the family and community level, empowerment is needed through advocacy and education to enable them to provide support and healthy environment for survivors to thrive. The recovery programs must likewise be anchored on responsive institutional systems around the survivors.

Keywords: technology, online sexual abuse, exploitation of children, trauma, child sexual abuse

Introduction

Child sexual abuse has long been a social menace, impacting millions of children worldwide (Ali et al., 2023). The World Health Organization (2022) reported that 1 in 5 women and 1 in 13 men have been sexually abused as a child at age 0-17 years old. Over the years, sexual violence targeting children has evolved into various forms and means. Recent technological developments provided even broader and more accessibility to children (Gautam, S.K, 2022; Graffland, J, 2018; Vitória, M. et al., 2024;). The internet has quickly become a medium for sexual predators to exploit and abuse children, thus the emergence of Online Sexual Abuse or Exploitation of Children (OSAEC).

UNICEF (2016) characterized OSAEC as a form of abuse that happens when adults or children expose children to pornography online and the sexual extortion of children. It encompasses the discourse on child pornography and commercial sexual exploitation, as well as exploitation by both the person viewing or directing the sexual content as well as, in many cases- the individual/s recruiting and directing the children in person (Terre des Hommes, 2013). In OSAEC, children are made to perform sexual acts upon themselves, with other children or adults, while being watched online. Perpetrators from all over the world with an internet connection can readily access the streamed video loaded with sexual content (Varella, 2016).

The End Violence consortium of UNICEF, ECPAT, and INTERPOL determined the types of OSAEC, which include (1) Child Sexual Abuse Material (CSAM)- the production, possession, and distribution of images, audio, or videos containing children for sexual purposes. (2) Live-streaming of child sexual abuse, on the other hand, is the sexual abuse of a child viewed in real-time by a predator via teleconferencing platforms. (3) Online grooming of children for sexual purposes is using technology to access a child and gradually entice him/her with the purpose of offline sexual abuse. (4) Self-generated sexual content involving children is produced and shared voluntarily by a child to a peer, which may be passed on without consent. (5) Sexual Extortion of Children is threatening a child to obtain sexual content. Finally, (6) Sexual harassment of a child includes unwanted exposure of a child to sexual content (ECPAT et al., 2022). These types of OSAEC are not exclusive since a specific type facilitates engagement in another form. This study focused on the image and live-streamed type of OSAEC.

The prevalence of OSAEC has been rapidly rising in the Philippines over recent years. The scale of harm study by International Justice Mission (2022) found that close to 500,000 children were trafficked to create new child sexual exploitation materials in 2022, which amounts to about 1 in every 100 Filipino children. The COVID-19 pandemic further exacerbated the vulnerabilities of children to all forms of abuse and exploitation, not just in the country but globally. In 2021 alone, 20% of internet-using children aged 12-17 experienced grave instances of online sexual exploitation and abuse. They were threatened to engage in sexual activities, another person sharing their sexual images without their consent or forced to perform sexual activities in exchange for money or gifts. In proportion to the population, they represent approximately two million children subjected to different forms of these harms in just one year (ECPAT et al., 2022).

It has been widely documented that childhood sexual victimization has a detrimental impact on the physical, mental, social, economic, and interpersonal functioning of survivors (Castelo-Branco et al., 2022; Henkhaus, 2022). Among the sequelae, trauma has long been established as one of the adverse outcomes of any form of sexual abuse and exploitation done to children (Amanda L. et al., 2022; Rohini et al., 2022). Traumatic events can cause both long-term and short-term effects. Long-term effects of sexual abuse are sustained through factors like duration, frequency, relationship to the perpetrator, age of onset, and presence of physical abuse, impacting mental health and behavior (Davidson & Omar, 2014; Sacchi et al., 2020; Singha et al., 2022).

Technology-facilitated child sex trafficking, such as OSAEC, likewise poses an enormous danger to the mental health of the victims. Among Filipino OSAEC survivors, early studies found that they suffer from psychosocial distress, which their activities may have brought about during the sexual trade. In comparison with children living under equal circumstances yet not involved in sex work, they exhibit more symptoms of posttraumatic stress: being nervous and jumpy and suffering from low self-esteem and low self-worth. They feel disgusted with themselves and embarrassed of what they were made to do (Terre des Hommes, 2013).

OSAEC survivors are more predisposed to persistent distress because of the lasting record of the abuse, which at anytime and anywhere can resurface and be passed around online, even if it took place in their childhood. In abuses facilitated through technology, victims may know that their images may be or are still present online, which can lead to feelings of ongoing traumatization (Hanson, 2017; Huber, 2022; Joleby et al., 2020). Von Weiler et al. (2010) were among the first investigators who found that the permanence of the images was the most challenging aspect of this abuse. Another source of fear is the immeasurable reach of these records, where an infinite number of people may view a video or image. The effect of perpetrators-constructed abuse images lasts across time (permanence) and social space (reach), which contributes to feelings of ongoing traumatization to victims.

An added distinct feature of OSAEC is that it is often perpetrated by the survivor's family (ECPAT et al., 2022; International Justice Mission, 2020). Filipino families are tight in general. Thus, Filipino children are highly vulnerable to the influence of their parents. Consequently, the children victimized in family-run operations showed deeper internalization that performing sexual acts to gain money is

acceptable if not necessary. The children are deeply groomed to believe there is no harm and shame in performing since they are not physically touched (Terre Des Hommes, 2013).

Furthermore, cultural structures influence the victimization dynamics in OSAEC affecting survivors' grooming processes, victimization experience, disclosure, and help seeking behaviors. Cultural deference to authority figures, particularly elders, prevents children from speaking out against abuse. This dynamic often leaves survivors feeling powerless and isolated, further perpetuating the cycle of exploitation (Baustista, 2023; Dela Cruz, 2019; Miranda et al., 2023; Osmeña & Barrera, 2021). In collectivist society like the Philippines, family honor and reputation are paramount at times superseding individual needs and values. Behaviors perceived as dishonorable can lead to negative consequences such as being stigmatized or even violence (Lowe et al., 2021). This cultural backdrop fosters an environment where individuals may prioritize family reputation over personal safety and over addressing the abuse leading to silence and vulnerability to OSAEC.

