SEXUALLY ABUSED AND SEXUALLY EXPLOITED CHILDREN AND YOUTH IN THE PHILIPPINES

An assessment of their health needs and available services

United Nations

Economic and Social Commission for Asia and the Pacific

Government of Japan

Department of Social Welfare and Development
The Philippines

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PREFACE

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) initiated a project entitled "Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth through Human Resource Development" in South Asia and the Philippines in January 1998. The participating countries in the four-year project include Bangladesh, India, Nepal, Pakistan, the Philippines and Sri Lanka. The Government of Japan is presently funding this project, which is part of a 12 country regional programme of ESCAP to combat sexual abuse and sexual exploitation of children and youth.

The project was formulated in response to ESCAP Resolution 53/4 on Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth in Asia and the Pacific, which was adopted by the 53rd session of the Commission in April 1997. The basis for the resolution was a proposal for action formulated by ESCAP member governments at the Asia-Pacific Meeting on Human Resources Development for Youth,

held in Beijing, in October 1996. The Meeting concluded that a lack of information existed on the situation of sexual abuse and sexual exploitation of young people; that health and social services available for those victims and potential victims of sexual abuse and sexual exploitation were inadequate; and that social service and health providers lacked training. The ESCAP project has sought to address all of these identified gaps.

In the first phase of the ESCAP project, research was conducted in each of the countries to determine the situation of sexually abused and sexually exploited children, focusing on their comprehensive health needs and available services. The resulting national research reports formed the basis for the curriculum and training material for the ESCAP HRD Course on Psychosocial and Medical Services for Sexually Abused and Sexually Exploited Children and Youth, launched in July 2000.

The following report for the Philippines, entitled *Sexually Abused and Sexually Exploited Children and Youth in the Philippines: an Assessment of their Health Needs and Available Services* had the following objectives:

1. to assess the current status of sexually abused and sexually exploited children and youth in the Philippines, including their exploitation through child pornography and trafficking for sexual purposes;
2. to determine the nature and extent of current programmes and activities of governmental, non-governmental and other relevant agencies, including institutions in health, social service and legal sectors as well as teaching and training institutions, in addressing the needs of sexually abused and sexually exploited children and youth; and
3. to determine the training needs of the staff of governmental, non-governmental and other relevant agencies and institutions in health, social service and legal sectors as well as the teaching and training institutions in relation to the types of programmes that are currently being offered or will be offered for sexually abused and sexually exploited children and youth.

The study begins in Chapter I with discussions on the background and objectives. In view of the extensive availability of literature on the subject matter in the Philippines, Chapter II reviews the related literature. Chapter III discusses in detail the methodology of the study, which involved review and analysis of 726 case records from various organizations in 11 cities in the Philippines as well as interviews with service providers at these institutions. Results of the data analysis are presented in Chapter IV. Chapter V adds further discussions to the data analysis in Chapter IV. The study concludes with summary, conclusions and recommendations in Chapters VI and VII.

The report was prepared for ESCAP by Community and Family Services International (CFSI), which conducted the phase one research study. CFSI is a Philippine-based non-profit and non-governmental organization specializing in mental health and social services. The research process was overseen by the Research Advisory Group formed by the Department of Social Welfare and Development, Government of the Philippines. The Research Advisory Group consisted of Ms Lourdes Balanon, Ms Asuncion Cueto, Ms Patricia Di Giovanni, Dr Bernadette Madrid and Dr Elizabeth Marcelino who provided guidance and technical inputs for the conduct of the study and the finalization of the report. Additionally, Dr Cornelio Banaag, DSWD Undersecretary Luwalhati Pablo, Professor Erlinda Cordero and Ms Sheila Platt also supplied invaluable insights and suggestions. The report was finalized by ESCAP. It has not been formally edited.

This report has been produced with the generous financial support of the Government of Japan under the ESCAP project "Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth through Human Resource Development".

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ACRONYMS

ACADED	Anti-Child Abuse, Discrimination and Exploitation Division
CFSI	Community and Family Services International
CHR	Commission on Human Rights
CPE	Continuing Professional Education
CPTCSA	Center for the Prevention and Treatment of Child Sexual Abuse
CPU	Child Protection Unit
CRC	Convention on the Rights of the Child
CSSD	City Social Services Department
DILG	Department of Interior and Local Government

DOH	Department of Health
DOJ	Department of Justice
DSWD	Department of Social Welfare and Development
ECPAT	End Child Prostitution, Pornography and Trafficking for Sexual Purposes
ESCAP	Economic and Social Commission for Asia and the Pacific
HRD	Human Resources Development
ICCB	International Catholic Child Bureau
IRR	Implementing Rules and Regulations
NBI	National Bureau of Investigation
NCMH	National Center for Mental Health
NGO	Non-Governmental Organization
OSY	Out of School Youth
PAAP	Philippine Alliance Against Pornography
PARTCO	Partners in Research, Training and Community Organization
PGH	Philippine General Hospital
PNP	Philippine National Police
PPS	Philippine Pediatric Society
PRO	Police Regional Office
RA	Republic Act
RPC	Revised Penal Code
RTC	Regional Trial Court
STOP	Stop Trafficking of Philipinos
UNICEF	United Nations Children Fund
UP-CIDS	University of the Philippines-Center for Integrative Development Studies
WCPU	Women and Children Protection Unit

Chapter I
INTRODUCTION

A. Background

In 1997, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) adopted Commission Resolution 53/4 on *Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth in Asia and the Pacific.*

The Resolution, *inter alia,* requested the Secretariat:

1. to consider compiling an inventory of data on the commercial sexual exploitation and sexual abuse of children and youth in the region – including the extent and measures taken to stop the practice and the range of health and social services available to them – with the aim of identifying gaps in research and practice and thereby facilitating regional and intercountry cooperation;

2. to sensitize and promote awareness among government personnel and other members of civil society, including youth, non-governmental organizations and the private sector about the situation of sexually abused and sexually exploited children and youth, with a view to supporting human resources development policies and programmes to improve access to relevant health and social services, education and training, and employment; and

3. to enhance the capabilities of social service and health personnel, through relevant gender-sensitive training, in assisting young victims and potential victims of sexual abuse and sexual exploitation to reintegrate into society.

In response to this, ESCAP developed a regional project on *Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth through Human Resource Development*. This project, implemented by the Human Resources Development Section of the Social Development Division of ESCAP, involved the participation of social service and health personnel from relevant government ministries and non-governmental organizations (NGOs). The 12 participating countries were: Bangladesh, Cambodia, China, India, Lao People's Democratic Republic, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand, Viet Nam, and the Philippines. The Department of Social Welfare and Development (DSWD), which sponsored the resolution on behalf of the Government of the Philippines, was the focal point in this country.

The project consisted of three phases. The first phase involved conducting research on the status of sexually abused and sexually exploited children and youth. The second phase entailed the development of a course curriculum and the development of training modules for social and health personnel based on the results of the initial study. Pilot training projects were also implemented. The third phase involved conducting regional training programmes using the training modules developed in the second phase.

This paper presents the results of the first phase of the ESCAP HRD project in the Philippines. It consists of a survey on the status of the sexually abused and sexually exploited children and youth in the Philippines, the services available to them, and the

training needs of the service providers in health, social service, law enforcement, legal and academic sectors.

B. Objectives

The objectives of this research study were three-fold:

1. to assess the current status of sexually abused and sexually exploited children and youth in the Philippines, including their exploitation through child pornography and trafficking for sexual purposes;
2. to determine the nature and extent of current programmes and activities of governmental, non-governmental and other relevant agencies, including institutions in health, social service and legal sectors as well as teaching and training institutions, in addressing the needs of sexually abused and sexually exploited children and youth; and
3. to determine the training needs of the staff of governmental, non-governmental and other relevant agencies and institutions in health, social service and legal sectors as well as the teaching and training institutions in relation to the types of programmes that are currently being offered or will be offered for sexually abused and sexually exploited children and youth.

Chapter **II**
REVIEW OF RELATED LITERATURE

A comprehensive review of the literature on the status of sexually abused and sexually exploited children and youth in the Philippines was one of the major activities of this study. Since a number of studies had already been completed in the Philippines in the area of sexually abused and sexually exploited children and youth, the guiding - principle followed in determining the study design was to minimize duplication of earlier efforts.

Two documents provided the major inputs for the literature review: The first was the work done by the Programme on Psychosocial Trauma of the University of the Philippines – Center for Integrative Development Studies (UP-CIDS) entitled *Child Abuse in the Philippines: An Integrated Literature Review and Annotated Bibliography (1998).* The second was the *National Exploratory Situation Analysis on Commercial Sexual Exploitation of Children in the Philippines (1998)* done by Partners in Research, Training and Community Organization (PARTCO) for UNICEF.

The literature focused on the status of the sexually abused and sexually exploited children and youth, including the magnitude of the problem and how these children are characterized.

A. The magnitude of the problem

Child sexual abuse is a problem of great magnitude. Concrete indicators that governments, organizations and individuals are addressing this enormous problem

include the ratification of the *Convention on the Rights of the Child* (CRC), the organization of international conventions and congresses against commercial sexual exploitation of children and youth, the creation of local laws and committees which provide special protection of children from abuse, and the increasing number of non-governmental and governmental organizations assisting sexually abused and sexually exploited children.

For many reasons, cases of child sexual abuse and sexual exploitation tend to be under-reported. One reason is that the victim, a child, is easily threatened against reporting the crime. Another reason is the nature of the abuse itself. Many victims believe that the sex crime against them is somehow their fault and therefore feel shame and guilt. In addition, the victim's family and society in general also tend to blame the victim for the crime. Under-reporting makes it difficult to assess the specific forms of sexual abuse and sexual exploitation. Hence, estimates of specific forms of sexual abuse and sexual exploitation are often employed to assess the overall magnitude. Various nationwide estimates carried out by different individuals or agencies for the period of 1986 to 1997 of children in prostitution in the Philippines reported similar findings (see Table 2.1).

In Table 2.1, the estimated number of cases involving child prostitution nationwide remained steady at 20,000 from 1986 to 1988. Three years later in 1991, the estimated number of cases rose to as many as 60,000. Between the years 1991 and 1997, many different sources cited roughly the same estimate. The most recent surveys, conducted in 1997, showed an increase in the number of children in prostitution, with estimates ranging from 60,000 to 100,000.

Table 2.1 Nationwide estimates of children in prostitution in the Philippines (1986-1997)

Nationwide estimate	***Year***	***Source***
20,000	1986	UNICEF / GRP, 1990
20,000	1987	ECPAT-Philippines, 1992
20,000	1988	Manlongat, 1988
50,000-60,000	1991	ECPAT-Philippines, 1992
50,000-60,000	1991	DSWD (in Salinlahi), 1994
50,000-60,000	1991	O'Grady, 1992
40,000	1992	NGOs (in UNICEF / GRP), 1992
60,000	1993	ECPAT-Philippines (in NGO Coalition), 1994
60,000	1994	DSWD (in Alforte), 1994
60,000	1995	NGOs (in DSWD), 1995
60,000	1996	Dionela, 1996
60,000-75,000	1997	Laigo (in Manila Bulletin) 1998
60,000-100,000	1997	ECPAT-Philippines (in PARTCO), 1997
75,000	1997	UNICEF (in Cueto), 1997
100,000	1997	(in PARTCO), 1997

Sources: UP-CIDS, *Child Abuse in the Philippines: An Integrated Literature Review and Annotated Bibliography* (1997).

PARTCO, "National Exploratory Situation Philippines Analysis on Commercial Sexual Exploitation of Children in the Philippines", *Manila Bulletin* (20 October 1998).

Although much of the literature includes the qualification that the figures are estimates, how these estimates were derived was not presented (PARTCO, 1998; UP-CIDS, 1998). As a caveat, it should be noted that some estimates appeared to have been calculated without the use of sound statistical principles and therefore may not be reliable or valid (UP-CIDS, 1998).

Prostitution is one of many types of sexual exploitation. DSWD has documented other categories of commercial sexual exploitation of children (see Table 2.2).

Table 2.2 Reported cases of commercial sexual exploitation (1991-1997)

Form of sexual exploitation	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*
Prostitution	34	28	15	100	175	363	60
Trafficking	49	19	–	10	22	4	19
Paedophilia	19	101	85	133	120	123	15
Pornography	–	–	–	–	–	3	3
Total	**102**	**148**	**100**	**243**	**317**	**493**	**97**

Sources: DSWD, Bureau of Child and Youth Welfare.

PARTCO, "National Exploratory Situation Analysis on Commercial Sexual Exploitation of Children in the Philippines", *Manila Bulletin* (20 October 1998).

Table 2.2 shows an increasing number of sexual exploitation cases reported to DSWD between the years 1991 and 1996. It is unclear as to why the 1997 data in Table 2.2 was far lower than the previous years, as the 1997 nationwide estimates presented in Table 2.1 indicated an upward trend. It can be hypothesized that there was a recognized under-reporting or that the reports were categorized under other forms of sexual abuse such as rape.

It is also unclear as to whether the above data has been derived from the apprehension of child-victims or if it included cases initially reported as rape or incest but subsequently determined to be sexual exploitation cases after comprehensive assessments. For example, a prostituted child might come in contact with a social service worker after receiving medical treatment for a sexually transmitted disease.

Paedophilia is another category to consider when interpreting the statistics presented in Table 2.2. Paedophilia loosely refers to sexual preferences of adults for children and may overlap with the other forms of exploitation and abuse. Victims of paedophilia may include children who have been subjects of pornographic material (thus may be reported as pornography) or those who have been sexually molested (which may be reported as rape, child sexual molestation, or child prostitution).

The above data in Table 2.2 only represents the sexual abuse and sexual exploitation cases reported to DSWD. Additional cases may have been reported directly to the police. Therefore the estimates cannot be presumed to reflect the true magnitude of the problem in the Philippines. Reviewing the harmful effects of sexual abuse and sexual exploitation on the children themselves may give a more accurate appraisal of the serious societal consequences of this problem.

B. Characteristics of the sexually abused child

To better understand the phenomenon of child abuse, the following points need to be considered:

- the types of abuse experienced by the child including verbal abuse;
- the circumstances in which the abuse occurred;
- the degree and duration of the abuse, including its interplay with child's age, educational attainment, relationship to perpetrator and extent of physical injury;
- gender; and
- the child's age at the time of initial abuse and at the time of disclosure (*UP-CIDS*, 1998).

Although most of the literature on child sexual abuse and sexual exploitation do not contain all of the above information, the literature reviewed by UP-CIDS tended to follow a similar format. Causal factors both at the macro and micro levels were reviewed. Poverty, urbanization and family disintegration were the most common factors cited for the prevalence of sexual abuse and sexual exploitation of children and youth. The majority of the victims came from large, poor and single-parent homes (UP-CIDS, 1998). Similar findings were also gleaned from a study on domestic violence. Factors associated with violence in the home include marital problems, ineffective parenting skills, social vices, poverty and the absence of parents. In cases of incest in particular, an absentee-wife was a frequent reason cited for making it easier for fathers to molest their children (Guerrero and Sobritchea, 1996). The impact of family and home milieu are further emphasized in the PARTCO study. Most prostituted children entered the sex trade to escape extreme poverty. In many instances, parents sold them to agents who ostensibly recruited the children as domestic helpers but frequently used them as sex slaves instead (Dionela and Di Giovanni, 1996; PARTCO, 1997).

The types of abuse that may be inflicted on, or experienced by, the child were well described in the cited study on family violence (Guerrero and Sobritchea, 1996). It was found that violence escalated from verbal to physical, from sexual molestation to rape, and rarely was one exclusive of the other. Thus, considering verbal and physical abuse as "common" occurrences among sexually abused children may be an inadequate statement, as verbal and physical abuse often preceded or accompanied sexual molestation and rape. 98 per cent of victims of family violence were women and 50 per cent were children, and the offence often occurred while the victim was alone at home. Notably, incest occurred in 33 per cent of the cases (Guerrero and Sobritchea, 1996).

In an analysis of rape incidents reported to the police in Metro Manila between the years 1980 and 1994, the average age of the rape victims was 16.2 years. In 46 per cent of the rape cases, the children were 15 years or younger. The average age of the perpetrator was 30.3 years. Notably, incest victims, with a mean age of 13.8 years, were significantly younger than rape victims. Incest by *kin offenders* such as fathers, stepfathers, adoptive fathers, fathers-in-law, uncles, cousins or other close family relations were reported in 23 per cent of 443 cases reported to the police (Zarco, Candaliza and Dulnuan, 1995). Since the term *kin offender* appeared to be loosely defined as including relatives of varying degree, incest could have been over-reported. In another study, perpetrator-victim relationships classified as incest included those between nephew and aunt and among cousins (Asian Development Consultants, 1996). 65 per cent of the incest cases reported were between fathers and daughters (Asian

Development Consultants, 1996). In addition, the time lapse between the incident and reporting was 10 months for kin-related rape, compared to seven days for cases of rape by a stranger (Zarco, Candaliza and Dulnuan, 1995).

At the Child Protection Unit (CPU) of the Philippine General Hospital, 81 per cent of the medical cases seen were sexual abuse cases. Females comprised 86 per cent of the sexual abuse cases. The mean age of the victims ranged from 6.5 to 7.5 years. In cases of sexual abuse that occurred within the household, the perpetrators tended to have close family relations with the victim, such as an uncle or a male cousin. In cases where the abuse occurred outside the home, the perpetrator was also usually a relative. The number of chronic sexual abuse cases was approximately equal to the number of single sexual abuse episode (*Manalo in Doktora Foundation,* 1996).

The circumstances of sexually abused children have been published in several daily newspapers. Many children involved in prostitution came from impoverished villages in the countryside. They were often either kidnapped by pimps or sold by parents. In some cases, pimps or bar owners tricked parents into allowing their children to work in the city in exchange for education. The majority of prostituted children were street-children or runaways who had been sexually abused in their home or neighbourhood (Laigo in Manila Bulletin, 20 Oct 1998). These findings were similar to those found in Canada where 98 per cent of child prostitutes had a history of child abuse (Doktora Foundation, 1996). In a study in Jamaica, 40 per cent of children aged 11 to 15 years reported their first sexual intercourse as forced (Doktora Foundation, 1996).

Other similar situations were noted in some cities in the Philippines (see Table 2.3). The majority of children who had experienced sexual abuse later found themselves in the sex trade. Other child-victims were described as ambushed by the sex trade after first being lured for legitimate work in the city.latives of varying.

Table 2.3 Type/incidence of sexual abuse and characteristics of children and sexual abuse in selected cities

Site/source	***Type/ incidence***	***Characteristics of children and sexual abuse***
Davao City *(Philippine Daily Inquirer,* 24 September 1998)	Children offer to perform oral sex Minimum estimates equal one thousand	• Victims are 13-19 years old girls. • Majority of the girls are victims of sexual abuse, incest, rape or dysfunctional families. • Customers are adult males, sometimes foreign paedophiles.
San Fernando, Pampanga *(Philippine Daily Inquirer,* 16 May 1997)	Sexual abuse 136 cases reported to Regional DSWD during the first quarter of 1997	• Victims are girls as young as six years old. • DSWD report linked the incidents of abuse after abusers viewed pornographic materials.
Cebu *(Bandala and Pucate,* 1994)	Child prostitution (Pick-up and *casa* girls)	• 13-17 years old; most are migrants from Visayas and Mindanao and some are from Luzon.

Number cannot be estimated	• Most were from the province, enticed to try their luck in the city only to discover they have been sold to work as commercial sex slaves. • Customers were usually foreigners; pimps often disguised themselves as acquaintances of relatives or tour guides.

The PARTCO study focused on children in commercial sexual exploitation. The living conditions of prostituted children in the Philippines were described in the study. The results of this study conducted in 11 key cities revealed that the children were predominantly females with a mean age of 16.7 years. However, the age may be an erroneous estimate as the report explicitly stated, "most report age to be 18 even if it is otherwise". 76 per cent of the children lived with non-relatives, while 62 per cent lived with someone engaged in the same type of work (PARTCO, 1998).

Chapter **III**
METHODOLOGY

This section summarizes the research design, survey sites, data collection tools, data collection method and statistical analysis applied to the study. Factors that affected the conduct of the study and their implications with regard to results are also discussed.

A. Research design

The research design employed in the study was a series of cross-sectional surveys involving different agencies in 11 cities throughout the Philippines. Different approaches were employed in the conduct of the survey depending on the agency and the type of information needed.

A review of the records of sexually abused children seeking health or social services at selected facilities, the National Bureau of Investigation (NBI) and selected Regional Trial Courts (RTC), was undertaken to obtain a description of the children who were served by these facilities. To determine current programmes and activities as well as training needs related to services for sexually abused children, key information interviews were carried out in the same institutions where case reviews were conducted.

An attempt to describe the current situation of trafficking and pornography in the Philippines was largely based on interviews with individuals from organizations working in these areas. The Research Associate also attended meetings and forums about the plans and strategies of selected organizations. Available reports concerning individuals prosecuted for trafficking and pornography were likewise reviewed.

B. Survey sites

The nationwide study was conducted in the following 11 key cities:

- Luzon:

  Metro Manila
  Angeles, Pampanga
  San Fernando, La Union
  Baguio, Mt. Province

- Visayas:

  Bacolod, Negros Occidental
  Tacloban, Leyte
  Cebu, Cebu

- Mindanao:

  General Santos, South Cotabato
  Cagayan de Oro, Misamis Oriental
  Davao, Davao del Sur
  Zamboanga, Zamboanga del Sur

The above sites were the same cities where data collection for the PARTCO study took place (PARTCO, 1998). The choice of the above sites was based primarily on the reported incidence reports of commercial sexual exploitation of children and the availability of already existing or ongoing studies in the sites (PARTCO, 1998). These sites were also chosen for this phase of the project in order to supplement the findings in the PARTCO study and thus provide a holistic picture of the child sexual abuse situation in the Philippines.

In all cities, data were collected from city or regional branch of DSWD, City Social Service Department (CSSD), city or regional office of the Philippine National Police (PNP) and selected NGOs. Many of the NGOs were also from the list of NGOs involved in the PARTCO study. Furthermore, the Anti-Child Abuse, Discrimination and Exploitation Division (ACADED) of NBI were also included to represent the law enforcement sector. The agencies and individuals involved in this survey are listed in Appendix A.

