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Disclosure and help-seeking experiences of childhood sexual violence survivors in refugee settings of Ethiopia and Uganda

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Abstract

Background: Disclosure and help-seeking are critical to mitigating the adverse health and social outcomes of sexual violence among survivors. However, evidence regarding these experiences remains scarce in refugee settings. We aimed to examine disclosure and help-seeking experiences among survivors of childhood sexual violence in refugee settings across Ethiopia and Uganda.

Methods: This study used data from the Humanitarian Violence Against Children Surveys (HVACS) conducted in Ethiopia (2024) and Uganda (2022). Both surveys involved females and males aged 13-24 years living in refugee settings. It included 249 childhood sexual violence survivors from Ethiopia and 268 from Uganda, totaling 517 participants. Logistic regression identified factors associated with both disclosure and help-seeking experiences.

Results: Disclosure experience was reported by 41·27% (95% CI: 28·69–55·11) in Ethiopia and 15·85% (95% CI: 9 · 17–26·03) in Uganda. Help-seeking was reported by 27.53% (95% CI: 19·07–

37·98) in Ethiopia and 4·32% (95% CI: 1.49–11.91) in Uganda. Disclosure was positively associated with living in a female-headed household (aOR 3·38, 95% CI: 1·71–6·66) and knowing where to seek help (aOR 2·49, 95% CI: 1·42–4·36), whereas living with a disability was associated with lower odds of disclosure (aOR 0·34, 95% CI 0·15–0·76). Help-seeking was higher among those who knew where to get services (aOR 3·93, 95% CI: 1·73–8·90), but lower among those with primary education or less (aOR 0·31, 95% CI: 0·11–0·92).

Conclusions: Disclosure and help-seeking by survivors were low. Targeted awareness creations, disability-inclusive services, and empowerment of women and caregivers through education and community leadership are required.
Keywords: Sexual Violence, Disclosure, help-seeking, Refugee, and Childhood

Background

In 2025, approximately 117.8 million individuals worldwide were forcibly displaced due to persecution, conflict, violence, or human rights violations, with over 41.6 million residing in refugee settings [1]. Africa hosts the largest refugee population, including approximately 2.5 million individuals in Ethiopia and Uganda—1 million in Ethiopia and 1.5 million in Uganda [2]. The majority of the refugees(80%) are children and young people [3], who face significant health risks due to the complex conditions within these environments [4].

Sexual violence represents a significant risk for children and young people in refugee settings [5]. The first Humanitarian Violence Against Children Survey (HVAC) in Uganda reported that 19% of females and 10% of males aged 18–24 years, young adults, experienced sexual violence before the age of 18, while 7% of females and males aged 13–17 years, children, experienced sexual violence in the year preceding the survey [6]. A recent systematic review and meta-analysis found a pooled prevalence of 41.15% among 5,779 children in Ethiopia, which subjects them to an increased risk of sexually transmitted infections, unintended pregnancy, and mental health problems [7, 8]. Furthermore, affected children are likely to face social crises that hinder their overall development, including educational performance [9].

The health consequences of sexual violence are complicated by lack of disclosure and low rates of help-seeking, which are attributed to stigma, fear, limited awareness, inadequate services, and systemic barriers [10, 11]. A study among children and young people aged 13 to 24 years in Kenya found that, among those who reported sexual violence before the age of 18, 44.6% of females and 28.2% of males had disclosed their experiences [12]. Recent evidence indicates that only 28% of sexual violence survivors sought follow-up care after penetrative sexual violence, and just 7% attended counseling sessions [8, 13].

Whether a child discloses violence or seeks help for it often depends on cognitive, emotional, social, and economic factors [14]. For example, females who survive sexual violence may see disclosure as unhelpful because of discrimination and stigma, while males may believe the problem will go away on its own [15]. In refugee settings, these issues become even harder due to dependence on outside support, insecurity, conflict between communities, and fewer economic resources [16].

Studies have looked at how individuals disclose sexual violence and seek help in developmental settings [17-19]. However, there has been less research on how children and young people in refugee settings disclose such experiences or seek help. This study aims to address that gap by examining the disclosure and help-seeking experiences of children and young aged 13 to 24 years survivors of childhood sexual violence living in refugee settings of Ethiopia and Uganda.

Methods and Procedures

Study design and settings

We used data from the 2024 Ethiopia Humanitarian Violence Against Children Surveys (HVACS) and the 2022 Uganda Humanitarian Violence Against Children Surveys (HVACS) . Both surveys are representative, cross-sectional, and household-based. They focus on children and youth aged 13 to 24 who live in refugee camps in Ethiopia and settlements in Uganda. The HVAC survey is based on the standard Violence Against Children (VAC) survey method, which was first designed for non-humanitarian settings [20], It measures how common different types of violence against children are, such as emotional, physical, and sexual violence, as well as related risks, protective factors, and consequences [21]. In these studies, the HVACS looked at experiences of childhood sexual violence among children and young people in refugee settings. In Ethiopia, refugees live in 23 camps: 8 in Gambella, 5 in Melkadida, 3 in Jigjiga, 3 in Assosa, 3 in Semera, and 1 in Amhara region. In Uganda, refugees are settled in 13 locations across 12 districts, including Adjumani, Yumbe, Terego, Kiryandongo, Kyegegwa, Kikuube, Koboko, Isingiro, Lamwo, Moyo, Madi-Okollo, and Kamwenge.