Exploring on the impact of OSAEC victimization, the study anchored on the Traumagenic Dynamics Theory developed by David Finkelhor and Angela Browne. This is a model used to understand the complex psychological effects of trauma especially in the context of child sexual abuse. The Traumagenic Dynamics model posits that trauma has specific psychological dynamics that affect victims in different ways. One is Traumatic Sexualization which refers to how trauma can distort an individual's understanding of sex and sexuality whereby victims may develop unhealthy sexual beliefs, attitudes or behaviors because of the abuse. Betrayal is the manipulation by a trusted person or institution that can lead to difficulty in forming trust in future relationships and institutions. Another is Powerlessness where victims feel helpless and unable to control their environment or circumstances which can affect their self-esteem and ability to cope. Lastly, Stigmatization is when victims internalize the societal stigma of abuse and feel shame, guilt or self-blame which can lead to social isolation and mental health issues (Finkelhor, D., & Browne, A., 1985).

The Traumagenic Dynamics Theory offers a comprehensive framework in analyzing the complex and enduring impacts of Online Sexual Abuse and Exploitation of Children (OSAEC) on adult survivors. The theory can provide a comprehensive understanding of how these intertwined trauma dynamics impact various aspects of survivors' lives now that they are adults such as their present functioning, the nature of their trauma symptoms, and the strategies they use to cope with their experiences. Furthermore, theory can inform the recommendation on promising interventions that can address specific trauma-related challenges and enhance support strategies for survivors to improve their outcomes and contribute to more effective therapeutic practices.

To date, there is a dearth of investigations on the pervasive effects of online sexual exploitation and abuse that persist to adulthood. The existing ones are focused on the immediate impact on child survivors. Given the complexity of victimization and perpetuity in cyberspace, it is crucial to investigate the long-term impact of OSAEC to inform policies, programs, and interventions (International Justice Mission, 2020; Tarroja, C. et al., 2021).

One of the leading treatment approaches for trauma is Trauma-Focused CBT (TF-CBT) by Cohen et al. (2006). TF-CBT is a structured psychotherapy designed for children and adolescents who have gone through traumatic experiences. It includes several key elements such as Psychoeducation; Breathing and Relaxation Training, Affective Regulation; Trauma Narration; Cognitive Processing; In Vivo Mastery; Conjoint Parent-Child Sessions; and Enhancing Safety and Future Development. Several studies investigated the efficacy of TF-CBT and found that it significantly reduces PTSD symptoms among children and adolescents (Kaminer, D. et al., 2023; Peters et al., 2021; Schmidt et al., 2022)

A systematic review and meta-analysis indicated that group TF-CBT significantly outperformed other treatments in reducing PTSD symptoms and depressive symptoms in children and adolescents, with a standardized mean difference (SMD) of -0.43 at post-treatment (Xie et al., 2024). Furthermore, Wang, W. et al, 2023) found that TF-CBT effectively reduces abuse-related symptoms and enhances positive psychosocial outcomes among maltreated children, with large effects on posttraumatic growth and emotional management, and moderate effects on PTSD and depression. The different therapeutic elements in TF-CBT may potentially be helpful in addressing misguided beliefs specially the distorted views used to groom them and the self-blame which is an aftermath of the victimization.

A recent model under the Cognitive Behavior approach is Game-Based Cognitive Behavior Therapy integrating major cognitive and behavioral techniques with structured play. The components of GB-CBT include rapport building, personal space and boundaries, emotional expression skills, linking feelings to experiences, anger management, relaxation training, psychoeducation, abuse processing, personal safety skills, and termination processing (Springer and Misurell, 2010) A preliminary GB-CBT-IM study was conducted using a single-group design with repeated measures involving 45 participants

(Misurell, Springer, Acosta, Kranzler, & Liotta, 2013). Findings showed that GB-CBT individual module was successful in symptom reduction, improving behavioral impairments, and improving abuse-specific knowledge and skills. Shame is a predominant presenting behavior among survivors of OSAEC along with mistrust and suspiciousness (UNICEF, 2016). Thus, the non-intrusive approach of GB-CBT may be suitable for young OSAEC survivors as the play modality may better facilitate disclosure of trauma experiences for it to be addressed.

Furthermore, Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic model that targets factors that contribute to various problems, explores underlying past experiences and present situations that precipitate disturbances in emotions, beliefs, and sensations, and the positive experience essential to enhance adaptive behaviors and general mental health. EMDR has received empirical support in that it is consistently more effective than no-treatment controls. It also yielded similar outcomes compared to exposure and cognitive-based models for PTSD (Davidson & Parker, 2001). A meta-analysis by J. H. Bisson et al. in 2018 evaluated the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) in treating post-traumatic stress disorder (PTSD). The results indicated that EMDR was successful in reducing PTSD symptoms in comparison to control groups that received no treatment or were placed on a waitlist. It was also found to be as effective as other treatment methods, such as cognitive-behavioral therapy and pharmacotherapy. EMDR also demonstrated rapid effectiveness in treating PTSD, with improvement seen either at the end of therapy or after just a few sessions. (Bisson, J.H., et al., 2018). EMDR can be practically viable for complex and multi-layered forms of abuse such as OSAEC. EMDR can be used to specifically target reprocessing the different facets of abuses that the survivors went experience in a shorter span of time.

Despite these established modalities, a major gap in the continuum of care for the survivors is the limited existing therapeutic interventions that specifically address the different victimization dynamics in technology-facilitated sexual violence (Oswald, F., et al., 2024). In traditional sexual abuse, most victims can identify and narrate the details about who, where, and how the abuse happened as well as identify the beginning and end of the abuse therefore, has concrete issues to focus on in processing the survivors towards recovery. However, the narratives brought into the therapeutic session by victims of online sexual abuse provides evidence that they have distinct experiences and challenges (Leonard, 2010). Moreover, the existing therapeutic interventions were mainly designed for traditional sexual abuse, which had no components of technology involved, such as filming, live streaming, or images. The permanency of the sexually abusive images and the fears towards production and distribution of the images accompanied by feelings of helplessness facilitate a complex experience which may be challenging for therapists (Martin, 2016).

