Beyond Survival: Psychological Distress, Trauma Recovery, And Reintegration among Survivors of Online Sexual Abuse and Exploitation of Children (OSAEC)

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ABSTRACT

This study examined the social and psychological dimensions of Online Sexual Abuse and Exploitation of Children (OSAEC) survivors and used the findings to develop a trauma-informed intervention model that included protection, recovery and reintegration. Specifically, the study analyzed the demographic profile, psychological distress, sense of coherence, strengths and difficulties and post-traumatic stress symptoms of 100 OSAEC survivors from CSWD run shelters in Iligan City. Standardized assessment tools were used to measure the levels of depressive symptoms, coping, behavior and trauma-related stress. The key findings of the study showed that majority of the survivors were male, ranging from 13 to 15 years old, come from large and low-income families with poor educational attainment and high unemployment. The participants were found to have high scores in depressive thoughts, depressive moods, somatic symptoms and low energy. They also reported a moderate level of sense of coherence with high scores in comprehensibility but lower manageability, which means that they were not coping well and have difficulty in asking for help. Moreover, they showed high levels of emotional symptoms, behavioral problems, hyperactivity and difficulty with peers and demonstrated internalizing and externalizing behavior. Lastly, post-traumatic stress symptoms were highly evident in terms of avoidance and intrusion, which markedly are persistent trauma responses. Based on the results of the study, an integrative intervention framework that focused on protection, recovery and reintegration was developed. This study provides evidence to strongly support the need for a holistic, integrative and responsive intervention program for OSAEC survivors that will lead to long-term healing and optimal functioning.

Keywords: OSAEC, intervention, post-traumatic stress, depression, sense of coherence

INTRODUCTION

At present, the internet has permeated every aspect of human life, and it has contributed to globalization, economic progress, knowledge building, relationships, and connectivity. It also has a dark and often overlooked aspect. The digital space is now being used by perpetrators increasingly to harm children in the form of Online Sexual Abuse and Exploitation of Children (OSAEC), even unmonitored exposure to online platforms and social media can place children at risk (Hernandez et.al., 2018). OSAEC is a form of abuse that involves the production, distribution, and consumption of exploitative content through online platforms. OSAEC, by its nature, is transnational, exacerbated by anonymity and encryption, and made possible by online networks that allow perpetrators to harm and exploit children across the global sphere (UNICEF, 2021; IJM, 2020).

The Philippines was considered a global hotspot for OSAEC in the previous years, and the recent local and international reports indicate that it is still true, and there seem to be new cases recorded in each major city and region in the country (IJM, 2023). Country-wide studies on OSAEC reported that there are higher prevalence rates compared to other countries (ECPAT, 2020), suggesting that Filipino children are the most highly exposed to the OSAEC threat globally (ECPAT et.al., 2022, IJM, 2020). Furthermore, the realities within the country appear to make it more vulnerable to OSAEC, like widespread poverty in urban areas, accessibility of the internet, the majority of the population being proficient in English, and the proliferation of online jobs (IJM,

2023; UNICEF, 2024). Also, it was found that the majority of the reported cases involved family members as facilitators and perpetrators of the abuse and exploitation (IJM, 2020). These imply that the nexus of economic hardships, family dynamics, and internet access all contribute to the risk of OSAEC among Filipino children.

Given that OSAEC is a cause for legal and human rights concerns, it also leads to profound and long-term psychosocial effects for its victims and survivors. Research has strongly established that survivors of abuse are most likely to experience a gamut of mental health problems like anxiety, depression, somatic symptoms, emotional outbursts, and even post-traumatic symptoms (Dulawan & Bance, 2024; Scroger et.al., 2024). Moreover, these effects may continue into adulthood and hinder their development and progress in life; these could lead to negative and problematic behaviors such as suicidal ideation, negative coping behaviors, and diminished psychosocial functioning (Dulawan & Bance, 2024).