Study sampling

In both settings, the survey was conducted using the standard VACS methodology. The HVACS used the administrative units set by the respective governing body (UNHCR and RRS in Ethiopia and UNHCR in Uganda). The survey employed a three-stage cluster sampling design by randomly selecting zones in the respective settlements or camps for both females and males at the first stage. In Ethiopia, 82 zones (41 for female and 41 for male interviews) were randomly sampled from the list of 158 zones in the first stage. A zone in a refugee camp/settlement is a geographic subdivision created by coordination and management agencies to organize populations, streamline aid delivery, and facilitate community representation. The second stage captured a sample of households from each zone using probability proportional to size (PPS), with the number of sampled households in each zone determined by the proportion of households in each zone to the total number of households across all zones, separately for female and male samples. In the third stage, one eligible 13-24-year-old participant was randomly selected from each sampled household and provided assent/consent to participate in the survey. Similarly, in Uganda, in the first stage, 56 zones (28 female and 28 male) were randomly sampled from the 109 available zones. In the second stage, a fixed number of households (193 in female zones and 134 in male zones) were randomly selected, and in the third stage, one eligible 13-24-year-old participant was selected. More details of the survey methodology were presented elsewhere [6]. Both surveys applied a split-sample approach, such that the survey for females was conducted in different communities than the survey for

males, to protect confidentiality by reducing the chance that opposite-sex perpetrators and survivors could possibly be interviewed in the same community, resulting in possible retaliation

Analytical sample

This study focused on children and young people aged 13-24 years who reported they had experienced childhood sexual violence. Sexual violence was defined as completed or attempted non-consensual sex acts, as well as abusive sexual contact. In both Ethiopia and Uganda, respondents were asked about four types of sexual violence: unwanted sexual touching, unwanted attempted sex, pressured or coerced sex, and unwanted forced sex—the outcome variable combined responses to these questions. Anyone who answered 'yes' to any of them was considered to have experienced sexual violence, while those who answered 'no' to all were not. The analysis included 517 survivors in total, with 249 from Ethiopia and 268 from Uganda.

Measurements

Disclosure of childhood sexual violence experience: Respondents who reported experiences of sexual violence were asked, "Have you ever told anyone about any of these experiences?" A "yes" response was categorized as disclosure, coded as '1' and '0' for "otherwise."

Help-seeking behaviors for the sexual violence: Seeking help was defined as contacting various individuals, institutions (such as the police), or locations in response to experiences of sexual violence. Participants were asked: 'Thinking about all your unwanted sexual experiences, have you ever tried to seek help for these experiences from the following: A doctor, nurse, or other healthcare worker in a hospital or clinic? B) Police or other security personnel? C) A lawyer, judge/magistrate, or legal professional other than the police? D) A social worker or counselor? E) Aid worker? F) A community leader?' The outcome variable, 'Sought help,' was coded as '1' if any help was sought and '0' otherwise.

Socio-demographic characteristics: The variables included the respondent's sex (categorized as male or female), age (categorized as 13-17 or 18-24 years), and educational status (assessed at ages 13-17 and categorized as never attended school, primary or less, and secondary or above). Partnership status was categorized as 'Yes' if the respondent had ever been married or in a partnership, and 'Otherwise' if they had not. Household headship was determined by identifying the individual heading the household, categorized as 'female' for a mother or female guardian and 'male' for a father or male guardian.

Disability status of the respondents: This was assessed using the Washington Group Short Set on Functioning questions, which help determine whether the respondent has difficulty performing basic activities such as seeing, hearing, walking, cognition, self-care, and communication[22]. We considered that a respondent with at least one of the domains as 'with disability/ies' and if not as 'no disability.'

Endorsement of inequitable gender norms: Assessment was conducted using questions addressing the following: (1) beliefs regarding whether only men, and not women, should decide when to have sex; (2) agreement with the notion that if someone insults a boy or man, he should defend his reputation with force if necessary; (3) belief that there are circumstances

in which a woman should be beaten; (5) agreement that women who carry condoms have sex with many men; (6) views on whether a woman should tolerate violence to maintain family unity; (7) whether women and men should share authority within the family; and (8) belief that a woman should be able to spend her money as she chooses. For the first five questions, a response of “yes” was coded as 1 and “no” as 0. For questions 7 and 8, coding was reversed, with “yes” coded as 0 and “no” as 1. Scores were then categorized as “no” for a score of 0 and “yes” for scores of 1 or more.

Justification of intimate partner violence: Justification of intimate partner violence was measured by asking whether husbands would be justified in hitting or beating their wives in the following situations: (a) going out without informing him, (b) neglecting the children, (c) arguing with him, (d) refusing to have sex with him, and (e) burning the food. A response of “yes” to any of these questions was coded as 1, while a response of “no” was coded as 0. The summed score was categorized as 'no' for scores of 0 and 'yes' for scores of 1 or more.

Mental distress: This was assessed using six questions regarding the frequency of specific feelings during the past 30 days: nervousness, hopelessness, restlessness, sadness that nothing could cheer them up, the perception that everything was an effort, and feelings of worthlessness. Respondents who reported experiencing any of these feelings were categorized as having mental distress; those who did not were categorized as 'no.'

Corporal punishment: This was assessed by asking whether respondents believed that, to raise or educate a child properly, a parent or caregiver needs to physically punish the child, such as by spanking or hitting with a hand. Responses were categorized as 'Yes' (coded as 1) or 'No/Don’t know/Declined' (coded as 0).