The present study, therefore, sought to explore the lived experiences of survivors of OSAEC who were initially screened for trauma as they navigate adulthood. Specifically, it aimed to uncover how the survivors' experiences of OSAEC victimization are persistently impacting their present functioning and symptoms. Collateral in-depth interviews with psychologists were conducted to shed light on their clinical perspectives in working with OSAEC survivors, focusing mainly on the lasting impact of victimization and potential intervention strategies.

Specifically, this study aimed to seek answers to the following research questions;

1. What are the lived experiences of adult OSAEC survivors in terms of their present functioning, trauma symptoms, and coping?
2. What are therapists' perspectives on the impact of OSAEC victimization and recommendations on interventions?

Methods

Design

This study employed an exploratory qualitative research design, an appropriate inquiry method in investigating an emerging phenomenon. Flexibility and open-ended inquiry were utilized in the study to allow participants to express their ideas and experiences freely. Furthermore, inductive reasoning was used to generate inferences organically from the patterns and themes found in the data instead of imposing preconceived hypotheses. An iterative process was observed in developing and refining the understanding of the OSAEC phenomenon experienced by adult survivors.

Procedures

The study was conducted from October 2022 to June 2024 in the Philippines in NCR, Region 3, and Region 4. After ethical clearance, participants were recruited through coordination with government and non-government social welfare services. The social workers facilitated the initial communication and

visit of the researcher to the survivor participants. The participants were comprehensively oriented about the study before participation. The initial pool of participants was administered with Psychological Trauma Checklist -5 to determine their trauma level. Five survivors were purposively and conveniently selected from those who obtained clinically elevated scores for the interview. The aide memoire served as the interview guide outlining critical areas of their experiences that were focused on. The interviews were held individually with the OSAEC survivors and Psychologists cognizant of ethical and trauma-informed practices.

Interviews

A total of 10 semi-structured in-depth interviews were held with survivors and psychologists, which commenced after informed consents were provided and clarifications were thoroughly answered. The interview with the survivors focused on their adjustment process after they were back in the community following victimization and institutionalization. It further tapped into the survivors' present trauma reactions in the domains of emotional, somatic, behavioral, and cognitive disturbances. Their present challenges and stressors were likewise explored, along with their coping mechanisms and sources of support. The interviews were conducted in the social services office to ensure survivors feel safe and comfortable. Meanwhile, the interviews with psychologists were held virtually, which focused on their clinical perspectives on the mental health outcomes of survivors of technology-facilitated sexual violence and promising strategies based on their experiences in providing therapeutic interventions for the population. Each interview lasted 40-90 minutes and was recorded using an audio device.

Participants

The participants in the study are five adult OSAEC survivors who were selected purposively after having obtained clinically elevated scores in the Psychological Trauma Checklist (36 above). They were all females, with a mean age of 21, and were victimized when they were around 15 years old, primarily by non-family predators. They were all institutionalized and reintegrated into the community after an average of 2 years. Additionally, five licensed psychologists providing therapeutic interventions to survivors of sexual violence were interviewed. There were three female and two male psychologists. They have been practicing clinicians providing therapy to survivors of sexual violence for an average of 9 years.

Ethics

Ethical clearance was obtained after a rigorous review from the institutional Ethics Review Board of the University of Santo Tomas Graduate School (GS2023-013). The study focused on adults who have experienced childhood sexual abuse and exploitation; thus, high standards of ethical and trauma-informed practices were employed throughout the research process. Key aspects include benevolent treatment of participants with warmth, respect, and regard for their well-being. Recruitment is dignified, with transparent communication about the study's purpose and processes and reaching out through coordination with government and non-government social services. Informed consent was secured only after a comprehensive individual orientation and expression of voluntary participation. Confidentiality was strictly maintained through anonymity and secured storage methods, with all records securely discarded after study completion. Non-maleficence is upheld through risk mitigation strategies, including a distress protocol to address adverse reactions during the research process, ensuring participants' safety and well-being are paramount throughout.

Data Analysis

The qualitative analysis in this study adhered to Braun and Clarke's (2006) thematic analysis framework, a methodical approach for exploring and interpreting qualitative data. Initially, all interview transcripts were meticulously reviewed to familiarize with the content. Subsequently, an inductive coding process was applied to identify initial codes that captured significant concepts and patterns. These codes were then organized into potential themes through a systematic process of collation and refinement. Themes were continuously reviewed and defined about the research questions, ensuring they accurately reflected the data and contributed meaningfully to the study's objectives. Throughout the analysis, an inductive phenomenological approach served as lens in the interpretation of themes. This was aimed at authentically capturing the lived experiences and perspectives of survivors and mental health professionals.

Results

There were five adult OSAEC survivors, initially screened for trauma, who were interviewed regarding different aspects of their outcomes post-victimization, including their present functioning, their experience of trauma symptoms, and coping. Meanwhile, five psychologists who are providing therapy to survivors of sexual violence generously shared their time and expertise focusing on their observations on the distinct and long-term impact of online sexual abuse and exploitation of children and their recommendations for facilitating trauma recovery.

Adult OSAEC Survivor Outcomes

Persistent vulnerability

The finding revealed ongoing instability among adult OSAEC survivors as they are dealing with multifaceted stressors across various areas of their lives. Financial constraints emerged as a significant stressor for the survivors, impacting their sense of security and capacity to provide for themselves and their families. Driven by unsteady employment and menial pay, it becomes difficult to meet basic needs and causes ongoing stress.

"Without a job, I feel that my self-esteem is very low, and I feel so unproductive at home." (Survivor 1)

Furthermore, survivors are dealing with complex family dynamics and big family responsibilities, some as primary caregivers for their children. They struggle to balance childcare and household duties, manage finances, and address the needs of their families.

"I had already lost my job because my baby got sick, and I had to stop working because there was no one to take care of him. I kept thinking about how to buy for my child's needs because I do not have a budget." (Survivor 2)

Some survivors also struggle with significant health issues, both physical and psychological, which further compound their stress and financial strain.

Hounding Fear and Threat

The survivors reported experiencing persistent trauma symptoms, affecting various aspects of their daily experiences. Survivors frequently experience intrusive memories or flashbacks of their traumatic experiences are often triggered by stimuli such as loud noises, police cars, or people yelling. A particular intrusive memory that the survivors keep going back to is the rescue incident when authorities removed them from their place of exploitation, consequently separating them from their families. The sudden sight of police, handcuffs, guns, and media on a seemingly ordinary day for them was threatening. The triggers and memories induce a heightened response including increased heart rate, cold sensations, sleep disturbances, high startle response, and a sense of heaviness in the chest.