In terms of the survivors' well-being, reintegration research has identified a complex path to recovery. Those provided with structured care in shelters and homes were found to have reduced externalizing and internalizing symptoms but continue to experience mental and emotional distress, which means that they still have inadequate recovery (Scroger et.al., 2024). Likewise, the rescue, legal, and reintegration processes may increase trauma due to the unnecessary rehashing of the traumatic events through reliving the abuse and disrupting their routines (UNICEF, 2021). Thus, these findings emphasize the immediate need for sustainable, trauma-informed interventions that are aimed at long-term recovery and not just for short-term care and rescue.

OSAEC at the outset is complex and is difficult to understand as an isolated phenomenon; it should be viewed through the socio-cultural contexts in which it occurs (Hanson, 2017). Research that aims to elucidate how OSAEC becomes prevalent in communities has identified that social norms such as gender roles, victim-blaming, and private family matters have led to the difficulty in reporting and intervention of the abuse and exploitation (UNICEF, 2024). As such, these conditions have led to the reinforcement of the exploitation and perpetuation of the cycle of abuse.

The interdisciplinary research on OSAEC has pointed to the burgeoning impact of the digital environment in contributing to both positive and negative childhood experiences (Hamilton-Gianchristi et.al., 2020). It has been observed that online platforms could provide the space in which vulnerable youth can be exploited and abused in their quest for economic relief and social support (Oguine et.al., 2024) while also giving them opportunities to connect and experience positive interactions with family and friends. Thus, it is important to examine both the socio-economic and technological risks of internet connectivity and OSAEC.

The research on OSAEC may be advancing, but several critical gaps are still evident. As such, previous studies have mainly focused on offender types, prevalence rates, and legal processes; there is very limited research on long-term psychosocial recovery and reintegration. Also, there are no standardized and culturally grounded psychological protocols to assess OSAEC survivors, which results in inconsistent services and programs. And, currently, intervention efforts are often reactive and short-term, more focused on rescue and prosecution and not on rehabilitation and reintegration. More important is the lack of integrated and evidence-based intervention models that would guide recovery and reintegration of OSAEC survivors; collectively, these gaps are the focus of the present research. This study aims to assess the psychosocial functioning of OSAEC survivors and use this to inform and develop a psychosocial intervention model that can lead to recovery and reintegration.

Theoretical framework

The present study is grounded in a theoretical framework that integrates ecological systems theory, trauma-informed care, and salutogenic theory. According to the ecological systems theory (Bronfenbrenner, 1979) the development of a child is influenced by layers of interacting systems, from the immediate family environment to the broader societal conditions in which OSAEC risk and recovery can be situated. Familial dynamics can be identified as the immediate family environment in which the abuse and exploitation may be facilitated and perpetrated, while poverty and internet accessibility are the broader societal structures that can lead to OSAEC. The trauma-informed care (SAMHSA, 2014) focuses on the safety, empowerment, and healing of individuals who have had adverse experiences that led to complex and chronic trauma. In which OSAEC survivors' well-being should be of utmost importance, by promoting healing and empowering them so they can recover from

the trauma. The salutogenic theory (Antonovsky, 1979) complements the first two theories by focusing on resilience and coping through a sense of coherence and finding meaning in their experiences. The present study aims to provide the knowledge and understanding that can be used in developing an intervention program that would empower and strengthen OSAEC survivors in the long-term. The said theoretical frameworks help elucidate the comprehensive understanding of OSAEC as a social and individual phenomenon, which then can be used as a basis for the development of intervention programs that address trauma, protective factors, and hopefully reintegration of OSAEC survivors.

REVIEW OF RELATED LITERATURE

The following key literature and studies were reviewed to identify the research gaps and provide the context in which the current study is situated in the broader discourse of OSAEC and its structural and psychosocial impact on societies and individuals. This section is organized into the current OSAEC studies in the Philippines, followed by the psychosocial impact of OSAEC, the available intervention programs for survivors.