C. Sample size

The number and type of service providers that participated in this study are summarized in Table 3.1. Also included in Table 3.1 are the numbers of case records reviewed and the number of individuals interviewed in each city. 726 case records from various agencies were reviewed and abstracted. The research design proposed a sample size of 50 per cent of the caseload records for each agency included in the study. However record retrieval proved to be more difficult than anticipated and we were unable to meet the goal of reviewing 50 per cent of the case records.

Table 3.1 Number of institutions, cases reviewed and contacts interviewed in different cities and agencies

	Health		*Social service*		*Law enforcement*		*Legal*	
City	***Number***	***Number***	***Number***	***Number***	***Number***	***Number***	***Number***	***Number***

	of insti-tutions viewed	*Cases re-viewed*	*of infor-mants*	*of insti-tutions*	*Cases re-viewed*	*of infor-mants*	*of insti-tutions*	*Cases re-viewed*	*of infor-mants*	*of insti-tutions*	*Cases re-*	*infor-*
Bacolod	1	2	1	3	1	3	2	–	2	–	–	–
Tacloban	1	15	1	1	22	1	1	–	1	–	–	–
Cebu*	–	–	2	5	33	5	1	–	1	3	14	1
General Santos	1	8	1	3	44	3	1	–	1	–	–	–
Davao	1	24	1	5	41	5	1	–	1	–	–	–
Cagayan de Oro	1	31	1	3	28	3	1	–	1	–	–	–
Zamboanga	1	19	1	2	9	2	1	–	1	–	–	–
Angeles	1	31	1	4	3	4	2	–	2	–	–	–
San Fernando	1	11	1	3	18	3	1	–	1	–	–	–
Baguio	1	15	1	5	21	5	1	–	1	–	–	–
Metro Manila	4	127	4	8	119	8	2	46	1	6	44	2
Total	**13**	**283**	**15**	**42**	**339**	**42**	**14**	**46**	**13**	**9**	**58**	**3**

* As access to the records of the selected health facility was denied; two physicians from different specialities were interviewed *in situ* to represent the health sector.

The various sources of the records are presented in Table 3.1. The largest proportion of the total records reviewed was from the social service sector (46.7 per cent) followed by the health sector (39 per cent). Eight Regional Trial Court branches in two cities contributed 8 per cent to the total reviewed records. Cases from the NBI representing the law enforcement sector comprised 6.3 per cent of the total records reviewed.

102 of the 283 health sector case records were from the Child Protection Unit of the Philippine General Hospital. The 181 remaining health sector case records were from various regional hospitals. Although not reflected on Table 3.1, only 10 of the hospital case records were in-patients. The remaining 273 health sector case records were outpatients.

Although excluded from Table 3.1, it is worth noting that 240 of the 339 social service sector case records (70.8 per cent) were residential clients, and 99 were non-residential cases (29.2 per cent). 297 of the 339 social service sector cases reviewed were from the DSWD-managed centres. The remaining 42 social service sector cases reviewed were from NGOs.

D. Data collection tools

A case abstract form and key information interview schedules for different agencies were designed for this study.

The case abstract form was a 52-item questionnaire that summarized information from the charts of the children who were pertinent to this study (see Appendix B). It contained information on the name, type of agency, socio-demographic profile of the

abused child, help-seeking behaviour, health status of the abused child, evaluation results, types of interventions used and nature of the abuse.

Prior to the design of *Form 1,* some records related to the reporting and documentation of child abuse cases were reviewed for content. These records included intake forms and patient charts from selected hospitals, case records from the court, blotter entries from the PNP, intake forms from the NBI, and case study reports from selected social service agencies. The variables included in *Form 1* were based on the nature of information gathered from the above-mentioned forms.

The case abstract *Form 1* was pre-tested in a hospital, a social service agency and a court of law. Depending on the comprehensiveness and organization of the records reviewed, a case abstract form could be completed within 20 to 45 minutes. To ensure uniformity of definitions and modes of data collection among the different data abstractors, a *Data Collector's Manual* containing instructions on how each variable in the questionnaire was to be collected was prepared (see Appendix C).

A *key contact interview schedule (Form 2)* was designed for key persons involved in service provision and/or training in the health sector *(Form 2A),* social service sector *(Form 2B),* legal sector *(Form 2C)* and law enforcement sector *(Form 2D).* These are presented in Appendices D through G.

Designed to assess institutional programmes and training needs, the interview - schedule included questions regarding name, type of agency, informant profile, clientele, services, staff training and resources, and perception of specific needs and services. The form was pre-tested in a hospital and a court of law.

In addition to the structured data collection tools, question guides for use during the interviews of key persons regarding pornography and trafficking were also formulated. Likewise, a set of questions was formulated for key persons representing the training organizations and the academe. These question-guides are presented in Appendices H and I.

E. Definition of terms

Some important terms used throughout this paper need to be defined at the outset.

Child as defined under Philippine law refers to a person less than 18 years of age or one who is older but, upon evaluation by a qualified personnel, is found to be incapable of protecting oneself from abuse or adequately taking care of oneself due to a physical or mental disability *(Sec 3(a) RA 7610).* However, in the conduct of this research, the definition of a child by the United Nations Convention for the Rights of the Child (CRC) was used. This includes those who are 17 years or younger, irrespective of mental capability.

Sexual abuse includes the employment, use, persuasion, inducement, enticement or coercion of a child to engage in, or assist another person to engage in, sexual intercourse or lascivious conduct. Sexual abuse also includes molestation, prostitution or incest *(Sec 2(a) IRR of RA 7610).*

Exploitation means the hiring, employment, persuasion, inducement or coercion of a child to perform in obscene exhibitions and indecent shows, whether live or on film, to pose or act as a model in obscene publications or pornographic materials, or to sell or distribute such materials *(Sec 2 (i) IRR of RA 7610).*

Child sexual abuse for purposes of this research was defined to include the - employment, use, persuasion, inducement, enticement or coercion of a child to engage in, or assist another person to engage in, sexual intercourse, lascivious conduct or molestation, prostitution, pornography or incest. Sexual exploitation was defined specifically as pornography, prostitution and trafficking, a condition wherein a child was lured to sex-related acts for monetary or non-monetary compensation.

Variables of particular importance in terms of definition were the classification of a child and the type of sexual abuse. The typology or classification of a child according to the circumstance posed problems of scope as some classifications overlapped. Thus, the definition of a street-child may include a working child or a commercially exploited child. In the same way, if a child was being prostituted, he or she could be considered a working child.

This argument was further complicated by viewpoints that attempt to highlight the child as a victim rather than someone acting on his or her own responsibility. Examples were the terms "child prostitute" and "prostituted child". The former characterizes the child as a prostitute with no reference to whether the choice was voluntary. In the latter term, the child was described as a victim of prostitution, underscoring the concept that a child is incapable of deciding or choosing to become a prostitute but was rather forced to become one.

Below is a list of the operational definitions applied to children.

- *Working Child* – a child who is engaged in any of the following activities: vending, cleaning, watching cars, begging, scavenging, carrying baggage, re-packing, shining shoes, picking pockets or prostitution.
- *Runaway Child* – a child who is still part of a family, but has either left or run away from the home due to fear or otherwise. An example is a 10 year-old boy who ran away after being scolded for failing to return home on time.
- *Neglected Child* – a child with a family, but who is not properly cared for by responsible adults. An example is a 13 year-old mentally retarded girl left alone at home by negligent parents.
- *Commercially Sexually Exploited Child* – a child who is engaged in and compensated for sex-related work such as prostitution or pornography.
- *Street Child* – a child who spends most of his/her working hours on the street.
- *Abandoned Child* – a child who works or lives on the streets entirely on his/her own and without a family.
- *In conflict with the law* – a child who has a recorded misdemeanour without a legal offence.

The following is a list of the different types of sexual abuse and related crimes that are mentioned in this paper. The definitions are based on existing Philippine laws.

- *Rape* – an incident that involves having carnal knowledge of a woman under any of the following circumstances: i) under force or intimidation; ii) when the woman was deprived of reason or otherwise unconscious; and iii) when the woman was demented *(Art. 335, RPC).*

- *Statutory Rape* – an incident that involves having carnal knowledge of a young person less than twelve years of age, even with the consent of the minor *(Art. 335, RPC).*
- *Multiple Rape* – an act of sexual violence by two or more offenders upon one victim. An example may be a girl who is forced to have sexual intercourse with a man while another man threatens her with his revolver. When an offender commits multiple acts of rape with the same victim, each act of rape is viewed as a separate crime *(Art. 335, RPC).*
- *Attempted Rape* – a case wherein the offender forcibly attempts the act of rape, but is unable to execute the act of rape due to some cause or incident other than his own spontaneous desistance *(Art. 6, Art. 335, RPC).*
- *Serious Illegal Detention* – forcible detention of one private individual by another, or in any manner depriving one of his / her liberty: i) if the detention lasted more than three days; ii) if it were committed simulating a public authority; iii) if any serious physical injuries were inflicted upon the person detained or if threats to his / her life were made; and iv) if the person detained were a minor, except in cases where the alleged offender is a parent, a female or a public officer *(Art. 267, RPC).*
- *Simple Seduction* – the deceitful seduction of a woman, over 12 but less than 18 years of age, who is single or a widow of good reputation *(Art. 338, RPC).*
- *Qualified Seduction* – the seduction of a virgin between the ages of 13 and 17, committed by any person of public authority, a priest, a household servant, a domestic guardian, a teacher, or any person who, in any capacity, has been entrusted with the education or custody of the woman seduced *(Art. 337, RPC).*
- *Acts of Lasciviousness* – any person who commits a lewd or obscene act upon other persons of either sex, under any of the circumstances mentioned in the preceding article *(Art. 336, RPC).*
- *Multiple Acts of Lasciviousness* – concerted acts by two or more offenders upon one victim or multiple lewd or obscene acts committed by an offender with the same victim *(Art. 336, RPC).*
- *Republic Act 7610* – otherwise known as the *Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act.* This was landmark legislation enacted to protect Filipino children from all forms of abuse, cruelty and neglect. It was an act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination, providing penalties for its violation and for other purposes *(RA 7610).* This law was enacted in 1997.

F. Data collection method

1. Assessment of the status of sexually abused children

A review of case files was undertaken to provide an assessment of the status of the sexually abused children from the viewpoint of the health professionals, social workers and other service providers who attended to them when service was sought from the specific facility. This part of the study complements the results of the earlier study conducted by PARTCO, which documented the status of the children from the viewpoint or perceptions of the victim.

As previously mentioned, to provide a holistic picture of the situation, this part of the study was conducted in the same cities where the data collection for the PARTCO study was completed. In addition, a sampling of the case files maintained by hospitals and legal institutions such as courts and the law enforcement sector was reviewed. The sampling made it possible to determine the magnitude and nature of cases that were referred to the legal or law enforcement sector, while permitting comparison with cases that were attended by the social service sector.

At least one-half of the cases seen from 1 January to 31 July 1998 in each of the selected health facilities, centre-based social service agencies, the NBI and the courts were reviewed by the Research Associates. In cases of centre-based social service agencies, only the clients housed at the centre at the time of data collection were included in the case file. Statistical data on the reporting of sexual abuse cases during the aforementioned timeframe was also obtained from the various PNP offices.

2. Data collectors

Two Research Associates were involved in the data collection. One was a child psychiatrist and the other was a social counsellor with notable experience in NGO work involving sexually abused children. Both Research Associates possessed expertise in the area of child sexual abuse, thus were able to abstract data and translate the information from various records according to the operational definitions in this study. With the exception of the Child Protection Unit (CPU) of the Philippine General Hospital (PGH), the Research Associates carried out all case file reviews. At the PGH, a CPU staff person was hired to review the records. This arrangement was made after a careful consideration of the strict policy of the CPU in regard to allowing outsiders access to their data for any purpose, the availability of a staff to be hired for that purpose, and the completeness and organization of the charts maintained by CPU which allowed the hired staff person to easily abstract relevant data.

3. Institutional programmes and training needs

Another aim of the study was to determine the nature and extent of the programmes, services offered and problems encountered as well as the training needs of the staff in the various agencies. This objective was addressed by conducting interviews with key persons involved in training and/or service delivery using *Form 2* or the *Guide Questions* as applicable.

The interview schedules were initially designed for heads of organizations or key persons involved in staff training. When the target respondents were either unavailable or delegated the interview to other staff members, direct service providers were also included as respondents. Nonetheless, manpower capabilities and training gaps were carefully elicited.

4. Pornography and trafficking

Individuals and organizations involved in campaigns against pornography and -trafficking were interviewed using formulated question-guides for their perception of the problem, actions taken, and future plan of actions. Although the two leading agencies against pornography in the Philippines did not concentrate on child pornography but on pornography in general, the Research Associate attended a meeting and a press conference regarding their activities. Documents of cases filed against publishers of tabloids with pornographic materials were also reviewed.

G. Statistical analysis

A *Data Coding Manual* was designed to code the data in a manner that could later facilitate encoding and analysis. Data was encoded and analysed using the Epi Info v6 Software.

In compliance with the CRC definition of a child, only those under 18 years of age were included in the analysis. Thus, of the 726 cases reviewed, only 708 cases were analysed. 14 were 18 years old or older and four were of unknown ages. Those with undetermined ages were excluded to ensure that the cases analysed truly met the definition of a child according to the CRC. Descriptive statistics were used in the analysis of the data. Tables and graphs were used accordingly to summarize key findings.

H. Scope and limitations

This study covered only child sexual abuse and sexual exploitation of children and youth in the Philippines, and other non-sexual forms of abuse were excluded from this study. Sexual abuse included rape, incest, acts of lasciviousness and attempted rape. Sexual exploitation included prostitution, paedophilia, pornography and trafficking. This study also attempts to report on the situation of trafficking in the country.

As previously mentioned, the sites included in this study were the same as the PARTCO study with the objective of complementing its findings. However, the PARTCO study specifically dealt with commercially sexually exploited children, and thus the issue of sexually abused children may not be adequately addressed in the study.

The definition of a child, which differed from one institution to another, also posed a limitation. The age range of the children varied according to the institution. In some hospitals, for example, anyone under 18 years of age was considered a paediatric patient, whereas, in others, a paediatric patient was considered to be anyone below the age of 15 years. In the legal and law enforcement sectors, violations against children as defined in Republic Act 7610 considered not only the physical age but also the mental capacity. Thus, a 32 year-old sexual abuse victim, with mental age equivalency of one under 18 years, would be considered as a child-victim whose rights had been violated under the law. Although the definition of a child according to the CRC was followed in this research, the fact that some institutions are not yet adopting such definition may limit universal applicability of this survey's findings.

One of the data collection methods of the study, record review, presented problems of limited access. The issue of confidentiality was well recognized in this research. Thus, an endorsement from the Department of Health (DOH) was obtained. The DOH also issued policy guidelines relating to the conduct of the study. In the process, only three agencies (one NGO and two hospitals) did not allow access to the records. One of the hospitals, however, agreed to share its data after arrangements were made to hire their staff as a data collector.

Inherent in any study involving secondary data collection by various individuals and agencies is the issue of completeness of the records from which pertinent information was to be gathered. This was common in most of the agencies visited. The case abstract form was designed to put together pieces of information gathered by different agencies; hence, the unavailability of data on services rendered was expected. This problem was addressed by carefully noting incomplete or missing information and

correlating them with other findings in this research or other works before including the record in the analysis. However, it should be underscored that there was a high degree of incomplete information in some records. This is further discussed in the subsequent section on Results.

Although the target was to review half of the cases in each of the institutions included in the sample, this was not possible in some places due to the difficulty of record retrieval itself. This was particularly true of hospitals where records on sexual abuse cases could be found in the emergency room blotter, medical records, social service, or the paediatric, obstetrics or psychiatry sections. Ascertaining the sample size was made more difficult by the fact that sexual abuse was not routinely collected in hospital statistics. The monitoring of sexual abuse cases was admittedly difficult in some hospitals, if undertaken at all. The result is that the cases reviewed may not represent half of the cases originally intended for review. However, in instances where cases were few, less than 10 for example, all the available records were reviewed.

Other problems encountered during the process of abstracting records from charts included the non-accessibility of records. This was initially experienced at the CPU although the arrangement previously described aimed to solve the problem. In Cebu, hospital case files could not be reviewed due to restrictive institutional policies. Arrangements for the institution to collect the data were not made because of tedious requirements of the Research Review Board. There was only one non-governmental organization based in Metro Manila that did not allow access to the case files.

There was also non-uniformity in the definition of some terms, particularly with reference to the offence. This was especially true for the statistical data gathered from the PNP. Incomplete dates of reporting were also noted; for example, while the exact month, day and year was required for all dates pertinent in the study, only partial dates (e.g. “November 1997” or “two weeks after abuse”) were available in some records. To deal with problems on definitions and points of reference, a Data Collector’s Manual was made available to the Research Associates and the hired data collector from CPU.

Chapter **IV**
DATA AND RESULTS

This section presents the data gathered in five parts: 1) case reporting, 2) status of sexually abused children, 3) pornography and trafficking, 4) institutional programmes, and 5) training needs. The data on case reporting came mostly from statistics from the PNP, the Department of Justice (DOJ) and Department of Social Welfare and Development (DSWD). The status of the sexually abused children includes data from case records reviewed in various agencies. A separate subsection on pornography and trafficking presents the various activities in relation to this problem. The last two sections present data mainly from the key informant interviews.

A. Case reporting

In the Philippines, the filing of a formal complaint regarding sexual abuse is initiated at the law enforcement level or at the prosecutor’s office. The DSWD offers

assistance to those unfamiliar with the pertinent laws or lack the capacity to file charges. It is based on the three domains – law enforcement, judiciary and DSWD – that case reporting was expected to reflect the magnitude of the problem. It should be remembered, however, that the real magnitude of the problem would be underestimated, as a considerable proportion of sexual abuse cases were never reported.

For the PNP, the reporting of child sexual abuse cases was reflected as *Crimes Against Children* in routine statistical reports. Other *Crimes Against Children* reflected in PNP records include maltreatment, physical abuse, neglect or abandonment, and violation of RA 7610. However, it was difficult to discern a clear-cut difference between maltreatment and physical abuse. One can argue that neglect or abandonment is synonymous with maltreatment of a child. Moreover, RA 7610 covers all kinds of abuse against children. Nevertheless, it was necessary to reflect the actual reporting in this research.

Table 4.1 shows the number of sexual abuse cases reported to the different Police Regional Offices (PROs) covered in this study. A total number of 2,036 crimes against children were reported from 1 January to 31 July 1998.

Table 4.1 Reported cases of sexual abuse against children in Police Regional Offices (1 January – 31 July 1998)

	Police Regional Office (PRO)										
	I	*III*	*VI*	*VII*	*VIII*	*IX*	*X*	*XI*	*Complaints CAR*	*NCR*	*Total*
Rape	81	110	75	123	89	38	64	95	35	174	884
Acts of lasciviousness	24	34	33	41	48	6	16	32	17	120	371
Attempted rape	4	6	7	27	7	5	2	6	13	0	77
Child prostitution	1	0	0	0	0	0	0	0	0	39	40

Source: *Adapted from reports of various Police Regional Offices, 1 January to 31 August 1998.*

Based on the data gathered, 1,372 of 2,036 (67.4 per cent) reported crimes against children were sexual in nature (Statistics on Crimes Against Children from Police Regional Offices, 1998). In all PROs, the most commonly reported type of sexual abuse was rape. 27 per cent of the reported sexual abuse cases were acts of lasciviousness. More than one third of the cases of attempted rape were seen in Region VII while reports of child prostitution were concentrated mainly in the National Capital Region (Metro Manila).

In Table 4.2, data from the legal sector represented by the DOJ presents a similar picture with rape and acts of lasciviousness as the most frequently reported types of sexual abuse. Violation of RA 7610 ranked the second most frequently reported crime, although it should be noted that acts such as neglect, abuse, cruelty or exploitation and other conditions detrimental to the child's development are included under this classification (Sec. 10, RA 7610).

Table 4.2 Reported cases of sexual abuse against children in Task Force on Child Protection, Department of Justice (1 January – 31 July 1998)*

Charge/complaint	*Number (n=156)*	*Per cent#*
Rape	82	52.6
Acts of lasciviousness	27	17.3
Violation of RA 7610	27	17.3
Statutory rape	5	3.2
Multiple rape	4	2.6
Serious illegal detention with rape	4	2.6
Qualified seduction	2	1.3
Abduction with rape	1	0.6
Forcible abduction with rape	1	0.6
Attempted rape	1	0.6
Intentional abortion with rape	1	0.6
Multiple acts of lasciviousness	1	0.6

Sources: Official document from Task Force on Child Protection, Department of Justice, 1 January to 31 July, 1998.

Per cent total may exceed 100 because an individual may face more than one charge or complaint.

There were 156 complaints filed against 133 individuals nationwide for the period of 1 January to 31 July 1998. Only two of those individuals were foreigners (Americans). 86 per cent of the cases were referrals from the NBI while the rest were from the Commission on Human Rights (CHR), Department of Interior, Local Government (DILG), Philippine National Police (PNP) and other agencies or individuals.

The definitions of the above offences under Philippine law were presented in the preceding section on Definition of Terms. It is interesting to note that 25 per cent of the above cases were dismissed for various reasons, such as due to an out-of-court settlement, an execution of an affidavit of desistance by the victim or his/her guardian, or lack of merit. Only 11 per cent of above reported cases had reached the courtrooms for formal litigation as of 30 September 1998. The rest were still awaiting action at the time of this study.

The DSWD is often quoted as a source of statistics on the situation of children, particularly street-children. The category *street-children*, however, includes sexually abused and sexually exploited children. Thus, it becomes difficult to completely separate the groups of sexually abused and sexually exploited children. DSWD statistics were based mainly on the number of cases submitted and reported by its Field Offices to the Bureau of Social Protection. It should be noted that these were actual cases served by the Department; hence the figures in Table 4.3 below may not depict the full magnitude of the problem.

