

## **Improving the Referral System for Child Abuse Cases in the Philippines**

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THE WELFARE OF CHILDREN HAS BEEN GIVEN MORE needed attention with the Declaration of the Rights of the Child in 1959. Children's welfare even gained more prominence when the United Nations General Assembly adopted the United Nations Convention on the Rights of the Child (UNCRC) in 1989, which the Philippine government signed in August 1991.

In the Philippines, children occupy a special place in society because Filipino families are fundamentally child-centered (Landa-Jocano 1995). This commitment to children's welfare has never been more evident than when the Philippine government signed the UNCRC. However, the UNCRC nor the general attitudes of Filipinos towards children are not enough to guarantee the protection of Filipino children from abuse.

Some common forms of abuse that Filipino children experience include sexual abuse, lascivious conduct, maltreatment or physical abuse, sexual exploitation, neglect or abandonment, mental or emotional abuse, and verbal abuse (Protacio-Marcelino *et al* 2000). These abuses may occur within the context of the family, the neighborhood, or the streets.

Children may also encounter abuse in various circumstances such as when they come in conflict with the law. They may encounter abuse on the streets, in war, and disasters. They may be ensnared in exploitative work situations such as prostitution or child labor. They may also have been abducted or trafficked. Abused children may come as young mothers or they may have disabilities or may have HIV/AIDS. They may also be the children of HIV/AIDS-infected parents or may belong to indigenous communities or ethnic minorities whose rights are denied by the community at large.

Sexual abuse is the most pervasive in the Philippines. The Department of Social Welfare and Development (DSWD) reports that from January to December 2000, some 4,472 cases of sexual abuse have been reported. This accounts for 57 percent of the 7,864 reported cases of abuse. On the other hand, some 1,311 children or 17 percent were reported to have been physically abused. On the other hand, 2,081 or 26 percent were classified as neglected children.

The Philippine National Police (PNP) figures offer similar findings. According to the PNP, of the 1,460 cases of child abuse, 738 were of rape, 457 were physical abuse, and 256 were acts of lasciviousness (UPCM PGH CPU 2000).

However, as a word of caution, these figures may not accurately represent the situation in communities because other forms of abuse may go unreported. Recent researches reveal that

physical abuse may be underreported because only extreme forms of abuse are thought to necessitate intervention from authorities (Yacat & Ong 2000). Furthermore, many Filipino parents fail to recognize the line that divides discipline from abuse. What they think is disciplinary action can easily become abusive.

Various government and non-government groups answer the needs of abused children. At the onset, these groups worked independently of each other; however, they found out that certain cases need the attention and expertise of other groups because of the impossibility of providing comprehensive services to abused children. For these reasons, these groups have come up with a referral system that allows them to forward cases they cannot handle to appropriate agencies that extend help to abused children. The referral system works for both government (local and national) and non-government organizations. The system usually involves a mechanism for reporting and documenting the cases of abuse and also includes a way of addressing the needs of these children.

However, the process of reporting and filing a case is very complex. It often leaves the survivors and their kin wondering if they will ever get the justice they deserve because there are still numerous kinks to the referral system. Case studies document that the children often suffer even from the start of the investigation because authorities responsible for them are not sensitive and systematic in their approach (Childhope 1995; CPTCSA 1998; SCF-UK no date). Often, interviews end up becoming a series of cross-examination and victim-blaming sessions. Children are made to recount the traumatic experience several times to strangers who usually comprise the network of people that make up the referral system, thus forcing these children relive their traumas over and over again. And more often than not, when interviews are conducted, privacy and confidentiality are not ensured (Protacio-Marcelino *et al* 2000).

Fortunately, some agencies have taken steps to lessen the unintended stress and trauma abused children may experience under the hands of GOs and NGOs handling their cases. These agencies have taken steps to improve their referral system. Because of this, it is important to document their system of referring cases to identify their strengths and the problems and gaps in their system and their network. These are necessary steps in order to plan, implement, monitor appropriate intervention strategies, and improve procedures and policy-making at the various levels within the network with a child-friendly and child-sensitive program of handling child abuse cases as their end goal.

This paper looks into various organizations working with abused children. These organizations were interviewed and were invited to round table discussions (RTD) to better understand how these organizations and/or agencies refer cases of child abuse to one another. Included in the interviews are the Child Protection Unit (CPU) of the Philippine General Hospital (PGH), Center for the Prevention and Treatment of Child Sexual Abuse (CPTSCA), Lundayan, and Bidlisiw. The round table discussion with the Philippine National Police (PNP) in Camp Crame and the Psychosocial and Legal Assistance for Sexually Abused Children (PLASAC) Network helped in providing additional data.

## **Models of Referral Networks**

From the interviews, four models of referral systems used by various organizations in responding to child abuse were identified: the center-based model, the community-based model, the one-stop model, and the consortium model.

The center-based model usually offers direct services to abused children as part of their programs like counseling and healthcare. The CPU and CPTCSA are examples of this model.

The community-based model offers programs related to advocacy on children's rights, community organizing, and livelihood programs. Lunduyan and Bidlisiw are examples of the community-based model. Most often, community-based organizations come in contact with children indirectly in the sense that they do not provide outright intervention to the abusive situations children may find themselves in.

The one-stop model, as the name might suggest, houses in one place all professionals needed to care for abused children. The PNP's Children and Women's desk is an example of this.

The consortium model involves several agencies working for the cause of abused children. This model aims to address the gaps in the services of center-based models by providing a multidisciplinary approach in the care of abused children. An example of this organization is PLASAC or the, which is composed of 16 different organizations that provide different types of services to abused children.

What follows is an in-depth look into the different models and the different agencies that subscribe to these models.