In the Philippines, the recorded OSAEC cases have reached a tipping point; it is now considered a critical child protection issue, and the country has been identified as a global hotspot for digital sexual exploitation (Justice and Care, 2024). A study by UNICEF (2021) found strong evidence of such exploitation, including production and dissemination of child sexual exploitation materials, coercion through social media encounters, and even live-streamed abuse. More often, these abuses involve foreign perpetrators from economically advanced countries and children from poor families in countries like the Philippines, wherein legal policies are still catching up to the rest of the world (Aritao & Pangilinan, 2018). OSAEC in the Philippines, however, is not committed in isolation; most of the time, it occurs within the familial setting. A study (UNICEF, 2021) found that the majority of the reported cases of OSAEC involved immediate family members or close relatives who aided in the abuse and exploitation, which in turn made detection and intervention of authorities more difficult. Moreover, it was also reported that other societal factors appear to contribute to the increase of OSAEC prevalence in the country, such as widespread poverty, high unemployment rates, high internet accessibility, and proficiency in the English language (UNICEF, 2024). At the same time, Filipino cultural characteristics like transactional relationships, protecting family members, and victim-blaming all contribute to the non-reporting of abuse, making it more difficult to apprehend. The above studies imply that OSAEC is not just a single occurring phenomenon but a deep and complex issue rooted in socio-cultural and economic contexts. With this, the government has enforced policies that focus on prevention, protection, and prosecution, which are all part of the newly developed national strategic plan for 2025 to 2028 (NCC-OSAEC-CSAEM, 2025). However, the implementation of said policies continues to be problematic, especially in coordinating with government agencies, allocation of resources, and the lack of long-term intervention programs for survivors.

Previous studies have established that OSAEC has enduring negative effects on the mental health and well-being of survivors. It was reported that survivors experience negative mental health outcomes such as depression, disruptive moods, anxiety, somatic symptoms, and post-traumatic stress symptoms (Finkelhor et.al., 2009). In a study by Dulawan and Bance (2024), adult survivors of OSAEC in the Philippines had reported persistent emotional and psychological distress, such as suicidal thoughts, and using negative coping strategies. Moreover, they also found that the level of trauma was influenced by factors such as age of victimization, gender, and the relationship of the survivors to the perpetrator. Thereby pointing towards the need for intervention programs that are context-specific. On the other hand, Scroger and colleagues (2024) tracked child survivors after community reintegration and reported that improved behaviors were observed, but internal distress was still being experienced by the survivors. There were also the evident differences in the reports of caregivers and the reported experiences of the survivors in terms of their behavior, emotions, and thoughts. This shows that trauma assessment in children is often underserved and inaccurate.

OSAEC also adversely affects child survivors' development, such as forming an identity, regulating their emotions, and establishing trust (UNICEF, 2021). It was also reported that even children who are indirectly exposed to exploitation can suffer from secondary trauma, thereby extending the harm to not just the survivors (Franchino-Olsen & Kaukinen, 2021). The recent literature emphasizes the need for determining the protective and risk factors for OSAEC to facilitate a holistic framework to address its psychosocial impact on the individual.

The main intervention efforts directed at survivors of OSAEC remain focused on rescue, prosecution and short-term care (Dell et.al., 2019), while changes have been made to be more relevant to the needs of the survivors, it would appear that it is still incomplete and does not address the long-term recovery needs of the survivors. A recent study by Crispin and colleagues (2022) reported that the current intervention programs in the Philippines are fragmented, lack standardized psychological assessment protocols, and have poor stakeholder coordination, leading to poor service delivery, which in turn can cause additional harm. This underscores the need for culturally appropriate measures and empirical evidence to help inform the intervention process. As a response to the gaps in the intervention process, the integration of community-based and trauma-informed approaches has been reported to have positive outcomes. The SaferKidsPH program (UNICEF, 2024) showed that behavioral change interventions are effective in targeting the societal factors that make OSAEC rampant in the country. By focusing on the attitudes, beliefs, and practices that facilitate the perpetuation of OSAEC, the interventions can now move to prevention and reintegration. Even with this progress, the literature shows that there is a severe lack of long-term evidence-based intervention frameworks. Monitoring and evaluation of intervention programs are non-existent, thereby there is no way of ascertaining their effectiveness (Hernandez et.al., 2018).