Socioeconomic characteristics: Socioeconomic characteristics were assessed using two questions. The first inquired whether, at any time during the past 12 months, the respondent had engaged in any income-generating activities, with responses coded as '1' for 'Yes' and '0' for 'No.' The second question asked whether the household currently had enough money for (A) food, (B) essential needs such as clothing, school fees, or medical care, and (C) discretionary expenses such as gifts, celebrating special occasions, or taking a holiday. Any 'no' response to these items indicated food insecurity (coded as '1'); otherwise, it was coded as '0.'

Knowledge of where to get help: Knowledge of where to obtain help was assessed by asking whether respondents knew where to go for violence-related services if they or someone in their community needed assistance. Responses were coded as '1' for 'Yes' and '0' for 'No,' 'Declined,' or 'I don’t know.'

Data collection

The Ethiopia HVACS was conducted from December 2023 to April 2024, and the Uganda HVACS took place between March and April 2022. In both countries, data were collected electronically using a standardized questionnaire in Open Data Kit (ODK) on Android tablets. Research assistants and team leaders made up the data collection teams and received thorough training on survey protocols, study tools, ethics, and the electronic system. The HVACS questionnaire had household and individual modules for both males and females. Household modules were

administered to family heads, while individual modules were administered to eligible participants aged 13 to 24. The survey tools were translated into seven local languages in Ethiopia (Arabic/Juba Arabic, Anuak/Anywaa, Nuer, Somali, Amharic, Tigrigna, and Afar) and four in Uganda (Kiswahili, Kinyarwanda, Acholi, and Juba Arabic). Female interviewers worked in female zones, and male interviewers worked in male zones. All interviews were conducted in the respondents' preferred languages.

Data Analysis

We used a Chi-Squared test to look at the association between possible factors related to disclosure and help-seeking behaviors in people aged 13 to 24. To better understand these associations, we ran a logistic regression on variables with a p-value below 0.25 in the bivariate analysis, always including country as a set factor. We considered a p-value under 0.05 as significant and reported 95% confidence intervals. All analyses were done in Stata® version 17. To account for the complex survey design, we applied weights to our estimates. Before building the final model, we checked for multicollinearity among variables using Variance Inflation Factors (VIFs) and tolerance statistics. Variables with a VIF over 5.0 or a tolerance below 0.20 were seen as collinear and considered for removal.

Ethical Considerations

The Ethiopia HVACS was approved by the Population Council Institutional Review Board (Protocol 986, dated October 10 , 2021) and the Ethiopian Public Health Association (EPHA) Institutional Review Board, EPHA/OG/789/23, dated August 10, 2023. The Federal Republic of Ethiopia Refugees and Returnees Services also provided administrative authorization to enter the camps. In Uganda, ethical approval was obtained from the Population Council IRB (Protocol 986) and the local review board, Mildmay Uganda Research and Ethics Committee (MUREC) – REC REF 0310-2021. The Uganda National Council for Science and Technology (UNCST) (SS1130ES) granted research clearance[6]. All participants provided verbal informed consent to participate in the survey in accordance with the WHO's Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies [23]. Participants aged 18-24 years and emancipated minors aged 13-17 provided individual consent. For dependent participants aged 13-17 years, interviewers first obtained permission from parents or primary caregivers to speak with the eligible participant before obtaining assent from the participant. Emancipated minors under the survey were participants aged 13 to 17 years who had assumed adult roles and responsibilities, including household headship, marriage, and/or procreation. Such participants provided their informed consent to participate in the study. Respondents privacy were strictly maintained at all levels. Importantly, the survey included a response plan where caseworkers from UNHCR implementing partners joined the data collection teams. This ensured that participants who needed counseling could receive it right away at home during or after the interview, or be referred to counseling services at another location if needed.

Results

Demographic characteristics

The study included a sub-sample of children and young people from Ethiopia and Uganda HVACS who reported experiencing sexual violence during childhood (N=249, Ethiopia; N=268, Uganda). The majority of participants were aged 18 to 24 years (57.31% in Ethiopia; 60.60% in Uganda). Females represented 73.21% of the sample in Ethiopia and 56.98% in Uganda. Approximately one-quarter of participants were single- or double-orphaned (25.87% in Ethiopia; 28.82% in Uganda). In both countries, most refugee residents originate from South Sudan (Table 1).

Disclosure and help seeking experiences

We found that 41.0% [28.69, 55.11] of children in Ethiopia and 15.85% [9.17, 26.03] of survivors in Uganda reported a disclosure experience (Table 2). In both countries, about three out of four females and males shared their experiences, mainly with relatives in Ethiopia and with friends in Uganda (Table 3). In Ethiopia, 27.53% [19.07, 37.98] of them sought help, compared to only 4.32% [1.49, 11.91] in Uganda (Table 2). Of those who sought help, 21.03% [12.42, 33.34] in Ethiopia and 3.02% [1.00, 8.77] in Uganda received care. There was no difference between males and females in Uganda, but in Ethiopia, girls disclosed more often than boys. Most survivors looked for help from more than one source: 61.99% [45.82, 75.87] in Ethiopia and 60.81% [33.30, 82.82] in Uganda. In Ethiopia, most sought help from health professionals (66.59% [46.21, 82.22]), followed by community leaders (52.17% [36.91, 67.03]). In Uganda, most sought care from community leaders (61.76% [33.54,83.79]), followed by health professionals (58.18% [30.59,81.46]) (Table 4).