Table 4.3 Reported number of child abuse cases in Department of Social Welfare and Development, Philippines (1991-1997)

Type of Abuse	*1991*	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*
Physical abuse	265	346	0	311	660	638	908
Sexual abuse	163	310	926	2 344	1 981	1 756	2 346
Acts of lasciviousness	49	50	385	252	311	230	354
Incest	45	47	151	771	617	514	967
Rape	69	213	390	1 321	1 017	963	1 006

Attempted rape	0	0	0	0	36	49	19
Sexual exploitation	53	129	158	441	295	400	78
Pornography	0	0	0	0	0	3	3
Paedophilia	19	101	134	252	120	101	15
Prostitution	34	28	24	189	175	296	60
Child labour	2	0	0	332	21	412	25
Illegal recruitment	112	146	0	0	25	32	16
Trafficking	49	19	8	8	22	3	19
Emotional abuse	0	0	0	0	36	9	137
Neglect	0	0	0	0	0	127	855
Abduction	0	0	0	0	0	0	11
Total*	**644**	**950**	**1 092**	**3 436**	**3 040**	**3 377**	**4 395**

Source: The Bureau of Child and Youth Welfare (BCYW), DSWD Philippines, 1998.

* Excludes cases of child abuse that were also counted in other categories.

From 1991 to 1997, the total number of child abuse cases rose 682 per cent from 644 to 4,395. The total number of child abuse cases served in the period covered by the report was 16,934. Of the total, 11,380 cases (67.2 per cent) reported were in the categories of sexual abuse and sexual exploitation. Rape and incest were the largest proportion of the sexual abuse and sexual exploitation cases with a combined total of 8,091 or 71.0 per cent. Since the above statistics were reports from DSWD Field Offices, including residential centres, there was reason to believe that the grand totals may reflect cases that may have been carried over through the seven-year span.

Prior to formal case reporting, an abuse incident was either disclosed to or discovered by another person, usually an adult or a significant individual in the child-victim's life. A sexual abuse incident is *disclosed* when information about it is revealed directly by the child-victim. It is considered *discovered* when another person finds out about it and initial information does not come directly from the child. In approximately half (51.7 per cent) of the 708 sexual abuse and sexual exploitation cases analysed, the abuse incident was disclosed by the child. Discovery of the event took place in 18.9 per cent of the cases. In 10 cases (1.4 per cent), the event was reportedly both disclosed and discovered.

Information regarding to or by whom the disclosure and/or discovery was made was not available in 17.8 per cent of the cases. However, the person most commonly involved in the disclosure or the discovery was the child's mother. This was noted in 28.8 per cent of the cases disclosed and/or discovered. In 23.1 per cent cases, it was disclosed to and/or discovered by a peer (e.g. a classmate or a friend).

B. Status of the sexually abused children

An intensive study of the current literature on child abuse in the Philippines identified six elements of child abuse that could help in the understanding of the abuse as a distinctly social phenomenon. These are 1) the type of abuse, 2) the circumstance of the abuse, 3) the degree and the duration of abuse, 4) the age of the victim, 5) the gender of the victim, and 6) the perpetrator *(UP-CIDS 1997).* These elements were incorporated in the subsequent analysis. Slight modifications have been made due to the difficulty in defining the degree of abuse. The duration of abuse, however, is described in the subsection on abuse characteristics. Age and gender together with other child characteristics are presented in the following section on demographic profile.

1. Demographic profile

Under RA 7610, *children* refers to persons less than 18 years of age or those unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination due to a physical or mental disability or condition (Sec 3(a) RA 7610). This definition by age is consistent with the definition of a child in the Convention of the Rights of the Child (CRC).

The age of the victims in the case files reviewed for the study ranged from one to 41 years. As previously stated in the section on scope and limitations, the catchment age of the cases varied across facilities where the records were reviewed. The most common age bracket used was one to 17 years. There were 14 cases with victims older than 17 years, most of which were from legal and law enforcement agencies. A number of these cases involved mentally retarded persons. Four cases lacked information on age. For this research, only those victims under 18 years of age (708 out of 726) were considered in the analysis.

Figure 4.1 presents the distribution of children according to age group and agency. The mean age of the 708 children in the study was 11.5 years. The largest age group was those between 14 and 17 years, comprising 38 per cent of the cases. For those in the health sector, the mean age of the children was 11.22 years. This was similar to the mean age of those in the legal sector (10.5 years) and social service sector (11.6 years). Although the most common age group of children seen in the law enforcement sector was younger (10 to 13 years) the mean age was significantly higher (13.1 years) compared to the other agencies. Those under five years old include young children aged one to four totalling 42 (5.9 per cent).

As expected, the majority of the cases were females (98.3 per cent) and only 12 (17.1 per cent) were males (see Figure 4.2). The males ranged in age between four and 17 years with a mean of 9.4 years. This was lower than the mean age of females, which was 11.5 years. Almost one-fifth (18.2 per cent) of the females were at least 15 years old (i.e. of reproductive age). Notably, the proportion of male child victims was higher in the legal sector relative to other agencies.

Table 4.4 Frequency distribution of cases according to highest educational attainment at the time of abuse

Educational attainment	*Number (n=631)**	*Per cent*
Unschooled	20	3.2
Elementary undergraduate	228	36.1
Elementary graduate	60	9.5
High school undergraduate	110	17.4
High school graduate	18	3.0
College undergraduate	4	0.6
Unknown	191	30.3

* *Total (n) includes only children of school age at the time of abuse.*

In 91 (12.8 per cent) of the cases analysed, the children had been engaged in various forms of work at the time of abuse; of these, approximately 50 per cent worked as household helpers. The other types of jobs in which the children were engaged were sex-related work (18.9 per cent), vending (13.5 per cent) and service-related work such

as cooking, laundry and babysitting. The mean age of the working children was 14.6 years. Interestingly, none of the children in the 12 male cases had been working at the time of the abuse.

It is interesting to note that there were three documented cases of child-victims in Mindanao who were from indigenous communities. Though unconfirmed, it was presumed that the majority of victims from Baguio City belonged to indigenous communities in the Cordillera.

2. Assessment

In addition to the above socio-demographic characteristics, the children were assessed and described according to the presence of specific conditions such as physical disability, mental retardation and medical or mental illness (Table 4.5). In this research, mental illness refers to overt psychosis.

Table 4.5 Prevalence of specific conditions among the children prior to their abuse

Specific condition	*Number (n=709)*	*Per cent*
Mental retardation	26	3.7
Drug / alcohol use	15	2.1
Medical illness	7	.99
Physical disability	5	0.7
Mental illness	1	0.1
None of the above conditions	99	14.0
No information	556	78.4

Mental retardation was documented in 3.7 per cent of the cases analysed. A history of drug or alcohol use was recorded in only 15 cases (2.1 per cent). The proportion of cases without any of the specific conditions of mental retardation, drug or alcohol history, physical disability, and medical or mental illness was almost twice the total proportion of cases where any one of the specific conditions was noted. It must be remembered that the prevalence figures were based primarily on the presence of documentation of the condition. Absence of documentation of the specific conditions of concern was noted in more than three-fourths of the cases analysed. Since it was possible that the condition may be present but not documented, the figures for prevalence may be an underestimation.

Information on physical and behavioural manifestations observed among the sexually abused children was also abstracted from the case files. Figure 4.3 presents an account of the physical signs and symptoms that were noted in the child-victims at the time of consultation with the agencies. The majority of these were abstracted from hospital case files.

As seen in Table 4.6 below, among those who reported physical symptoms, the most common result was pregnancy, which was noted in 63.5 per cent of the cases analysed. Among the youngest pregnant women were four 13 year-olds, two of whom had suffered multiple abuse episodes by a single abuser. One of the 54 pregnant girls had a physical disability while six were mentally retarded.

Table 4.6 Physical signs and symptoms observed and reported among the cases analysed

Physical symptoms	*Number*	*Per cent**
Abdominal enlargement (due to pregnancy)	54	63.5
Pain, swelling, itchiness in the genitalia	30	35.3
Genital discharge	20	20.0
Other physical injuries	17	12.9
Fever	10	11.8
Dysuria	3	3.5
Body pain	3	3.5
Difficulty in sitting / walking	3	3.5
Abdominal pain	2	2.4
Others	2	2.4

* *Percentage total exceeds 100 because a child might suffer from multiple physical symptoms.*

The second most common physical symptom observed among the children was pain, swelling or itchiness of the genitalia. This was observed in approximately 35 per cent of those who exhibited physical signs and symptoms. Other common genital symptoms were genital discharge and bruises on the genitalia. Accompanying physical injuries such as "swollen forehead" or "scratch marks on the neck" were also relatively common. The other symptoms, although much less frequent, are also shown in Figure 4.3, which presents the scope of symptoms observed among the child victims.

The category *others* includes nausea, vomiting and dizziness. Five of the children were diagnosed with sexually transmitted diseases, and three had recurrent urinary tract infections.

It was presumed that there were more symptoms that were not recorded in the charts reviewed. Also, it was likely that signs and symptoms, whether physical or behavioural, had to be severe enough to be noticed and reported. Thus, a great proportion of cases (73.4 per cent) was without any documentation of signs and symptoms.

Table 4.7 Proportion of cases according to findings on genital examination

	Normal finding		*Abnormal finding*		*No information*	
Genital examination	*Number*	*Per cent*	*Number*	*Per cent*	*Number*	*Per cent**
Labia majora	115	21.8	243	46.1	169	32.1
Labia minora	106	20.1	211	40.0	210	39.8
Hymen	336	63.8	138	26.2	53	10.0
Internal examination	169	32.1	171	32.4	187	35.5

* *Percentage total exceeds 100 because a child may have had multiple examinations.*

An extremely important aspect of general health assessment, especially among those sexually abused, is the conduct of genital or rectal exam. Conduct of the examination was documented in 527 or 74.3 per cent of the cases, and rectal exam was

conducted in 18.4 per cent of the cases. In the case of the genital examination, a "normal" or "negative" finding was recorded in 47 of the 527 cases (8.9 per cent).

Behavioural manifestations were more varied in the way they were presented. Although there was an attempt to cluster the observations to more general headings, the specific manifestations as recorded in the case files were listed in the corresponding categories (see Table 4.8). Again, most of the reports were noted from hospital records.

Table 4.8 Behavioural manifestations observed among cases analysed

Behavioural manifestations	*Number (n=153)*	*Per cent*
Depressed mood	55	35.9
Physiological disturbances	51	33.3
Fear	31	20.3
Delinquent behaviour	27	17.6
Hostile behaviour	23	15.0
Disturbances in concentration	20	13.1
Crying spells	12	7.8
Premature sexual activity	11	7.2
Blank stares, deep thoughts	11	7.2
Speech disturbances	10	6.5
Nightmares, recall of traumatic experiences	10	6.5
Self-isolation	7	4.6
Heightened motor activity (hyperactivity, nervousness, restlessness, walking aimlessly)	7	4.6
Regressive or child-like behaviour	5	3.3
Unspecified psychiatric symptoms	4	2.6
Others	4	2.6

Depression was the most common behavioural manifestation among child-victims after the abuse. This was observed in one-third of the cases with reported behavioural manifestations. A similar proportion of the cases involved physiological disturbances, mostly sleep problems. The other relatively common behavioural manifestations were fear, delinquent behaviour, hostile behaviour and poor concentration commonly reflected by a decline in school performance.

Just as in the case of physical signs and symptoms, documentation regarding behavioural manifestation was absent in the majority of cases. There was no observable behavioural disturbance in 32 (4.5 per cent) cases (see Figure 4.4).

3. Circumstance of the child

The literature presents several typologies of the child. For this paper, the DSWD typology was adopted because most of the cases analysed were from the DSWD centres and such classification was most widely used in literature. The operational definition of the classification used herein are presented in Section 3.5 (Definition of Terms).

Modifications have been made for some categories. The classification *commercially sexually exploited child* included the categories child prostitute, prostituted child or victim of involuntary prostitution. Although it was difficult to document neglected children, the category was retained as some children were identified in records as such. Table 4.9 presents the distribution of the classification of children by different agencies.

Table 4.9 Number and percentage of cases according to classification of children by various agencies/sectors

Classification of child	*Health (n=274)*		*Legal (n=55)*		*Law enforcement (n=44)*		*Social service (n=335)*		*Total (n=708)*	
	No.	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent*
Typical child	198	72	45	81.8	31	71	187	55.8	461	65
Working child	9	3.3	6	10.9	11	25.0	62	18.5	88	12.4
Runaway	14	5.1	0	0.0	4	9.1	30	9.0	48	6.8
Neglected	3	1.1	1	1.8	0	0.0	40	11.9	44	6.2
Commercially sexually exploited child	4	1.5	1	1.8	3	6.8	20	6.0	28	4.0
Street child	7	2.6	0	0.0	1	2.3	19	5.7	27	3.8
Abandoned	2	0.7	2	3.6	0	0.0	14	4.2	18	2.5
In conflict with the law	3	1.1	0	0.0	2	4.5	5	1.5	10	1.4
No information	37	12.4	2	3.6	0	0.0	3	0.9	42	5.9

Almost two-thirds (65.1 per cent) of the total number of children were typical children living at home with their families or surrogate families and thus not counted under the other categories. This does not, however, imply that the abuse took place at home. A greater proportion of cases of typical children was reviewed from the legal sector than the other facilities.

The next largest group consisted of working children. This group included those below 15 years of age who were employed or permitted to work in public or private establishments, or those between 15 and 17 years of age who were engaged in economic activities that exposed them to hazardous or exploitative environments. Thus, under this category were household helpers, children engaged in sex-related work (prostitutes, bar dancers, escorts, victims of pornography, etc.), vendors, babysitters, laundry women, kitchen helpers, sales-clerks, etc. As mentioned in the preceding section, household helpers comprised the largest proportion (50 per cent) of child workers.

Documented victims of commercial sexual exploitation comprised 28 (4 per cent) of the cases analysed. The type of exploitation varied from luring children with money or food for a single episode of sexual act to continued prostitution.

Street children and abandoned children were classifications that tended to overlap with other categories. Street-children in the context of this research included children *of* and *on* the streets. Children *on* the streets spend most of their time working in the streets but have regular or frequent contact with their families. Children *of* the streets have infrequent contacts with their families, and they can overlap with children working *in* the street. Likewise, abandoned children overlap with neglected children.

For the category *in conflict with the law*, the offence was not mentioned in most cases. In two cases, however, it was prohibited drug use. All children under this category were females.

Other agencies classified some children as out-of-school youth (OSY) which was another broad category. This group, comprising almost a quarter (22.8 per cent) of the total number of cases, was included for purposes of documentation.

There was a notable percentage of case files (5.5 per cent) which did not contain information on the classification of the child. The majority of these cases were from the health sector.

4. Abuse characteristics

An important element in understanding child sexual abuse is the nature of the abuse. Abuse was characterized in this paper according to type, manner and frequency of the sexual abuse and the number of abusers. Table 4.10 presents the distribution of the reviewed cases according to type of abuse as recorded in the charts.

Table 4.10 Number and percentage of cases according to reported type of sexual abuse

Type of sexual abuse	*Number (n=708)*	*Per cent**
Rape	424	59.9
Unspecified sexual abuse	115	16.2
Incest	87	12.3
Acts of lasciviousness	84	11.9
Sexual molestation	8	1.1
Attempted rape	6	0.8
Qualified seduction	4	0.6
Statutory rape	3	0.4
Prostitution	2	0.3
Pornography	2	0.3
Simple seduction	2	0.3
Violation of RA 7610	2	0.3
Exhibitionism	1	0.1

* *Percentage total exceeds 100 because a child may have undergone more than one type of sexual abuse.*

Note that the type of sexual abuse was not specified in 115 cases (15.5 per cent). 87 cases (75.4 per cent) of these were records from hospitals and the rest were from social service agencies. *Unspecified* refers to cases simply reported as *sexual abuse* without any reference to the type of sexual abuse such as rape or incest. The large proportion of unspecified sexual abuse in hospitals was likely due to the fact that sexual abuse is the general diagnostic label assumed for any such case brought to the hospital.

Of the 115 cases where the specific types of sexual abuse were not specified, 43 children experienced fondling (37.4 per cent), 32 had intercourse (27.8 per cent), 24 - underwent digital penetration (20 per cent), 11 were forced to perform oral sex (9.6 per cent), 5 were subjected to anal sex (4.3 per cent), and 1 child experienced instrumentation (0.9 per cent). The manner of the sexual abuse was not specified in 23 (20 per cent) cases.

Among the specified types of sexual abuse, rape occurred in more than half of the cases. Incest and acts of lasciviousness were the next most common types of sexual abuse, at 12.3 and 11.9 per cent, respectively.

The distribution of the manner of sexual abuse of all cases analysed is shown in Table 4.11. Again, the classification of manner of abuse was adopted from the documentation in the case files.

Table 4.11 Number and percentage of cases according to manner of sexual abuse

Classification of child	*Health (n=274)*		*Legal (n=55)*		*Law enforcement (n=44)*		*Social service (n=335)*		*Total (n=708)*	
	No.	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent*	*No.*	*Per cent**
Unspecified	147	53.6	0	0.0	0	0.0	67	20.0	214	30.2
Intercourse	75	27.4	20	36.4	34	77.3	224	66.9	353	49.9
Fondling	63	23.0	22	40.0	13	29.5	66	19.7	164	23.2
Digital penetration	29	10.6	16	29.1	9	20.5	28	8.4	82	11.6
Oral	11	4.0	7	12.7	10	22.7	16	4.8	44	6.2
Kissing and / or licking	19	6.9	0	0	0	0	0	0	19	2.7
Anal	6	2.2	1	1.8	1	2.3	5	1.5	13	1.8
Masturbation	10	3.7	0	0	1	2.3	0	0	11	1.6
Rubbing genitalia against body of child	4	1.5	0	0	1	2.3	0	0	5	0.7
Instrumentation	1	0.4	2	3.6	0	0	0	0	3	0.4
Exposing child to pornography	2	0.7	0	0	0	0	0	0	2	0.3
Watching the child strip naked	2	0.7	0	0	0	0	0	0	2	0.3

* *Percentage total may exceed 100 because a child may experience more than one manner of sexual abuse.*

The manner of sexual abuse was not documented in 39 (5.5 per cent) cases. More than half of the undocumented cases was from the health sector. Concomitant physical abuse was documented in 23 cases (3.2 per cent).

Among the specified manner of abuse, intercourse was highest in number (353 or 49.9 per cent), followed by fondling (164 or 23.2 per cent), and digital penetration (82 or 11.6 per cent). Although the various manners of sexual abuse were presented singularly in Table 4.9, it should be remembered that there were child-victims who have experienced one or more of the aforementioned types of abuses. The severity of abuse could be gauged in part by the number of abuse episodes and by the number of abusers (Table 4.12).

Table 4.12 Number and percentage of cases according to number of episodes and number of abusers

Number of abuse episodes	*Number of abusers*							
	Single abuser		*Multiple abusers*		*Unknown number*		*Total*	
	No.	*Per*	*No.*	*Per*	*No.*	*Per*	*No.*	*Per*

		cent		*cent*		*cent*		*cent*
Single episode	272	38.4	19	2.7	14	2.0	305	43
Multiple episodes	282	39.8	70	9.9	4	0.6	356	50.3
No information on number of episode16	2.3	1	0.1	30	4.2	47	6.6	
Total	**570**	**80.5**	**90**	**12.7**	**48**	**6.8**	**708**	**100.0**

Concerning the number of abuse episodes, multiple episodes were observed in approximately half (50.3 per cent) of the cases. In reference to the number of abusers, single abuser was the most common and noted in 8 out of 10 cases.

The cross tabulation between the number of abuse episodes and number of abusers presented an interesting picture. Among the number of abuse episodes and the characteristics of the abuser, the greatest proportion (39.8 per cent) was seen among the single abuser-multiple episode category, closely followed by single abuser-single episode (38.4 per cent). There were also a relatively high proportion (9.9 per cent) of those who had multiple abusers and multiple abuse episodes. No information, however, was recorded on both the number of abuser and the number of episodes in 30 cases (4.2 per cent).

The severity of abuse in terms of number of abusers and abuse episodes coincided with the length of time from initial abuse experience to its disclosure or discovery. The longest interval from time of abuse to its disclosure or discovery was noted among those who experienced multiple abuse episodes by a single abuser. In contrast, the shortest interval was noted among those who experienced a single abuse by a known abuser (Table 4.13).

Table 4.13 Number of days from initial abuse to disclosure or discovery according to number of abusers and abuse episodes

Number of abusers and abuse to abuse episodes	*Total number of cases*	*Number of cases with information*	*Number of days from initial disclosure or*		
			Minimum	*Maximum*	
Single episode, single abuser	272	125	0	253	5.9
Single episode, multiple abusers	19	6	0	31	8.8
Multiple episodes, single abuser	282	48	0	2 007	173.0
Multiple episodes, multiple abusers	73	9	0	272	87.0

5. Abuser characteristics

Data on the characteristics of the abuser was also gathered. As in most of the characteristics of the abused child, there were cases where no information was obtained.

The exact number of abusers involved in the 708 cases analysed cannot be - estimated, as there were some instances where the number of abusers (for multiple

abusers) was not available in the records. Despite this, some information on 837 abusers was obtained.

Of the 837 abusers, there was no information on the age of 442 (52.8 per cent) of them. Of those for whom information was available, the youngest abuser was a six year-old boy and the oldest was an 82 year-old male. The mean age of all abusers was 31.1 years.

Figure 4.5 shows that those below the age of 21 comprised 14 per cent of the abusers of whom 33.9 per cent were below 15 years of age. This calls for serious consideration inasmuch as they represented a significant proportion of minor offenders. Those belonging to the 10 to 20 years age bracket comprised the largest group, followed by those between the ages of 31 and 40 years.

When the age of the abuser was analysed according to the type of abuse, those who committed incest were older men with a mean age of 38 years, while those - committing other offences were relatively young (29.4 years). The mean age of those who committed rape (31.1 years) was similar to those who committed acts of lasciviousness (31.9 years).