The reviewed literature provides several insights into the study of OSAEC in the Philippines and the plight of child survivors. OSAEC is indeed a complex and multifaceted phenomenon influenced by the conglomeration of cultural, socioeconomic, and technological forces. In the Philippines, the notable high prevalence of OSAEC cases may be brought about by risk factors like family facilitation and digital accessibility. Also, the impact of OSAEC on survivors is profound and enduring; it affects survivors' affective, cognitive, and behavioral domains. Moreover, the intervention processes utilized by the government in addressing OSAEC and survivors' needs are fragmented, incomplete, and do not focus on protection and reintegration. Thus, it can be surmised that there is a significant gap in terms of addressing problems brought about by OSAEC and the development of intervention processes. There is a need for the development of a holistic, grounded, and evidence-based intervention model that can target individual and societal vulnerabilities. As such, the present study aims to develop a trauma-informed, ecological, and resilience-based intervention model that is responsive and oriented towards protection, recovery, and reintegration. This study hopes to contribute to the advancement of theoretical and practical understanding of OSAEC in the unique Philippine context.

METHODOLOGY

Research design

A quantitative design was used in this study to measure survivors' cognitive and affective status after experiencing OSAEC; the results will then inform the development of intervention programs to aid protection, recovery, and reintegration. This design facilitates the objective measurement of variables, yielding quantitative data that can be statistically analyzed and provide empirical evidence for this study.

Research Setting

This study was conducted in Iligan City, classified as a highly urbanized city in Northern Mindanao. It is a regional center for education, commerce, health services, and industry. It is also known as the Industrial City of the South, with its many manufacturing companies and power generation. The population is composed of Christian settlers, Muslims, and Indigenous peoples, which attests to the cultural diversity of the locality. As such, many people from nearby provinces also come to the city for employment and education, making it a representative sample of the entire region and comparable to any urbanized city in the country and in Asia. Moreover, the city has a functioning and established network of government agencies that support child protection initiatives. Iligan City was selected as the research setting for this study since government reports have identified Northern Mindanao as one of the regions with the highest incidence of OSAEC, which has been well documented and reported even in national media channels. The local government of Iligan City has also actively implemented the provisions of Republic Act 11930, in which the collaboration among the local government, DSWD, law enforcement agencies, schools, healthcare providers, and community organizations is well underway.

Research participants

The research participants were identified through the intake interviews of rescued OSAEC survivors to ensure that they are of the appropriate age range and have been actual victims of online exploitation, abuse, and trafficking. The intake interviews were part of the processing that rescued children had to go through when they were admitted to the shelter. The CSWD shelters adopt the Child Protection initiatives as identified by the implementing rules of RA 11930, which is also the framework used by all government-run shelters in the country. This study includes 100 OSAEC survivors who had been rescued and placed in shelters operated by the Local Government of Iligan City, Lanao del Norte, from April 2023 to August 2024. The inclusion criteria were the following: (a) 8 to 17 years old; (b) rescued from different barangays and establishments in the city and have been categorized as victims of OSAEC and trafficking; (c) residing in CSWD run shelters for at least 1 month to meet the criteria for post-traumatic stress symptoms and also to ensure that they are emotionally stable to complete the questionnaires used in this study as well as upholding the reliability and validity of their responses.

Research instruments

To capture a multidimensional profile of participants, the study employed a set of standardized and widely validated instruments. Psychological distress was assessed using the Self-Report Questionnaire-20 (SRQ-20) (WHO, 1994), a cross-culturally reliable screener of somatic symptoms, reduced energy, depressive mood, and depressive thoughts (Cronbach alpha = 0.81). The Sense of Coherence Scale (SOC-29) (Eriksson & Mittelmark, 2017), validated across diverse cultural contexts, was administered to evaluate comprehensibility, manageability, and meaningfulness as protective factors against stress (Cronbach alpha = 0.82). Children's behavioral and emotional functioning was measured with the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001), a brief but psychometrically robust instrument assessing emotional problems, conduct difficulties, hyperactivity/inattention, peer relations, and prosocial behavior (Cronbach alpha=0.75). Finally, the Impact of Event Scale (IES) (Weiss & Marmar, 1997) was used to capture trauma-related outcomes, particularly symptoms of intrusion, avoidance, and hyperarousal, and has been consistently applied in post-trauma research (Cronbach alpha = 0.92). Collectively, these measures allowed for a comprehensive assessment of participants' psychological well-being, coping resources, and vulnerabilities to OSAEC-related risks.