In Ethiopia, both females (19.1% [12.1,28.8]) and males (24.9% [10.2,49.1]) said they did not disclose because they were afraid of getting in trouble. Feeling embarrassed for themselves or their families was another reason, reported by 8.6% [3.2,21.5] of females and 15.0% [3.7,45.0] of males, as also seen in Uganda. The main reasons for not seeking help in Ethiopia included fear of getting in trouble (27.92% [20.68, 36.52]) and fear of the perpetrators (17.50% [10.26, 28.23]). Some females said they were told not to seek services (11.39% [6.94, 18.14]) or felt embarrassed for themselves or their families (11.28% [6.15, 19.78]). Among males, 38.02% [0.03,99.93] did not think it was a problem, 18.84% [0.00,99.93] were afraid of getting in trouble, and 6.60% [0.00,99.42] said the service was too far away (Tables 5 and 6).

Factors associated with childhood sexual violence disclosure and help-seeking

In the bivariate model, factors including age, education level, household type, disability status, knowledge of service locations, and country status were associated with disclosure of sexual violence among children. Help-seeking behavior was associated with children's education, awareness of service locations, and country status (Table 7). After adjusting for potential confounding only being primary and less educational status (aOR=0.39; 95% CI: 0.18, 0.85), female-headed households (aOR=3.38; 95% CI: 1.71, 6.66), having disability (aOR=0.34; 95% CI: 0.15, 0.76), knowledge of service locations (aOR=2.49; 95% CI: 1.42, 4.36), and Ethiopian refugee status (aOR=2.47; 95% CI: 1.12, 5.43) remained significantly associated with disclosure of childhood sexual violence. Help-seeking was significantly associated with knowledge of service locations (aOR=3.93; 95% CI: 1.73, 8.90), from Ethiopian refugees (aOR=12.60; 95% CI:

2.75, 57.75), and having a primary education or less compared to no education (aOR=0.31; 95% CI: 0.11, 0.92) (Table 8).

Discussion

The two surveys showed that fewer than one in five sexual violence survivors in Uganda and two out of five in Ethiopia disclosed about their experiences. Female survivors most often told relatives, while male survivors usually opted for peers or friends. Only about one in ten survivors in Uganda and one in three in Ethiopia said they sought help. For females, the main reasons for not seeking help were fear of punishment or retaliation from perpetrators and the belief that the issue was not serious, while males did not think it required service. Those who knew about available support services were more likely to disclose about their experiences and seek help. People living in female-headed households were more likely to disclose, while those with disabilities or less than a primary school education were less likely to do so. Both disclosure and help-seeking were more common among those from Ethiopia refugee settings than those from Uganda. Endorsement of unequal gender norms, justification of intimate partner violence, mental distress, and corporal punishment did not demonstrate significant associations with disclosure or help-seeking.

The study found that survivors of childhood sexual violence in the two country refugee settings rarely disclose about their childhood violence experiences or seek help, and there are significant differences between countries. In Ethiopia, 41.27% of survivors shared what happened to them, while only 15.85% did so in Uganda. Help-seeking was reported by 27.53% of survivors in Ethiopia and just 4.32% in Uganda. These results are similar to global trends, where forced displacement, social disruption, and low trust in institutions make people less likely to report [24, 25]. Survivors often remain silent to avoid, retaliation, or further harm [26] Other barriers, such as feeling powerless, fear of stigma, isolation, and limited access to services, increase their vulnerability [27]. If such trauma is not intervened, its likely that it cause long-term reproductive and mental health problems [5, 9]. As a fact of this, protection systems that depend only on survivors coming forward are not enough. Building trust within communities and at school are key to lowering barriers to disclosure and reaching children affected by such situations [28, 29].

Our finding showed males and females survivors differ on how they share their experiences both in terms disclosure and seeking help, which shapes the way support programs are created. Females usually talk to close family members, while males often turn to their peers. Social expectations about gender, honor, and vulnerability influence these choices [30]. In many displaced communities, women who speak outside the family may face marital issues or bring shame to their families, so home is often the safest place for them to talk [27]. Males, on the other hand, face stigma around sexual victimization, so peer groups are usually less judgmental and easier for them to approach [31]. By including informal family and peer support in community child protection programs, rather than relying only on formal legal or clinical systems, survivors have safer and more supportive ways to share their experiences early on that any future intervention need to explore the dimensions [28, 32].

Knowing where to find services is linked to both disclosure and help-seeking. People use healthcare when they understand why they need it, want to get it, and can access it [33].

Anderson's healthcare utilization model explains that when people know where to get help, they are more likely to seek it [34]. Importantly, service availability also determines whether a person seeks the service or not [35]. In refugee settings, various organizations offer services, but survivors may not use them if they do not know where to go. This shows that future interventions should focus on making service locations clear to improve disclosure and help-seeking among survivors of childhood sexual violence.

Our resultshowed that people sought help from multiple sources, such as health professionals, community leaders, and social workers. Prior study have found similar patterns [36]. This suggests that interventions for sexual violence should involve different service providers and make sure referrals to care are well coordinated [37]. It is also important to set clear guiding principles, build shared knowledge and positive attitudes, and ensure good communication among these different help providers [38].