"My body becomes cold from head to toe, especially when I hear sirens and fire trucks. My flashbacks are so strong that I cannot think straight. (When I hear it) It feels like the when the door opened during the NBI (National Bureau of Investigation) raid incident. Back then, it was noisy, and we were staring down at the barrels of guns. That is what keeps coming back to me, the rescue." (Survivor 1)

Unlike traditional sexual abuse, where the scope of impact may be more localized, OSAEC victims grapple with the long-term consequences of digital exploitation because of the permanency of the images and videos. Victims of OSAEC, with concrete evidence of their abuse, fear for their future. They worry about the long-term consequences, such as the impact on their relationships, education, and careers. The fear of the photos and videos resurfacing is a significant source of distress.

"It is the hounding effect that I think they lose sleep over; they think about suicide, they think about self-harming just to get themselves through the day. All these worries about who got those pictures, how these pictures are being used, and the permanency of these digital objects derailing moving on. Their worries and concerns that they have had an "intimate (instant, intimate) contact that happened at the click of a button, a click of a camera, become something that would affect their whole life." (Therapist 5)

"What sets them apart is persistent fear – unlike other forms that lack evidence. When there is no evidence, it is as if the healing process is easier. The way I see it, the healing process is easier when there is no evidence. However, when there is evidence, they become more fearful that it might pop up anytime they think, 'What will happen to my future, when I apply for a job, get married, or have children?'". (Therapist 4)

In some instances, the survivors are threatened by people who know about their involvement in OSAEC and use it to perpetuate abuse.

"I always fear that what happened to me before might come back again. I might suddenly find something about what happened to me posted on Facebook. Some people even message me, but I do not reply to them. Like on TikTok, some make requests, and if I do not fulfill their request, they threaten to post about me being in the cybersex trade before. That bothers me."

Mood and behavioral disturbances

Mood disturbance is a prevalent and notable theme in the experiences of adult survivors of OSAEC. The psychologists agree that survivors experience labile emotions ranging from sadness, depression, hopelessness, fear, and anxiety that often result in behavioral outbursts.

"The most common ones are symptoms of depression or anxiety. Emotional responses and reactions can also be quite volatile, sometimes highly reactive. They can range to extremes. There are times when there is numbness with no emotional reaction at all, and there are also times when there are extreme explosive outbursts." (Therapist 3)

"Sometimes out of nowhere, I just cry non-stop even without reason" (Survivor 5)

Consequently, the survivors engage in avoidance behaviors as coping mechanisms to shield themselves from reminders of their traumatic experiences. They try to escape by avoiding situations, places, people, or activities that may remind them of their traumatic experiences. It is also notable that some maladaptive coping, such as alcohol intake or self-harm, are at times utilized to get by. This indicates skill limitations in regulating emotions, necessitating interventions to enhance their coping skills.

"I cannot sleep, and it feels cumbersome in my chest. Sometimes, I feel like I just want to end it all, especially when I am alone up there (in my room); I feel like giving up. Life is so hard. -- It is like I suddenly think about ending it all. So I drink, that is it, and then I sleep."

Stigma and Shame

Many survivors expressed feelings of shame and stigma related to their past experiences. They fear being judged or gossiped about by others who know their history.

"When I go out of our house, I still feel embarrassed. Even though it happened a long time ago, I still feel ashamed, like they might gossip about me. They might gossip about the things that happened to me. That is why it is like I am not comfortable outside... ever since I had a child, I prefer to stay at home because that is what happens, people talk about you, knowing your background." (Survivor 5)

These feelings of shame and stigma contribute to their preference for solitude, avoidance of social interactions, breakdown of relationships, and emotional distress. The fear of being judged or stigmatized can restrict survivors' engagement in society, hinder their recovery, and perpetuate feelings of inadequacy and hopelessness.

"My friends who used to be there for me, they are not around anymore because they cannot seem to get over what I went through. It is a big deal to them like I am a bad person, like a dirty woman" (Survivor 1)

Misguided beliefs

Children who are exploited through OSAEC were observed by the therapist to have developed a unique set of thinking patterns that may differ from societal or moral norms. They may not perceive the explicit content as immoral or wrong, viewing it as a normal part of their lives. This can make rehabilitation and restructuring their beliefs challenging for therapists and caregivers.

"When you put a child in an environment of abuse and exploitation, sexual manipulation, harassment, and objectification, they will grow up with a unique set of moral reasoning skills. They will not see this as we would; they will not brand this as wrong, dirty, bad, or immoral. They would see it as normal; they would see it as their way of life, that it is acceptable." (Therapist 5)

Meanwhile, a distorted view of self is likewise common among survivors, ranging from self-blame, unworthiness, and dishonorable to not good enough.

"Among the common themes that I encountered, especially when it comes to sexual abuse, is the feeling of shame. It is deeply ingrained. Then there are ideas like feeling guilty, thinking, I did something to deserve that, self-blame, I should have known better, I am damaged, I am not good enough, I do not deserve to be treated well, I am worthless." (Therapist 3)

Resilience and growth

The significant experiences that survivors went through developed some level of resilience that helped them weather through difficult life circumstances. When asked about how they are presently coping, the survivors shared several strategies they employ in alleviating their emotional difficulties, such as praying, singing, and talking it out.

"To cope, I just sing worship songs." (Survivor 2)

One resilience booster that all survivors highlighted is their supportive relationships with family members who understand and empathize with their experiences. These relationships serve as sources of refuge and guidance in coping with trauma.

"My sources of support are my children, family, aunts, and cousins. I open up to them about my problems. When I really cannot handle it anymore, I ask for advice, and my aunts tell me that I can do it because I managed back when we were inside DSWD (shelter). They are very proud of us, even though we were in a difficult situation, they always boosted our morale. So, my family is still the one who strengthens my spirit." Survivor 1

The survivors affirmed the importance of personal relationships, faith, and various coping mechanisms in managing life's challenges and maintaining resilience.