### **The Center-based Model**

#### **Philippine General Hospital Child Protection Unit**

The Child Protection Unit (CPU) of the PGH is a "child-friendly unit" that uses a "multidisciplinary approach and networking in providing comprehensive medical and psychosocial services to abused children and their families to prevent further abuse and initiate the process of healing" (UPCM PGH CPU 2000).

The CPU offers training courses for medical and other key professionals handling cases of child abuse. The courses aim to improve professional standards and to promote child-friendly

methodologies. Aside from this, the CPU is also involved in research and advocacy, which is geared towards the improvement of child protection and prevention of child abuse.

According to the CPU 2000 Annual Report, referrals to the CPU come from the PGH (24%); Local Government Units (LGUs) and Social Welfare Offices (12%); NGOs and shelters (18%); other GOs such as DSWD, NBI, DILG, and *barangays* (5%); and the PNP (19%). A sizeable percentage of their clients are walk-in patients who come directly to the CPU. These clients are recorded under the category “others.” It must be noted that most of the patients come to the CPU primarily for medical intervention.

<b>REFERRAL SOURCE (AS % OF TOTAL)</b>				
<b>Referral Source</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
PGH	44%	37%	30%	24%
LGU, Social Welfare Offices	14%	18%	17%	12%
Other Government Offices/Units	15%	7%	7%	5%
Police	7%	16%	20%	19%
NGO/Shelters	10%	11%	12%	18%
Others	10%	11%	14%	22%

Source: CPU Annual Report (2000). UP-PGH CPU and the Advisory Board Foundation: Manila

Although the Philippine National Police (PNP) has its own experts and facilities to document cases of abuse, they still refer cases that need medical intervention to the CPU.

One will notice that referrals from the *barangay*,<sup>1</sup> especially in 2000, are one of the lowest among their sources of referral. The clients of the CPU share that they consider the *barangay* their last resort when they decide to bring the case of their child to authorities. This is to maintain their privacy. Almost always, involving the *barangay* would be tantamount to announcing their case to the whole neighborhood because of some unprofessional practices of *barangay* officials.

#### ***Duties of the CPU***

The CPU primarily provides direct medical care services, which includes full medical evaluation and documentation, treatment, tertiary referrals for cases they are not equipped to handle, case management, examination of sexually abused patients with a *colposcope*, and the conduct of forensic interviews.

The CPU stresses the importance of a “multidisciplinary evaluation/intervention” of each case such that physicians and nurses conduct case intake and medical evaluation where evidence is carefully documented and preserved; physicians and social workers conduct forensic interview and risk assessment and determination for the whole family; social workers conduct home visits;

and psychiatric care by physicians is provided if necessary. All these experts coordinate through regular consultations and case conferences where any other non-government organizations (NGO) and government organizations (GO) partners are invited.

Social workers play an important role in addressing the psychosocial needs of abused children and their families especially when the child/family decides to take legal action. The CPU provides legal support and this involves accompanying the child to court hearings and appearances, assisting the patient in filing a case, and mobilizing support for the patient.

To offer a more holistic service, the CPU now provides educational assistance and livelihood projects to deserving clients. The CPU gives out PhP1,000.00 to PhP3, 000.00 loans for income generating projects. The CPU coordinates with the *barangay* which encourages the families to pay their monthly dues on time.

#### ***Working Together with Different Agencies***

Since cases of abuse are often characterized by multi-faceted problems, an organization or agency may not be fully equipped to address each problem. Thus, the CPU maintains a network with shelters, various NGOs, community volunteers, and government agencies. Their network allows them to refer patients to other organizations that are more equipped to handle certain cases and to admit new clients whose cases cannot be handled by their network organization.

For instance, the CPU coordinates with the PNP and the Department of Health (DOH) for interdisciplinary evaluation and collaborative planning. This is especially important in cases where the child and his or her family decide to file a case in court. CPU is currently working with the PNP and the National Bureau of Investigation (NBI) to come up with a common medico legal form to replace the repetitive medico legal examinations that may potentially traumatize abused children further.

The CPU also coordinates with NGOs, shelters, and the DSWD to help children who need temporary shelter. However, the CPU prefers to coordinate with the NGOs over the DSWD since DSWD centers or shelters are almost always filled to capacity. However, the CPU still maintains its ties with the DSWD particularly in cases that involve protective custody matters. The DSWD allows them deputy powers to transport a child from the CPU to the shelter. Some NGOs work with the CPU on educational assistance and income generating projects.

Once the CPU refers a case to other NGOs/shelters or GOs (or vice versa), the organization automatically becomes their partner on the case. The CPU social worker actively coordinates with the person from the NGOs/GOs who is handling the child's case.

### ***Improving the Referral System***

The CPU is unique in that it tries to improve its referral system to make it more child-friendly and to lessen the probability of further trauma on the child's part.

CPU has forged networks with the PNP and the DOH to train these two agencies' personnel in child friendly procedures in medico legal interventions. Their partnerships with these agencies are formalized by a Memorandum of Agreement (MOA). Both the PNP and the DOH are working together with the CPU for a nationwide Women and Children's Protection Unit system with standardized protocols for evaluation and terminology.

CPU has also been instrumental in the acceptance of video testimonies in court procedures. They have also closely worked with the Philippine Judicial Academy in training judges and lawyers on child friendly procedures. CPU has given training and seminars on understanding child development, the proper way to interview children, and the proper interpretation of medico legal findings and interviews.

### **Center for the Prevention and Treatment of Child Sexual Abuse**

The Center for the Prevention and Treatment for Child Sexual Abuse (CPTCSA) started in 1995 to fill in the existing gaps in the service of sexually abused children.

