

**▶ TRAUMA AND RELATED  
PSYCHOLOGICAL OUTCOMES  
AMONG ADULT SURVIVORS OF  
ONLINE SEXUAL ABUSE AND  
EXPLOITATION OF CHILDREN  
(OSAEC)**

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# ▶ TOPIC OUTLINE

01

**Background of the study**

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**Research Objectives and Questions**

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**Methods**

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**Key Findings**

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**Recommendations**

# ▶ BACKGROUND



The background of the slide shows a classroom scene. A young girl with blonde hair is in the foreground, looking down. In the background, a teacher and other children are visible. The scene is overlaid with a semi-transparent blue and purple gradient. There are also some white geometric shapes and lines on the left and bottom right corners of the slide.

## ONLINE SEXUAL ABUSE AND EXPLOITATION OF CHILDREN (OSAEC)

Online Sexual Abuse and Exploitation of children (OSAEC) refers to the use of ICT as a means to abuse and/or exploit children sexually, which includes cases in which offline child abuse and/or exploitation is combined with an online component. This can also include, but is not limited to, the production, dissemination and possession of CSAEM; online grooming of children for sexual purposes; sexual extortion of children, sharing image-based sexual abuse; commercial sexual exploitation of children; exploitation of children through online prostitution; and live-streaming of sexual abuse, with or without the consent of the victim (R.A. 11930)



▶ **Philippines was found to be the global epicenter of live-streamed OSAEC since 2016 (UNICEF, 2016)**

▶ **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. (IJM, 2022)**



# RESEARCH OBJECTIVES AND QUESTIONS

**1. What is the trauma level and related psychological outcomes of adult survivors of OSAEC?**

**2. What are the differences in the trauma domains of adult survivors of OSAEC across gender, civil status, and relationship with perpetrator?**

**3. What are the relationships between the trauma domains and Age?**

- ✓ **To understand the enduring impact of OSAEC victimization.**
- ✓ **To propose intervention strategies for recovery**

**4. What are the lived experiences of adult survivors of OSAEC in terms of their stressors, trauma symptoms, and coping?**

**5. What are therapists' perspectives on the impact of OSAEC victimization and recommendations on interventions?**

# ▶ METHODOLOGY



## SAMPLING PROCEDURE

Purposive convenience sampling

## RESEARCH LOCALE

The study was conducted in National Capital Region, Region 3 and 4A in the Philippines

## DATA ANALYSIS

- Descriptive Statistics (frequency, means, sd)
- Variance Analysis (T-tests, Games-Howell)
- Correlation (Pearson Coefficient)
- Thematic analysis (Braun and Clarke's, 2006)

## RESEARCH DESIGN

Mixed Method  
(Sequential Explanatory)

## RESEARCH INSTRUMENTS

1. Psychological Trauma Checklist (PCL-5)
2. Trauma Symptoms Inventory-2 (TSI-2)
3. Aide Memoire

## ETHICS

Ethical clearance was obtained from the University of Santo Tomas Research Ethics Board (GS2023-013); high standards of ethical and trauma-informed practices were employed throughout the research process