Path Forward to Recovery

Survivor-centered and integrative interventions for recovery

The therapist highlighted the need to place survivors at the forefront of interventions where they are empowered, heard, and actively involved in their healing process. They recommended that effective interventions should include enabling survivors to regain control and gain coping tools while acknowledging their unique experiences and challenges.

"The most important resource we have, paradoxically, are the survivors themselves. It will not be us; it will not be mental health workers, social workers, or the government. The most powerful and potent driver of change would be the survivors themselves." Therapist 5.

Meanwhile, the therapists explained that they subscribe to different therapeutic modalities and techniques tailored to each client. Therapeutic modalities that the therapist utilizes in facilitating trauma treatment for adult survivors of sexual violence are EMDR, DBT, and CBT. Specific techniques they use include mindfulness skills, empty-chair technique, client-led spirituality integration, distress tolerance, and addressing mistaken beliefs.

"EMDR and DBT come into play here. The reason I prefer EMDR is because I appreciate its emphasis on integrating various aspects of experiences. Trauma involves experiences in different domains, such as physical, behavioral, cognitive, and emotional. EMDR excels at addressing these aspects. On the other hand, I turn to DBT after we have completed the EMDR process. This is to sustain whatever progress they have made through EMDR." (Therapist 3)

Furthermore, they highlighted the importance of mindfulness and emotional regulation in trauma interventions. This approach aims to help survivors stay present in the moment and cope with triggering thoughts and emotions effectively. It acknowledges that recovery is not instantaneous and requires developing coping mechanisms over time.

"For mindfulness, it is going to take time... to reach the level where one can truly accept that they cannot change the past or predict the future; they need to learn to be present with what they have in the moment. This acceptance requires significant time and effort. Initially, the goal is to enhance the person's ability to stay present and focus on what matters right now while also increasing their tolerance for handling strong emotions. This includes managing automatic or triggering thoughts, such as worries about things still circulating online." Therapist 3

The therapists also recognize the importance of helping survivors forgive themselves and others, as well as processing anger and finding space for positive emotions in their lives.

"... forgiving the self because one of the things that they feel is disgust, not primarily for the one who offended them or those who violated them but, in many women, disgust for themselves. They just cannot believe that they have allowed something like this to happen, so there is this blame thing: the first person they blame, the first person they feel is trashed, is themselves, which is a very sorry statement. I just cannot begin imagining how difficult it is to be at odds with yourself, to be enemies with yourself." Therapist 5

"I help my clients get in touch with their anger towards their parent or perpetrator." Therapist 4

Family and community empowerment

OSAEC is mostly a family-based crime. Ironically, the survivors' narratives highlighted the pivotal role of the family in their recovery. These relationships play a crucial role in providing emotional comfort and strength, facilitating the survivors' ability to manage and recover from trauma.

"My source of support are my partner and my mother. Yes, they are always there, telling me to offer praises, not to dwell on negative thoughts, and to just allow my tears." Survivor 2

The therapists likewise emphasized advocacy and prevention in local communities. Since OSAEC happens in homes and local communities, educating and empowering communities against it is essential.

"We should empower the whole system. It sounds ideal, but it is what is needed in these kinds of abuses that happen within the family and the community, so we need to empower the whole system of the child. Programs for social workers, police officers, parents, etc can be designed and given to them".(Therapist 2)

Functional Support Systems

OSAEC, on a broader scale, is a phenomenon driven by different factors. The therapists recognize that providing trauma therapy is not enough to facilitate the healing and recovery of adult survivors. These systems around the survivor need to be in place, working, and responsive to support the healing journey.

The therapists deemed monitoring and ensuring timely and quality childcare services for survivors of OSAEC necessary. They recognize that more than just therapy, the survivors need a stable placement and follow-up so they will have a chance at normal adulthood. It is then critical for social services to ensure safe and stable placement alongside thorough monitoring beyond childhood.

"These survivors need long-term care more than therapy. They will miss out on that (normal development) while the trial (and the disruptions) is ongoing. These are critical stages where they need a mother, but we can't provide that." Therapist 1

The persistent instability and vulnerability of the survivors highlight the need for more comprehensive reintegration services. This may include multi-sectoral collaboration between government and non-government agencies to provide sustainable economic, medical, psychological, and social programs.

Meanwhile, justice can be empowering for survivors as it breaks the cycle of blame and shame that often surrounds victims of sexual abuse. The therapists shared that seeking justice should always be an option for the survivor. This would necessitate efficient law enforcement and legal processes to ensure that the offenders, both the local facilitator and the foreign sexual predator, are prosecuted. With a working prosecution process, psychologists see it as an opportunity to shift the responsibility from the victim to the perpetrator. This is a crucial step in helping survivors regain a sense of agency and control in their lives.

"I always ask survivors if they want to report. When I say 'report,' do you want to seek justice so that at least what has been posted doesn't continue to spread, even though, of course, we can't fully control that, but at least it doesn't keep circulating like it does." Therapist 4

Discussion

OSAEC, being a budding type of child human trafficking, has limited literature on its enduring effects (Joleby et al., 2020; Schmidt et al., 2023). There is also a misconception that OSAEC is a less severe form of sexual violence since the predator is not physically touching the child (Vizcaíno-Cuenca et al., 2024). To shed light on the long-term impact, this study investigated the outcomes of adult survivors of OSAEC who are presenting significant trauma to aid in the development of appropriate interventions. The findings revealed that several years after victimization and rehabilitation efforts, the survivors remain highly vulnerable, given their multifaceted stressors. Financial means for necessities is a primary concern, mostly the same reason that got them into the OSAEC trade. Poverty is the most vital causal factor that pushes individuals and families into OSAEC (Terre de Hommes, 2013; UNICEF, 2020). Children affected by OSAEC, as well as their families and communities, often come from economically disadvantaged backgrounds with unsteady employment or source of income which impacts their decision-making and makes them more vulnerable to involvement in OSAEC (Roche et al., 2023). Their financial distress is further compounded by other major stressors stemming from the enormous responsibilities of childcare and parenting alongside relational difficulties. Building a family at a young age appears to put a heavy strain on most survivors since the household financial cost is high, and parenting comes with many challenges. They are dealing with these alongside emotional difficulties from the adverse experiences they had in childhood and adolescence. These can feel overwhelming for a young adult and keep them potentially at risk of revictimization.