The organization engages in a wide range of programs to answer its objectives. CPTCSA helps the public become more aware of the sexual abuse of children. They mostly do this through advocacy and the distribution of educational materials. Part of their advocacy involves chalking up prevention curricula for schools, social service agencies, and communities to teach parents and children about child abuse; coming up with prevention agenda for the community; giving therapy to individuals, groups, families, and youth sexual offenders; and assessing clients. Apart from these, it is also involved in research and training. It also has a resource center and referral service. They also open access for victims in reporting abuse by strengthening the existing system; equip parents and professionals with strategies to protect children; train child care workers, parents, and significant others to prevent further abuse; and strengthen referral service for legal assistance when needed.

CPTCSA services are mostly center-based and the bulk of cases referred to their organization are from the DSWD and NGOs they have formed a network with. In most instances, they process cases of victims or survivors of abuse and offenders who need individual or group counseling. They also provide community advocacy and prevention services on child abuse through links with NGOs that have 'adopted communities.'

### ***CPTCSA and Its Network***

CPTCSA coordinates with government and non-government groups involved in child protection. CPTCSA recognizes that various organizations can offer services and are equipped to handle cases they may not be equipped to handle.

Cases they handle may either be fully managed by them or co-managed with their network. For instance, they directly manage cases that are referred to them. On the other hand, cases referred to them by partner organizations only require that they provide counseling.

CPTCSA works with the Child Justice League (CJL) and the CPU to provide holistic care to abused children and their families. The CJL helps abused children with legal matters by filing affidavit and counter affidavits, preparing for arraignment and pre-trial, and by accompanying the child to the trial itself. It also works with several NGOs that provide temporary shelter to children. CPTCSA maintains close contact with non-government or church-based shelters such as CRIBS and House of Refugees. They prefer NGOs over the DSWD for the same reason CPU prefers NGOs: DSWD shelters are often full and cannot accommodate to take in additional children.

CPTCSA also handles cases that are referred to directly by communities or *barangays*. After the *barangay* refers cases to them, CPTCSA handles the case from assessment until the case is solved and the *barangay's* only plays a limited role during the process of intervention and rehabilitation. Often, the *barangay* is no longer informed of the progress of the case to maintain the case's confidentiality.

### ***Improving the Referral System***

CPTCSA recognizes the kinks that exist in the referral system of child abuse. To address these, it has instituted several measures within their organization to minimize their effects.

First is through close networking and exchange of services or what is known in the vernacular as *tulungan*. Verbal and unspoken agreements (*pakiusap*) exist between and among parties within their network of organizations. Often, cases referred within their network are given priority. This facilitates the speedy provision of needs of child victims or survivors and their families.

They have also set up measures to minimize the bureaucratic red tape involved in managing cases. Reduced red tape means reduced suffering on the part of the victim-survivor and the caseworker. When cases are referred to government offices and other agencies, documents such as birth certificates, case studies and others attachments have to be submitted before a case can be processed. In reality, many documents "required" by these agencies will not be used. Preparing voluminous documents is a daunting task that often discourages the patients or their families to pursue their case. The CPTCSA believes that unnecessary documents are part of outdated policies and procedures that have to be looked into.

CPTCSA, always gives first priority to the physical and mental well-being of the abused child. Unlike government agencies, CPTCSA accepts whatever documents their clients have with them. These documents are accepted and deemed sufficient for the time being and services are immediately given while their papers are being processed.

## **The Community-Based Model**

### **Lunduyan**

Lunduyan's thrust can be summed up as "working with children—for children and by children." It works with children in the fields of early childhood care and development, basic education, youth health and development, reproductive health including dissemination of information on STD and HIV/AIDS, substance use and abuse, child sexual abuse and exploitation, and child labor and other children's rights issues.

Lunduyan organizes children and communities by organizing child rights groups and support groups. It builds the capacities of children and young people and caregivers in promotion, advocacy, and protection of children's rights.

They use creative methodologies in organizing and delivering their services such as theater arts and games, which they consider as "teaching tools that can provide a free and liberating venue and opportunity for self-expression, realization, and actualization."

### ***Organizing the Youth and the BCPCs***

Lunduyan adopted four *barangays* in Cubao, Quezon City to advocate for children's rights. They assist these communities in setting up the BCPC<sup>2</sup>s.

To help communities form BCPCs, Lunduyan:

- Organizes youth groups and forms a pool of youth advocates through a series of discussions, symposia, fora, and street plays. The children's ages range from 13 to 22. Some are enrolled in schools while those who are not are engaged in various odd jobs.
- Encourages youth advocates to coordinate their efforts and activities with the *barangay* council to help spark the *barangay* council's interest in issues concerning children. For some *barangays*, this paves the way to the formation of BCPCs. Other *barangays* integrate programs for children in the *barangay*'s existing structures and programs.

Lunduyan also assists communities in analyzing the situation through Rapid Community Assessment. The information helps raise the communities' awareness on the plight of children in their respective *barangays* as well as in encouraging responsive actions.

When people see how the organization helps transform and improve the situation of children, they become more supportive of the organization. An important lesson that Lunduyan imparts to the community is: “Children’s self-worth are strengthened when caregivers believe in children’s capacity to help themselves.”

Youth advocates who joined the focus group discussion for this paper shared three valuable lessons in working with people in the community and doing advocacy work for other children. First is that failures should be seen as opportunities for personal growth and development, second, it is important to get along with others, and third is to work together for a common goal.

### ***Services of Lunduyan***

Although, Lunduyan’s work focuses in organizing children in communities, they also provide counseling to abused children and youth offenders. Counseling empowers children by engaging them in discussion to help them understand and process their experience. They also provide support to parents such as one-on-one or group counseling sessions or seminar/workshops. They also initiate changes in the lives of the perpetrators of child abuse through counseling. Lunduyan follows the protocol suggested by DSWD in handling child abuse cases.

Lunduyan’s network of organizations complements their services to children. Referrals are given to appropriate agencies while these agencies answer children’s health/medical, legal, nutrition, shelter, education, and livelihood needs.