We found that survivors who reported having one or more disabilities were less likely to disclose experiences of sexual violence, a finding also seen in earlier reports [39, 40]. Survivors with disabilities may have fewer opportunities or safe spaces to share their experiences, which could explain the lower rates of disclosure compared to those without disabilities. Help-seeking rates were not significantly different between children with and without disabilities. This may be because there were few help-seekers overall, which limits the ability of the analysis to detect a statistical difference.

Our analysis shows that those survivors living in female-headed households are more than three times as likely to report childhood sexual violence compared to those in male-headed households. This association matches with evidence that domestic power structures affect how safe survivors feel about speaking up [11]. When families are forced to move, traditional male-headed households often follow strict patriarchal rules that put family honor before individual safety. This can make survivors more afraid of being blamed, punished at home, or excluded from their community [41]. On the other hand, female-headed households seem to change family dynamics, creating safer environments that reduce the risk of retaliation and offer more understanding and support for survivors to come forward. These findings point to a major gap in current humanitarian child protection efforts. In many community-based protection models, male heads of households and traditional elders are usually the main decision-makers. Future research should look at how communication and safety within families help create this protective effect.

Survivors with only primary education seek help less often than both out-of-school children and those with more education [42]. This points to a key problem: early formal schooling does not always protect children [43]. Primary school students are in a difficult position. They have less parental supervision than children who are not in school, but they also do not have the knowledge or confidence of older students to report problems on their own [44, 45]. In refugee settings with limited resources, these children face two challenges at once either less support from family or little help from schools [43]. These results question the idea that primary schooling always keeps children safe and show that there is a real need for confidential ways to report problems at school [29, 46].

Differences in disclosure and help-seeking experience usually have underlying causes. These often relate to structural support, social and cultural norms, and how these behaviors are studied. For example, survivors in Ethiopia reported higher rates of disclosure and service-seeking than those in Uganda. This difference may be linked to the timing of the studies and other contextual factors. Thus, improving survivors' willingness to disclose and seek help depends on more than just personal factors highlights how social and structural factors affecting violence reporting can vary by region that future intervention need to critically consider them.

Strengths and limitations: The strengths of these surveys lie in their broader scope and representative nature, covering children and young children in humanitarian settings and addressing large target populations. The study methodology was robust and could be replicated in similar settings to generate comprehensive reports. However, the study's limitation is that it did not capture survivors' attitudes toward seeking help or the services or support provided. Furthermore, the difference in study periods can be highlighted as a limitation.

Conclusions

The first two HVAC surveys show that children and young people who have experienced sexual violence rarely disclose what happened or seek help. Gender plays a big role: girls often fear retaliation, while boys may think there is no need to tell anyone. On the other hand, knowing about support services makes it much more likely that children and young people will speak up and get help. These findings show the need for programs that teach children how to report the incident, help them learn where to find support, and provide tailored help for survivors with disabilities.

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Author contributions

YD and YDW conceptualized the study. YD analyzed the data and wrote the first draft. All authors contributed the manuscript at all stages, and read and approved the final version of the manuscript.

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Data availability

The Ethiopian data are available on reasonable request and the Uganda HVACS datasets are available in the Population Council repository.
https://dataverse.harvard.edu/dataverse/popcouncil.

Ethics approval

The Ethiopia HVACS was approved by the Population Council Institutional Review Board (Protocol 986, dated October 10 , 2021) and the Ethiopian Public Health Association (EPHA) Institutional Review Board, EPHA/OG/789/23, dated August 10, 2023. The Federal Republic of Ethiopia Refugees and Returnees Services also provided administrative authorization to enter the camps. The Uganda's survey, ethical approval was obtained from the Population Council IRB (Protocol 986) and the local review board, Mildmay Uganda Research and Ethics Committee (MUREC) – REC REF 0310-2021. The Uganda National Council for Science and Technology (UNCST) (SS1130ES) granted the research clearance.

Competing interests

The authors declare no competing interests.

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Table-1: Demographic and related characteristics of childhood violence survivors in refugee settings in Ethiopia (2024) and Uganda (2022)

Variables	Ethiopia(N=249)		Uganda(N=268)	
	n	Weighted 95%(CI)	n	Weighted 95%(CI)
Age in years				
13-17	98	42.69 [32.50 53.55]	111	39.94[31.18 49.40]
18-24	151	57.31 [46.45 67.50]	157	60.06[50.60 68.82]
Sex				
Female	202	73.21 [51.17 87.70]	169	56.96[27.44 82.24]
Male	47	26.79 [12.30 48.83]	69	43.04[17.76 72.56]
Educational status				
Never attended	80	31.22 [23.12 40.67]	31	5.33 [2.38 11.51]

Primary and less	132	56.60 [46.82 65.88]	196	75.55[63.64 84.52]
Secondary and higher	37	12.18 [6.89 20.63]	41	19.12[11.98 29.09]
Orphanhood status				
Not orphaned	173	67.06[56.00 76.50]	153	55.58[43.67 66.88]
Orphanedhood	61	25.87 [17.15 37.03]	79	28.82 [18.96 41.21]
Not reported	15	7.07 [2.65 17.52]	36	15.59[5.07 39.01
Marital status				
Otherwise	158	63.77[51.99 74.10]	220	82.21[76.56 86.73]
Married	91	36.23[25.90 48.01]	48	17.79[13.27 23.44]
Country of origin				
South Sudan	97	56.74 [37.05 74.51]	98	50.03[31.47 68.59]
Democratic Republic of Congo(DRC)	1	0.46 [0.05 3.86]	41	36.59[23.28 52.33]
Somalia	102	27.44 [14.30 46.14]	18	6.07 [4.53 8.09]
Burundi	NA	NA	9	5.79 [2.09 15.01]
Eritrea	19	9.95[2.92 28.83]	NA	NA
Other/Unspecified	26	5.42 [1.63 16.55]	2	1.51 [0.22 9.52]