These findings affirm that childhood sexual abuse is linked to various unfavorable outcomes in adulthood, such as socioeconomic difficulties, family dysfunctions, early pregnancy during teenage years, and parenting challenges (Assini-Meytin et al., 2022; Cavanaugh et al., 2015; Roberts et al., 2004). According to a comprehensive scoping review of adult outcomes of sexual violence in childhood by Burns, C. J., & Sinko, L. in 2023, it is severe dehumanization, poor health outcomes, and unaddressed trauma drive instability in adulthood. Consequently, the survivors continue dealing with ongoing elevated levels of stress and vulnerability impacting their overall well-being (Bosse, S., 2018; McBride, O. et al., 2020; Yu J. et al., 2023).

The trauma dynamic of powerlessness is deeply ingrained in the experience of OSAEC survivors. Filipino culture emphasizes the authority of elders that should be respected and abided. This leads to compliance and silence among survivors, as they may fear repercussions from authority figures (Quing, 2021). Given that OSAEC is mostly facilitated by immediate family members and relatives, survivors were in a position of powerlessness during the abuse as they were made to blindly comply instructions from their predators. Deference to authority figures, particularly elders, can lead to feelings of helplessness and isolation among survivors. The cultural expectation to comply with elders often results in survivors feeling that their voices are marginalized, which can hinder their recovery (Cozens, 2018; Rosa et al. (2023). Now at adulthood, powerlessness continues to be at play as survivors do not have much control of their lives post the exploitation and abuse. Most of them still live with their families and heavily rely on

them. Their powerlessness is likewise perpetuated by ongoing high level of vulnerability relative to having unsteady financial means to support basic needs.

Meanwhile, the patterns of behavior of some of the survivors likewise may have been influenced by traumatic sexualization whereby 4 out of the 5 survivors were in unstable romantic relationships and had children at teenage. The dynamic of traumatic sexualization following child sexual abuse can distort a child's understanding of sexuality and relationships which leads to the development of maladaptive sexual behaviors or attitudes (Finkelhor, D., & Browne, A., 1985). Survivors often engage in sexual behaviors that are risky as an attempt to reclaim control over their bodies, influenced by the negative narratives indoctrinated upon them by their abusers (Miranda et al., 2023).

Another key finding of this study is the persistence of trauma symptoms. The key diagnostic symptoms of posttraumatic stress disorder, which include intrusion, avoidance, hyperarousal, negative cognition, and affect (APA, 2022), can be gleaned from the narratives of the survivors and affirmed by the therapists' observations. However, unlike traditional sexual abuse, there are aspects of the OSAEC victimization experience that drive the trauma dynamics uniquely. One of which is the permanency and broad reach of the images and videos, which consequently make the survivors perpetually subject to abuse and exploitation, thereby facilitating ongoing traumatization. Brown and Hanson (2017) and Joleby et al. (2020) found that the hounding fear of pictures resurfacing is one of the significant causes of anxiety among survivors of technology-facilitated abuse years after the abuse. The lingering fear that someone might find the pictures or videos and recognize them was enough to cause fear and extensive after-effects on some participants' decisions in life.

There is a multitude of factors that affect the manifestation of trauma symptoms among the survivors, such as the timing of the abuse, the relationship with the perpetrator, and the nature of the abusive activities (Tarroja C. et al., 2021). It is likely that the amount and difficulty of daily stressors that survivors of OSAEC are dealing with, now that they are adults, is activating underlying trauma. Studies have also shown that trauma symptoms may manifest later in life when overwhelmed by ongoing stressors (Avidor, S. et al., 2017; Franz C. et al., 2014; Giroux C. et al., 2018; Gkesoglou T. et al., 2022).

Furthermore, alienation from self and society is likewise apparent among survivors of OSAEC. When a person gets exploited and abused in childhood, a critical period of formative development, their view of themselves becomes distorted (Pereira et al., 2021; Ye & Chung, 2022). Among the survivors interviewed, thoughts of self-blame, being damaged, and being an embarrassment are prevalent, indicating low self-esteem and self-worth. Consequently, how they relate with other people becomes affected and further exacerbated by the stigma they experience in society.

Similar findings were reported by Hamilton-Giachrits (2017) and UNICEF (2016) that the young people who were victimized by technology-facilitated sexual abuse suffered from self-blame, poor self-esteem, low self-worth, and social withdrawal. Perceived participation in the abuse can increase self-blame, which also contributes to longer-term difficulties, such as depression and intrusions. Brown and Hanson (2017). Opiniano J. et al. (2024) found that the process of regaining confidence and morale among survivors of OSAEC survivors is through social support networks, therapeutic interventions, personal resilience, and the ability to redefine their sense of purpose and agency. The journey towards recovery was marked by overcoming initial feelings of shame and guilt, reclaiming control over their lives, and fostering positive self-perceptions.

According to the traumagenic dynamic theory of Finkelhor, D., & Browne, A. (1985) the dynamic of stigma involves the negative societal attitudes and personal feelings of shame and guilt associated with being a victim of sexual abuse. The survivors seemingly have internalized these self-deprecating beliefs, leading to feelings of shame, guilt, or self-blame which contribute to social isolation or avoidance of help-seeking behavior. Meanwhile, betrayal is the sense of violation and mistrust that arises when the abuser is someone the child should have been able to trust, such as a caregiver or family member (Finkelhor, D., & Browne, A. (1985). This is apparent in the narratives of the survivors given that they trusted some family members, relatives, and neighbors as a child who in turn groomed them into the OSAEC trade.

Shame or "Hiya" is a Filipino virtue that involves sensitivity to others' feelings, emphasizing relational harmony. Shame gives prime importance to community perception in Filipino culture thus individuals are expected to avoid actions that may cause shame to his family and community (Reyes, 2015). Shame was noted by UNICEF (2016) to be dominant among OSAEC survivors which is likely fueling their inhibitions in disclosure of the abuse, in seeking support and connection while at the same time it often leads to families and communities to make stigmatized judgements about the perceived shameful behavior involved in OSAEC. As Cozens (2018) noted that Filipino culture often embodies elements of a shame culture, where social harmony and community approval significantly influence individual behavior and self-perception, emphasizing the importance of reputation and familial honor.