Lunduyan has learned the importance of close coordination with the network of groups, agencies, and individuals. However, they also found out that working on children’s issues takes a lot of effort and involves a very long process. But in the long run, they know their efforts will yield productive results.

To further strengthen their advocacy efforts, last year, Lunduyan forged ties with NGOs that provide similar services to communities such as Bahay Tuluyan and ECPAT. They also elevated their advocacy to the city level by proposing the creation of the Quezon City Network for the Protection of Children. This proposal is still under deliberation with the Quezon City Council.

### **Bidlisiw, Inc.**

Bidlisiw, Inc. is an organization in Cebu City that works for the holistic development of disadvantaged Filipino families by raising the quality of the life of identified families in urban poor areas. Its program includes:

- *Early Childhood Care for Development*—a program that targets children aged five months to five years to prevent developmental delays.

- *PAEC program with community based children*—a program that addresses the needs of physically and sexually abused and neglected children. They also target children who are forced into labor. The PAEC program covers five *barangays* in Metro Cebu.
- *Loans for income generating projects for families*—a program that provides training for particular projects such as project management, budgeting, and marketing.
- *Vocational training courses and job placements*—are programs that provide orientation seminars to the youth before enlisting in vocational courses. The staff also helps young people find jobs.

### ***Working with Children and People in the Communities***

Believing in the capacities of children, Bidlisiw organizes working children<sup>3</sup> and trains them to be peer counselors (PC) in several communities. After harnessing their capacities, they become partners of the organization in protecting children in their communities, organizing others, providing basic counseling for the everyday problems that other working children face, and engaging in advocacy for their rights.

The PCs are involved in planning, implementing, and evaluating all the activities of the organization. PAEC personnel are always there to supervise and help the children.

Bidlisiw asserts that the holistic development of children involves the participation of not only the family but also the community. Thus, the staff also works with *barangay* officials and people's organizations in the communities to promote and protect the rights of children.

In Barangay Dulho and Suba in Cebu, the activities of Bidlisiw are included in the official planning of the *barangay*. The people's organization Bantay Banay (Family Watch) shares and coordinates their activities for the youth with Bidlisiw. The staff is also working with local social services and would occasionally lecture on the UNCRC to parents of children who attend their day care centers throughout Cebu.

### ***Bidlisiw's Referral System***

Since PCs spend most of their time in the streets talking to other children and informing them on their rights, the PCs inevitably stumble into cases of child abuse. PCs usually earn the trust of other children in the community since their work involves sharing their experiences to children in the streets. With this, the street children sometimes share their experiences of abuse to the PCs. The PCs either provide basic counseling or report the abuse to the Bidlisiw staff depending on the severity of the case. Sometimes, the PC accompanies the child to agencies that can help them such as the health center or the *barangay*. The Bidlisiw staff takes appropriate action and works with other agencies as needed.

The staff may work with the *barangay* to confirm the information gathered, to prevent further abuse, or to rescue the child. They also refer cases to the Cebu Task Force for Street Children, the PAEC network, and other NGOs and GOs involved in helping children.

When they refer cases to different agencies, they provide a referral form that includes the background of the case. Close networking and good relationships among the NGOs make the process smooth.

### **The One Stop Model**

#### **Philippine National Police Children and Women's Desk**

The Women's Crisis and Child Protection Center in Camp Crame came to being to respond to rising crimes against children. The PNP allocated five percent of their Gender and Development (GAD) budget to this project with the support of UNICEF and the Royal Netherlands Embassy. Hailed as a *one-stop shop* by the PNP, the center houses professionals—police doctors, nurses, lawyers, and technical field officers—who handle child abuse cases. The center also houses a crime laboratory, criminal investigation detection group, and health service.

The CPU of PGH and the Advisory Board Foundation helped in training police officers who can be tapped as experts in handling cases of child abuse.

The crisis center is at its infancy stage; it only opened in the early part of 2001. The PNP admits that the referral system still needs improvement particularly in terms of they handle the cases. They report having observed children going through the trauma of abuse over and over again because of multiple interviews. Other problems they report include the non-reporting of cases and the duplication of reported cases to government offices like the PNP, DSWD, and NBI. They are thinking of a pilot project in the National Capital Region (NCR) that will identify government and non-government agencies that can network with the PNP.

### **The Consortium Model**

#### **Psychosocial and Legal Assistance for Sexually Abused Children**

The Psychosocial and Legal Assistance for Sexually Abused Children (PLASAC) was conceptualized by a group of organizations to answer the existing gaps in the system of services provided by center-based organization to sexually abused children. These organizations formed a consortium and entered into a MOA to provide integrated service to these children.

The project aims to “establish and promote a system which will provide a holistic and multi-disciplinary approach in handling cases of sexually abused children and to establish and develop an effective and cohesive network/pool of social workers, psychologists/psychiatrists, and lawyers with expertise in handling of sexually abused children and to foster positive dialogue, consultation, and cooperation among them in order to respond more effectively to the needs of sexually exploited and abused children” (PLASAC no date).

The project is mainly concerned with the capacity building of social workers, psychiatrists, psychologists, and lawyers; consortium and network building; and documentation, monitoring, and evaluation. The project started in June 2000 until July 2001. It will continue for the next two years after which, its existence will depend on its progress and availability of resources.

The consortium was initiated by The Friends of Sister Emmanuel (ASMAE), Child Justice League (CJL), Hospital Child and Adolescent Psychiatry (CAP) of the UP-PGH, the CPU of UP-PGH, Child and Adolescent Psychiatrist of the Philippines, Inc. (CAPPI), Alternative Law Research and Development Center, Inc. (ALTERLAW), Center for the Prevention and Treatment of Child Sexual Abuse (CPTCSA), and Children and Youth Foundation of the Philippines, Inc. (CYFP). Over the ensuing months, members have been added and to date some 16 members already belong to the consortium.