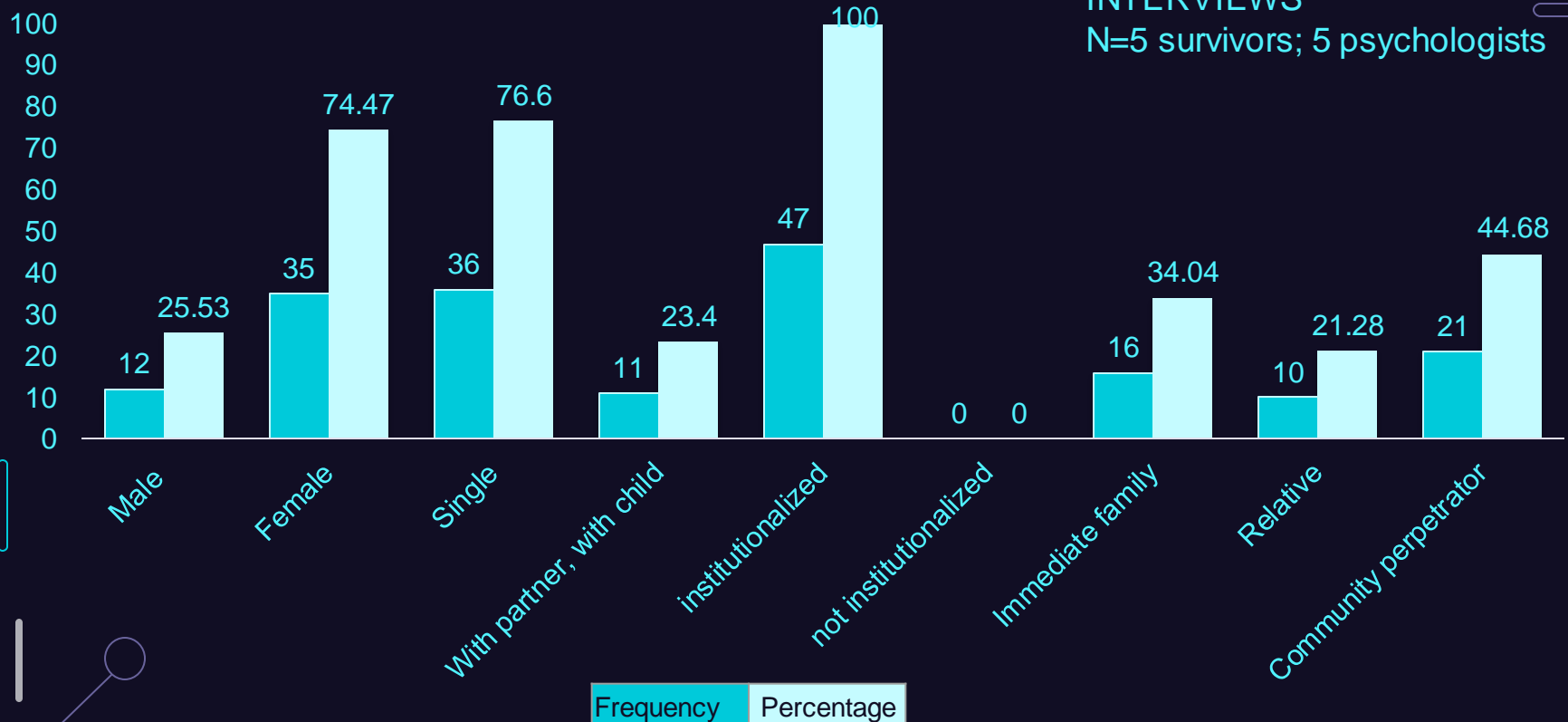
# ▶ RESEARCH PARTICIPANTS

ASSESSMENTS

N=47 survivors

INTERVIEWS

N=5 survivors; 5 psychologists



# ▶ KEY FINDINGS



Trauma Domain	Normal		Problematic		Clinically Elevated		Mean	SD
	F	%	F	%	F	%		
PCL-5	21	44.68	-	-	26	55.32	26.13	19.22
Self Disturbance	34	72.34	7	14.89	6	12.77	51.77	10.64
Trauma	33	70.21	6	12.77	8	17.02	52.66	12.16
Externalization	32	68.09	5	10.64	10	21.28	54.64	13.31
Somatization	37	78.72	5	10.64	5	10.64	48.04	13.80
Anxious Arousal	35	74.47	3	6.38	9	19.15	50.68	11.54
Anxiety	35	74.47	7	14.89	5	10.64	50.70	10.27
Hyperarousal	36	76.60	4	8.51	7	14.89	50.49	11.90
Depression	37	78.72	5	10.64	5	10.64	50.55	9.72
Anger	39	82.98	5	10.64	3	6.38	50.85	9.65
Intrusive Experience	32	68.09	4	8.51	11	23.40	53.77	12.33
Defensive Avoidance	37	78.72	1	2.13	9	19.15	51.94	11.17
Dissociation	30	63.83	6	12.77	11	23.40	55.09	13.47
Somatic Preoccupations	37	78.72	5	10.64	5	10.64	49.15	11.83
Somatic Pain	35	74.47	8	17.02	4	8.51	47.91	11.65
Somatic General	37	78.72	6	12.77	4	8.51	50.00	11.70
Sexual Disturbance	39	82.98	6	12.77	2	4.26	49.04	9.86
Sexual Concerns	39	82.98	4	8.51	4	8.51	48.89	9.66
Dysfunctional Sexual Behavior	40	85.11	6	12.77	1	2.13	49.66	8.68
Suicidality	28	59.57	4	8.51	15	31.91	59.45	18.34
Suicidal Ideation	34	72.34	2	4.26	11	23.40	56.09	14.33
Suicidal Behavior	30	63.83	1	2.13	16	34.04	62.34	20.58
Insecure Attachment	34	72.34	8	17.02	5	10.64	50.36	10.77
Relational Avoidance	38	80.85	6	12.77	3	6.38	49.00	9.74
Rejection Sensitivity	33	70.21	6	12.77	8	17.02	51.85	11.23
Impaired Self Reference	29	61.70	9	19.15	9	19.15	55.87	11.61
Reduced Self Awareness	35	74.47	5	10.64	7	14.89	53.74	10.12
Other Directedness	32	68.09	7	14.89	8	17.02	55.38	11.50
Tension Reduction Behavior	26	55.32	4	8.51	17	36.17	60.02	12.53

## ▶ 1. Trauma Level and Related Psychological Outcomes Profile



- The survivors' mean in Psychological Trauma Checklist 5 (PCL-5) is 26.13 falls within normal level however 55.32% obtained score beyond the clinical cut-off.