Table 2: Childhood sexual violence disclosure and help seeking experiences in refugee settings of Ethiopia(2024) and Uganda(2022)

Variables	**Ethiopia(Female=202; Male= 47, and Total=249)**			**Uganda(Female =169; Male =99, and Total =268)**		
Females	Disclosed Weighted 95% CI	Sought Help Weighted 95% CI	Received help Weighted 95% CI	Disclosed Weighted 95% CI	Sought Help Weighted 95% CI	Received help Weighted 95% CI
Females	48.03 [36.43,59.85]	26.13[18.75,35.15]	21.26 [13.95,31.00]	16.16 [10.47,24.11]	5.86 [1.87,16.94]	3.66 [1.38,9.36]
Males	22.81 [4.65,64.17]	31.37[11.30,62.12]	20.40 [3.58,63.84]	15.44 [5.26,37.51]	2.28 [0.35,13.49]	2.18 [0.31,13.93]
Both sex	41.27 [28.69,55.11]	27.53 [19.07,37.98]	21.03 [12.42,33.34]	15.85 [9.17,26.03]	4.32 [1.49,11.91]	3.02 [1.00,8.77]

Table 3. To whom the survivors disclosed their experiences in Ethiopia (2024) and Uganda (2022)

Variables	Ethiopia(108)		Uganda(55)		Both countries(163)	
People to whom they disclosed	Weighted 95% CI	Weighted 95% CI	Weighted (95% CI)	Weighted (95% CI)	Weighted 95% CI	Weighted 95% CI
	Female	Male	Female	Male	Female	Male
Relatives	74.83[54.73,87.97]	23.21 [0.43,95.46]	71.56[44.13,88.91]	21.63 [7.67, 47.83]	73.50 [57.35 , 85.12]	21.72 [8.05 , 46.77]
Friends	20.26 [9.09,39.22]	76.79 [4.54,99.57]	12.53 [4.34,31.18]	74.62 [54.19, 87.96]	17.11 [8.83 , 30.55]	74.73 [54.70 , 87.87]
Service Provider	4.91 [1.03,20.39]	NR	13.15 [4.27,33.91]	2.10 [0.06, 41.91]	8.27 [3.37 , 18.91]	1.99 [0.06, 39.79]
Others	NR	NR	2.76 [0.28,22.26]	1.65 [0.05, 37.61]	8.27 [3.37 , 18.91]	1.56 [0.05 , 35.52]

NR= Not reported

Table 4: People from whom survivors sought help in refugee settings of and Ethiopia (2024) and Uganda (2022)

Variables	Ethiopia(66)		Uganda(25)		Total(91)	
Did you try to seek help from:	n	Weighted (95% CI)	n	Weighted (95% CI)	n	Weighted (95% CI)
A doctor, nurse, or other healthcare worker in a hospital or clinic	38	66.59 [46.21,82.22]	13	58.18 [30.59,81.46]	51	63.83 [46.97 77.86]
Police or other security personnel	38	52.85 [29.45,75.06]	7	38.33[13.57,71.11]	45	48.09 [30.16 66.53]
A lawyer, judge/magistrate, or other legal professional, other than police	32	47.90 [25.02,71.69]	2	5.97 [1.19,24.99]	34	34.16 [18.42 54.38]
A social worker or counselor	26	38.01 [20.81,58.86]	12	44.13 [17.81,74.23]	38	40.02 [24.27 58.13]
Aid worker	31	44.58 [25.04,65.96]	8	19.64 [9.42,36.47]	39	36.41 [21.74 54.12
A community leader	32	52.17 [36.91,67.03]	16	61.76[33.54,83.79]	48	55.31[41.52 68.33]
Sough from muliple sources	40	61.99 [45.82,75.87]	14	60.81 [33.30,82.82]	54	61.60 [46.95,74.41]

*multiple responses were possible

Table 5:Reported reasons for not disclosing among childhood sexual violence survivors in refugee settings in Ethiopia(2024)

Disclosure

Reasons for not seeking help	**Ethiopia(141)**		**Uganda(213)**		**Both countries(354)**	
	Female(102)	**Male(39)**	**Females(129)**	**Male(84)**	**Females(231)**	**Males(123)**