In June 2000, training for social workers, psychiatrists, psychologists, and lawyers was conducted. The heterogeneous grouping allowed the participants to appreciate and understand each other's role in the scheme of things.

The consortium has chalked up a single form that all members must use to avoid the repetitious gathering of information. They also hold case conferences to ensure that a multidisciplinary case assessment, planning, and intervention be given.

### **Issues and Concerns Surrounding Referral Networks**

The different models of referral systems illustrate the various responses of groups working on children's welfare. Each of the organizations experienced problems and found ways of surmounting them. Furthermore, they also thought of strategies to improve the delivery of their services. Surely, there is no one-best model for a referral system. The key is to look at each organizations' capabilities and the situation of their target client as well as the existing networks and available resources that can complement and help in providing needed services for children.

Looking into the nitty-gritty of their work necessarily involves looking into some of their concerns. Below are discussions of some issues and concerns encountered by the different organizations.

#### **Lessening the Probability of Further Trauma**

The different organizations strive to improve the referral system to lessen the possibility that the child would be subjected to unnecessary and further trauma with the investigation and processing of their case. Making the children retell their traumatic experience over and over again may cause the child to relive the fear, pain, and shame that came with the abuse. Especially in cases of

sexual abuse, the questions can be very personal and graphic. Reliving the experience may add or worsen the existing psychosocial damages brought on by the actual abuse.

Since several agencies are involved in handling the case, it appears inevitable for the child to recount the abuse to each agency that handles his or her case. Each agency has its own “intake forms.” If the child’s case were handled by three different agencies, each agency would interview the child to fulfill their own procedural requirements. Although agencies are open and willing to help out, they are first and foremost bound by their organizational procedures.

Taking legal action may be another cause of trauma to the abused child. If a child and his or her family decide to file a case in court, the child is almost sure to be traumatized again by the experience—from reporting to testifying in court and possibly to the final verdict.

The following are other concerns abused children face when they decide to bring their case to the attention of government offices.

- According to the CPU, rarely does a victim of abuse go to the *barangay* for help because most believe that informing *barangay* officials about their case is tantamount to telling the whole community about the abuse because of the some officials’ unprofessionalism. In such situations, confidentiality is not ensured. Being the focus of local gossip can be painful and the stigma attached to it adds to the psychosocial problems that the child faces.
- Although the staff of the Women and Children’s Desk of the PNP has been trained, conditions in the police stations cannot assure total privacy during interviews. Some reports say that police officers have a tendency to be harsh and judgmental when interviewing abused children.
- The CPU, PNP, and NBI conduct medico-legal examinations. Currently, the PNP and the CPU are working together to produce a common form for medico legal examinations. However, although the CPU has trained PNP expert doctors on child-friendly procedures, some “old school” doctors are not too open to these changes. More often, it is the young doctors who are accommodating and idealistic. Young doctors push for reform; unfortunately, they are often not the ones in charge.
- When the CPTSCA accepts a case referred to them, the social worker in charge conducts the interview. On the other hand, the CPU conducts the forensic interview, which is part of their case management procedures. The forensic interview seeks to find information on the abuse. It follows all legal requirement conducted by a trained physician and social worker. The PNP conducts their own interviews as part of their investigation of the case. Among the concerns is that the forensic interview maybe unnecessarily repetitive. The police interviews the child should his or her family decides to press charges and if the child was referred to an NGO, the NGO would most likely conduct their own interview.
- Children testifying in court go through grueling questioning by the lawyers of both the prosecution and the defense. There are a number of circumstances where the children give up on the case because of the negative experience. Litigation could be degrading and traumatic if children are made to recount the event in front of many people. This is

particularly true if the veracity of their account is questioned. Sometimes lawyers ask questions that confuse children. When they give wrong answers, their perpetrator is acquitted making the children go through unnecessary pressure and feelings of guilt. CPU has been involved in training judges and lawyers on the special needs and circumstances of children. Still, it will take long before all law professionals are educated on the proper handling of cases of abuse. Social workers must also be there to accompany the child throughout the proceedings, providing support whenever needed, and address any psychosocial problem that may occur during the process.

## **Coordinating with Various Agencies**

### **Working with Government**

Government agencies, by nature, are bureaucratic and bound by the rule of law. This implies that changes are not easy to make because everything has to go through deliberation and discussion. The level of political will and support involved also affects the speed by which changes occur.

CPU took around three years of constant advocacy and discussions with the judges and concerned government agencies before video testimonies of abused children were accepted in court. Perseverance seems to be the key in working for change with some government agencies but this comes with a heavy price. Children have to go through practices and processes that expose them to further trauma.

### **The NGOs, Schools, and Other Agencies**

At present, NGOs involved in helping abused children maintain a tight network. This network is mostly characterized by informal referrals agreements between the NGOs in referring cases. These informal set up may be the creative means to make the process more child-friendly but most go undocumented and are not discussed among the network of NGOs.

A compilation of children's organization in the Philippines has also been published; however, it needs to be updated and to be made more comprehensive. Moreover, agencies and organizations listed in the resource guide need to update and provide their networks to the Advisory Board Foundation which compiled the Resource Guide. Similarly, NGOs in rural areas or the provinces should come up with such a directory. A data base of agencies containing a listing or profiles of organizations working with children can be posted on the internet.

School administrators, counselors, and teachers have also expressed their lack of training and savvy in detecting child abuse and in handling these cases. They also do not know who to refer these cases to. The prevention of child abuse is also not integrated in the school curricula. Schools should be included in the information drive on the referral network and be given assistance in developing modules for the prevention of child abuse that can be integrated in the curricula.

### **Bringing NGOs and GOs to Non-Urban Areas**

Most of the pioneering work and services for cases of child abuse can be found in urban areas because most NGOs and GOs are found in urban centers. The urban bias is obvious. It is doubly difficult to report cases of child abuse in rural areas because information drives on child abuse is often solely focused on urban areas. There is little or no information on what to do or where to report child abuse in rural areas. There are rarely any NGOs, GOs, hospitals, law enforcers, and members of the judiciary who are trained and equipped to handle cases of abuse.