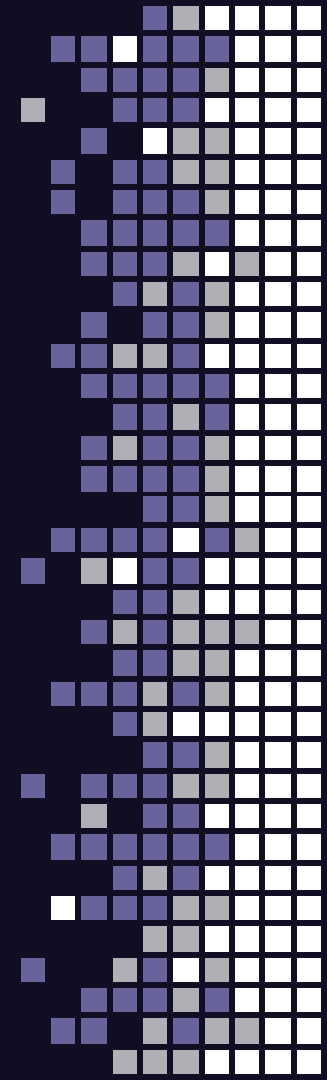
- The mean scores of the survivors in the different trauma symptom areas of TSI-2 generally fell within the normal range. However, they obtained means indicating problematic level of manifestation in suicidal behavior (62.34) and Tension Reduction Behavior (60.02).

## 2.a Differences on Trauma and Related Psychological Outcomes across Gender

Trauma Domain	Male mean	Female mean	Sig
PCL-5	18.83	28.63	0.001
<b>Self Disturbance</b>	<b>48.92</b>	<b>52.74</b>	<b>0.001</b>
Trauma	49.08	53.89	0.001
<b>Externalization</b>	<b>52.42</b>	<b>55.40</b>	<b>0.001</b>
Somatization	42.17	50.06	0.001
<b>Anxious Arousal</b>	<b>48.58</b>	<b>51.40</b>	<b>0.001</b>
Anxiety	48.67	51.40	0.001
<b>Hyperarousal</b>	<b>49.00</b>	<b>51.00</b>	<b>0.001</b>
Depression	48.08	51.40	0.001
<b>Anger</b>	<b>48.17</b>	<b>51.77</b>	<b>0.001</b>
Intrusive Experience	50.00	55.06	0.001
<b>Defensive Avoidance</b>	<b>46.00</b>	<b>53.97</b>	<b>0.001</b>
Dissociation	52.58	55.94	0.001
<b>Somatic Preoccupations</b>	<b>45.75</b>	<b>50.31</b>	<b>0.001</b>
Somatic Pain	45.75	48.66	0.001
<b>Somatic General</b>	<b>44.75</b>	<b>51.80</b>	<b>0.001</b>
Sexual Disturbance	47.25	49.66	0.001
<b>Sexual Concerns</b>	<b>47.00</b>	<b>49.54</b>	<b>0.001</b>
Dysfunctional Sexual Behavior	48.25	50.14	0.001
<b>Suicidality</b>	<b>58.25</b>	<b>59.86</b>	<b>0.001</b>
Suicidal Ideation	54.08	56.77	0.001
<b>Suicidal Behavior</b>	<b>63.08</b>	<b>62.09</b>	<b>0.001</b>
Insecure Attachment	46.67	51.63	0.001
<b>Relational Avoidance</b>	<b>46.00</b>	<b>50.03</b>	<b>0.001</b>
Rejection Sensitivity	48.17	53.11	0.001
<b>Impaired Self Reference</b>	<b>55.25</b>	<b>56.09</b>	<b>0.001</b>
Reduced Self Awareness	50.75	54.77	0.001
<b>Other Directedness</b>	<b>53.08</b>	<b>56.17</b>	<b>0.001</b>
Tension Reduction Behavior	58.25	60.63	0.001