	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Did not know where to go	8.3[3.1,20.2]	9.0 [2.2,30.2]	5.9 [1.7,18.2]	2.4 [0.4,13.6]	6.7 [3.1,13.9]	3.8 [1.2,11.4]
Afraid getting in trouble	19.1 [12.1,28.8]	24.9 [10.2,49.1]	4.5 [2.4,8.4]	6.0 [2.5,13.6]	9.7 [6.3,14.7]	10.0[5.0,18.9]
Perpetrator told me not tell any one	11.7 [7.5,17.8]	1.2 [0.1,11.0]	1.4 [0.4,5.1]	0.5 [0.0,4.4]	5.0 [2.9,8.6]	0.6 [0.1,3.2]
Dependent on perpetrator	0.6 [0.2,2.2]	0.5 [0.0,4.8]	1.4 [0.4,5.1]	NR	1.1 [0.3,3.6]	0.1[0.0,0.9]
Did not think it was a problem	5.9 [2.4,13.8]	25.1 [7.5,58.0]	5.9 [3.0,11.2]	15.0 [3.7,45.0]	5.9[3.5,9.8]	17.2[6.2,39.2]
Did not want service	0.5 [0.1,4.1]	3.2 [0.4,23.0]	2.4 [0.9,5.8]	NR	1.7 [0.7,4.4]	0.7 [0.1,5.6]
Felt it was my foult	1.7 [0.4,6.7]	0.6 [0.1,4.0]	6.3 [2.1,17.6]	NR	4.7[1.5,13.5]	0.1 [0.0,0.8]
Embarrassed for self/family	10.5 [5.1,20.2]	2.8 [0.3,19.8]	8.6 [3.2,21.5]	0.6 [0.1,3.8]	9.3[4.9,16.9]	1.1 [0.3,4.4]
Afraid perpetrator	8.5 [5.6,12.6]	0.1 [0.0,1.1]	2.0 [0.9,4.4]		4.3[2.8,6.6]	0.0 [0.0,0.2]
Other	0.5 [0.1,3.6]	2.0 [0.4,9.6]	NR	1.5 [0.3,6.9]	0.2 [0.0,1.4]	1.6 [0.4,5.4]
Do not Know	1.1 [0.1,7.3]	NR	NR	NR	0.4[0.1,2.7]	NR
Declined	3.5 [0.5,22.0]	0.5 [0.1,4.7]	NR	0.5 [0.1,3.9]	1.2[0.2,9.3]	1.0[0.2,4.7]

NR= Not reported

Table 6: Reported reasons for not seeking help among sexual violence survivors children and young people in refugee settings of Ethiopia(2024).

Reasons for not seeking help/service	Ethiopia(		Uganda(	
	Female	Male	Female	Male
	Weighted %	Weighted 95% CI	Weighted 95% CI	Weighted 95% CI
Services too far	3.19 [1.53,6.55]	6.60 [0.00 99.42]	0.37 [0.06,2.15]	NR
Could not afford services/transport	1.72 [0.57,5.12]	2.00 [0.00, 99.75]	0.10 [0.01,0.83]	NR
Services not high quality	5.78 [2.48 , 12.91]	2.25 [0.00, 99.75]	NR	NR
Afraid of getting in trouble	27.92 [20.68, 36.52]	18.84 [0.00, 99.93]	1.46 [0.25,7.93]	NR

Told not to seek services/tell anyone	11.39 [6.94 , 18.14]	10.06 [0.00 100.00]	NR	NR
Dependent on perpetrator/fear abandonment	4.83[1.80 , 12.36]	NR	NR	NR
Did not think it was a problem	4.13 [1.18, 13.39]	38.02 [0.03 99.93]	0.10 [0.01,0.83]	NR
Did not want/need services	8.62 [2.35, 26.99]	1.05 [0.00 99.97]	NR	NR
Felt it was my fault	1.62 [0 .51, 5.04]	0.52 [0.00 99.95]	NR	NR
Embarrassed for self/family	11.28 [6.15,19.78]	5.17 [0.00 99.77]	0.27 [0.03,2.37]	NR
Afraid of perpetrator	17.50 [10.26 28.23]	1.37 [0.00 99.85]	NR	NR

NR=Not Reported

Table 7: The bivariate associations of various factors with sexual violence disclosure and help-seeking among childhood sexual survivors in refugee settings of Ethiopia (2024) and Uganda(2022)

Factor variables	Disclosure(N=517)					Help-seeking(N=517)				
	n	Weighted 95% CI	OR	Weighted 95% CI	P-value	n	Weighted 95% CI	OR	Weighted 95% CI	P-value
Age in years										
13-17	54	17.31 [9.92, 28.48]	1	1	0.03	28	9.25 [3.96, 20.14]	1	1	
18-24	109	27.72 [17.36,41.20]	2.00	[1.07 3.74]		58	12.68 [6.78, 22.48]	1.59	[0.58 4.36]	0.37
Sex										
Female	140	27.48 [17.94,39.65]	1	1		68	13.06 [6.93,23.26]	1	1	
Male	23	16.99 [7.15, 35.23]	0.64	[0.25 1.67]	0.36	18	8.41 [3.12,20.76]	0.85	[0.30 2.38]	0.75
Partinership										
Otherwise	114	21.35[13.92,31.29]	1	1		62	10.88 [5.87,19.29]	1	1	
Yes	49	30.49[18.01,46.68]	1.23	0.61 2.4	0.56	24	12.63 [6.20,24.02]	0.71	0.32 1.58	0.40
Educational Status at 13-17 yrs										
Never attended		51.20					31.42[20.47,44.92			