Only three of the abusers were females while the rest were males. The victims of all three female abusers were females. One of the female abusers was a 14 year-old out-of-school youth who was charged with acts of lasciviousness for fondling an 11 year-old female neighbour. There was no information about the age of the other two female abusers. One of them was charged with acts of lasciviousness for fondling a 15 year-old and the other was a club owner who forced a 17 year-old into prostitution. All cases involving female abusers were retrieved from the legal sector.

Consistent with findings in other research, the majority of the abusers (82.1 per cent) were known to the victims. Only 45 of the abusers (5.4 per cent) were strangers to the victim, while there was no information on 105 abusers (12.5 per cent). A wide variety of relationships between the abuser and the abused were described in the cases analysed. Relationships ranged from acquaintance, neighbour, mother's lover, distant relative, ex-boyfriend, former neighbour, mother's friend, etc. For purposes of clustering the relationships, the abuser was described either as an immediate family member, a relative, step / foster / adoptive family, a neighbour, an employer (including employer's family), a superior, a friend or an acquaintance, or others.

Table 4.14 Number and percentage of cases according to the relationship between the victim and the perpetrator

Relationship	*Number (n=837)*	*Per cent*
Relative, regardless of degree	147	17.6
Neighbour	125	14.9
Friend or acquaintance	112	13.4
Immediate family	99	11.8
Step / foster / adoptive family	85	10.2
Unknown to child	45	5.4
Employer (including employer's family / superior)	38	4.5
Others	23	2.7
No information 163	19.5	

In Table 4.14, it can be seen that 246 (29.4 per cent) of the abusers were somehow related to the abused as either family members or relatives. Of the immediate family members, fathers were identified in 93 of the 99 cases and uncles in 72 of the 147 cases (49 per cent) involving relatives. 85 of the abusers (10.2 per cent) were from the child's step or adoptive family; of whom, 62 (72.9 per cent) were identified as stepfathers.

Only 5 per cent of the children were abused by strangers. A small fraction classified as "others" included clients or customers, unspecified relationship (although the perpetrator may be known to the victim), landlord, godfather, farmer and Barangay Captain. It was unfortunate that the nature of the relationship was not known in one-fifth of the cases analysed.

C. Institutional programmes and services

Under Republic Act 7610, otherwise known as the *Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act*, numerous complaints, including those sexual in nature, were filed on behalf of child-victims against suspected abusers and Filipinos and foreign nationals alike had been subsequently convicted under the Act.

The role of different agencies, the local government unit represented by the Barangay, the DSWD, the Police, the Prosecutor's Office and the Court, had been defined relative to the filing of a complaint for violation of RA 7610. Health personnel have a role in the mandatory reporting of the cases to any of the aforementioned agencies. This section presents the programmes and services of the different agencies covered in this research. The terminology for the services mentioned herein might differ depending on the nature of the agency providing such services.

1. Health sector

In response to the increasing number of women and children who consult the hospitals due to violence, rape, incest and other related cases, the government has taken concrete actions to address the health and psychosocial needs of the abused children. This was exemplified by the move to establish a Women and Children's Protection Unit (WCPU) in all Department of Health (DOH) hospitals. Through an NGO-GO partnership between the Women's Crisis Center and East Avenue Medical Center, a special crisis centre for victims of violence and sexual abuse was established in 1995 to address victims' medical and psychological needs. This later became the forerunner of WCPU.

15 key informants representing 13 health facilities in the 11 sites nationwide were interviewed regarding current services and programmes. Two separate facilities were included from the Philippine General Hospital: the Child and Adolescent Section of the Department of Psychiatry and Behavioural Medicine and the Child Protection Unit (CPU). The CPU is a pioneer specialized unit, which aims to provide rapid diagnosis and evaluation, direct medical care, psychotherapy, and continuing case coordination with DSWD and social workers. Created in 1997, it receives operational and financial support from the Advisory Board Foundation. For this reason, it was treated as a separate health facility.

Informants for the interviews were resident physicians and consultants, the length of time in their positions ranging from one to five years. Nine represented government general health facilities while the remaining four were from specialized

facilities. The specialized facilities included a specialized paediatric hospital, two psychiatric facilities and the CPU. In addition, two private practitioners in Cebu City were interviewed after access to the Regional hospital was denied. As previously mentioned, the regional hospital in Cebu City denied access to the patient's records. Hence two physicians were interviewed as key informants in their capacity as private practitioners, one of them was connected with the concerned government hospital.

Although the Department of Health (DOH) initiated a move to create a specialized unit catering to sexually abused children in all regional hospitals, four of the health facilities in this study did not have the unit at the time of survey. Nonetheless, four hospitals offered specific services for sexually abused children. The health-related services provided by the facilities surveyed are listed in Table 4.15.

Table 4.15 Health-related services provided by or referred to other institutions

Health-related service provided	*Provided by the hospital*		*Referred to other agencies*		*Neither provided nor referred*	
	No.	*Per cent*[1]	*No.*	*Per cent*[1]	*No.*	*Per cent*[1]
Psychological evaluation[2]	15	100.0	3	20.0	0	0.0
Counselling of the victim	14	93.3	0	0.0	1	6.7
Genital / rectal examination	13	86.7	2	13.3	0	0
Counselling of the family	12	80.0	0	0.0	3	20.0
Police reporting	5	33.3	6	40	4	26.7
Medico-legal services	4	26.7	0	0.0	0	0
Temporary shelter	N / A	N / A	13	86.7	N / A	N / A

1 Denominator is the total number of respondents, which were 15.

2 Row total may exceed 100 per cent because the service may be both provided by and referred to other agencies.

Psychological evaluation, which includes screening for psychiatric illnesses and - psychological testing, was reportedly available in all facilities. However, one facility - admitted neither providing counselling for the victim nor referring the victim to other institutions or agencies for counselling. Counselling of the family was unavailable in three of the facilities and neither were cases referred to other agencies. In most instances, there was a qualification that counselling services be provided as needed although there was no clear-cut basis for determining such need.

It was also important to note that genital / rectal examinations were generally not performed done although referrals have been made in two facilities. Both these facilities, the National Center for Mental Health (NCMH), and the PGH Child and Adolescent Psychiatry Section are psychiatric facilities. NCMH refers its clients to the National Bureau of Investigation or to the Camp Crame Medico-legal Division, while PGH Child and Adolescent Psychiatry Section refers its clients to the Paediatric Division of the same hospital.

The law mandates that the head of any private or public health facility report sexual abuse cases within 48 hours of knowledge of the incident (Sec 4 IRR of RA 7610). The above statistics on police reporting partly reflect the health facility compliance with this mandate. Medico-legal services rendered include court reports, provision of an expert-witness in court litigations and medico-legal examination.

2. Social service

Relative to the filing of a complaint for violation of RA 7610, the DSWD follows prescribed rules and regulations on the reporting of child abuse cases. That includes the following: a) an investigation within 48 hours upon receipt of report; b) protective custody of the abused child; c) referral for physical / mental examination and interview; d) involuntary commitment; and e) filing of a complaint (DOJ, 1997).

DSWD's procedures include notifying the police, referring for physical examination, providing rehabilitation / treatment, interviewing for the possibility of filing charges, arranging involuntary commitment, suspending, depriving or transferring parental authority, intervening at court proceedings by preparing a social case study report, obtaining legal counselling if necessary, and preparing the child for trial.

NGO efforts cannot be overlooked in terms of advocacy and direct service provision. The NGO Coalition comprised child-care and child-focused non-governmental organizations and also functions as a monitoring body for implementation of the provisions of the Convention on the Rights of the Child. It submits a supplementary report independent of the country report to the UN Committee on Children. It has been documented that other NGOs also participate in successful rescue operations for child victims of labour and sexual exploitation.

41 key informants from various government and non-governmental social service institutions were interviewed regarding institutional programmes and the services they render. 21 informants were from government institutions and an equal number were from non-governmental organizations.

Table 4.16 presents the institutional programmes in the social service facilities visited. All programmes mentioned during the interviews were included in the list. The specific activities included in each of the categories of institutional programmes were likewise enumerated in order to describe the range of activities provided. Some programmes appeared overlapping as shown by the specific activities within them.

Table 4.16 Institutional programmes and specific activities in the different social service agencies

Institutional programmes	*Respondents*		*Specific activities*
	No.	*Per cent*	
Foster care	41	100	Home visits, searching for foster parents, monitoring foster parents
Residential care	30	73.2	Temporary shelter, drop-in centre
Advocacy	23	56.1	Tri-media campaign, information dissemination at Barangay level, inter-agency meetings, community meetings, attendance in symposia
Formal education	20	48.8	Formal schooling in public schools, financial assistance / sponsorship, special classes at the centre
Legal services	19	46.3	Assist in filing, attend hearings, follow-up progress of case, coordinate with

			government agencies, referral / networking
Health care	18	43.9	Medical and dental check-up, referral to city health service
Psychological support	16	39.0	Individual and group counselling, individual and group therapy, group dynamics, psychological testing, psychiatric evaluation, outing
Community reintegration	15	36.6	Family assessment and counselling, aftercare, monitoring progress of clients
Vocational training	13	31.7	Cooking, food processing, cosmetology, sewing, embroidery, cottage industry, ceramic making, other skills training
Artistic expression	13	31.7	Drawing, theatre arts, painting, music
Health education	13	31.7	Basic health education, lectures on personal hygiene, STD / AIDS, drug abuse and sexual abuse, exercise
Religious education	13	31.7	Bible sharing, catechism, hearing Sunday mass, retreat
Sex education	12	29.3	Lecture regarding heterosexual relationship, reproductive system and safe sex, child development
Job placement	11	26.8	Refer, assist in identifying job placement or applying, assess capability of client
Drug-abuse programme	1	2.4	Counselling

A programme for foster care was reportedly present in all facilities surveyed. An institutional programme for advocacy was present in more than half (56.1 per cent) of the facilities and a formal education programme was offered by nearly half (48.8 per cent) of the institutions. It should be noted that many of the programmes available were geared towards formal and informal education and skills training which are both preventive and rehabilitative approaches.

More than one-third (36.6 per cent) of the informants claimed that other important rehabilitative programmes such as community reintegration were present in their respective facilities. Job placement was available to a lesser extent (26.8 per cent).

A programme on health and sex education was mentioned by less than one-third of the informants. Only one of the subjects interviewed mentioned a programme, which largely entails drug-abuse counselling.

Institutional programmes may not always reflect the nature of the services rendered by the facilities, probably for lack of programme implementation. The difference between the programmes and services rendered is noted in Table 4.17.

Table 4.17 Number and percentage of services rendered in the different social service facilities

	Done in the agency	***Referred to other agency***	***Neither done nor referred***

Services rendered

	No.	*Per cent*[1]	*No.*	*Per cent*[1]	*No.*	*Per cent*[1]
Counselling of the victim	37	90.3	3	7.4	1	2.5
Temporary shelter	28	68.3	4	9.8	12	29.5
Counselling of the family	26	63.5	9	22.0	4	9.8
Residential care	25	61.0	12	29.3	4	9.8
Outreach	17	41.5	1	2.5	23	56.1
Police reporting	17	41.5	17	41.5	7	17.1
Non-residential care	15	36.6	2	4.9	24	58.6
Foster care	11	26.9	2	4.9	28	68.3
Provision of basic need like food, clothing, shelter	7	17.1	0	0.0	0	0.0
Education	6	14.7	0	0	0	0.0
Psychological evaluation	6	14.7	24	58.6	7	17.1
Psychological support, therapy, case management	4	9.8	0	0.0	0	0.0
Protective custody	4	9.8	0	0.0	0	0.0
Advocacy	3	7.4	0	0.0	0	0.0
Financial assistance	3	7.4	0	0.0	0	0.0
Training	2	4.9	1	2.5	1	2.5
Medico-legal / legal	1	2.5	3	7.4	0	0.0

[1] *The denominator equals 41, the total number of respondents.*

It was noted with regard to institutional programmes that all facilities have a programme on foster care. When respondents were later asked what services were rendered by the facilities, foster care was mentioned in slightly more than one-quarter of the facilities. More than two-thirds of the respondents admitted that they neither provided foster services nor were cases referred to other agencies or facilities. The same was seen for advocacy: the proportion of those with an institutional programme on advocacy was much higher than the proportion of those who actually rendered such a service. The picture was, however, reversed for counselling. Although only 39 per cent stated to have an institutional programme on psychological support which included individual counselling, this was the most frequently rendered service (see Table 4.16).

3. Law enforcement and legal sectors

Following the enactment of RA 7610, the National Bureau of Investigation (NBI) created a special body called the *Anti-Child Abuse, Discrimination and Exploitation Division* (ACADED). This was undertaken to help in the mandate of the *Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act.*

As is true of any law enforcement agency, the NBI shares the role of the police regarding the filing of a complaint for violation of RA 7610. That includes the following: a) investigating the abuse incident; b) coordinating with DSWD for the protective custody of the child; c) referring for medical examination; and d) filing a complaint with the Prosecutor's office.

The institutionalization of special protection for children was further evident through the creation of the *Women's and Children's Desk* operating under the *Community Relations Office* of the PNP. The recognition of violence against women and children as a special concern led to the merging of the Women's Desk and Child and Youth Relations section of the Philippine National Police in 1997. The merged entity assumed the following roles: a) preparation of policies, plans and programmes related to the

protection of the rights of women and children; b) nationwide monitoring and evaluation of the Women's and Children's Desk performance; c) construction of a databank regarding cases where women and children were victims of crime and all forms of abuse; d) construction of a databank on women and youth offenders; and e) coordination and participation in inter-agency activities pertaining to the rights of women and children.

A total of 13 key informants from the different PNP stations were interviewed from the 11 sites nationwide regarding the services they render. The results are shown in Table 4.18.

Table 4.18 Number and percentage of cases according to the type of services rendered in the different Philippine national police (PNP) stations

Services rendered	*Done in the agency*		*Referred to other agency*		*Neither done nor referred*	
	No.	*Per cent*[1]	*No.*	*Per cent*[1]	*No.*	*Per cent*[1]
Interview of the victim	13	100.0	0	0.0	0	0.0
Surveillance and monitoring	9	69.2	0	0.0	4	30.8
Rescue operations	9	69.2	2	15.4	2	15.4
Counselling of the victim	8	61.5	5	38.5	0	0.0
Medico-legal assistance[2]	4	30.8	9	69.2	1	7.7
Counselling of the family	3	23.1	3	23.1	7	53.8
Apprehension of suspect	2	15.4	0	0.0	11	84.6
Protective custody	2	15.4	0	0.0	11	84.6
Temporary shelter	1	7.7	12	92.3	0	0.0
Others (advocacy, dialogue, financial assistance)	4	30.8	–	–	–	–

1 *The denominator equals 13, the total number of respondents.*

2 *Row percentage may exceed 100 per cent because a service can both be done by the facility and referred to another.*

Victims were interviewed in all PNP stations in connection with the role of the police in investigating the abuse incident. Protective custody was provided in only two of the PNP stations; it was neither provided nor referred to concerned facilities in the remaining 11 PNP stations. Assistance in filing a complaint and testifying in court hearings were examples of forms of medico-legal assistance rendered by the police force. Other services such as advocacy, financial assistance and dialogue with the school or Barangay were mentioned by four respondents.

Following the enactment of RA 7610, the Department of Justice created a *Task Force on Child Protection* which monitors cases related to abuse of children, prosecutes offenders, and provides a witness protection programme.

In the case of the legal sector, three prosecutors were interviewed. As members of the judiciary, their role was the preliminary investigation of the case. During the preliminary investigation, a psychiatric examination may be requested in order to determine the mental fitness of the child victim to testify in court. Interviewing the child was perceived as a very crucial but difficult task during the process of investigation.

4. Training and academic institutions

Key informants from four non-governmental organizations, three professional - organizations, and one academic institution were interviewed regarding trainings and courses they offer. All of these organizations were based in Metro Manila.

The following training have been conducted since 1997 by three non-governmental organizations in relation to their general child welfare programmes and to child sexual abuse in particular. These organizations include the International Catholic Child Bureau (ICCB), Childhope-Asia and End Child Prostitution, Pornography and Trafficking for Sexual Purposes (ECPAT). Training areas range from general topics on family to more child-specific topics such as rights, sex education and sexual development. Topics on prevention, treatment and rehabilitation appear to be covered as well.

Table 4.19 Recent training conducted by selected non-governmental organizations

Topic	*Target audience*	*Training methods*
Family dynamics	Direct service providers	Seminar, workshop
Filipino psychology	Direct service providers, mostly social workers	Seminar, workshop
Children's rights group work	Caregivers, staff, youth volunteers	Lecture, workshop,
Philosophy for children stories, critical posing	Caregivers and youth from selected regions in the country	Workshops using thinking through questions
Child sexual development	Various workers from NGOs and GOs	Lecture
Sex education for children	Caregivers, staff, youth volunteers	Lecture
HIV / AIDS	Various workers from NGOs and GOs	Lecture, workshop
Healing arts for caregivers using songs,	Social workers, psychologists, street educators and house parents from various NGOs	Workshops primarily indigenous practices, rituals and symbols
Biography workshop	Social workers, psychologists, street educators, and house parents from various NGOs	Workshop
First steps of recovery	Various workers from NGOs and GOs	Lecture
Counselling	Volunteer advocates	Lecture, workshop
Advocacy	Volunteer advocates	Lecture, presentation of audio-visual materials
Self support group among group work	Direct service providers, mostly	Lecture, workshop,

direct caregivers social workers

Most of the training was geared toward equipping direct service providers with adequate knowledge and skills to meet the needs of the clients, the families and the children. Among the trainings listed above, only *Self Support Group Among Direct Caregivers* was conducted primarily for the interest of the direct service providers. Those from various organizations were encouraged to form a cell group to share their resources and experiences. In theory, by motivating one another, they learned to cope with the demands of their work. Social workers, in addition to doctors, nurses, lawyers, Barangay officials and teachers, also benefited from the trainings conducted by the DOJ and the CPU (see Table 4.20).

Table 4.20 Trainings conducted by the Department of Justice (DOJ) and the Child Protection Unit (CPU)

Topic	*Target audience*	*Training methods*
Convention on the Rights of the Child as Framework for the Law and Protection of Children Against Abuses, Exploitation and Discrimination	Police, Barangay officials, judges, prosecutors, teachers, social workers, doctors	Lecture, workshop
Acts Punishable under RA 7610 – child prostitution, sexual abuse, child trafficking, obscene publications and indecent shows	Police, Barangay officials, judges, prosecutors, teachers, social workers, doctors	Lecture, workshop, case study analysis
Recognition of child abuse	Doctors, nurses, social workers, and other health workers	Lecture
Forensic interview demonstration	Doctors, nurses, social workers, and other health workers	Lecture,
Interviewing the child-victim critiquing	Police, Barangay officials, judges, prosecutors	Workshop,
Medical examination and participation of the physician in court proceedings	Doctors, nurses, social workers, and other health workers	Lecture, demonstration
Procedures in filing the complaint; statement taking showing	Police, Barangay officials, judges, prosecutors, teachers, social workers, doctors	Lecture, workshop, case study analysis, demon-stration, video
Referring and reporting of child abuse	Doctors, nurses, social workers and other health workers	Lecture
Case studies on child prostitution and child sexual abuse	Police, Barangay officials, judges, prosecutors	Workshop, critiquing, case study analysis

Although the training conducted by the DOJ and the CPU appear to overlap, the topics were discussed from different perspectives. The topics centred on knowledge of the law and the legal obligation of the different professionals, particularly in reporting.

Note that professional groups conducted training that included interviewing child-victims for different audiences. There appeared to be recognition of the importance of documenting the "what", "how" and "why" of sexual abuse. More important, such training was important to promote responsible and sensitive handling of cases even at the initial phase of disclosure and intervention. Table 4.21 shows the other courses offered to professional and academic units, with their corresponding target audience.

Table 4.21 Courses conducted by training, professional and academic organizations

Course title/topic	***Target audience***	***Professional/ academic units***
Pansariling Kaligtasan Para Sa Mga Bata (includes Teachers' Guide)	Elementary school teachers and Grades II, IV and VI pupils	5 units 26 lessons, 10-15 hours
Ang Aklat Tungkol Sa Aking Sarili	Primary school	23 lessons
The Social Work Helping Process (assessment, planning, intervention, evaluation and termination in social work)	Bachelor of Science in Social Work students	3 units
Clinical Social Work Practice I (Individual and Family Diagnosis and Treatment)	Master / Diploma in Social Work students	3 units
Clinical Social Work Practice II (Group Treatment Concepts, Methods, and Techniques)	Master / Diploma in Social Work students	3 units
Child sexual abuse: why, what, who 3 days Continuing Education Units	Social workers	8 hrs / day for to earn 10 Professional (CPE)
Professional response to child sexual abuse 3 days Continuing Education Units	Social workers	8 hrs / day for to earn 10 Professional (CPE)
Philippine Paediatric Society Seminar of Child Abuse (includes Diagnosing Child Physical Abuse, Child Sexual Abuse and Physicians' Guide 1-2 days Continuing Education	Paediatricians	8 hrs / day for to earn 4-8 Professional (CPE) Units

to National Laws Concerning
Child Abuse)

The Center for the Prevention and Treatment of Child Sexual Abuse (CPTCSA) is a non-governmental organization which designs training modules and conducts courses related to sexual abuse in addition to providing direct services to its clients. Since mid-1997, it has conducted Personal Safety classes for elementary pupils in selected schools in Manila. These classes aimed at making children aware of ways to avoid situations which could expose them to potentially abusive people and circumstances and to inform them about where to seek help. In addition, training for teachers who would be handling Personal Safety classes was also conducted. Usually, school administrators requested training. At the time of writing, Personal Safety has not yet been formally integrated in the nation's elementary curriculum.

At the college and graduate levels of Social Work at the University of the Philippines, topics on sexual abuse were integrated into courses on intervention. Non-degree courses on violence against women, and children were also conducted by the Center for Women's Studies at the same university.