Finally, since the experts are in the urban centers, families of abused children have to travel to urban centers for services. In most cases, families are hampered and discouraged to pursue their children's cases by expensive fares for the trips. There is, therefore, a need to extend the services of GOs and NGOs to rural areas to address the needs of abused children there.

### **Shortcomings in Role of *Barangay* in the Referral System**

The multiple tasks of *barangay* officials make it almost impossible for them to be competent in all their tasks. This includes handling cases of child abuse. Privacy is almost impossible to keep if a case on child abuse is reported to the *barangay*. One of the reasons is that *barangay* halls and offices are not equipped with venues where a private interview could be conducted.

There is also minimal awareness on what constitutes child abuse, let alone detecting signs of abuse. Many officials are also not aware where to refer such cases. Delineating and identifying the situations and cases *barangay* officials can handle and the ones that must be reported to PNP is also confusing. The question raised was that should all cases of child abuse be referred to the PNP, the local Social Services, NGOs, or DWSD? Another question that should be answered is: are *barangays* equipped to handle even minor cases of abuse considering all their limitations?

### **Efforts to Offer Holistic Services**

The CPU and CPTCSA recognize certain limitations in terms of the services they provide. CPTCSA's focus is only on mental health while CPU focuses on medical intervention and case management. Both organizations want to give holistic care in their rehabilitation program as well as improve their current services. For this reason, CPTCSA networks with groups that provide services their organization cannot give. CPU, on the other hand, looks for other resources to address their limitations. Recently, they have also added two more components to their program – educational assistance and income generating projects.

An issue that should be explored here is whether NGOs should strive to provide for all the needs of their clients. Addressing the problems holistically is of course preferred but some believe that

this may cause the NGO to spread itself too thin over all the programs. On the other hand, NGOs could maintain their expertise in a single area and refer the clients' other needs to agencies that could provide them.

### **Enhancing Child-Friendly Consciousness**

“Child-friendly consciousness” should be inspired among all people involved in the service of abused children. This includes people from the *barangay* council, social workers, lawyers, and doctors. People who work with abused children must continually take care that their ways of helping are child-friendly.

Responsive actions for children involve using rights-based principles. When abused children are helped by agencies—children are protected and their development rights taken care of, often—their participatory rights are often neglected. Participatory rights of children can be promoted when caregivers demonstrate the willingness to listen and guide children through alternative solutions to problems.

### **Improving Referral Services**

NGOs acknowledge that referring clients or patients to other agencies is not really problematic. NGOs and GOs are often open and willing to help as far as their resources allow. The challenge is to improve the processes involved; from intake interviews, paper work, to other bureaucratic processes.

What follows are recommendations primarily based on the insights of doctors, social workers and other professionals involved in child work:

#### **Reviewing the Processes Involved**

NGOs and government agencies should take the initiative and reflect on their own process in accepting referrals. They should ask if each interview or paper work needed to avail of their services contributes to the child's trauma. Is the staff trained to be child-friendly and properly supervised? Possible scenarios (based on their own experiences) must be discussed and plans should be drawn on how to respond to these referred cases.

#### **Developing and Strengthening Partnerships Between NGOs and *Barangays***

Ideally, the *barangay* should be the entry point for a child abuse case since they are the local agency in the community. *Barangay* officials are knowledgeable of the community, its culture, and people. However, it is this personal level of knowing people that has prevented most victims of child abuse from seeking help from the *barangay* since they feel that they cannot keep the matter private if they report to a person they know. Thus, the level of professionalism should be

raised in the BCPC to ensure the proper handling of the case. In fact, all members of the *barangay* council and the *tanods* should be oriented in handling child abuses cases.

In order to do this, NGOs and People's Organizations (PO) should take an active role in developing and strengthening the partnership with the *barangay* in issues concerning children. NGOs/POs should vigorously advocate for children's rights and protection in the *barangay*. The NGOs/POs must stress the importance of their partnership and coordination in reporting and monitoring of cases, protecting children, and preventing child abuse. This is particularly important because *barangay* officials are burdened with too many tasks. With a *barangay*-NGO-PO partnership, each agencies' limitations will be overcome and more children and families will be reached.

*Barangays* found in the rural and remote areas should be the focus of the efforts in advocacy, education, and prevention of child abuse. Communities in these areas have fewer agencies to go to for help. Because of urban bias, these *barangays* may not have been included in advocacy efforts of POs and NGOs. It must be noted that BCPCs play important roles in both urban and rural areas.

The political will of *barangay* officials is still the determining factor of the effectiveness of a *barangay* in the proper handling of cases of abuse. According to the BCPC primer, the "*barangay* council shall encourage the organization of a local CPC." If the local *barangay* council does not believe in the importance of children's concerns, then there will be no BCPC in the area. The concerned agencies should advocate making the BCPCs a mandate.

### **Encouraging Children's Participation in the Referral Process**

The experience of Lunduyan and Bidlisiw showed that children can effectively help in reporting child abuse cases and referring such cases to concerned agencies. They are even more effective considering that they work and live in the communities and thus, could earn the trust of their peers. The friendly nature of their relationship makes it less daunting for the victim to report their experiences to the peer counselor. Children may also be more comfortable when the PC accompanies them to agencies that can help them.

### **Streamlining the Referral System by Maintaining a Cohesive Network**

The process involved in reporting and filing a case is very daunting physically, mentally, and emotionally. Take for example the paper work involved. When referring a case to another agency, lots of papers need to be submitted and filled.

What CPTCSA does is to, first and foremost, provide all the services needed (from referral, intake or data-gathering, diagnosis, treatment plan or programming, program implementation, and case termination). Paper work is usually regarded as the least order of priority.