Research Procedure

Ethical clearance was sought from Mindanao State University-Iligan Institute of Technology Department of Research for the conduct of this study, which was a duly approved and internally funded research project. Ethical safeguards regarding the identification of participants, data collection, and debriefing were delineated before the actual study was implemented. Permission to conduct the study was also sought from the Mayor of Iligan City, who granted access to the shelter, its services, and clientele for a limited period. The researchers were also part of the health services volunteers in the shelter, which ensured that the participants became familiar with the researchers and established rapport. Before the actual data collection, informed consent and assent forms were signed by the participants. No personally identifying information was gathered except for the demographic details in this study. The participants were interviewed one-on-one using the standardized questionnaires and translated into the vernacular for better understanding. They were also encouraged to share as much as they were comfortable with. The responses were recorded by the researchers in the questionnaire and were validated by the participants; they were also given the opportunity to change their responses or clarify the questions. After the interviews, the participants were debriefed and were asked if they were experiencing any emotional and psychological difficulties, and additional processing or counseling was given to those who reported negative emotions and thoughts. A salient limitation of the study centers on the responses of the participants, as they may be in an emotionally vulnerable state. Caution and care in the data collection were implemented, such that the researchers, from time to time, would ask the participants if they were willing to proceed with the next questions. They were also reassured that they were in a safe space and their responses would be treated with utmost confidentiality. The data collected was coded and digitally stored in external drives and was only accessed by the researchers for data processing and analysis. Quantitative data were analyzed using SPSS v.28, with missing values imputed and reliability tests conducted (Cronbach's alpha ≥ 0.70 accepted as internally consistent).

Ethical and institutional clearances

Clearances and permissions were secured from the City Mayor's Office of Iligan, CSWD, and MSU-IIT Department of Research. Informed consent and assent protocols were strictly observed, and participants were debriefed after data collection.

FINDINGS OF THE STUDY

Demographic profile of OSAEC survivor participants

Among the 100 OSAEC survivors, cases clustered in Tubod (20%) and Tambacan (15%), with fewer in Pala-o (3%) and Sta. Elena (2%). Survivors were mostly male (60%), followed by female (25%) and LGBTQ+ (15%), with early adolescence (13–15 years, 54%) as the peak risk stage. Over half belonged to large households, and 85% were Cebuano, underscoring the need for culturally sensitive care. Education was limited; 33% at the elementary and 41% at the high school level. Severe economic precarity was evident: 52% of parents were unemployed, 31% were manual laborers, and 78% of families earned below ₱5,000 monthly. The profile of OSAEC survivors indicates that those who were victimized were younger males, with impoverished families, and were also in densely populated locations. Victimization appears to be associated with poverty and preferential abusers, as more males were evident in this sample.

Table 1. Level of Psychological Distress of OSAEC Survivor Participants

Domains	Sum	SD
Depressive mood	93.00	1.15911
Depressive thoughts	96.00	1.15402
Decreased energy	133.00	1.87072
Somatic symptoms	98.00	1.30639
Valid N	100	

The combination of decreased energy and somatic symptoms may well be misunderstood as a loss of interest and malingering, which parents and teachers may not perceive as an outcome of abuse and exploitation before discovery (Ybarra & Petras, 2020). The elevated psychological distress among the survivors in this sample indicates that online sexual abuse adversely impacts their mental health and may lead to self-harm (Angela et.al., 2024). These calls for the urgent need for holistic, trauma-informed interventions integrating mental health counseling, medical care, and wellness programs to address both psychological and physical impacts of exploitation.