Actual practice in social service is probably the first exposure of graduates to the social and political realities of child sexual abuse. Recognizing the need for more specialized training in this regard, the CPTCSA offers summer classes for social workers working with sexually abused children. These courses allow them to earn units that are needed for professional licensing.

The Philippine Paediatric Society (PPS) conducts training for paediatricians through the different PPS Chapters nationwide. Currently, there is a move to develop a hospital fellowship programme for Clinical Specialist in Child Abuse. This is envisioned as a two-year fellowship programme in ambulatory paediatrics or a special training course. The main goal is to establish and strengthen nationwide professional and hospital capability to serve abused children.

D. Pornography and trafficking

The Philippine Alliance Against Pornography (PAAP), Stop Trafficking of Philipinos (STOP) and ECPAT are leading agencies in the fight against pornography. Reports of cases on pornography and trafficking, current activities undertaken and perceptions of the effectiveness of these activities were gathered through interviews and attendance at relevant forums and meetings. Information and educational campaign materials on pornography and trafficking were also reviewed.

Child pornography may be defined as a sexually explicit reproduction of a child's image (Healy, 1996). The images may be of a child engaged in a sexual activity, have sexual overtones or be mainly devoted to nude children in a non-sexual content (ECPAT, 1996). Although it is an international phenomenon, the definition of child pornography varies among countries, primarily because legal definitions of a *child* and *child pornography* differ globally (Healy, 1996).

The problem of pornography is complex; it is a socio-political issue that reflects elements of a culture (Sionil Jose, 1998). Pornography has become more complex with the advent of the Internet, as computer images can be easily reproduced and distributed.

In response to the problem, the Government, through RA 7610, has decreed that any person who shall hire, employ, use, persuade, induce or coerce a child to perform in

obscene exhibitions and indecent shows, whether live or on video, to pose or model in obscene publications or pornographic materials, or to sell or distribute said materials shall be given the penalty of *prison mayor* in its medium period (Section 9, RA 7610).

Activities undertaken by non-governmental organizations were mostly advocacy measures against pornography in general. This was exemplified by anti-smut campaigns that were sparked by the noticeable proliferation of tabloids containing pictures of women, often nude or in sexually explicit poses, on the front page. The contents of the tabloid articles and columns, which, according to anti-pornography advocates, depict sexual acts in an offensive manner, did not easily escape attention. Protests, which featured the burning and shredding of tabloids in public, were arranged quarterly beginning in January 1998. The anti-smut campaign succeeded to some degree in allowing lawmakers to rally the public against pornography and even forcing publishers of smut tabloids to reformat (Peoples' Journal, 16 October 1998; Metro, 4 September 1998; Philippine Star, 4 September 1998; Tonight, 10 September 1998).

While the advocates of the public destruction of tabloids perceived the measure as effective towards promulgating their cause and in raising public awareness (Reverente, 1998), others felt their efforts were misdirected (Sionil Jose, 1998). As early as 1984, obscenity suits were filed by STOP against Amador Sagalongos, publisher of several erotic comic books. However, Sagalongos won in all 125 cases filed against him. STOP filed another obscenity suit against another publisher in the same year. Three years later, in 1987, the court ruled against the publisher (Morning Star, April 1991). Towards the second quarter of 1998, smut publications again proliferated. The proliferation of smut tabloids has been blamed for the increase of child sexual abuse cases in the country (PDI, 16 May 1997; Peoples' Tonight, 7 September 1998).

The DSWD recorded three cases of child pornography between 1996 and 1997. In a milestone case against child pornography, a man named Hisayoshi Maruyama was convicted. In February 1996, Maruyama was arrested in a hotel as he was taking pictures of a 10 year-old Filipino girl. Police confiscated an envelope full of photos and rolls of film of boys and girls engaged in lewd acts. He was found guilty by a Manila Court and sentenced to 42 years imprisonment (ECPAT-Philippines, January 1998).

Another foreign national who committed child pornography in the Philippines was convicted in the United States. Andrew Mark Harvey was deported from the Philippines in 1990 for sexually abusing children. In 1991, agents of the American Federal Bureau of Investigation (FBI) raided his home and found numerous albums containing pictures of Filipino boys between the ages of 10 and 16 engaged in various sexual acts. Harvey admitted taking the pictures and was sentenced to four years in prison in the United States (ECPAT-Philippines, January 1998).

In 1997, a case was filed against Daniel Joseph Baer, a 66 year-old doctor, after Customs authorities in Cebu seized nude photos of Asian girls in cargo consigned to him. Baer, however, denied any connection to the ten reels of pornographic film and pictures in the cargo (ECPAT-Philippines, January 1998).

In addition to advocacy, it was reported that an effort was made to create a Task Force on Pornography in Media. ECPAT was disseminating information on pornography and trafficking in remote communities through community meetings and lectures. Educational campaigns and trainings were directed towards teachers and parents. At the time of writing, the effectiveness of this educational campaign was yet to be determined, and there was no indication of how the effort would be evaluated.

Most cases of the "models" in child pornography were reportedly prostituted children or victims of sexual molestation or sexual violence. Children of families from

remote communities were perceived to be particularly vulnerable to pornography and trafficking. Children from impoverished families in remote areas were often lured to work in the cities as domestic helpers or salesclerks only to end up in the hands of pimps.

In the Philippines, trafficking was difficult to monitor because it can occur - domestically within the Philippines or internationally across tourist sending and receiving countries. For example, a local newspaper reported three girls, recruited from Davao City and Iligan, who ended up working in a Karaoke Bar in Lapu-lapu City (SAMA, 1997). Most of the girls in karaoke bars in Angeles City came from Visayas, Bicol and Metro Manila. Some of the girls recruited from karaoke bars had been sent abroad. There were cases of out-migration of underaged youth for the purpose of prostitution. Young women who wanted to work in Japan as entertainers, for example, applied to a promotion agency where they were given training in singing and dancing, free of charge (ECPAT-Philippines, January 1998). Cebu Center for Women and Children reported two victims of child trafficking (aged 3 and 13) to Japan in January 1997 (SAMA, 1997). Traffickers often travel to provincial towns and villages to encourage girls to avail themselves of such opportunities *(ECPAT-Philippines, January 1998).*

E. Training needs

The training needs of the different sectors were assessed through key informant interviews. For purposes of organizing the data, the information was categorized under four headings: general concepts, initial approach, treatment and other areas. In order to come as closely as possible to the description of the training mentioned during the interviews, paraphrasing of training topics was minimized.

Table 4.22 shows the different areas of training which workers from the health, social service, law enforcement and legal sectors underwent during the past three years. Almost all trainings were conducted through lectures; a few employed role-playing and video presentations as necessary and where possible.

Table 4.22 Training received by workers from the health, social service, law enforcement and legal sectors

Category	*Health*	*Social service*	*Law enforcement and legal sector*
General concepts sensitivity women	• Gender sensitivity • Violence against women and children • Child rights • Child abuse • Types of sexual abuse • Statistics / magnitude of the problem Orientation / situational • Common findings	• Gender sensitivity • Women in especially difficult circumstances • Child development / psychology • Child rights • Children at risk • Child labour • Child abuse: an overview • RA 7610 • Commercial sexual exploitation of children	• Gender • Violence against • Anti-rape Bill • Child labour • Child abuse • RA 7610 • Paralegal issues •

		(including prostitution), issues on sexuality of the sexually abused • Safe touch • Exposure to institutions	
Initial approach and assessment the offence, documents execution history	• Approaching a sexually abused child • Symptom recognition • Forensic interview • Forensic / medical examination	• Handling disclosure • Interview techniques (includes forensic interview) • Diagnosis • Police handling of CEDC programmes	• Investigation (of child, sexual sexual assault) • Handling • Blotting • Legal writing • Affidavit • Report / case writing
Case management children abuse abuse CEDC) interven-	• Diagnosis of child abuse • Case management • Psychosocial intervention • Counselling (crisis counselling) • Family therapy • Play therapy • Participation in court	• Therapy (in general) • Healing • Case management • Handling of CEDC, sexually abused and prostituted children, abandoned and neglected children • Crisis management for traumatized children • Processing of experience • Counselling (including individual, family and feminist counselling) • Behaviour modification • Psychosocial intervention • Milieu therapy • Testimony of victims	• Handling • Handling child cases (including • Handling crisis situations • Counselling • Psychosocial tion
Other areas of concern	• Community involve-ment • Case reporting • Networking, referral	• Stress debriefing • HIV in children • Networking / referral • Caregivers' training • Care for caregivers • Research • Prevention • Advocacy • Interpersonal skills	• Effective case monitoring

Among the sectors, social service appeared to have received a wider range of training than the other sectors. There was more training concerning general concepts and detailed case management modalities. Topics in other areas, apart from sexual abuse, were also more varied. It was possible, however, that this variation was brought

about by the greater number of respondents from the social service sector relative to the number of respondents from the other sectors.

Much of the training in general concepts was conducted in all sectors. These include training on gender sensitivity, child rights, child labour, child abuse and RA 7610. Workers also received information on statistics and magnitude of the problem.

In the initial approach to treatment, most of the trainings in the health sector overlapped with those in the social service sector. In regard to the law enforcement / legal sector, there was more training relating to office procedures such as recording in blotters, legal writing, affidavit execution and handling of documents.

During interviews the perceived training needs were elicited (Table 4.23). Note that some of the topics among the perceived training needs appeared in the previous list on trainings received (Table 4.22).

In regard to the health sector, there was specific indication of the need for training in legal aspects of examination and interview. Interestingly, the need for training on record maintenance was noted as well by the health sector.

Table 4.23 Perceived training needs in the health, social service, law enforcement and legal sectors

Category	*Health*	*Social service*	*Law enforcement and legal sector*
General concepts sensitivity child abuse abuse related how 7610)	• Child development • Dynamics of child sexual abuse • Myths about sexual Abuse • Legal / Laws on child sexual abuse • New research and updates	• Gender sensitivity • Filipino psychology • Child psychology / development • Child rights • Overview of child abuse • Legal aspects (including RA 7610) • Prostitution • Government programmes for children • Safe touch	• Child rights • Gender • Dynamics of • Child sexual • RA 7610 and laws (including to interpret RA
Initial approach techniques and assessment child abuse preli- investigation	• Building rapport with children • Detection (including diagnosis) • Risk assessment • Interview techniques	• Dealing with / handling child-victims' behaviour • Handling disclosure • Interview techniques • Diagnosis / detection	• Interview • Investigation of abuse and sexual victims • How to conduct minary

	(including forensic interview) • Medical examination (including medico-legal exam, assessment, documentation)		• How to handle victims during the course of a trial • Profiling the abuser
Case management	• Care / handling of abused children • Treatment • Counselling (crisis counselling) • Play therapy • Group facilitation of sexually abused children • Handling of perpetra-tors	• Therapy (in general) • Specific therapies / psychotherapy (group, art, milieu) • Comprehensive case management • Counselling (including individual, group, feminist counselling) • Behavioural manage-ment • Skills enhancement • Crisis intervention • Therapeutic intervention in the Philippine setting • Rehabilitation	• Handling child abuse case • Counselling of victim • Counselling of parents • Anger management
Other areas of debriefing / concern	• Record keeping • Research • Networking / directory of agencies • Empowering health workers	• Stress management • Empowerment • Community organizing • Networking and referral	• Stress management

More areas on training in case management were mentioned by the social service sector while the law enforcement and legal sectors expressed special interest in investigation. An overlap of the training needs among the sectors was again noted. Many of the training needs of the health sector overlapped the social service sector in terms of the initial assessment and case management. Legal aspects of child abuse, interview techniques and counselling were identified as training needs in all the sectors.

Chapter V
DISCUSSION

This section addresses key issues identified in the section on Results. These issues are relevant to the planned design of a training module for service providers who work directly with sexually abused and sexually exploited children.

A. The child

1. Victim-survivor

The 708 case files revealed that the mean age of girls at the time of their first sexual abuse was 11. The vast majority of the cases reviewed involved females and only 12 cases involved males. Although sexual abuse is more often committed against females, male victims, who were no less traumatized, were often overlooked in case detection. The increasing cultural acceptance of homosexual practices and less legal deterrence against male sexual abuse had contributed to an increasing trend of sexual abuse against boys. Moreover, intervention programmes were mostly targeted towards females and thus tended to overlook case detection for boys.

Most of the victimized children had not yet completed elementary education. The majority of children lived with their families or surrogate families at the time of the sexual abuse. 35 per cent of the victims were classified as street-children, working children, commercially sexually exploited children, runaway children, neglected children, abandoned children, or children in conflict with the law (see Table 4.9); some of these children belonged to more than one category. 39 of the 507 children (7.7 per cent) under 15 years of age and 53 of the 201 children (26.4 per cent) between the ages of 15 and 17 years were classified as working children. Half of these working children were employed as domestic helpers. This data has implications for the link between sexual abuse and other forms of child abuse. For example, neglect, child labour and physical or verbal abuse, which may compel a child to run away from his or her home are interconnected and therefore cannot be seen as independent experiences. In addition, we can not discount the fact that even children who are not in difficult circumstances are also exposed to dangers of sexual abuse. There are documented cases of mental retardation, physical abuse, drug and alcohol use, and medical and psychiatric illnesses resulting from sexual abuse and sexual exploitation.

Data showed that child-victims often consulted a health facility for treatment of a medical condition or for medico-legal examination. The help of the social service sector was sought mainly for protective custody. The reason for contacting the legal and law - enforcement sectors was mainly for reporting, filing of a complaint or taking legal action.

2. Abuse characteristics

The detrimental impact of abuse on the child is partly reflected by a culmination of various factors: the manner of abuse, the number of abuse episodes, the number of abusers and the relationship between the abuser and the abused. The interplay of these factors with the characteristics of the child determines the severity of the abuse and the extent of its effects on the victim.

Half of the cases have experienced multiple episodes of sexual abuse most of which involved a single abuser. The number of abusers and abuse episodes correlated with the length of time from initial abuse to disclosure and/or discovery of the abuse. Such data has implications for abuses a child may experience concomitant with the sexual abuse – verbal abuse, threats of violence and physical and emotional abuse. As

Guerrero and Sobrichea found, rarely is sexual abuse independent of other forms of abuse (Guerrero and Sobrichea, 1997). As mentioned earlier, the most frequent type of sexual abuse was rape, and the most common manner of sexual abuse was intercourse.

Establishing the identity of the abuser could sometimes be more significant than establishing the act inflicted on the abused child *(UP-CIDS, 1998).* The identity of the abuser could significantly affect the way the child copes with the abuse experience. The abuser was on average 34 years old and in most instances known to the child, such as a relative, a neighbour, a friend or an acquaintance, or an immediate family member. Of the immediate family members, the father was identified as the abuser in 9 out of every 10 cases.

In short, for the majority of the children, the people they were raised to trust and respect had violated important psychosocial bonds in a painful, traumatizing, illegal and deliberate manner. The pain for the child goes far beyond the physical trauma as his or her sense of "self" is shaped by the abuse experience(s).

3. Effects of the abuse

Available data showed that pregnancy was the most commonly reported of the signs and symptoms of child sexual abuse. Genital pain, swelling or itchiness was the second most frequent cluster of symptoms. Other symptoms mentioned in association with pain included bruises in the genitalia, other physical injuries, dysuria (difficult urination), body pain, difficulty in sitting / walking and abdominal pain. These various manifestations of pain constituted the majority of the symptoms documented in the records.

It is highly significant that pain, whether physical or psychological, was the unifying theme among the child-victims. It is probable that pregnancy was the single most commonly reported condition for it captures immediate attention, especially for a child as young as 13 years old with abdominal enlargement.

There were a few cases wherein children were diagnosed with sexually transmitted diseases (STDs) or recurrent urinary tract infection. It is extremely important for service providers, especially health workers, to be sensitive to these conditions in any child, as the presence of STDs might indicate the occurrence of sexual abuse. For sexually abused children, issues of treatment, transmission and prevention must be addressed.

The absence of any of the above conditions was noted in 103 cases in the study (13.5 per cent), whereas only 85 cases (13.1 per cent) had one or more reported signs or symptoms of sexual abuse (see Figure 4.3). However, the proportion of those with no physical complaints may not be entirely accurate, as there might have been a tendency on the part of physicians in particular to neglect recording anything other than "unusual" observations. The cases might have been thus classified as "no information." In contrast, there was an increased likelihood of reporting if signs or symptoms were relatively severe. Therefore, it must be heeded that there is no definitive physical evidence that can prove sexual abuse indeed took place.

Although there are no behavioural manifestations pathognomonic of sexual abuse, children may exhibit many possible significant behavioural patterns, suggesting psychological trauma. Although, depression and physiological disturbances were most commonly documented of signs and symptoms, other behavioural manifestations include delinquent behaviour, difficulty in concentration, reticence, self-isolation and

manifestations of hyperactivity. There were further instances of overt psychotic manifestations such as irrelevant speech and crying or laughing spells.

Notably, there were fewer cases with non-observable behavioural manifestation than cases exhibiting physical signs and symptoms. Thus, it is quite common to see behavioural manifestations in the absence of physical signs and symptoms of sexual abuse. Indeed, the pain of a sexually abused child transcends physical trauma. It includes psychological manifestations such as inability to trust, loneliness and feelings of personal insecurity and social rejection. Furthermore, a sexually abused child may also exhibit fear of intimacy and belief that one's own language or behaviour might have triggered the sexual assault.

Perhaps most important, it should be heeded that the nature of pain which a sexually abused child suffers from could only be elicited and elaborated if the child is given both "permission" and opportunity to tell his/her story, in his/her own way and in his/her own time. This requires interest, time, energy and empathy on the part of service providers.

The particular importance of case documentation in assessing the needs of the child should be noted. However, the large proportion of case files with "no information" points to the underlying problem of inadequate record-entry. Therefore, it is probable that much of the pain, and the nature and extent of that pain, suffered by the abused children had been left undocumented.

Aside from the immediate effects of the abuse, the service provider must also heed that there can be physical and psychological effects which are long-term and devastating, not only to the child, but also to the family. The child, for example, may in turn become an abuser, develop psychiatric disorders, use prohibited drugs, engage in unhealthy sexual relationships or even end up in prostitution. Early and proper intervention can potentially prevent such consequences.

4. A system of shared care

When a child is sexually abused, discovery occurs when he or she discloses the abuse to family members or relatives or when the abuse is accidentally discovered. The family might report the incident to the police who will advise that a medico-legal examination be conducted at the nearest government hospital. A physician then examines the child. The child may subsequently be referred to DSWD, particularly if the abuser is a parent. Should a decision be taken to pursue legal measures, the case is referred to a prosecutor who will determine the merit of the case. After establishing legal merit, a lawyer handles the child's case. To a great extent, the primary task thereafter is to ensure the successful prosecution of the perpetrator. Of course, prosecution is only one alternative. Meanwhile, the social worker is expected to prepare the child to stand witness in court.

During this time, there are a number of key players, each assuming his/her own specific roles and duties. This is where a child needs a system of shared care in place. The sexually abused child has special needs that sometimes need to be addressed by different individuals or agencies. The child and his/her needs must be paramount during the process; the child must remain the primary concern and focus.

5. Case management

The fact that a multitude of players is involved, each concerned with his or her own role, makes it essential that someone play the role of a case manager. The primary responsibility of the case manager should consistently be to place the needs of the child at the forefront. The case manager also serves as "conductor", helping to coordinate and facilitate intervention by the various players, thereby ensuring a holistic and harmonious response to the situation of the child. The absence of effective case management increases the risk of neglecting the child's needs and renders the child vulnerable to secondary traumatization by the "helping system", results in duplicated effort and/or under-utilized of resources, and limits the potential impact of all service providers.

Although the absence of evidence of effective case management was disconcerting, the findings clearly indicate that service providers are interested in receiving relevant training in case management skills. Providing such training with a clear emphasis on the needs of the child as the focus is an urgent priority.

B. Case reporting and documentation

1. Reporting

There is significant reason to believe that child sexual abuse is under-reported in the Philippines. The reasons for under-reporting vary and include, among others, shame, family or societal pressure, cultural or religious norms that discourage disclosure to others, fear of the impact of reporting including adverse media attention, lack of information about where and how to report, and limited knowledge about child rights.

The interplay of the characteristics of the child, the manner of the sexual abuse, the identity of the perpetrator, and the availability of a significant person who can be trusted contributes to non-disclosure or non-reporting of abuse incidents. Other factors, such as when the victim is a streetchild or a prostituted child, also hinder reporting of a sexual abuse incident.

The Philippine legal system has prescribed a conduct of reporting through the Barangay, the Philippine National Police, the Department of Social Welfare and Development and the Department of Justice. Health personnel also have a mandate to report sexual abuse cases.

The following factors contribute to under-reporting of cases on the part of health-service providers: ignorance of the law which mandates reporting; lack of an existing referral system or networking; a perceived or real inadequacy in dealing with an abused child; lack of concern for the abused child; or lack of social responsibility. It was noted that hospital statistics reported fewer cases of sexual abuse than actually serviced. In fact, some hospitals did not have any statistics on sexual abuse at all. The probable reason is that sexual abuse, although an accepted entity in the 10th edition of the International Classification of Diseases (ICD-10), as a focus for clinical attention is not reflected in hospital records as part of the diagnosis. This is an unfortunate reality considering that the Department of Heath prescribes the use of ICD-10 in diagnosing all hospital cases. The situation poses a question as to whether health workers are aware of sexual abuse as a diagnostic entity in and of itself.

Reporting is important as it represents the first step in protecting and assisting a highly vulnerable and traumatized child. On a broader level, case reporting is a specific indicator of need, a starting point for service provision and an indicator of progress vis-à-vis early detection and prevention efforts. In short, case reporting is vital, and every effort should be made to ensure it happens in a timely, sensitive, appropriate and

efficient manner. For these reasons, reporting should be encouraged and strengthened, and relevant training for concerned health and social personnel should be provided.

