

Study on Intervention Strategies for the Rehabilitation
and Reintegration of Child Victims / Survivors of
**Online Sexual Abuse and
Exploitation in the Philippines**
FINAL REPORT

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Final Report

UNICEF Philippines
Child Frontiers
PST CRRC

Table of Contents

- Acknowledgements ii
- Acronymsiii
- Glossary of Terms vi
- Executive Summary viii
- I. Introduction 2
- II. Study Objectives 4
- III. Ethical Principles..... 5
- IV. Study Methodology & Analytical Framework..... 7
 - A. Analytical Framework.....8
 - B. Study Scope9
 - C. Data Collection Tools 11
 - D. Study Implementation Process13
- V. Study Findings..... 14
 - A. Overall Child Protection System and Context.....14
 - B. Analysis of Interventions and Services for OSAEC.....28
 - C. Gender-sensitive, Disability-Inclusive and Age-Appropriate Care.....73
 - D. Impact of COVID-19 on OSAEC Services.....77
- VI. Recommendations 81
- References 90

- Annex I: TOR Technical Advisory Group.....97
- Annex II: Technical Advisory Group Members.....100
- Annex III: Ethical Principles..... 101
- Annex IV: Notification of Ethical Review Approval 102
- Annex V: Analytical Framework.....105
- Annex VI: Analysis of Anti-OSAEC Act 108

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Acronyms

4Ps	Pantawid Pamilyang Pilipino Program
ACE	Adverse Childhood Experiences
AMLC	Anti-Money Laundering Council
AO	Administrative Order
APNTS	Asia Pacific Nazarene Theological Seminary
BCPC	Barangay Council for the Protection of Children
BHW	Barangay Health Worker
BTT	Budget Tagging Tool
CAPIN	Child Abuse Prevention and Intervention Network
CBR	Community-Based Rehabilitation
CDCLAA	Certificate Declaring a Child Legally Available for Adoption
CDO	Cagayan de Oro
CFLGA	Child-Friendly Local Governance Audit
CFS	Child-Friendly Spaces
CP	Child Protection
CPA	Child Placing Agency
CPC	Child Protection Committee
CPN	Child Protection Network
CPS	Child Protection System
CPS	Child Protection Systems Strengthening
CPU	Child Protection Unit
CRN	Child Rights Network
CRIN	Child Rights International Network
CICL	Children in Conflict with the Law
CSAEM	Child Sexual Abuse or Exploitation Material
CSO	Civil Society Organization
CSPC	Committee for the Special Protection of Children
CSWDO	City Social Welfare and Development Office
CWC	Council for the Welfare of Children
DepEd	Department of Education
DOH	Department of Health
DILG	Department of Interior and Local Government
DOJ	Department of Justice
DOLE	Department of Labor and Employment
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSWD	Department of Social Welfare and Development
DVC	Deed of Voluntary Commitment
ECQ	Enhanced Community Quarantine
EXA	Expressive Arts Therapy
FBO	Faith-based Organization
GBCBT	Game-Based Cognitive Behavioral Therapy

IACAC	Inter-Agency Council Against Child Pornography
IACAT	Inter-Agency Council Against Trafficking
IAC-VAWC	Inter-Agency Council on Violence Against Women and Children
IASC	Inter-Agency Standing Committee
ICAC	Internet Crimes Against Children
IJM	International Justice Mission
ILP	Independent Living Program
JPIC	Justice, Peace & Integrity of Creation-Integrated Development Center
LGBTQIA	Lesbian, Gay, Bisexual, Transgender / Transsexual, Queer / Questioning, Intersex, Allied / Asexual / Aromantic / Agender
LCPC	Local Council for the Protection of Children
LDPC	Local Development Plan for Children
LGU	Local Government Unit
LSN	Local Survivors Network
LSWDO	Local Social Welfare and Development Office
MC	Memorandum Circular
MSWDO	Municipal Social Welfare and Development Office
MHPSS	Mental Health and Psychosocial Support
NACC	National Authority for Child Care
NBI	National Bureau of Investigation
NBS VAC	National Baseline Study on Violence Against Children
NCA	National Crime Agency
NCMEC	National Center for Missing and Exploited Children
NCR	National Capital Region
NCMEC	National Center for Missing and Exploited Children
NCMH	National Center for Mental Health
NPAC	National Plan of Action for Children
NPP	National Priority Plan
NSCB	National Statistical Coordination Board
NSO	National Statistics Office
NYC	National Youth Commission
NGO	Non-Government Organization
OOC	Office of Cybercrime
OSAEC	Online Sexual Abuse and Exploitation of Children
PAVE	Protecting At-Risk Children Vulnerable to Exploitation
PCAR	Parenting Capability Assessment Report
PCMC	Philippine Children's Medical Center
PFA	Psychological First Aid
PICACC	Philippine Internet Crimes against Children Center
PNP	Philippine National Police
PO	People's Organization
POSE	Prosecuting Online Sexual Exploitation
PPAC	Philippine Plan of Action for Children
PT	Parent Teacher Association
PTSD	Post-Traumatic Stress Disorder