One noteworthy outcome of the survivors is the resilience they developed and utilized all the years following their victimization. Along with some adaptive coping such as anchoring on their faith, their families were great sources of support that reinforced their resilience. This is affirmed by López-Zerón, G., and Blow, A. (2017), who uncovered that while close relationships have the potential to either perpetuate or alleviate issues, they also serve as a potent force for recovery. The therapists also emphasized honing the survivors' resilience, equipping them with strategies for managing their emotional distress.

Moving towards recovery, it is important to understand that OSAEC is influenced by various factors at the individual, family, community, and institutional levels. Effective interventions for survivors requires a coordinated and multifaceted approach across these different levels.

At the individual level, the mental health and well-being of the survivors should be addressed, given the disturbances they are dealing with. The therapists offered valuable insights on promising therapeutic strategies that they found helpful in trauma treatment for OSAEC survivors. Accordingly, the technology component in OSAEC that perpetuates ongoing retraumatization was deemed to be a crucial component that needs to be integrated in any treatment plan for OSAEC survivors. Doyle et al. in 2024 affirmatively proposed that therapy for survivors of technology-facilitated sexual abuse should address distinct challenges like online image permanence, uncertainty, and unique victim-perpetrator relational dynamics.

Furthermore, the different layers of the traumatic experience, apart from the photos and live streaming of sexual content, should likewise be processed in therapy. This may include the rescue incident, family separation, and institutionalization. In this spectrum of victimization experiences, the rescue that led to their separation from their families was deemed the most terrifying experience by the survivors (Terre de Hommes, 2013; Tarroja et al., 2021).

The reported avoidant and unhealthy coping behaviors employed by the survivors necessitate a therapeutic component of skill building. Specifically, equipping survivors with skills on emotional regulation and adaptive coping behaviors are imperative given the reported lability of the survivors' mood (Sung, W. et al., 2023). Technology-facilitated sexual violence survivors in LMICs were found to primarily rely on informal family support for coping. Therefore, it is essential to provide survivors with robust tools to manage their emotional challenges more effectively to complement the existing support systems outside therapy.

One of the specific recommendations of the therapist to foster emotional regulation and coping is mindfulness skills. Mindfulness practices are effective in treating trauma by helping individuals regulate their emotions, thoughts, and physical sensations related to traumatic experiences. The studies of Davis et al. (2019), Joss et al. (2019), Steil et al. (2021) found that mindfulness can help individuals develop a greater sense of self-awareness and emotional regulation, which can be useful in reducing symptoms of post-traumatic stress disorder (PTSD) and other trauma-related conditions.

The development and implementation of therapeutic interventions for survivors necessitate the collaboration between social workers and psychologists. No amount of therapy can improve survivors when the environment and circumstances they are into are not healthy. Social workers are vital in promoting trauma-informed practices across the entire continuum of care ensuring that survivors are placed in safe, supportive settings and that their diverse needs—whether emotional, physical, or social—are adequately addressed. Therapists can only begin to tackle clinical disturbances such as trauma once survivors reach a certain level of stability. Harris and Fallot (2001) emphasize that individuals who have experienced trauma must first feel secure before they can engage in deeper therapeutic processes.

On the next layer, bolstering the family and community support is a crucial element in the recovery of survivors. Even if OSAEC often occurs within familial settings, the survivors' narratives revealed how crucial familial support is in their healing process (Opiniano et al., 2023). Therefore, empowering the non-offending family members can aid survivors' recovery by fostering supportive environments and promoting survivors' autonomy and well-being (Quattrochi, J. et al., 2019).

Furthermore, a healthy community is important for the survivors to thrive, given the struggles in social reintegration after their institutionalization. The therapists stressed the need for comprehensive education and empowerment programs targeting vulnerable communities and involving critical stakeholders like social workers, police officers, and parents. By equipping these individuals with the knowledge and skills, communities can better support survivors with reduced stigma and increased understanding, prevent the further proliferation of OSAEC, and provide more robust support networks. Balfour (2022); Monaco & Nolan (2022); Rahmi, A., & Siregar, H. (2020) emphasized that empowering the community is crucial as this can drive social change, foster posttraumatic growth, challenge victim blaming, and raise awareness in society.

There is also merit in linking survivors to peer support networks because it helps foster recovery and resilience by providing a unique form of understanding and validation that traditional professional support may lack. Peer support, characterized by shared experiences, enhances relatability and credibility, as survivors often feel more understood by others who have experienced similar trauma, facilitating open communication and trust (Cody et al., 2022; Warrington et al., 2023). Engaging with peers helps combat isolation, fostering a sense of community and belonging (Gregory et al., 2021).

Likewise, the institutional systems around the survivor need to be functional and responsive to support the healing journey. Accordingly, this may include effective legislation systems, victim-centered policing, increased reporting knowledge, further research, and social support services (Bansal et al., 2023; Sameshima et al., 2020). In the Philippines, the Department of Social Welfare and Development spearheads the recovery and reintegration of survivors of OSAEC. The newly enacted Republic Act 11930 (2022) or the "Anti-Online Sexual Abuse or Exploitation of Children (OSAEC) and Anti-Child Sexual Abuse or Exploitation Materials (CSAEM) Act." in the Philippines highlights the critical role of social workers in the case management of OSAEC survivors. They spearhead making critical decisions and broker important collaborations during rescue, placement, provision of interventions, up until reintegration. They ensure that trauma-informed care is provided along the continuum of care by creating safe environments, offering psychological support, and facilitating reintegration plans for survivors in the Philippines (McCormack & Lowe, 2022; Ontok-Balah, 2022;).