Table 2. Level of Sense of Coherence among OSAEC Survivors

Domains	Mean	SD
Comprehensibility	3.5725	1.23937
Manageability	2.9118	.69968
Meaningfulness	3.1078	.75541
Valid N (listwise)	100	

Table 2 shows that OSAEC survivors have a moderate sense of coherence, with higher scores in comprehensibility, indicating they can somewhat make sense of their experiences, but lower in manageability, reflecting struggles in coping and accessing resources, and moderate in meaningfulness, suggesting varied levels

of purpose and motivation in life. It is evident that the survivors of online sexual abuse and exploitation are having difficulty in understanding and coming to terms with what has occurred to them, and that they are at a loss on how to deal with their situation. Although the drive to make sense of their plight is there. This would mean that they are in dire need of help and guidance to be able to process what they have gone through (Renck & Rahm, 2005). As such, the need for trauma-informed interventions that strengthen coping skills, resource access, and meaning-making opportunities to support survivors' resilience and long-term recovery is needed.

Table 3. Level of Strengths and Difficulties of OSAEC Survivors

Domains	Mean	SD
Emotional Symptoms	4.9471	2.44805
Conduct Problems	4.5275	2.29748
Hyperactivity/Inattention	6.7059	1.86863
Peer Relationship Problems	5.5059	1.99293
Prosocial Behavior	4.9412	1.77101
Total Difficulties	22.1863	7.10068
Externalizing	11.3333	3.64234
Internalizing	12.3529	3.90806

Table 3 shows that OSAEC survivors face significant psychological and behavioral difficulties, including emotional symptoms, conduct problems, hyperactivity, and peer issues, as indicated by their high total difficulties score. They display both internalizing (anxiety, depression, isolation) and externalizing (aggression, impulsivity) behaviors. Prosocial tendencies are moderate but underdeveloped. It is evident that abused and exploited children in this sample are having immense difficulty in terms of their behavior and interpersonal relationships. They may feel isolated and display hostility and violent behavior, which makes helping them more challenging (Clarke et.al., 2023). These findings highlight the need for comprehensive, trauma-informed interventions targeting emotional regulation, behavior management, social functioning, and resilience to support holistic recovery.

Table 4. Incidence of Post Traumatic Stress Symptoms among OSAEC Survivors

Domains	Sum	SD
Avoidance	84.00	4.21491
Intrusion	86.00	4.29389
Hyperarousal	78.00	3.56297
Valid N (listwise)	100	

Table 4 shows that OSAEC survivors experience high levels of post-traumatic stress symptoms, with avoidance and intrusion being most prominent, while hyperarousal is also significant, though slightly lower. Survivors often avoid reminders of trauma yet still suffer from intrusive memories, flashbacks, and nightmares, alongside heightened anxiety, irritability, and sleep difficulties. Survivors of online sexual abuse and exploitation can develop post-traumatic stress disorder if the current symptoms they are exhibiting are not addressed (Hummel

et.al., 2025). These findings highlight the pervasive psychological impact of exploitation and underscore the need for trauma-focused therapies and stress-reduction interventions to support recovery.

Safe, heal, reintegrate intervention framework

Based on the findings of this study, it is without a doubt that online sexual abuse and exploitation have long term consequences that place the survivor at a disadvantage, longitudinal studies by Widom and colleagues (2008) reported that childhood abuse predicted lifelong mental health problems, social difficulties and revictimization while Trickett and others (2011) found evidence that abused girls continued to experience emotional, behavioral and physical health problems into adulthood and a study by Fergusson, McLeod and Horwood (2013) who followed survivors for 30 years reported persistent risks for depression, PTSD, substance misuse and poor socioeconomic outcomes. These attest to the need for long-term and multi-level interventions rather than short-term crisis response. Researchers followed survivors of sexual exploitation for twelve months, enrolled in a structured survivor-mentor program, and revealed that survivors experienced lowered victimization, better coping skills, improved social support, reduced delinquent behavior, and improved over-all wellbeing overtime (Rothman et.al., 2020). On the other hand, Scroger and colleagues (2024) found that OSAEC survivors who stayed longer in residential care for survivors had fewer emotional and behavioral problems as reported by caregivers; however, reintegration alone did not eliminate trauma-related difficulties among the survivors. These underscore the need for an intervention framework that focuses on protection, recovery, and reintegration, which is grounded in the trauma-informed care theory, resilience theory, and ecological systems theory. The designed intervention recognizes that to ensure successful reintegration, interventions should be simultaneous, multi-level, dynamic, and cyclical, as recovery and reintegration are never linear. Thus, intervention efforts should involve the survivor, the family, schools, and the community, moreover, the approach should be trauma-sensitive, it should prioritize the mental well-being of the survivors and to prevent re-traumatization, thereby helping survivors come to terms with their experiences, build positive coping skills, and to seek help from professionals and to help them have a sense of purpose, identity and hope.