There is thus a need to cut unnecessary paper work to make the system more effective. The caseworker should also be competent in assessing and managing the case efficiently and effectively. Furthermore, exchange of services within and between the networks facilitates efficient case handling.

### **Developing Child-Friendly Referral Processes Through Networking**

At present, most agencies share *informal agreements* to make the referral fast and easy. It is important to review, document, and formalize these informal agreements between agencies to make the referral process more child-friendly. The sharing of experiences and views among the agencies is also very important because this helps enrich the experience of the organizations and make their experiences non-exclusive.

Networking should also not be limited to NGOs and GOs. Furthermore, private and public schools should also be included in the networking and advocacy efforts.

As suggested earlier, an updated resource guide book or a web-based profile of organizations working with children can help expand networking among these organizations.

### **Continuing Advocacy to Improve the Service of Government Agencies**

NGOs and other agencies such as the CPU have taken the challenge of advocating change for child-friendly processes in government agencies like the PNP, the DOJ, and the DOH. There have been victories but there is still a long way to go. Again, we must stress the need for perseverance (on the part of the NGOs and private agencies) and political will (on the part of the government agencies) in instilling child-friendly changes. What could be done is that other concerned NGOs and agencies offer more support for the existing agencies advocating for change. This could be discussed during the networking sessions mentioned in the previous recommendation.

### **Setting-up a Consortium**

Organizations working on similar causes should form a consortium. For example CPTCSA is a member of PLASAC, a consortium of organization working on sexually abused children. Last year PLASAC revised and proposed a protocol in the reporting system within the circle of organizations working on the issue of sexual abuse. They will be adapting this system to improve service delivery.

Sectoral networking was recommended by those who participated in the RTD. The existing structures in the communities could be mobilized to protect children and prevent child abuse. Examples of these groups are church-based organizations, women's groups, farmers' groups, workers' Unions, etc.

### Providing Constructive Criticism

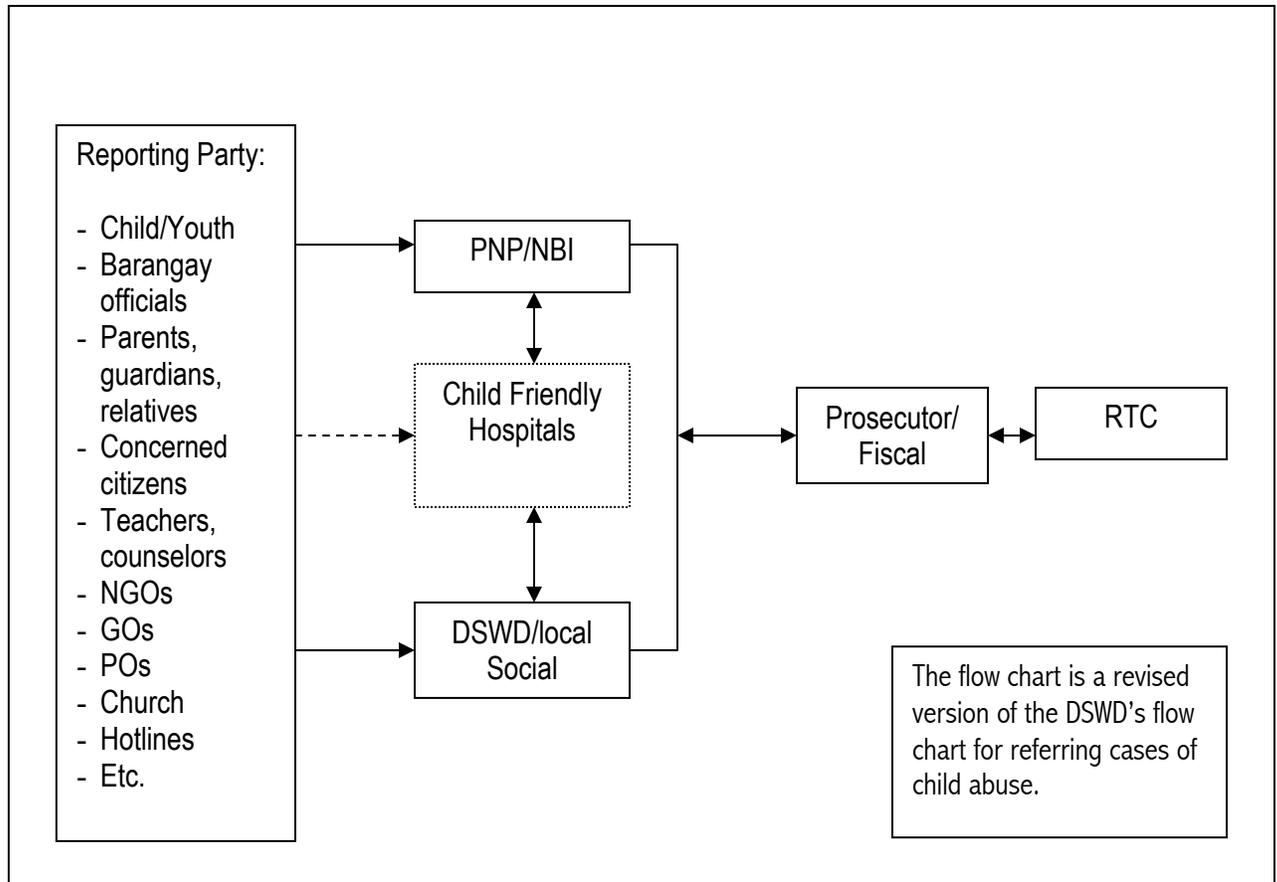
Feedback to other organizations in terms of their performance and tips on how to improve their services can and will help form positive relationships within the network or organizations working with children.