2. Terminology

Another aspect of case reporting which needs to be addressed is terminology. The findings suggest that there is a considerable level of non-uniformity in the names and categories of abuse, victim and abuser. For example, an abuse committed by the mother's live-in partner may be categorized as incest by one and sexual abuse by another. To some, the terms fondling and mashing may be synonymous, while others might deem them different. In the eyes of some, rape is a crime against chastity, while in recently enacted legislation, rape is a crime against a person and an act of violence.

As previously described, the exclusion of sexual abuse as a diagnosis also exemplifies the problem of variations in terminology to a great extent. Or example, a child with a history of sexual abuse, who was brought to the hospital emergency room for abdominal pain and diagnosed to have a urinary tract infection, may be reported as a case of "urinary tract infection" without any reference to the sexual abuse.

Terminology – particularly clearly defined and consistently applied terminology – facilitates the collection and analysis of statistics, thereby improving both planning and evaluation. A common vocabulary encourages collaborative effort and broader impact. It also makes it easier to promote child rights, contributes to child protection efforts and facilitates social mobilization. The use of proper terminology is an element of proper reporting, and proper reporting is a springboard for proper action.

The findings suggest greater effort must be made to promote the Convention on the Rights of the Child and the Republic Act 7610 as both the conceptual framework and the standard when it comes to terminology. The necessity of providing terminology guidelines and training, as well as statistical reporting templates, also emerges from the findings.

However, it must also be recognized that variations in profession limit the use of uniform terminology. For example, health professionals can only record sexual abuse as a diagnostic label rather than a case of rape or incest.

3. Case recording

Case recording or documentation is another vital aspect of case monitoring and its' importance should be emphasized. A multitude of information critical to the management of a singular case, as well as to programme planning for sexual abuse cases in general, is lost if not properly documented. Incomplete recording was very apparent in the case files reviewed. Several critical but basic pieces of information were missing in many of the records reviewed. Examples of undocumented basic information pertaining to the child-victim include: age of the child at the time of abuse; his/her educational attainment; physical, psychological and social signs; and symptoms experienced after the abuse. The nature and the manner of the abuse, the number of abusers and abuse episodes, and abuser characteristics such as age and relationship to the child-victim were lacking in a number of records as well. Furthermore, few records documented concomitant physical or verbal abuse. However, whether such information was at least verbally elicited or simply overlooked in the initial assessment cannot be determined.

4. Progress notes

The review of case files from various agencies also revealed a failure to document case progress, particularly as regards treatment and general assistance efforts. A standard case file should, generally speaking, include the following: intake form (with the referral form from another service provider, attached if available); a health service provider report; psychosocial assessment summary; treatment plan (plan of intervention); psychological, psychiatric, and/or police reports as necessary or appropriate; regular progress notes; casework reports as necessary/appropriate; discharge/referral summaries; and a case-closing summary report which includes specific reference to the impact of the various interventions on the child.

Ideally, progress notes reflect movement towards effectively addressing the needs and concerns identified through the assessment process and the subsequent joint development of intervention goals and objectives. For example, a young female rape victim was observed to be extremely anxious whenever she was in the presence of a male. The assessment process clarified that the father was the perpetrator of the crime, and he is now serving time in prison.

One of the treatment goals, jointly established by the social worker, and the child, is to be able to differentiate her attacker and his behaviour from other males. Another goal is for the child-victim to gain greater self-confidence and a greater sense of security around other males. Progress notes in such a case would reflect not just the date, the time and the place of meeting, but also summaries of discussions and other pieces of "evidence" to reflect the extent to which the child became able to differentiate among and feel safer around other males. This kind of case documentation – which will need to be learned by staff in some organizations – is part of casework as well as overall service planning and development.

Poor recording or documentation may be attributed to the enormous caseload for service providers, the presence of other functions in addition to casework, and the resulting lack of time to properly record the obtained information. However, it also reflects a lack of competent assessment skills and poor grasp of comprehensive case management.

5. Case summaries

The absence of case closing or summary reports was also evidence of inadequate or incomplete documentation. This was true of many hospital case files reviewed. This deficiency made it difficult, often times impossible, to determine if a child simply disappeared, stopped, or was prevented from, receiving services, and/or recovered to such an extent that services were no longer deemed necessary.

As earlier noted, a significant proportion of children were victims of multiple abuse episodes and therefore likely to require multiple assistance, perhaps in different locations. The failure to prepare a case closing or summary report often meant important information was missed, some of the questions had to be repeated, and the possibility of learning from the victim's past history was seriously undermined. In this regard, training and development of templates for key case documentation components might prove to be effective.

C. Pornography and trafficking

The campaign against pornography undertaken by various NGOs and supported by the Government is commendable. These efforts, however, have focused on pornography in print. Further steps need to be undertaken in terms of educating

individuals, families and communities regarding child pornography and trafficking. Impoverished families in remote places are especially vulnerable to victimization. Thus, collaborative efforts with local government units to extend education on these issues must be established and sustained. A Task Force on Pornography in Print Media has been proposed to curb the problem on pornography. The inclusion of Personal Safety as a course in the elementary school curriculum is worth revisiting. This classroom subject makes children aware of and recognize potentially dangerous circumstances and people, thus enabling children to avoid threatening situations. Although monitoring of pornographic materials has been made more difficult by globalization and advent of the Internet, this should not discourage efforts to document such cases.

D. Institutional programmes and services

The importance of the issue of child abuse is far-reaching and multidimensional. Service providers need to look more closely and empathetically at the child-victims. Victims are more than reports, statistics, cases, caseloads, service beneficiaries or charts. They are children who have suffered unfortunate experiences and are in need of special protection. They will grow to become spouses, parents and community members. If their needs are not adequately met, abused victims may one day grow up to become abusers themselves.

The Philippines was one of the early signatories of the CRC. This was followed by national legislation in the form of Republic Act 7610. The intent of RA 7610 was to protect the rights of the children in the Philippines, to ensure their well being and prevent abuse, neglect and exploitation.

The Government has taken concrete action towards implementation of RA 7610. This has included, *inter alia*, the creation of the National Bureau of Investigation's Anti-Child Abuse, Discrimination and Exploitation Division (ACADED), the Philippine National Police Women and Children's Desk, the Department of Justice (DOJ) Task Force on Child Protection, and, more recently, Women and Children's Protection Unit of the Department of Health (DOH).

The Department of Social Welfare and Development remains the key government player in responding to the needs of sexually abused children. Among its several functions are the duties to investigate, provide protective custody, heal, treat, obtain legal counsel as necessary, and intervene at court proceedings.

The findings indicate that NGOs also play highly significant roles in dealing with sexually abused children. While some focus on protection and some on advocacy, many others provide a broad range of direct services, including, but not limited to, temporary shelter, foster care, education, vocational training, counselling, health services and job - placement.

Cooperation between the NGO community and the government agencies has resulted in a great deal of media attention on efforts to address the issue of child sexual abuse and sexual exploitation and earned active support from the private sector.

Information about specific activities related to relevant programmes and services rendered in each of the sectors was compiled. Inconsistencies were noted regarding the types of programmes available and the services rendered. Although most social service organizations have a programme on advocacy, it was among the least rendered services in the survey.

All concerned agencies and organizations offer counselling either to the child-victim and/or to the family. Other stopgap measures were also rendered – temporary

shelter, foster care, protective custody and psychological evaluation. Although these are necessary processes which a child must undergo prior to recovery, the data shows that there was no concrete rehabilitative service available.

Some government, non-governmental and professional organizations also conduct training. Many of the training sessions and seminars conducted by non-governmental organizations attempt to improve a service provider's framework for understanding the child. Examples include lectures on family dynamics, Filipino psychology and philosophy of children and child sexual development. Lectures conducted by the DOJ, the CPU and the PPS focus mainly on improving the professional skills of the service providers. These include detection of child abuse, interviewing techniques and compliance with medico-legal and legal procedures concurrent with the abuse incident.

There were two training courses on Personal Safety being conducted by the CPTCSA. These were aimed at teaching children to avoid situations that could expose them to potentially abusive people and events.

The magnitude of the problem of pornography and trafficking provides a picture of the current political milieu of child sexual abuse. Rather than identifying and enumerating programmes and services currently available, it is more significant to determine if the available services meet the needs of the abused child. Efforts must thus be directed toward evaluating the effectiveness of the services rendered, taking into consideration indicators that could gauge the extent to which a programme or a service was able to meet the needs of the child.

E. Training needs

Although there have been a series of seminars on child rights and related laws, there is a further need for similar training on the topic. Service providers appear to be interested in child development, gender sensitivity and dynamics of child abuse. Thus, training should be enhanced or expanded to ensure the compliance of relevant service providers to the Convention on the Rights of the Child and to RA 7610, as well as to provide a framework of a common understanding of the issues in child abuse. A common conceptual framework also renders an opportunity to reach agreement on universal definitions relating to child abuse.

The survey indicates training needs in several areas, especially as regards intervention skills. From the data, there appeared to be considerable interest in improving competence in assessment and in case management. Interestingly, interview techniques, including forensic interviews, was a common perceived need for all sectors. The service provider's overriding concern with his or her performance than with the actual needs of the child suggests that current intervention techniques are preponderantly focused on assessment. Proper assessment is a priority issue in training, but the emphasis should be on the child's needs rather than on the theoretical aspects of the intervention technique. While it is true that one needs a good grasp of theory in order to devise proper intervention, it appears that the concern for theory outweighs concern for immediate practical needs of the child.

The law enforcement and legal sectors perceived a need for training in the assessment of the child-victim, particularly in the conduct of interviews. This need was notably in the interest of their specific investigative functions. However, the potential danger of subjecting the child to secondary victimization by forcing him or her to undergo an interview, the purpose of which is to gather evidence against the

perpetrator, should be heeded. When different people carry out the interview, the context of the interview will tend to vary depending on the purpose. It is here that the role clarification of the different agencies or individuals becomes important. The lead agency must be identified and the role of the other agencies should be clarified. This issue will prove to be a vital aspect when considering training. In addition to the several types of training which service providers perceived as needed, others relating to case reporting and documentation, as previously described, are also required.

Furthermore, the assessment of training needs does not end with identifying areas of training needs. Just as identifying the lead agency is important, key individuals to be trained should also be discerned. Other questions need to be asked: for example, who are the target beneficiaries in the health, social service, law enforcement and legal sectors? As most of the respondents in the study were direct service providers, the training needs assessed might not necessarily reflect that of supervisors or managers. Thus a training manual needs to be carefully researched and designed to meet the needs of social service personnel at various levels of service provision or management.

Chapter **VI**
SUMMARY AND CONCLUSIONS

Data from selected Police Regional Offices of the Philippine National Police (PNP) and Department of Social Welfare and Development (DSWD) showed that the majority of child abuse cases were sexual in nature. For the PNP, 65 per cent of crimes against children were sex-related while the DSWD classified 67 per cent of the child abuse cases under sexual abuse and sexual exploitation.

Rape was consistently the highest reported form of sexual abuse to PNP, DSWD and Department of Justice (DOJ). Rape comprised half of the reports from DSWD and DOJ and almost 75 per cent of the reports from PNP. Among the 726 records reviewed in this study, rape comprised 59 per cent of the case files. However, a careful interpretation of statistics is needed because varying terminologies have been used when referring to the same type of abuse or similar concepts.

The above statistics were based on cases reported to selected institutions, and therefore do not necessarily reflect the real magnitude of the problem. There is reason to believe that cases are under-reported to a large extent. Although there are available nationwide estimates of sexually abused children in the Philippines, the available sources offer little explanation as to the methodology used in determining the estimates.

In the 708 case files reviewed, the victims were mostly females with a mean age of 11, and the majority were children living with their families or surrogate families at the time of abuse. About 35 per cent were streetchildren and children who were working, have run away from home, neglected, abandoned or in conflict with the law. 39 of 507 children (7.7 per cent) under 15 years old and 53 of 201 children 26.7 per cent) between the ages of 15 and 17 were working children. Half of the working children served as domestic helpers.

Data showed that child-victims often consulted a health facility for treatment of a medical condition or for medico-legal examination. The help of the social service sector

was sought mainly for residential care. In regard to the legal and law enforcement sectors, the reasons for contact were mainly for reporting, filing of a complaint or taking legal action. Although many records reviewed were incomplete with regard to several critical but basic types of information, significant and interesting data reflecting the victims' circumstances and needs could be gleaned.

Data on abuse circumstances revealed that half of the children were abused more than once; the majority were victims to a single abuser. The average age of the abusers was approximately 31 years, and the victim often knew them. The known abuser was usually a relative, a neighbour, a friend or an acquaintance or an immediate family member. The father was involved in 9 out of 10 cases where the immediate family member was the abuser.

The study noted with serious concern the effects of the abuse, particularly that of pain, both physical and psychological. Data gathered reflected that such pain constituted the majority of the symptoms experienced by the child after the abuse. Pain, with its various manifestations, and consequences, needs to be carefully investigated by service providers as it signals the immediate needs of the child.

There have been concrete government efforts to respond to the overall problem of child abuse. The individual efforts of the institutions from different sectors cannot be overlooked. Services include, among others, advocacy, providing residential care, formal education, vocational skills training, counselling, specific therapies, rehabilitation and community reintegration. The campaign against print pornography is commendable but effort to educate people about it at the grass-roots level needs to be strengthened.

Training for service providers was also conducted by various sectors. Notably, seminars and trainings on child rights, R.A. 7610, interviewing techniques, complaint filing and networking or referral were conducted in health, social service, legal and law - enforcement sectors.

Service providers perceived that training needs include topics on child development, child rights, legal issues relating to child abuse, interviewing techniques and various specific therapies. It was apparent from data that service providers want to develop their case management skills. Providing such training with an emphasis on the needs of the child is an urgent priority. Other training needs identified were related to case reporting, documentation and evaluation of effectiveness of case management.

Chapter **VII**
ISSUES AND RECOMMENDATIONS

In this section, the issues earlier raised in the Discussion section are again highlighted and recommended actions are proposed in the outline.

A. The child

- The nature and extent of damage caused to the child by an abuse incident and of the child's reaction to the abuse is determined by the interplay of the characteristics of the child, his/her circumstances, the type and manner of abuse, the identity of the abuser and the availability of a support system. The service

provider should be able to grasp all these factors in order to better understand the child and respond effectively to his / her needs.

- There is a need to examine the way service providers elicit feelings from the child about the abuse as well as their coping behaviour. Service providers have to remember that the act of dealing with the child-victim's feelings is not a matter of routine assessment or just a matter of interviewing techniques. Dealing with the child-victim's feelings –particularly pain – requires skill, competence, and, more importantly, readiness.
- The primary concern for intervention should be to focus assessment and intervention on the needs of the child. While the value of prosecuting the perpetrator cannot be overlooked, addressing the needs of the child should be paramount at all stages.
- Receiving varying forms of intervention from different agencies makes the child vulnerable to secondary traumatization by the "helping system". In order to prevent such from happening, there is a need to consider the role of a case manager to coordinate and facilitate interventions by various facilities and agencies.
- Addressing the needs of the child is a shared commitment. The concept of shared care among the different agencies should be used as a framework for all agencies serving sexually abused children. All government and non-governmental agencies involved with sexually abused children are interdependent of one another.

B. Case reporting and documentation

- Service providers need to be more aware of the importance of case reporting. Timely, sensitive, appropriate and efficient case reporting should be encouraged and ensured.
- Comprehensive documentation for effective case monitoring is highly important. Some service providers may need to learn while others may need to be reoriented to the following aspects of case documentation: elements of a standard case file, progress notes and case summaries.
- There is a need to reflect on child characteristics (weaknesses and strengths), nature and manner of abuse, abuser profile, concomitant abuse, reason for seeking the service of the helping agency, course of treatment, psychosocial issues and future treatment plans.
- Specifically in the health sector, there is an urgent need to reorient physicians in documenting sexual abuse as a distinct medical diagnosis.
- It is recommended that national and organizational efforts be made to promote the Convention on the Rights of the Child and Republic Act 7610 as both the conceptual framework and the standards concerning the use of terminology. Aside from facilitating the collection and analysis of more precise statistical data, common terminology pertaining to sexual abuse also encourages collaborative effort both locally and internationally.

C. Trafficking and pornography

- There is a need to strengthen community education undertaken by NGOs for the prevention of child pornography and trafficking. It is probable that more information is needed on the rights of the child, particularly on child labour. This is so because many children who were later involved in pornography and trafficking were initially recruited to work in the cities. A stricter implementation of the law on child labour thus needs to be observed.
- There is a need for local government units to initiate local ordinances which will strengthen Barangay programmes for early detection and social mobilization against child abuse. These should include monitoring of brothels, bars, disco houses and confiscation of pornographic materials. Tourist belt areas should organize a comprehensive programme against child trafficking and prostitution.

D. Institutional programmes and services

- There are a variety of services available for sexually abused children. However, there is a need to evaluate the appropriateness of the services rendered based on the needs of the children.
- An evaluation tool is needed to determine the effectiveness of interventions. Somehow, lead agencies must map out indicators of programme and service effectiveness and the strategies to measure them. This will have to be accomplished at the organizational level.
- Community-based programmes and services should be developed and strengthened. While institutional care is indicated in many cases of child sexual abuse, the restrictive setting of the institution may pose some difficulty with the child's recovery and reintegration.
- Children abused in their pubertal years will need programmes which interventions are designed especially for adolescents with needs are different from that of younger children.
- Especially in cases of incest, treatment should also be family-focused and not only be centred on the child.

E. Training needs

- While the need for acquiring knowledge and improving skills in case management is well recognized, it is extremely important that the choice of specific interventions be based on the identified needs of the child-victim.
- There is a need to consider both the areas of training and the personnel to be trained. Training will be futile if there is a rapid turnover of trained personnel.
- With regard to service provision, the direct service providers, who are in constant contact with the victims, are just one part of the total helping profession. The suggested training on case reporting and documentation will likely have to be - conducted at national, sectoral, organizational and individual levels to be effective.
- Although it was not elicited from the key informants interviewed, service providers must be trained to be introspective, to study events which the children relate to, to be sensitive to the effects of their work on their daily routine and personal relationship, and to seek help when necessary.

APPENDICES

APPENDIX A

LIST OF INSTITUTIONS/ORGANIZATIONS AND INDIVIDUALS INCLUDED IN THE STUDY

I. INSTITUTIONS/ORGANIZATIONS

ANGELES CITY

1. Angeles City Police Office – Women & Children's Desk
2. City Social Welfare & Development Office – Special Concerns Unit
3. Council for the Welfare of Children – Bale-Balayan Drop-in Center
4. DSWD – Angeles City Unit
5. DSWD Field Office III
6. Jose B. Lingad Memorial Regional Hospital – Police Regional Office III
7. Pampanga Provincial Police Office – Women's Desk – CYRS
8. Reach Out Foundation

BACOLOD CITY

1. Bacolod City Police Station – Women & Children's Desk
2. Bacolod City Urban Basic Services Division – Program for Streetchildren
3. Corazon Locsin Montelibano Memorial Regional Hospital
4. Department of Social Services & Development – Women's Crisis Center
5. DSWD Field Office VI

BAGUIO CITY

1. Baguio City Police Office – Women & Children's Desk Section
2. Baguio General Hospital & Medical Center – Women & Children Protection Unit
3. Child & Family Services Philippines, Inc. (CFSPI)
4. DSWD – Crisis Intervention Unit
5. DSWD – Lingap Center
6. DSWD Field Office – CAR
7. Office of the City Social Welfare & Development – Special Concerns Unit
8. Police Regional Office CAR – Regional Police-Community Relations Division (RPCRD)
9. Reach Out Foundation

CAGAYAN DE ORO CITY

1. Cagayan de Oro City Police Station – Women & Children's Desk Unit
2. DSWD – Substitute Home Care for Women
3. DSWD – Home for Girls
4. DSWD Field Office X
5. Holy Child Jesus Orphanage
6. House of Friendship
7. Northern Mindanao Medical Center
8. Police Regional Office X – Regional Police-Community Relations Division (RPCRD)

CEBU CITY

1. Cebu City Police Office – Women's Complaints Section
2. Committee on Child Abuse – Philippine Paediatric Society
3. DSWD – Center for Women & Children
4. DSWD Field Office VII – Social Protection Unit
5. End Child Prostitution, Child Pornography, and the Trafficking of Children for Sexual Purposes (ECPAT-Philippines)
6. Fellowship for Organizing Endeavours, Inc. (FORGE, Inc.)
7. Free Legal Assistance Volunteers Association, Inc. (FREE LAVA, Inc.)
8. Protestant Lawyer's League – Children's Legal Bureau (PLLP-CLB)
9. Regional Trial Court – Branch 22
10. Stop Abuse of Minors Association (SAMA Inc.)