The first layer in the intervention process should be on protection; thus, efforts should be made to alleviate the structural and social factors that contribute to OSAEC prevalence, to strengthen the current protective strategies, and to improve the awareness and reporting of suspected OSAEC cases. This can be achieved through poverty reduction measures such as livelihood projects, employment and educational opportunities for parents, and stronger community reporting, surveillance, and legal protection. The second layer is the healing and recovery aspect of the survivors, where the focus is on addressing the various mental, emotional, and behavioral damage brought about by OSAEC. Appropriate psychological assessment should be given to survivors by competent and licensed psychologists and psychiatrists. The survivors should then undergo psychotherapeutic treatments, emotion regulation exercises, and psychiatric care if needed. These will ensure that trauma will be processed healthily, to correct their maladaptive thoughts and improve their emotional and behavioral regulation. This cannot happen in short-term programs; thus, this step is projected to be more intensive and resource-heavy. The third layer is the reintegration, which aims to promote social inclusion of the survivors that will restore social functioning and well-being. These can be achieved through education support, such as regular monitoring and counseling by school counselors, regular family therapy, and skills training to help them become confident and independent.

This proposed intervention framework is highly feasible as it can be integrated into the existing framework that the Philippine government is currently implementing; the proposed mechanisms are already available and need to be reworked rather than being built over again. For the protection phase, the government already has RA11930, the SAFE Against OSAEC of the DSWD, the PNP Women and Children Protection Center, and local councils for the protection of children for the monitoring, surveillance, and reporting of possible victims. In the recovery phase of the framework, the DSWD has its psychosocial services, Child Protection Units, and the community has psychologists, psychiatrists, and trauma-focused interventions and mental health services. For the reintegration phase, the local government units have family reunification services, educational assistance, livelihood programs, and school counseling. The intervention program can be viewed as a continuum of services and mechanisms that are operational and only need to be integrated into a dynamic structure. The effectiveness of this intervention program remains to be evaluated when it is implemented. At present, the available literature

on OSAEC-specific intervention programs has yielded limited information; such that longer residential care was better for survivors for their overall wellbeing (Scroger et.al., 2024), while psychological interventions like trauma-informed care, psychological assessment, and family engagement led to positive outcomes for survivors (World Hope International, 2023). On the other hand, Tarroja and colleagues (2021) developed a counseling protocol for OSAEC survivors for use via teleconferencing but did not address the program's effectiveness. Roche and colleagues (2023) have recommended that rigorous evaluations of trauma-informed rehabilitation and reintegration programs for OSAEC survivors and their outcomes be carried out immediately, as this is severely lacking at the moment.

CONCLUSION

The key findings of the present study revealed that OSAEC does lead to enduring psychological, developmental, and social costs that place each victim and survivor at a disadvantage for life if left unresolved. Thus, it necessitates an integrative, trauma-informed, and survivor-centered intervention program. However, recovery cannot be made possible by relying on prosecution and legal interventions; it must focus more on family support, mental health services, community-led protection strategies, and educational reintegration. The findings of this study provide evidence to support the need for an integrated intervention framework that is multi-layer and encompasses protection, recovery, and reintegration to resolve the immediate and long-term difficulties of the survivors. In conclusion, OSAEC is indeed an immediate and multidimensional problem that requires apt and strengthened multidimensional solutions. Research, policies, and actual practice must collaborate to guarantee that survivors are not just rescued from abuse and exploitation but are provided the opportunity to heal, rebuild their lives, and thrive for the future.

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