## 2.b. Differences on Trauma and Related Psychological Outcomes across Civil Status

Trauma Domain	Single	Married, Living Together	Not Married, Living together	Sig
PCL-5	23.72	34.00	0.024	23.72
<b>Self Disturbance</b>	51.14	53.82	0.001	51.14
Trauma	51.17	57.55	0.001	51.17
<b>Externalization</b>	53.03	59.91	0.001	53.03
Somatization	45.83	55.27	0.001	45.83
<b>Anxious Arousal</b>	49.08	55.91	0.001	49.08
Anxiety	49.61	54.27	0.001	49.61
<b>Hyperarousal</b>	48.81	56.00	0.001	48.81
Depression	49.86	52.82	0.001	49.86
Anger	49.61	54.91	0.001	49.61
Intrusive Experience	52.39	58.27	0.001	52.39
<b>Defensive Avoidance</b>	51.00	55.00	0.001	51.00
Dissociation	53.61	59.91	0.001	53.61
<b>Somatic Preoccupations</b>	47.28	55.27	0.001	47.28
Somatic Pain	46.00	54.18	0.001	46.00
<b>Somatic General</b>	48.36	55.36	0.001	48.36
Sexual Disturbance	47.89	52.82	0.001	47.89
<b>Sexual Concerns</b>	47.67	52.91	0.001	47.67
Dysfunctional Sexual Behavior	49.03	51.73	0.001	49.03
<b>Suicidality</b>	57.61	65.45	0.001	57.61
Suicidal Ideation	55.03	59.55	0.001	55.03
<b>Suicidal Behavior</b>	59.31	72.27	0.001	59.31
Insecure Attachment	50.14	51.09	0.001	50.14
<b>Relational Avoidance</b>	48.86	49.45	0.001	48.86
Rejection Sensitivity	51.75	52.18	0.001	51.75
<b>Impaired Self Reference</b>	55.39	57.45	0.001	55.39
Reduced Self Awareness	53.67	54.00	0.001	53.67
<b>Other Directedness</b>	54.14	59.45	0.001	54.14
Tension Reduction Behavior	59.36	62.18	0.001	59.36



## ▶ 2. Differences on Trauma and Related Psychological Outcomes across Gender, civil status, and relationship with perpetrator



- Significant gender differences were found with Females obtaining higher manifestation of PCL-5 (28.63) and all domains of TSI-2 except suicidal behavior



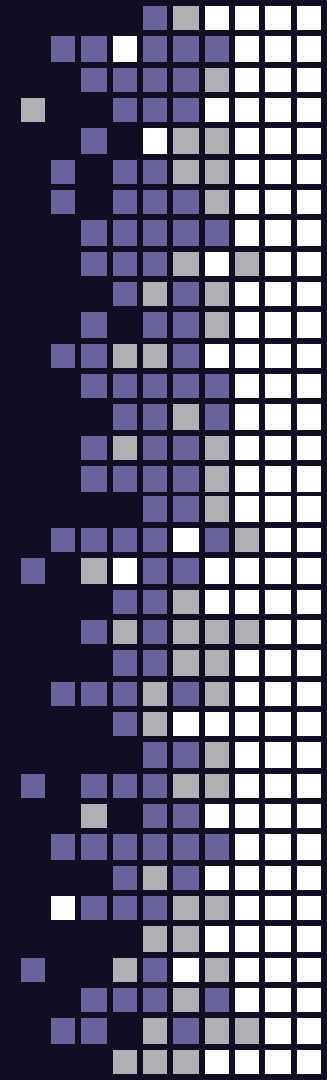
- Relationship status disparity were found with single adult OSAEC survivors not registering any clinically elevated symptoms. While survivors living with partner and child obtained means in the problematic level in suicidality (65.45), suicidal behaviors (72.27), and tension reduction behavior (62.18).



- Survivors perpetrated by community predators manifested higher trauma disturbances and obtained problematic levels of Suicidal Behavior (69.24), Suicidal Ideation (60.29), Suicidality (65.29), and Tension Reduction Behavior (63.43). Those whose perpetrators are family member (immediate and relative) registered means with in normal range in all domains of PCL-5 and TSI-2.