DAVAO CITY

1. City Social Services & Development Office (CSSDO)
2. CSSDO – Balay Dangupan
3. Davao Medical Center – Women & Children Protection Unit
4. DSWD – Group Home for Girls
5. DSWD Field Office XI
6. Kabiba Foundation Inc.
7. Police Regional Office XI – Regional Police – Community Relations Division (RPCRD)
8. Talikala, Inc.
9. Tambayan Center for Abused Streetgirls
10. Women & Children's Desk – Davao City Police Station

GENERAL SANTOS CITY

1. City Social Welfare and Development Office

2. Council for the Welfare of Children
3. DSWD – Women & Children Intervention Programs & Services (WCHIPS)
4. General Santos City Hospital
5. General Santos City Police Station – Women & Children's Desk

METRO MANILA

1. Center for the Prevention and Treatment & Treatment of Child Sexual Abuse (CPTCSA)
2. Child Protection Unit – Philippine General Hospital
3. Childhope – ASIA
4. Council for the Welfare of Children (CWC)
5. CRIBS Phils., Inc.
6. Department of Justice – Special Committee for Children
7. Department of Justice – Task Force on Child Protection
8. DSWD – Marillac Hills National Training School for Girls
9. DSWD – National Capital Region
10. End Child Prostitution, Child Pornography, and the Trafficking of Children for Sexual Purposes (ECPAT-Phils.)
11. House of Refuge Foundation, Inc.
12. International Catholic Child Bureau (ICCB – Asia)
13. Laura Vicuna Foundation, Inc.
14. National Center for Mental Health (NCMH)
15. NBI – Anti-Child Abuse, Discrimination & Exploitation Division (ACADED)
16. Philippine Alliance Against Pornography (PAAP)
17. Philippine Children's Medical Center (PCMC)
18. Philippine General Hospital – Child and Adolescent Psychiatry Section
19. Philippine Psychiatric Society (PPS)
20. Regional Trial Court Branch 18 – Manila City
21. Regional Trial Court Branch 94 – Quezon City
22. Regional Trial Court, Branch 26 – Manila City
23. Regional Trial Court, Branch 106 – Quezon City
24. Regional Trial Court, Branch 107 – Quezon City
25. Serra Center for Girls
26. SPEED the Light Center
27. Stop Trafficking of Philipinos (STOP)
28. Virlanie Foundation – Elizabeth Home
29. Western Police District – Women & Children's Desk

SAN FERNANDO CITY

1. Ilocos Training and Regional Medical Center

2. La Union Provincial Police Office – Police-Community Relations Office
3. San Fernando City Police Station
4. DSWD Field Office I
5. DSWD – Crisis Intervention Unit
6. DSWD – Substitute Home Care for Women

TACLOBAN CITY

1. DSWD Field Office VIII – Social Protection Unit
2. DSWD Lingap Center
3. DSWD Substitute Home Care for Women
4. East Visayas Regional Medical Center
5. Tacloban City Police Station – Women & Children's Concerns Desk

ZAMBOANGA CITY

1. DSWD – Lingap Center
2. DSWD Field Office IX
3. Neighbors Population and Development Services
4. Zamboanga City Memorial Medical Center – Women & Children Protection Unit
5. Zamboanga City Police Station – Women & Children's Desk

II. INDIVIDUALS

1. Dr. Michelene Buot – Metro Cebu Community Hospital
2. Pros. Jose Pedrosa – Cebu City Prosecutors' Office
3. Pros. Lorna Catris-Chua Cheng – Quezon City Prosecutors' Office
4. Dr. Carolyn Sobritchea, U.P. Center for Women's Studies
5. F. Sionil Jose

APPENDIX B

A STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

CASE ABSTRACT FORM ***Form 1***

Questionnaire Serial No:

Case Identification:

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. Name of Agency
2. Type of Agency

hospital	government organization
judiciary	non-government organization
law enforcement	others

3. Type of Patient

In-patient / Residential	Out-patient / Non-residential

II. SOCIODEMOGRAPHIC PROFILE

A. Personal Data

4. Classification (CHECK ALL THAT APPLY)

"normal" child	working child
abandoned	CSEC
neglected child	in conflict with the law
runaway	youth offender
street child	others

5. Age
6. Sex

Male	Female

7. Marital Status

Single	Married
Live-in	Separated

8. Religion

Catholic	Non-Catholic (Pls. specify)

9. Highest educational attainment
10. Current Address
11. Length of stay in current address (months)

B. Family Background

12. Family member / s	13. Staying with the victim? Y	N	14. Age	15. Educational attainment	16. Occupation	17. Remarks
Father						
Mother						

Brother / Sister
Brother / Sister
Brother / Sister
Brother / Sister

(Use back of this page if there are additional family/household members)

18. Number of siblings
19. Ordinal position in the family
20. Number of household members
21. Number of working family members

C. Work Experience

22a. Is the victim working at the time of abuse?

No (PROCEED TO Q23a)
Yes
No information (PROCEED TO Q23a)

b. If yes, what?

23a. Is the victim currently working?

No (PROCEED TO Q24a)
Yes
No information (PROCEED TO Q24a)

b. If yes, what?

III. HELP SEEKING

24a. When was help sought from this agency?

b. Accompanying adult / s to institution / agency (CHECK ALL THAT APPLY; FOR SIBLING, SPECIFY IF OLDER / YOUNGER BROTHER / SISTER; FOR RELATIVE, SPECIFY)

none (self only)
mother
father
grandmother
grandfather
sibling
relative
police
concerned citizen
teacher
others
no information

25. Reason / s for consultation / admission (CHECK ALL THAT APPLY)

a. Symptoms:

medical problems
behavioural
psychological

b. Service Provision:

medical treatment
protective custody
police reporting / blotter

others
none
legal
others

IV. HEALTH STATUS

26. Does the child have any of the following conditions before the abuse? (CHECK ALL THAT APPLY)

physical disability
medical illness
mental illness
drug / alcohol use
seizure disorder
mental retardation
none of the aforementioned conditions
no information

27. What physical conditions or indicators of sexual abuse were observed in the child? (CHECK ALL THAT APPLY)

pain, swelling or itchiness in the genital area
vaginal or penile discharge
bruises, genital or rectal bleeding
stained or bloody underclothing
difficulty in sitting or walking
recurrent urinary tract or yeast infections
sexually transmitted diseases
pregnancy
none of the aforementioned conditions
others
no information

28. What behavioural manifestations were observed in the child? (CHECK ALL THAT APPLY)

age-inappropriate sexual activity / remarks or foul language
fear of being alone
regressive or childlike behaviour
depression
sleep disturbances
weight gain / loss
difficulty in trusting others
decline in school performance
inappropriate response to males (unusual fear, seductive behavior towards males)
aggressive behaviour
becomes delinquent or runaway
experiences nightmares or bedwetting
with level of maturity uncharacteristic of age
overreacts vehemently to questions about whether he / she was touched

others
no information

29a. Any record of genital examination findings after the sexual abuse?

No (PROCEED TO Q30a)
Yes
no information (PROCEED TO Q30a)

b. If yes, when

c. Findings (CHECK ALL THAT APPLY)

i) Labia majora

normal; unremarkable
lacerations
hematoma
petechiae
edema
contusion
others

no information

ii) Labia minora

normal; unremarkable
lacerations
hematoma
petechiae
edema
contusion
others

no information

iii) Hymen

intact
ruptured
widening
lacerations
others

no information

iv) Vaginal examination

normal; unremarkable
presence of discharge
lacerations and other injuries within the vagina
bleeding
others

no information

30a. Any record of rectal examination findings after the sexual abuse?

No (PROCEED TO Q31a)
Yes
no information (PROCEED TO Q31a)

b. If yes, when

c. Findings (CHECK ALL THAT APPLY)

normal; unremarkable
widening of rectal opening
lax anal sthincter
presence of anal trauma
others
no information

31a. Any record of other pertinent physical examination after the abuse?

No
Yes

no information (PROCEED TO Q32a)

b. If yes, when

c. Findings (CHECK ALL THAT APPLY)

normal; no injury noted Soft tissue injury on:

breast
buttocks
thighs
lower abdomen
others
unspecified injury
no information

V. PSYCHOSOCIAL INTERVENTION

32a. Any psychosocial intervention done after the incident?

No (PROCEED TO Q33a)
Yes
no information (PROCEED TO Q33a)

32b. If yes, what forms of psychosocial intervention were done?
(CHECK ALL THAT APPLY)

32c. Who provided the service?
This institution | Another institution

counselling

admission to residential care program
alternative family arrangement (foster care)
creation of a social support system
provision of medical assistance
referral system
others

VI. PSYCHOLOGICAL EVALUATION

33a. Any record of psychological testing received?

No (PROCEED TO Q33c)
Yes
no information (PROCEED TO Q34a)

b. When?

c. IQ score (if available)

d. Remarks

34a. Any psychological intervention / s received?

No (PROCEED TO Q35)

Yes
no information (PROCEED TO Q35)

b. If yes, psychological intervention / s received (CHECK ALL THAT APPLY)

counselling
play / art therapy
family therapy
group therapy
supportive psychotherapy
others
medications
unspecified
no information

VII. ABUSE

A. Nature of Abuse

35. Manner of abuse (CHECK ALL THAT APPLY)

fondling
oral
anal
digital penetration
instrumentation
intercourse
others
unspecified
no information

36. Offense

physical abuse
rape
incest
act of lasciviousness
others
no information

B. Abuse History

37. Frequency

single episode
date

multiple episodes
date of first
date of last

38. Number of abusers

single multiple

39. Place

(CHECK ALL THAT APPLY)

home
neighbourhood
school
park
others

C. Abuser Profile

40. Abuser	41. Age	42. Sex	43. Occupation	44a. Known to the victim?	44b. If yes, relationship to the victim	45. History of drug / alcohol use?	46. Under the influence of drug or alcohol during the incident?
				Y N NI		Y N NI	Y N NI
1							
2							
3							
4							

D. Report of Abuse

47a. Manner of report

disclosed
discovered
no information (PROCEED TO 48a)

b. To whom first disclosed / by whom first discovered?

Mother
Father
Grandparent
Sibling
Other relatives
Neighbour
Teacher
Police
Barangay officials
Others
No information

c. When?

48a. To whom was the incident reported?

Barangay officials
Police
NBI
DSWD
Others
no information

b. When?

c. Accompanying adult / s when reported (CHECK ALL THAT APPLY; FOR SIBLING,
SPECIFY IF OLDER / YOUNGER BROTHER / SISTER; FOR RELATIVE, SPECIFY)

none (self only)
mother
father
grandmother
relative
police
concerned citizen
teacher

grandfather
sibling
others
no information

49a. Was an inquest done?

No (PROCEED TO Q50a)
Yes
Recommended
no information (PROCEED TO Q50a)

b. If yes, when?

50a. Was a case filed in court?

No (PROCEED TO Q51a)
Yes
no information (PROCEED TO Q51a)

b. If yes, when?

51a. Was any protective measures done after the incident?

No (PROCEED TO Q52)
Yes
no information (PROCEED TO Q52)

b. If yes, what protective measures? (CHECK ALL THAT APPLY)

immediate removal of child from home
transfer of residence
witness protection program
exclusion of the public during the giving of the testimony of the child
limiting of the publication of information, photographs
prevention of undue and sensationalized publicity of the case
court order preventing the accused from getting near the victim
putting up of measures to facilitate speedy trial
others

no information

52. Please indicate any peculiarity in this case you think is relevant which the questionnaire has not covered

APPENDIX C

A STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

Data Collector's Manual for the Case Abstract Form ***Form 1***

I. SAMPLING

Casefiles to be summarized include the cases of child sexual abuse cases seen in the facility from January 1 to July 30, 1998. Half (50%) of these cases will be included in the study. The definition of a "child" will depend on the agency where the casefiles are reviewed since different institutions or agencies may have different definitions of what a child is. Cases will be sampled systematically, i.e., every other child case will be included in the sample.

II. ABSTRACTING OF INFORMATION

REMINDERS:

1. Take note of the skip questions.
2. Do not leave any item blank.
3. Be careful to distinguish the following from each other:

NONE	–	the answer to the question is literally "none"
NO INFORMATION (NI)	–	data is not available from the records
NOT APPLICABLE (NA)	–	there is no answer because the question is not applicable. For example, if the answer to the question "*Any record of genital examination*"? is "*none*", the answer to succeeding items which ask when the vaginal examination was done and what the findings are will be "*not applicable*".

NO.	***QUESTION***	***REMARKS***
	Questionnaire Serial Number	To be filled by coder / encoder
	Case Identification Number	The facility's own case identifier to enable the data collector to trace the casefile in case some clarifications will be needed later.
	Date	Date when Form 1 was accomplished
1	Name of Agency	Write abbreviation of agency
2	Type of Agency	Please check appropriate item
3	Type of Patient / Client	Please check appropriate item. For law enforcement agency, all will be out-patients
4	Classification of child	Classification of child at the time of abuse. CHECK ALL THAT APPLY since it is possible for a child to belong to more than 1 category. "Normal" child – typical, ordinary child living with family e.g., a 7-year old girl in school abused on her way home.

		Abandoned – working/living on the streets entirely on their own, without a family. Neglected child – a child with a family but is not being taken care of. Eg. a 13-year old mentally retarded girl who is left alone at home; parents don't really care about her safety. Runaway – a child still with a family but left the house or ran away because of misunderstanding, fear, etc. Eg. a 10-year old boy was scolded when he failed to go home on time. Because of the scolding, he left the house. Street child – spends most of his/her working hours on the street; either children *on* or *of* the street Working child – engaged in any of the following activities; vending, cleaning and watching cars, begging, scavenging, carrying baggage, repacking, shining shoes, picking pockets, prostitution. CSEC – children in prostitution or children forced in prostitution In conflict with the law – a child with misdemeanor but has "no legal offense" Youthful offender – a child with a legal offense Others – specify
5	Age	Age of child at time of abuse. For multiple abuse, indicate age at the time of initial abuse.
6	Gender	Please check appropriate item
7	Marital Status	Please check appropriate item
8	Religion	Check appropriate box. Always specify religion if non-Catholic.
9	Highest educational attainment	Specify the exact grade or year level reached at the time of abuse. If exact grade or year level in not available, specify if elementary/high school undergraduate/graduate.
10	Address	Address at the time of abuse. Child must be residing in the said address for at least six months to consider it her address. Specify city/town and province.
11	Length of stay in above address	Specify number of years or months if less than one year.
12	Family member/s	Specify relation to the victim instead of name. Account for all immediate family members whether staying with the child or not, or if deceased. Include household members (other than immediate family) at the time of abuse if there are. Specify if no information.
13	Staying with the victim	Please check appropriate item. Specify if no information.

14	Age	Age of the corresponding family member at the time of the child's abuse. Specify if no information.
15	Educational Attainment	Specify the exact grade or year level reached. If exact grade or year level in not available, specify if elementary / high school undergraduate or graduate.
16	Occupation	Specify the occupation of family / household member at the time of abuse. Specify if no information .
17	Remarks	Record if there is any significant information about the condition of the corresponding person, for example, if mother is bedridden, if brother is alcoholic, etc.
18	Number of siblings	Should tally with Q12.
19	Ordinal position in the family	Specify specific rank.
20	Number of household members	Should tally with "Y" in Q13
21	Number of working family members	Should tally with Q16.
22a	Is the victim working at the time of abuse?	Check appropriate item. Specify if no information
b	If yes, what?	Specify work. Specify if no information.
23a	Is the victim currently working?	Check appropriate item. Specify if no information.
b	If yes, what?	Specify work. Specify if no information.
24a	When was help sought from this agency?	Date of initial contact with this agency.
b	Accompanying adult / s to institution / agency	CHECK ALL THAT APPLY. For sibling, specify if brother or sister is older or younger. For relative, specify relationship.
25a	Reason / s for consultation / admission – Symptoms	CHECK ALL THAT APPLY. Medical problems – any physical complaint that prompted consultation. Behavioral – this category includes behavioral changes like refusal to go to school, sudden outbursts of anger, aggressive behavior, delinquency, and the like. Psychological – includes disturbances in thought / speech processes like irrelevant speech; mood disturbances like crying spells, and the like.
b	Reason / s for consultation / admission – Service provision	CHECK ALL THAT APPLY
26	Does the child have any of the following conditions before the abuse?	CHECK ALL THAT APPLY

27	What physical conditions or indicators of sexual abuse were observed in the child?	CHECK ALL THAT APPLY
28	What behavioral manifestations were observed in the child that led to suspect sexual abuse?	CHECK ALL THAT APPLY
29a	Any record of genital examination after the sexual abuse?	Specify if no information
b	If yes, when	Recorded date of genital examination. For multiple examination, please specify date of initial examination. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later).
	Findings labia minora labia majora hymen vaginal exam	CHECK ALL THAT APPLY
30a	Any record of rectal examination after the sexual abuse?	Specify if no information
b	If yes, when	Recorded date of rectal examination. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later).
c	Findings	CHECK ALL THAT APPLY
31a	Any record of other pertinent physical examination after the abuse?	Specify of no information
b	If yes, when	Recorded date of physical examination. For multiple examination, please specify date of initial examination. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later).
c	Findings	(CHECK ALL THAT APPLY)
32a	Any psychosocial intervention done after the incident?	If available, include intervention done in other agencies.
b	If yes, what forms of psychosocial interventions were done?	CHECK ALL THAT APPLY
c	Who gave the intervention	Specify if this agency or another agency.
33a	Any psychological testing received?	If available, include testing done in other agencies.
b	When	Specify date.
c	IQ score	Record actual score.
d	Remarks	If no testing was done but clinical assessment of mental age is available, please specify.

34a	Any psychological intervention / s received?	If available, include intervention done in other agencies.
b	If yes, psychological intervention / s received	CHECK ALL THAT APPLY
35	Manner of abuse	CHECK ALL THAT APPLY
36	Offense	CHECK ALL THAT APPLY
37	Frequency of abuse	If date of initial abuse is not available, reference date should be date when help / service was sought from this agency.
38	Number of abusers	Check appropriate item.
39	Place of abuse	CHECK ALL THAT APPLY for multiple abuse
40	Abuser	For multiple abuse, abuser number, starting from the initial abuse.
41	Age	Age of abuser at the time of alleged crime.
42	Sex	Gender of abuser
43	Occupation	Occupation of abuser at the time of alleged crime.
44a	Known to the victim?	Check appropriate item.
b	If yes, relationship to the victim	Specify relation to child.
45	History of drug / alcohol use?	Check appropriate item.
46	Under the influence of drug or alcohol during the incident?	Check appropriate item.
47a	Manner of report	Check appropriate item.
b	To whom first disclosed / by whom if first discovered?	CHECK ALL THAT APPLY. For sibling, specify older or younger brother or sister. For relative, specify relation to child.
c	When	Recorded date of disclosure / discovery. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later)
48a	To whom was the incident first officially reported?	Check appropriate box.
b	When	Recorded date of reporting. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later)
49a	Was an inquest done?	Inquest refers to the investigation by a Prosecutor after reporting to the police.
b	When?	Recorded date of reporting. If no date is available, reference point to estimate it is date of abuse (example, 3 days later or 1 month later)
50a	Was a case filed in court?	Check appropriate box.

b	If yes, when?	Specify date. If date is not available, reference date should be date of abuse.
51a	Was any protective measure done after the incident?	Check appropriate box.
b	If yes, what protective measures?	(CHECK ALL THAT APPLY)
52	Please indicate any peculiarity in this case you think is relevant which the questionnaire has not covered.	Eg: raped at gunpoint.

APPENDIX D

STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

HEALTH SECTOR

Key Informant Interview Schedule ***Form 2A***

Questionnaire No.

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. Name of Health Agency:
2. Type of Agency:
   - Government
   - Private
   - Others

II. INFORMANT'S PROFILE

3. Name of Informant
4. Age:
5. Sex:
6. Position:
7. Years in current position:

III. CLIENTELE

8. Total bed capacity
9. Pediatric bed allocation
10. What is the age range of your pediatric cases? to

NOTE: The following figures refer to number of cases from January 1 to July 31, 1998.

	In-patient	Out-patient	Total

a. Total number of patients

b. Total pediatric patients

c. No. of child abuse cases

d. No. of child sexual abuse cases

11. Please describe briefly the nature of abuse cases seen

IV. SERVICES

12a. Is there a specific service / unit in the hospital that is designed to serve abused children?

None (PROCEED TO 12d)
Yes

b. What is this unit called?

c. How long has it been operational? (Proceed to 13a)

d. If there is none, do you think there is a need for a unit specifically designed to serve abused children?

No
Yes

e. Why / Why not?

13a. Regarding the trend of child sexual abuse cases seen in your facility for the past months / years, is the number of cases going up or going down?

b. What could be some of the reason / s for the trend?

14. What service / s is / are currently provided by your hospital to sexually abused children?			15. If referred, to which agency / ies?
	Done in the hospital	Referred to other agencies	Neither
a. Vaginal / rectal exam.			
b. Police Reporting			
c. Psychiatric Evaluation			

d. Psychological Testing
e. Counselling of Victim
f. Counselling of Family
g. Temporary Shelter
h. Others

16a. Do you have SOPs for attending to cases of child sexual abuse with regards to the following services rendered?

b. If yes, what is/are this/these SOPs?

		Yes	No	Not sure
a.	Vaginal/rectal exam.			
b.	Police Reporting			
c.	Psychiatric Evaluation			
d.	Psychological Testing			
e.	Counseling of Victim			
f.	Counseling of Family			
g.	Temporary Shelter			
h.	Others			

V. MANPOWER TRAINING AND RESOURCES

17. Has any of your staff attended any training, seminar or workshop on sexually abused children?

No (PROCEED TO Q24)
Yes

18. Who among your staff has attended a seminar or workshop on sexually abused children?
PLEASE INDICATE POSITION, NOT NAMES.

19. How many of them have attended any seminar or workshop on sexually abused children?

20. On what aspect / area of child sexual abuse were the training / s about?

21. Who conducted the training? (INDICATE NAME OF RESOURCE PERSON OR ORGANIZATION SPONSORING THE TRAINING)

22. How were the trainings conducted? (EX: LECTURES, SEMINARS, WORKSHOPS, ROLE PLAYING, VIDEO, ETC.)

23. When was the last time a staff of yours underwent a training on sexual abuse?

- <6 months ago
- 6-11 months ago
- 1-3 years ago
- >3 years ago

24a. Is / are there any training related to child sexual abuse which you or your staff would be interested in?

- No (Proceed to Q26)
- Yes

24b. What are these trainings about?

24c. How would you prefer this training to be conducted?

24d. Who will attend the training? (INDICATE POSITION OF THE STAFF, NOT NAME)

24e. What is the maximum length of time that a staff can be allowed with in order to attend such trainings?

25. What reference materials on child sexual abuse are available in your hospital?

	No	Yes
a. Textbooks on nature and dynamics of child sexual exploitation and abuse		
b. Training Modules on identification and management of child sexual abuse cases		
c. Child rights		
d. Local laws relevant to child sexual abuse		
e. Networking		
Others		

26a. Do you have available IEC materials on child sexual abuse?

No (PROCEED TO Q27a)
Yes

b. What are these IEC materials about?	c. What form? Pos-ter	Pam-phlet	Maga-zines	Audio	Video	d. Source / s Others Specify agency	This NGOs	Other GOs
a) Magnitude of sexual abuse problem								
b) What is child sexual abuse								
c) Signs of child sexual abuse								
d) What to do when a child is sexually abused								
e) Where the abused and his / her family can seek help								

f) Others

27a. Are you aware of any facility / agency that also caters to the needs of sexually abused children?