Primary and less	56	[36.74,65.46]	1	1		32	]	1	1	
Secondary and above	81	17.98 [11.19,27.61]	0.33	[0.14 0.75]	**0.01**	40	6.79 [3.25, 13.62]	0.33	[0.10 1.13]	0.08
	26	24.72 [12.93,42.07]	0.51	[0.19 1.42]	0.20	14	14.25 [5.99, 30.23]	0.88	[0.26 2.98]	0.84
Work for money										
No	120	26.56[16.61,39.64]	1	1		62	15.66 [9.37,25.01]	1	1	
Yes	43	19.43[11.44,31.05]	0.90	0.49 1.66	0.70	24	5.53 [2.13,13.59]	0.9	[0.49 1.66]	0.74
Orphan status										
Not orphaned	104	26.53[17.85,37.51]	1	1		57	11.92 [6.52,20.79]	1	1	
Orphaned	44	22.02[12.07,36.75]	0.84	[0.43 1.66]	0.61	21	12.19 [6.31,22.24]	1.21	[0.52 2.80]	0.65
Declined	14	12.78 [6.42,23.83]	0.50	[0.26 0.96]	0.04	8	6.49 [1.51,23.98]	0.79	[0.26 2.47]	0.69
Knowledge where to get services										
Otherwise	89	21.29 [13.98,31.04]	1	1		35	9.36 [4.69,17.81]	1	1	
Yes	74	25.94 [15.39,40.29]	1.92	1.07 3.46	**0.03**	50	13.45[7.06,24.12]	4.17	[1.77 9.84]	**0.00**
Food insecurity										
Yes	10	16.64[4.21,47.55]	1	1		12	23.36 [8.01,51.61]	1	1	
No	153	24.04[15.87,34.68]	2.16	[0.60 7.74]	0.26	74	10.65 [6.12,17.90]	0.53	[0.21 1.35]	0.18
Household headship										
Male	32	10.13 [4.06,23.07]		1		22	5.21 [1.73,14.64]	1	1	
Female	129	32.14 [23.14,42.71]	3.11	1.50 6.43	**0.00**	63	15.01[9.37,23.19]	1.62	[0.61 4.25]	0.32
Any disability										
Yes	128	30.20[20.10,42.66]		1		60	13.13[7.12,22.94]	1	1	
No	34	11.16 [5.66,20.84]	0.37	[0.19 0.71]	0.00	25	7.87 [3.75,15.77]	1.00	[0.42 2.39]	1.00
Declined	1	22.57 [1.70,83.07]	0.80	[0.08 8.55]	0.85	1	22.57 [1.70,83.07]	3.30	[0.40 27.39]	0.26
Mental distress in the last 30 days										
Otherwise	17	19.80 [8.86,38.53]	1	1		7	6.77 [1.51,25.60]	1	1	
Yes	146	24.18[15.04,36.48]	0.93	[0.29 3.01]	0.90	79	12.14 [7.13,19.92]	1.07	[0.25 4.49]	0.93

Endorsement of harmful gender norm										
Otherwise	9	15.79 [5.28,38.69]	1	1		2	1.75 [0.36, 7.96]	1	1	
Endorse	154	24.04 [16.02,34.43]	1.53	[0.59 4.01]	0.38	84	11.98 [7.00,19.76]	6.18	[1.55 31.4]	0.01
Beating wife attitude										
Otherwise	47	21.16 [10.83,37.24]	1	1		20	10.72 [4.32,24.18]	1	1	
Endorse	116	24.64 [17.29,33.85]	1.12	[0.64 1.96]	0.69	66	11.57 [7.01,18.51]	0.93	[0.39 2.21]	0.86
Corporal punishment										
Approve	61	28.29 [15.67,45.57]	1	1		29	12.56 [7.64,19.97]	1	1	
Do not approve	102	21.62 [14.71,30.62]	0.99	[0.38 2.62]	0.99	57	10.79 [5.82,19.15]	1.57	[0.73 3.38]	0.24
Parental discpline										
Otherwise	132	23.61[15.14,34.87]	1	1	0.70	76	11.27 [6.43,19.01]	1	1	
Positive	31	22.87 [11.38,40.64]	0.86	[0.40 1.85]		10	11.34 [2.98,34.78]	0.85	[0.22 3.36]	0.82

Table 8: Factors associated with disclosure and help- seeking among survivors of sexual violence in setting in Ethiopia (2024) and Uganda (2022)

Factor Variables	**Disclosure**	
	aOR	**Weighted (95% CI)**
Age in years		
13-17	1	1
18-24	1.37	[0.79,2.31]
Sex		
Female	1	1
Male	0.91	[0.35,2.37]
Educational status		
Never	1	1
Primary and less	0.39*	[0.18,0.85]

Secondary and above	0.46	[0.16,1.31]
Household head		
Male	1	1
Female	3.38***	[1.71,6.66]
Any disability		
No	1	1
Yes	0.34**	[0.15,0.76]
Not reported	0.505	[0.04,6.07]
Know where to get service		
No	1	1
Yes	2.49**	[1.42,4.36]
Country		
Uganda	1	1
Ethiopia	2.47*	[1.12,5.43]
Factor variables	**Help-seeking**	
	aOR	**Weighted (95% CI)**
Age in years		
13-17	1	1
18-24	0.75	[0.31,1.80]
Sex		
Male	1	1
Female	0.82	[0.28,2.42]
Educational status		
Never attended	1	1
Primary	0.31*	[0.11,0.92]
Secondary and above	0.86	[0.24,3.04]
Food insecurity		
Yes	1	1
No	0.45	[0.15,1.39]
Know where to get help/service		
No		1
Yes	3.93**	[1.73,8.90]
Corporal punishment		

Approve	1	1
Disapprove	1.84	[0.76,4.43]
Country		
Uganda	1	1
Ethiopia	12.60**	[2.75,57.75]