### 3. Relationship of Trauma and Related Psychological Outcomes with Present Age

	Present age
PCL 5 Score	.413**
Self-Disturbance	.211**
Trauma	.243**
Externalization	.265**
Somatization	.313**
Anxious Arousal	.375**
Anxiety	.303**
Hyperarousal	.366**
Depression	.223**
Anger	.226**
Intrusive Experiences	.190**
Defensive Avoidance	.150**
Dissociation	.221**
Somatic Preoccupations	.358**
Somatic Pain	.389**
Somatic General	.280**
Sexual Disturbance	.304**
Sexual Concerns	.264**
Dysfunctional Sexual Behavior	.288**
Suicidality	.294**
Suicidal Ideation	.249**
Suicidal Behavior	.362**
Insecure Attachment	.114**
Relational Avoidance	.036**
Rejection Sensitivity	.172**
Impaired Self Reference	.260**
Reduced Self Awareness	.119**
Other Directedness	.347**
Tension Reduction Behavior	.154**





### ▶ 3. Relationship Between Trauma domains and Age



- PCL-5 is positively ( $r = .413^{**}$ ) related with present age at 0.01 level of significance.



- All trauma domains of TSI-2 are significantly related to present age

## 4.a. Outcomes of the Adult Survivors of OSAEC

### ***Persistent Vulnerability***

*“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)*

**Unsteady  
employment and  
finances.**

**Challenging family  
responsibilities and  
relationship  
dynamics**

**Health and well-being  
concerns**

## 4.b. Outcomes of the Adult Survivors of OSAEC

### *Hounding Fear and Threat*

*"Sometimes, when I'm at home, I feel like there's going to be a raid or something like that. I get scared, and sometimes I become emotional, I just start crying when I remember those things." – survivor 2*

***Intrusions***

***Hypervigilance***

***Hyperarousal***

## 4.c. Outcomes of the Adult Survivors of OSAEC

### **Mood and behavioral disturbances**

*"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."*

**Depression**

**Suicidal ideation**

**Maladaptive coping**

## 4.d. Outcomes of the Adult Survivors of OSAEC

### *Alienation from self and society*

*"I still feel embarrassed. Even though it happened a long time ago, I still feel ashamed, like they might gossip about me."- survivor 1*

**Stigma**

**Shame**

**Low self esteem**

## 4.e. Outcomes of the Adult Survivors of OSAEC

### **Misguided beliefs**

*"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)*

Self blame

**Distorted views  
of self**

Sexualized  
beliefs

## 4.f. Outcomes of the Adult Survivors of OSAEC

### Resilience and growth

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

*"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....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)*

**Family Support**

**Faith-based coping**

## 5.a. Path to Recovery

### ***Survivor-centered and integrative therapeutic interventions***

*“DBT achieves holistic integration by assisting them in practicing mindfulness, managing their emotions, expanding their tolerance in handling distress, and facilitating the development of a strong social support system.” – Therapist 4*

**Empowerment  
and resilience.**

**Utilizing  
integrative  
approaches.**

**Processing  
anger and  
forgiveness**

**Mindfulness  
and emotional  
regulation**



## ***5.b. Path to Recovery***

### **Family and community empowerment”**

*"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*

**Strengthening family  
relationships**

**Prevention advocacies in  
communities**

## 5.c. Path to Recovery

### ***Functional Support Systems”***

*"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. ".(Therapist 2)*

**comprehensive reintegration  
services**

**multi-sectoral collaboration**

# Recommendation

s



## ▶ IMPLICATIONS

### ***Continuous Care.***

Conduct of assessment, monitoring and follow up should continue beyond childhood of OSAEC survivors given the distinct nature of OSAEC victimization to ensure they transition into adulthood healthily.

### ***Early intervention.***

Provision of developmentally appropriate early trauma interventions to child survivors of OSAEC to reduce later life disturbances in child caring placement agencies.

### ***Therapeutic Interventions.***

Development of integrative and tailored fit therapeutic interventions that targets the distinct trauma manifestation among adult OSAEC survivors is crucial

## ▶ IMPLICATIONS

### ***Holistic Reintegration.***

Provision of comprehensive reintegration program that addresses pressing needs that include sustainable economic, educational, vocational, and social support to minimize instability and risk for potential revictimization.

### ***Trauma Informed Care.***

Practice of trauma informed care in the process of rescue, child placement and prosecution to minimize systemic traumatization that harms survivors.

### ***Community Engagement and Awareness.***

Institutionalized advocacy campaigns to reach families, educational institutions, churches, and local communities will help to promote understanding of OSAEC and to cultivate a culture that is understanding, compassionate, and supportive of survivors.

## ► IMPLICATIONS

### ***Future Research***

Develop and validate a therapeutic intervention programs based on the preliminary findings on impact and promising strategies.

### ***Future Research***

- Include bigger pool of participants in the country
- Compare types of OSAEC victimization. Length of exposure to victimization, and age during victimization

**THANK YOU!**