No (PROCEED TO 29a)
Yes

b. If yes, please specify the facility / agency

c. Have you referred your sexually abused patients to any of these facilities?

	Yes	No
a. Health		
b. Law enforcement		
c. Legal		
d. Social services		
e. Others		

28a. Is there someone in this hospital who can serve as a resource speaker on child sexual abuse?

No (PROCEED TO Q30a)
Yes

b. If yes, who are these resource speakers

c. Topic

29a. Is there someone in other agencies or in the community who can serve as a resource speaker on child sexual abuse?

No
Yes

b. If yes, who are these resource speakers

c. Topic

VI. PERCEPTION OF SPECIFIC NEEDS AND SERVICES

	30. As an institution, what specific problems have you encountered in your work with child sexual abuse cases with regards to .....?	31. To what do you attribute this / these problem / s?	32. What do you think need to be done to address these problems?	33. From whom do you need or expect support do you think would be	34. What form of support do you think would be	prob
a. Facilities?						
b. Resources?						
c. Staff training?						
d. Networking?						
e. Information Dissemination?						
f. Others (PLEASE SPECIFY)						

35. Among the following, what are the three areas which you, as an institution, are most / least capable of providing?	a. Most capable	b. Least capable
Counseling		
Psychosocial interventions		
Case management		
Stress management		
Advocacy and social mobilization		
Training & education		
Surveillance & rescue		
Networking		
Paralegal		
Research & documentation		
Community organizing		
Crisis management		
Medical Examination		
Others		

36. Among the following, what are the three characteristics which your staff in general possess the most / least?	a. Possess the most	b. Possess the least
Pro-child victim stance		
Child sensitivity		
Solidarity with the poor and victims in society		
Commitment		
Authentic caring for co-workers		
Openness to learn from a child		
Ability to relate with children		
Team work		
Personal maturity		
Empathy		
Spirituality		
Others		

37. Have researches regarding sexual abuse been undertaken in this hospital?

Yes
No

38. If yes, on what specific areas of sexual abuse were the researches about?

APPENDIX E

STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

SOCIAL SERVICES SECTOR

Key Informant Interview Schedule ***Form 2B***

Questionnaire No:

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. Name of Institution / Organization:
2. Type:

Government
Private

Others

II. INFORMANT'S PROFILE

3. Name of Informant

4. Age

5. Sex

6. Position

7. Years in current position

III. THE CLIENTELE

NOTE: The following figures refer to the number of cases currently residing at center-based agency or cases seen from 1 January to 31 July for community-based agency.

8. How many clients are under your care?	Male	Female	Total
a. Clients currently housed at the agency			
b. Number of sexually abused cases			
c. No. of drug users / dependents			
d. No. of OSY cases			
e. No. of Street children			
f. Others			

9. What is the age range of your clients? to

10. What is the target population of your agency?

Victims of sexual abuse
Drug users / dependents
OSY
Street children
In conflict with the law
Abandoned children
Neglected children
Runaway
Others

11a. Do you have a specific geographical coverage?

No (PROCEED TO Q12)
Yes

b. What is the geographic coverage?

National
Regional

Provincial. Specify .

Others. Specify .

IV. SERVICES

12. How are your contacts initially made? (CHECK ALL THAT APPLY)

You make the first contact
The child / children contact you first
Contact is made through another agency
Contact is made through relatives
Others

13. What is / are the reason / s for contact? (CHECK ALL THAT APPLY)

Counseling
Foster care
admission to residential care
provision of medical assistance
provision of legal assistance
provision of vocational / educational training
referral from another agency
others

14. For how long has this agency been catering to sexually abused children? years

15a. Regarding the trend of child sexual abuse cases seen in your agency for the past years, is the number of cases going up or down?

IF THE ANSWER IS "THE SAME", PROCEED TO Q16.

b. What could be the reason / s for the trend?

16. What service / s is / are currently provided by your agency to sexually abused children?	17. If referred, to which agency / ies?	
	Done in the agency	Referred to other agencies	Neither
Police reporting			
Psychiatric evaluation			
Psychological testing			
Counselling of victim			
Counselling of family			

Outreach

Residential care

Non-residential care

Foster care

Temporary shelter

Others

	18. Do you have SOPs for attending to cases of child sexual abuse with regards to the following services rendered?			19. If yes, what is / are this / these SOPs?
	Yes	No	Not sure	
a.	Vaginal / rectal examination			a.
b.	Police reporting			b.
c.	Psychiatric evaluation			c.
d.	Psychological testing			d.
e.	Counselling of victim			e.
f.	Counselling of family			f.
g.	Temporary shelter			g.
h.	Others			h.

20a. Does your organization have specific programmes for sexually abused youth?

No (PROCEED TO Q21)

Yes

b. If yes, what are these programmes? (CHECK ALL THAT APPLY)

c. What activities are involved in the programmes?

Formal education

Vocational training

Drug-abuse programme

Artistic expression

Health education

Health care

Sex education

Religious education

Psychological support

Advocacy

Foster care

Legal services

Job placement

Community reintegration

Others

V. MANPOWER AND TRAINING

21. How is the organization funded?

Self-supporting
International government sources
International non-government sources
National / local governmental sources
National non-government sources

22. Has any of your staff attended any training, seminar or workshop on sexually abused children?

No (PROCEED TO Q29)
Yes

23. Who among your staff has attended a seminar or workshop on sexually abused children? (please indicate position, not names)	24. How many of them have attended any seminar or workshop on sexually abused children?

25. On what aspect / area of child sexual abuse were the training / s about?	26. Who conducted the training? (Indicate name of resource person or organization sponsoring the training)	27. How were the trainings conducted?

28. When was the last time a staff of yours underwent a training on sexual abuse?

<6 months ago
6-11 months ago
1-3 years ago
>3 years ago

29a. Is/are there any training related to child sexual abuse which you or your staff would be interested in?

No (PROCEED TO Q30)
Yes

b. What are these trainings about?	c. How would you prefer this training to be conducted?	d. Who will attend the training? (Indicate position of the staff, not name)

e. What is the maximum length of time that a staff can be allowed to attend such trainings?

30. What reference materials on child sexual abuse are available in your agency?

	No	Yes
a. Textbooks on nature and dynamics of child sexual exploitation and abuse		
b. Training Modules on identification and management of child sexual abuse cases		
c. Child rights		
d. Local laws relevant to child sexual abuse.		
e. Networking		
f. Others		

31a. Do you have available IEC materials on child sexual abuse?

No (PROCEED TO Q32)

Yes

b. What are these IEC materials about?	c. What form? Pos-ter	Pam-phlet	Maga-zines	Audio	Video	Others (Specify)	d. Source / s This agency	Other NGOs	GOs
a) Magnitude of sexual abuse problem.									
b) What is child sexual abuse.									
c) Signs of child sexual abuse.									
d) What to do when a child is sexually abused.									
e) Where the abused and his / her family can seek help.									
f) Others									

32. Are you aware of any facility / agency that also caters to the needs of sexually abused children? (please specify the facility / agency) Yes No

33. Have you referred your sexually abused patients to any of these facilities?

a. Health
b. Law enforcement
c. Legal
d. Social services
e. Others

34a. Is there someone in this agency who can serve as a resource speaker on child sexual abuse?

No (PROCEED TO Q35a)

Yes

b. If yes, who are the resource speakers

c. Topic

35a. Is there someone in other agencies or in the community who can serve as a resource speaker on child sexual abuse?

No (PROCEED TO Q36)

Yes

b. If yes, who are the resource speakers c. Topic

VI. PERCEPTION OF SPECIFIC NEEDS AND SERVICES

	36. As an institution, what specific problems have you encountered in your work with child sexual abuse cases with regards to .....?	37. To what do you attribute this / these problem / s?	38. What do you think need to be done to address these problems?	39. From whom do you need or expect support to address these problems?	40. What form of support do you think would be prob
a. Facilities?					
b. Resources?					
c. Staff training?					
d. Networking?					
e. Information Dissemination?					
f. Individual client / family					
g. Others (Please specify)					

41. Among the following, what are the three areas which you, as an institution, are most / least capable of providing?	a. Most capable	b. Least capable
Counselling		
Psychosocial interventions		
Case management		

Stress management

Advocacy and social mobilization

Training & education

Surveillance & rescue

Networking

Paralegal

Research & documentation

Community organizing

Crisis management

Others

42. Among the following, what are the three characteristics which your staff in general possess the most/least?	a. Possess the most	b. Possess the least
Pro-child victim stance		
Child sensitivity		
Solidarity with the poor and victims in society		
Commitment		
Authentic caring for co-workers		
Openness to learn from a child		
Ability to relate with children		
Team work		
Personal maturity		
Empathy		
Spirituality		
Others		

43. Have researches regarding sexual abuse been undertaken in this agency?

Yes

No

44. If yes, on what specific areas of sexual abuse were the researches about?

APPENDIX F

STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

LEGAL SECTOR

Key Informant Interview Schedule

Form 2C

Questionnaire No:

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. RTC Branch No.
2. Place:

II. INFORMANT'S PROFILE

3. Name of Informant
4. Age
5. Sex
6. Position
7. Years in current position

III. CLIENTELE

8a. How many active cases are currently filed in this court?

b. How many of these cases are violations on sexual abuse?

c. Of these sexual abuse cases, how many are violations against children?

9a. What are the nature of the sexual abuse cases against children?

b. How many are cases are these?

a. Acts of lasciviousness

b. Attempted rape

c. Rape

d. Incest

e. Pornography

f. Trafficking

g. Prostitution

h. Others

IV. SERVICES

10a. Is there a special court or legal body in this area that is specially designated to handle child sexual abuse cases?

None (PROCEED TO Q10d)

Yes

b. What do you call this unit?

c. How long has this unit been operational?

d. If there is no special unit for sexual abuse cases, do you think there is need for one?

No

Yes

e. Why or why not?

11. Regarding the trend of child sexual abuse cases seen in your unit for the past years, is the number of cases going up or down?

12. What could be the reasons for the trend?

13a. What service/s for sexually abused children is/are currently provided by your agency or referred to other agencies?

b. If referred, to which agency/ies?

	Done in the agency	Referred to other agencies	Neither
Witness protection programme			
Financial assistance			
Psychiatric evaluation			
Psychological examination			
Medico-legal examination			
Temporary shelter			
Residential care			
Others			

14. What protective measures do you do for sexually abused children?

	Never	Rarely	Sometimes	Often	Always
a. Exclusion of the public during giving					

of the testimony of the child.

b. Limiting the publication of information, photographs.

c. Prevention of undue and sensationalized publicity of the case.

d. Court order preventing the accused from getting near the victim.

e. Speedy trial

f. Requesting for expert medical witnesses

g. Others

V. MANPOWER TRAINING AND RESOURCES

15. Has any of your staff attended any training, seminar or workshop on sexually abused children?

No (PROCEED TO Q23a)
Yes

16. Who among your staff has attended a seminar or workshop on sexually abused children? (Please indicate position, not names)	17. How many of them have attended any seminar or workshop on sexually abused children?

18. On what aspect / area of trainings child sexual abuse were the training / s about?	19. Who conducted the training? (Indicate name of resource person or organization sponsoring the training)	20. How were the conducted? (ex: Lectures, seminars, workshops, video, role playing, etc.)

21. When was the last time a staff of yours underwent a training on sexual abuse?

<6 months ago
6-11 months ago
1-3 years ago
>3 years ago

22. Is/are there need for any training related to child sexual abuse for you or your staff?

No (PROCEED TO Q23e)
Yes

23a. What are these trainings about?	23b. How would you prefer this training to be conducted?	23c. Who will attend the training? (Indicate position of the staff, not name)

23d. What is the maximum length of time that a staff can be dispensed with in order to attend such trainings?

23e. If there is no need for a training, why not?

24. What reference materials on child sexual abuse are available in your sala?

	No	Yes
a. Textbooks on nature and dynamics of child sexual exploitation and abuse		
b. Training modules on identification and management of child sexual abuse cases.		
c. Child rights.		
d. Local laws relevant to child sexual abuse.		

e. Networking.

f. Others

25a. Do you have available IEC materials on child sexual abuse?

No (PROCEED TO Q31)

Yes

b. What are these IEC materials about?	c. What form?				d. Source / s				
	Pos-ter	Pam-phlet	Maga-zines	Audio	Video	Others (Specify)	This agency	NGOs	Other GOs
a) Magnitude of sexual abuse problem									
b) What is child sexual abuse									
c) Signs of child sexual abuse.									
d) What to do when a child is sexually abused.									
e) Where the abused and his / her family can seek help.									
f) Others									

	26. Are you aware of any facility / agency that also caters to the needs of sexually abused children?of these facilities? (Please specify the facility / agency)	27. Have you referred your sexually abused patients to any	
		Yes	No
a. Health			
b. Law Enforcement			
c. Legal			
d. Social Services			
e. Others			

VI. PERCEPTION OF SPECIFIC NEEDS AND SERVICES

	28. As a court what specific problems, done	29. To what do you attribute this / these	30. What do you think need to be	31. From whom do you need or expect	32. What form of support do you have you encountered

	in your work with child support to address these sexual abuse cases with regards to .....?	problem / s?	to address these problems?	prob

a. Facilities?

b. Resources?

c. Staff training?

d. Networking?

e. Information Dissemination?

f. Individual clients?

33. Among the following, what are the three areas which you, as an institution, most / least capable of providing?	a. Most capable	b. Least capable
Counseling		
Psychosocial interventions		
Case management		
Stress management		
Advocacy and Social Mobilization		
Training & education		
Surveillance & rescue		
Networking		
Paralegal		
Research & documentation		
Community organizing		
Crisis management		
Others		

34. Among the following, what are the three characteristics which your staff in general possess the most / least?	a. Possess the most	b. Possess the least

Pro-child victim stance

Child sensitivity

Solidarity with the poor and victims in society

Commitment

Authentic caring for co-workers

Openness to learn from a child

Ability to relate with children

Team work

Personal maturity

Empathy

Spirituality

Others

35. Have researches regarding sexual abuse been undertaken in this office?

    Yes

    No

36. If yes, on what specific areas of sexual abuse were the researches about?

APPENDIX G

STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

LAW ENFORCEMENT SECTOR

Key Informant Interview Schedule ***Form 2D***

Questionnaire No.

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. Regional Command:
2. Provincial Regional Office:

II. INFORMANT'S PROFILE

3. Name of Informant
4. Age
5. Sex
6. Position
7. Years in current position

III. THE CLIENTELE

8. From 1 January to 31 July 1998, what is the total number of the following?

   a. Current case-load (prison or arrest orders) of this unit

   b. Number of complaints (regardless of nature)

   c. Number of complaints of child abuse in general

   d. Number of complaints of child sexual abuse filed in this unit

IV. SERVICES

9a. Is there a special unit on your agency that is specifically designated to handle cases related to child sexual abuse?

   No

   Yes

b. If yes, what do you call this unit?

c. How long has it been operational?

d. Regarding the trend of child sexual abuse cases seen in your unit for the past years, is the number of cases going up or down?

e. What would be the reasons for the trend?

f. If there is no special unit for sexual abuse cases, do you think there is need for one?

   No

   Yes

g. Why / Why not?

10a. What service / s is / are currently provided by your agency to sexually abused children?

b. If referred, to which agency / ies?

	Done in the agency	Referred to other agencies	Neither
Surveillance and monitoring			
Rescue operations			
Interview of the victim			
Counseling of victim			
Counseling of the family			
Medico-legal assistance			
Temporary shelter			

Others

11. Do you have SOPs for attending to cases of child sexual abuse with regards to the above services rendered?

No
Yes

12a. Do you have SOPs for attending to cases of child sexual abuse with regards to the following?

b. What are these SOPs?

	Done in the agency	Referred to other agencies	Neither
Surveillance and monitoring			
Rescue operations			
Interview of the victim			
Counseling of victim			
Counseling of the family			
Medico-legal assistance			
Temporary shelter			
Others			

V. MANPOWER TRAINING AND RESOURCES

13. Has any of your staff attended any training, seminar or workshop on sexually abused children?

No (PROCEED TO Q20a)
Yes

14. Who among your staff attended any training, seminar or workshop on sexually abused children? (Please indicate position, not names)	15. How many of them have attended any seminar or workshop on sexually abused children?

16. On what aspect / area of child sexual abuse were the training / s about?	17. Who conducted the training? (Indicate name of resource person or organization sponsoring the training)	18. How were the trainings conducted?

19. When was the last time a staff of yours underwent a training on sexual abuse?

<6 months ago

6-11 months ago

1-3 years ago

>3 years ago

20a. Is / are there need for any training related to child sexual abuse for you or your staff?

No (PROCEED TO Q21)

Yes

20b. Which trainings topics are most relevant to your work?	20c. How would you prefer this training to be conducted?	20d. Who will attend the training? (Indicate position of the staff, not name)

20e. What is the maximum length of time that a staff can be allowed to attend such trainings? (PROCEED TO Q22)

21. If there is no need for a training, why not?

22. What reference materials on child sexual abuse are available in your office?

	No	Yes
a. Textbooks on nature and dynamics of child sexual exploitation and abuse.		

b. Training modules on identification and management of child sexual abuse cases.
c. Child rights.
d. Local laws relevant to child sexual abuse.
e. Networking
f. Others

23a. Do you have available IEC materials on child sexual abuse?

No (PROCEED TO Q24)
Yes

b. What are these IEC materials about?	c. What form?				d. Source / s		
	Pos-ter	Pam-phlet	Maga-zines	Audio	Video	Others (Specify)	This agency	NGOs	Other GOs
a) Magnitude of sexual abuse problem									
b) What is child sexual abuse									
c) Signs of child sexual abuse.									
d) What to do when a child is sexually abused.									
e) Where the abused and his / her family can seek help									
f) Others									

24. Are you aware of any facility / agency that also caters to the needs of sexually abused children?of	25. Have you referred your sexually abused patients to any these facilities?	
(please specify the facility / agency)	Yes	No
a. Health		
b. Law enforcement		
c. Legal		
d. Social services		
e. Others		

26. Is there someone in your agency whom you can invite as a resource person regarding sexual abuse?

No

Yes

27. Who are this / these resource persons, and what is / are his / their expertise?

28. Are there people from other agencies in your city who could

No (PROCEED TO Q24)

Yes

29. Who are this / these and what is / are his / their expertise?

VI. PERCEPTION OF SPECIFIC NEEDS AND SERVICES

	30. As a law enforcement agency, what specific problems have you encountered in your work with child sexual abuse cases with regards to .....?	31. To what do you attribute this / these problem / s?	32. What do you think need to be done to address these problems?	33. From whom do you need or expect support to address these problems?	34. What form of support do you think would be most helpful?
a. Facilities?					
b. Resources?					
c. Staff training?					
d. Networking?					
e. Information Dissemination?					
f. Individual client / family					
g. Others					

(Please specify)

35. Among the following, what are the three areas which you, as an institution, are most/least capable of providing?	a. Most capable	b. Least capable
Counselling		
Psychosocial interventions		
Case management		
Stress management		
Advocacy and social mobilization		
Training & education		
Surveillance & rescue		
Networking		
Paralegal		
Research & documentation		
Community organizing		
Crisis management		
Others		

36. Among the following, what are the three characteristics which your staff in general possess the most/least?	a. Possess the most	b. Possess the least
Pro-child victim stance		
Child sensitivity		
Solidarity with the poor and victims in society		
Commitment		
Authentic caring for co-workers		
Openness to learn from a child		
Ability to relate with children		
Team work		
Personal maturity		
Empathy		
Spirituality		
Others		

37. Have researches regarding sexual abuse been undertaken in this agency?

Yes
No

38. If yes, on what specific areas of sexual abuse were the researches about?

APPENDIX H

QUESTIONNAIRE FOR TRAINING/ACADEMIC INSTITUTIONS

1. When was the last time your organization conducted a training?

2. Who among your staff conducts trainings on sexually abused children? (Indicate position, not names)	3. How many of them conduct trainings?

4. On what aspect / area of child sexual abuse were the training / s about?	5. For whom were the trainings conducted? (indicate position and name of organization)	6. How many attended the training?	7. How were the trainings conducted?

APPENDIX I

STUDY ON SEXUALLY ABUSED AND SEXUALLY EXPLOITED YOUTH IN THE PHILIPPINES

ACADEMIC/TRAINING INSTITUTIONS

Key Informant Interview Schedule ***Form 2E***

Questionnaire No.

Date:

I. IDENTIFICATION OF INSTITUTION/AGENCY

1. Name of Department / College / University:
2. Type of Agency:

   Government
   Private
   Others

3. When was your Department / College / University founded?

II. INFORMANT'S PROFILE

4. Name of Informant
5. Age
6. Sex
7. Position
8. Years in current position

III. CURRICULUM INTEGRATION

9. Is sexual abuse (particularly child sexual abuse) incorporated in any of the subjects you offer?

   Yes
   No

10a. Do you think that sexual abuse needs to be integrated into the curriculum?

   Yes
   No

b. Why / Why not?

IF THE ANSWER TO Q11a is yes, rephrase the same questions to elicit future plans.

11. In what subjects / s many course / s sexual abuse integrated for sexual abuse?	12. Are there commercially related services particularly	13. In what year level / s is this offered?	14. How hours / units (per sem.) is spent on this?

GUIDE QUESTIONS FOR PORNOGRAPHY

1. Definition of pornography.
2. Examples of violations against the law. (Actual encounters, circumstances surrounding these encounters).
3. How children got involved in pornography.
4. Perception of trends.

5. Knowledge of current organizations / measures that organizations are taking against it.

6. Perception of effectiveness of these measures.

7. Perception of needs to reduce pornography.

GUIDE QUESTIONS FOR TRAFFICKING

1. Definition of prostitution and trafficking.

2. Examples of violations against the law. (Actual encounters, circumstances surrounding these encounters).

3. How children usually get involved in trafficking.

4. Perception of trends.

5. Knowledge of current organizations / measures that organizations are taking against it.

6. Perception of effectiveness of these measures.

7. Perception of needs to reduce prostitution and trafficking.

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