PWD	People with Disabilities
RA	Republic Act
RACCO	Regional Alternative Child Care Office
RCB	Regulatory and Complaint Board
SAP	Social Amelioration Program
SIR	Smooth Interpersonal Relationships
SOGIE	Sexual Orientation and Gender Identity and Expression
STR	Suspicious Transaction Reports
SWDA	Social Welfare Development Agencies
TAG	Technical Advisory Group
TF-CBT	Trauma-Focused Cognitive Behavior Therapy
TIC	Trauma Informed Care
TIPP	Trauma-Informed Philippine Psychotherapy
TAG	Technical Advisory Group
TESDA	Technical Education and Skills Development Authority
UNCRC	UN Convention on the Rights of the Child
VAWC	Violence Against Women and Children
WCPU	Women and Children Protection Unit
WCPD	Women and Child Protection Desk
WHO	World Health Organization

Glossary of Terms

Adoption

Socio-legal process of providing a permanent family to a child whose parents had voluntarily or involuntarily given up their parental rights, permanently transferring all rights and responsibilities, along with filiation, making the child a legitimate child of the adoptive parents (Republic Act 11642 or Domestic Administrative Adoption and Alternative Child Care Act)

Alternative Care

Any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents (2010 UN Guidelines for the Alternative Care of Children)

Case Management

A procedure to plan, seek, and monitor services from different social agencies and staff on behalf of a client, where one agency usually takes primary responsibility for the client and assigns a case manager who coordinates services, advocates for the client, sometimes controls resources and purchases services for the client (Barker, 2003 as cited in 2016 Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation)

Child Protection Systems

Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system. (UNICEF’s 2021 Child protection systems strengthening: approach, benchmarks, interventions)

Formal Care

All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures (2010 UN Guidelines for the Alternative Care of Children)

Foster Care

The provision of planned temporary substitute parental care to a child by a foster parent (RA 10165 or Foster Care Act of 2012)

Informal Care

Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by

an administrative or judicial authority or a duly accredited body (2010 UN Guidelines for the Alternative Care of Children)

Kinship Care

Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature (2010 UN Guidelines for the Alternative Care of Children)

Online Sexual Abuse and Exploitation of Children (OSAEC)

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

Rehabilitation

A set of interventions designed to help children and young people independently engage in everyday activities and participate in education, work, recreation and meaningful life roles (World Health Organization, 2021)

Reintegration

The process of separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community, in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Wedge, Krumholz, & Jones, 2013)

Residential Care

A service delivery mode that provides 24-hour group care living as an alternative family care arrangement to residents whose needs cannot be adequately met by their families (DSWD Administrative Order No. 2, s.2008)

Trauma-Informed Care

Organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma through practices that would not traumatize or re-traumatize survivors. Trauma-informed care also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. (National Child Traumatic Stress Network, 2020)

Executive Summary

The Philippines has emerged as a global center of online sexual abuse and exploitation of children (OSAEC),¹ with almost half of Filipino children vulnerable to online sexual abuse. ² According to the National Baseline Study on Violence Against Children in the Philippines conducted by UNICEF and Council for Welfare of Children in 2016, about 43.7% of children aged thirteen to eighteen have experienced violence online.³ A fourth of these children have experienced sexual violence online.⁴

To protect children from OSAEC and provide appropriate services to child victims / survivors, evidence is required about the types of interventions currently available in the Philippines for the rehabilitation, healing and reintegration of children. The present study is designed to contribute to the establishment of this critical evidence base by focusing specifically on identifying and assessing current intervention models and therapeutic and rehabilitative services provided by child protection and health authorities and civil society organizations for child victims / survivors of OSAEC and their families.