Several critical elements for the effective reintegration and adjustment of OSAEC survivors include comprehensive assessments, multidisciplinary case management planning, community-oriented interventions, rigorous follow-up and monitoring, prevention advocacies and reporting of OSAEC incidents, and robust coordination among stakeholders (Dedase-Escoton et al., 2020). To facilitate survivors along the recovery path, a multi-sectorial collaboration of the different institutions is of paramount importance. Republic Act 11930 (2022) laid out the roles of each government agencies and private sectors in tackling OSAEC. The Department of Justice (DOJ) oversees legal protections and prosecutions related to OSAEC, while the Department of Information and Communications Technology (DICT) enhances cybersecurity measures to monitor and report online exploitation. The National Bureau of Investigation (NBI) investigates cases and apprehends offenders, and the Philippine National Police (PNP) conducts grassroots operations to rescue victims and enforce the law. The Department of Social Welfare and Development (DSWD) supports survivors through rehabilitation and community-level programs, and the National Council for Children's Television (NCCT) educates families on safe internet practices. Local Government Units (LGUs) implement protection initiatives at the community level, while Civil Society Organizations (CSOs) advocate for victims and raise awareness. The private sector on the other hand such as internet service providers, social media platforms, and online content providers, business establishments are required to implement measures to prevent and address online sexual exploitation. This includes establishing reporting mechanisms for users to report abuse. The psychologists noted that when these institutional structures in place and are working collaboratively there will be a well-rounded care and protection for OSAEC survivors as well as prevention of its proliferation.

Recovery for OSAEC survivors can be a long and arduous journey, as the victimization has enduring negative impacts. However, survivors can recover and thrive with quality therapeutic care, family and community support, and functional systems.

Conclusion

The present study is a groundbreaking investigation into the pervasive impact of OSAEC, modern-day slavery, that has impacted thousands of Filipino children. It explored the lived experiences of adult survivors of OSAEC and the perspectives of therapists providing interventions for OSAEC survivors. The following conclusions were drawn:

- OSAEC victimization in childhood tends to result in unfavorable outcomes in adulthood. These include dealing with multilayered stressors, persistent trauma symptoms, diminished sense of self and social isolation because of stigma and shame.
- Faith-based coping and significant relationships that provides understanding and comfort fostered their resilience in dealing with their challenges. However, some resort to maladaptive coping such avoidance, substance use, and self-harm.
- Integrative and survivor focused therapeutic interventions focused on enhancing the coping skills, processing the multifaceted trauma, fostering resilience is imperative. Bolstering social support by empowering family and community is essential for survivors to thrive. Comprehensive recovery

programs must be championed through collaborative and responsive institutional systems around the survivors.

Suggestions

In light of these, the following suggestions are offered;

- It is recommended that early trauma interventions be prioritized for child survivors within child caring agencies or shelters to minimize long-term disturbances and facilitate healthier developmental trajectories. Therapeutic interventions are recommended to be survivor-centered that honors survivors' voices in the direction of their therapeutic interventions. It should also be integrative by utilizing strengths from established therapeutic approaches into a tailored eclectic approach.
- Interventions for OSAEC survivors must likewise strive to address the technology component of OSAEC victimization. Specifically, emotional regulation and mindfulness strategies that train the mind to be grounded in the present and widens tolerance for bigger emotions may help the survivors gain skills in dealing with the ongoing fear and threat due to the permanency and wide reach of transacted images and videos. Furthermore, personal and online safety should be integral to the interventions for OSAEC survivors. Psychoeducation on safe/unsafe touches, saying no, and boundaries may help survivors regain power over their bodies which was objectified at a young age. Online safety likewise may focus on privacy, safe and unsafe contents, and digital safety practices such as setting up account security and managing digital footprints. It is likewise equally important to address mistaken beliefs such as self-blame from perceived willful participation in the abuse and responsibility for family breakdown can be challenged and reframed with cognitive restructuring strategies.
- Distinct in OSAEC, are other multiple layers traumatic experiences such as the rescue, sudden family separation, and in some cases, offline sexual abuse. These must likewise be addressed in trauma treatment as survivors report these to be significantly distressing apart from the online sexual activities. Gradual and careful trauma narrative and processing of these experiences are critical in recovery.
- Martin (2014) emphasized the need for practitioners need to be updated with skills to handle the complexity of OSAEC cases. Thus, training and systemic capacity enhancement should be done for service providers handling OSAEC cases, sharpening their intervention tools and techniques in dealing with sexual violence with technological components. On the frontline are social workers who are dealing with survivors in residential facilities and in communities. Keeping them abreast with knowledge and skills on recent findings on nature, impacts, and promising interventions for OSAEC will enable them to respond more efficiently. Systemic trauma informed practice skills must be strengthened in the law enforcement and prosecution to avoid undue retraumatization during rescue and legal proceedings.
- Moreover, it is imperative to ensure continuous care and monitoring for adult OSAEC survivors beyond their childhood. Conduct of assessment, monitoring, and follow-up should continue, given the enduring disturbances that may persist in adulthood. Comprehensive reintegration programs must be provided to mitigate the vulnerabilities of adult survivors. These programs should encompass sustainable economic support, educational and vocational training, and robust social services to foster stability and reduce the risk of revictimization.
- Meanwhile, efforts should also focus on rehabilitating families affected by OSAEC and enhancing their capacity to support survivors effectively. Family interventions provided for survivors in shelters and communities focusing on positive communication; problem solving, family cohesion, as well as psychoeducation on abuse and trauma may help strengthen families. Facilitating connections with support groups and networks may likewise to provide survivors with comfort, understanding, and validation as they navigate their recovery journey.
- To dispel stigma, misunderstanding, and myths around OSAEC, continuous efforts to engage communities in conversation and awareness initiatives are important. Advocacy campaigns to reach families, educational institutions, churches, and local communities will help promote understanding of OSAEC and to cultivate a culture that is understanding, compassionate, and supportive of survivors.
- Lastly, future research initiatives can broaden the scope covered in this study by investigating the outcomes of adult survivors with bigger pool of participants from different parts of the country. It is likewise novel to look into the male OSAEC survivor population regarding how they are impacted

and coping. Additionally, there is a pressing need to develop and validate therapeutic interventions tailored to survivors' specific experiences and needs, ensuring adequate support and rehabilitation.

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Author/Authors Brief Bio

Adesty P. Dulawan, Consultant Clinical Psychologist, St. Luke's Medical Center, Consultant Clinical Supervisor, World Hope International, Philippines, PhD in Psychology Student, University of Santo Tomas

Lucila O. Bance, Professor, UST Graduate School, Associate Researcher, Research Center for Educational and Social Issues, University of Santo Tomas, España, Manila, Philippines; Former President, Psychological Association of the Philippines; Former Vice_Pres., Phil. Guidance and Counseling Association

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