### Providing Multidisciplinary Trainings

In training child caregivers, it would be good to have mixed groups. For example, it would be good to get together police officers, guidance counselors, psychologists, mayors, social workers, and *barangay* captains in a single workshop. A venue where each group can hear each other's issues and problems should be provided. Although this exercise may take time because issues have to be discussed, it is still of utmost import. If they can sit down, talk and hear each other's concerns, they can join forces in addressing children's issues.

## A Common Flow Chart for Child Abuse Cases

Most of the recommendation in the RTD echoed one idea: there should be one chart that will tell practitioners and non-practitioners what to do when they encounter cases of child abuse. Below is a flow chart that reflects the common process that most organizations share with each other. It must be stressed that this is only a guide and it must be revised according to the realities of the area particularly those in the provinces.



Parties should seek help and report the case to the PNP, the NBI, and the DSWD or local Social Services. If the child immediately needs medical attention, the reporting party should go straight to the hospital that ideally has a child protection unit. During case work, the three agencies (PNP/NBI, the DSWD and the hospitals) need to work together especially if the child or family decides to file charges against the perpetrators. This networking and coordination must ideally continue throughout the time the case is in the courts especially in gathering evidence and strengthening the case.

Again, it must be stressed that this flow chart is a guide and that this should be adapted according to the contingencies of the particular area. For example, in some areas, NGOs play a larger part in case work instead of the DSWD.

The PNP's *One Stop Shop* for child abuse cases is ideal in that the child no longer needs to go through different agencies and risk further trauma. But the PNP must be open to feedback from NGOs and other GOs about their center. In turn the NGOs, GOs, and consortiums should objectively inform the PNP their feedback.

There are numerous ways and channels for an incident of child abuse to be reported. There are also many agencies that are genuinely concerned and equipped to help children and their families. Still, the core of it all is how to better protect and help the child who has been abused. The bottom line is the political will and determination of these agencies to uphold the best interest of the child.

## Endnotes

- 1 The government created the Barangay Councils for the Protection of Children (BCPC) to address the issue of child abuse at the community level. The BCPC aims to promote and protect children's rights through an effective BCPC structure that can act as the hub of an inter-sectoral cooperation between and among various groups that will provide preventive and rehabilitative care for children, families, and communities.

Although the BCPC exists in many communities, they are mostly non-functional. Protacio-Marcelino and her colleagues (2000) note that "...the *barangay* should be the first agency to receive reports of child abuse cases; [however,] in reality, they are not adequately equipped to handle such case because their staff is not equipped with the proper "interviewing and listening skills."

Disclosure of abuse involves sharing of information about the abuse and the perpetrator. In many instances, children victim/survivor suffer threats from abusers and are sometimes at risk of being ostracized by relatives, friends, teachers or significant others. This underscores the need for sensitive staff who will handle the case of the child victim/survivor.

- 2 The BCPC was created through Presidential Decree No. 603 in 1974. The decree states that every *barangay* should support the creation of a local council that will plan and implement programs that look after the welfare of children and youth. BCPC was also made possible by Memorandum Circulars 90-04 (Formation of BCPCs in *barangays*), 94-14 (Adoption of Guidelines on LSCWC), and 96-139 (Training in Establishing BCPCs) of the Department of Interior and Local Government (DILG). These circulars outline the governing rules and guidelines in the formation and/or creation of BCPCs.

- 3 Working children are different from child laborers in that they choose to work on their own. Their situation as children growing up in a developing country calls for them to work to help augment their family's income. Unlike forced laborers, working children do not face hazardous situations in their work place. Working children may engage in paid work as store clerks in public markets or household helpers.

## References

- Advisory Board Foundation, Manila and Child Protection Unit. 1999. *Children's Resource Guide*. Manila: Advisory Board Foundation.
- Center for the Prevention and Treatment of Child Sexual Abuse (CPTCSA). 1998. *Disclosure Report 1997-1998*. Unpublished paper. Quezon City: CPTCSA.
- Childhope-Asia (Philippines). 1995. *Life After the Streets: Ten Former Street Children Tell their Stories*. Research Series # 1. Manila: National Project on Street Children.
- Council for the Welfare of Children. n.d. *Primer on Barangay Council for the Protection of Children*. Quezon City: CWC.
- Jenks, C. 1996. *Childhood*. London: Routledge.
- Landa-Jocano, F. 1995. Filipino Family Values. In *The Filipino Family: A Spectrum of Views and Issues* by A. Perez. Quezon City: University of the Philippines Office of the Research Council.
- PLASAC. n.d. *Project Description of Psychosocial and Legal Assistance for Sexually Abused Children*. Manila: Children and Youth Foundation of the Philippines, Inc.
- Protacio-Marcelino, EP., MT. de la Cruz, F. Balanon, A. Camacho, & J. Yacat. 2000. *Child Abuse in the Philippines: An Integrated Literature Review and Annotated Bibliography*. Quezon City: University of the Philippines Center for Integrative and Development Studies.
- Save the Children (UK) Philippines. n.d. *Case Studies on Vulnerable Children, Child Rescue Operations, Work with Street Children and Experiences in Early Childhood Development*. Draft paper. Quezon City: Save the Children (UK) Philippines.
- University of the Philippines-Manila, College of Medicine, Philippine General Hospital, Child Protection Unit (UPCM PGH CPU). 2000. *Annual Report*. Manila: UP-Manila PGH CPU and Advisory Board Foundation.
- University of the Philippines-Manila, College of Medicine, Philippine General Hospital, and Child Protection Unit (UPCM, PGH, and CPU). 1998. *A Physician's Guide to Protecting Child Abuse Patient's Confidentiality*. Manila: UP-Manila PGH, CPU and Advisory Board Foundation.
- Yacat, J & M. Ong. 2000. *Beyond the Home: Child Abuse in the School and Church*. Draft paper. Quezon City: UP CIDS PST and Save the Children (UK) Philippines