The Philippines is fortunate to have a significant amount of research, evidence and studies on OSAEC conducted by the many dedicated Government and non-government agencies focused on this issue, including the Global Partnership to End Violence Against Children's recent *Disrupting Harm* country report (2022).⁵ The present study does not replicate this important work but consolidates and triangulates these findings with the perspectives of service providers to identify existing gaps and bottlenecks preventing effective service delivery, as well as strategies to ensure interventions deliver improved outcomes for children.

The study identified several important findings and questions with significant implications for OSAEC service provision. Study respondents from different sectors highlighted the need to rethink or reframe the current approach to OSAEC service provision to better align with the perceptions and needs of child victims / survivors. The study findings underscore the validity of UNICEF's Child Protection System Strengthening Approach, which emphasizes that children do not usually fit into neat categories according to the protection needs they experience.⁶ Children affected by OSAEC often unfortunately experience multiple forms of abuse over time, including physical, verbal and psychological harm, as well as other forms of sexual abuse and exploitation. This may be compounded by challenges in access to education, healthcare and other fundamental rights. Efforts to tackle OSAEC should therefore be designed within the CPSS framework, which aims to address the programmatic fragmentation that has characterized issues-based approaches to child protection. There is a critical need to reorient service approaches and focus efforts on prevention of problems and harm by proactively engaging with children, families and communities before cases are formally reported or enter the legal system.

¹ IJM, et al. (2020). *Online Sexual Exploitation of Children In the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society*.

² UNICEF & DSWD-IACAP (2020b). Philippines kids online: The online experiences of children in the Philippines: Opportunities, risks and barriers.

³ UNICEF & CWC (2016). *National Baseline Study on Violence Against Children*, p. 8.

⁴ Ibid.

⁵ ECPAT, INTERPOL, and UNICEF (2022). *Disrupting Harm in the Philippines: Evidence on online child sexual exploitation and abuse*. Global Partnership to End Violence Against Children.

⁶ United Nations Children's Fund (UNICEF) (2021). *Child protection systems strengthening: Approach, benchmarks, interventions*. UNICEF, New York.

In terms of scope, the study covers national, regional and local levels of service provision and data collection was conducted at the sub-national level in four locations nationwide: National Capital Region (Quezon City, Taquig City), Central Visayas (Cebu City), Northern Mindanao (Cagayan De Oro City, Iligan City) and Central Luzon (Pampanga). Service interventions provided by Government agencies, with emphasis on Social Welfare and Development Offices and Women and Children Protection Units, as well as civil society organizations, are reviewed. Criminal investigation procedures and the legal framework for OSAEC, analyzed in other studies and reports, are not covered in detail. The recommendations specifically address the implications of the findings in relation to the recent *Anti-Online Sexual Abuse or Exploitation of Children (OSAEC) and Anti-Child Sexual Abuse or Exploitation Materials (CSAEM) Act* and UNICEF's 2021 CPSS Approaches, Benchmarks and Interventions framework.

Study Findings and Recommendations

Services for OSAEC survivors can be viewed along a continuum, from the time children are first identified as at-risk or having been exposed to harm by service providers to their integration back into their communities / families, including any support provided after this point. Ideally, services should be provided well before children are exposed to OSAEC to prevent this from occurring, including community-based information and education and family support services to reduce child vulnerability and strengthen the protective environment. In general, the study found that the service interventions and services for OSAEC survivors that are currently available do not appear to be sufficient.

Key study findings and recommendations in relation to interventions and services for child victims / survivors of OSAEC are highlighted below, structured under UNICEF's core components of child protection systems:

Strengthen policy, legal and regulatory frameworks

There is a need to review the legal framework in relation to OSAEC and related child protection issues to ensure current legislation is contributing to effective interventions and positive outcomes for children. The scope of the current study does not include an in-depth analysis of the legal framework for OSAEC in the Philippines, as this has been addressed in numerous studies, including the 2022 *Disrupting Harm in the Philippines* report⁷ and the 2020 study commissioned by UNICEF pursuant to a request by government.⁸ However, the study found significant challenges in implementation of policy, legal and regulatory frameworks, particularly at the local level. Another important challenge identified is the reality that the majority of cases are not formally report and do not enter the legal system. These children and families are much less likely to receive services and support, especially those provided by government agencies. Child victims that do enter the legal system often find this experience lengthy and traumatic.

⁷ ECPAT, INTERPOL, & UNICEF. (2022). *Disrupting harm in the Philippines: Evidence on online child sexual exploitation and abuse*. Global Partnership to End Violence Against Children. Retrieved from https://www.end-violence.org/sites/default/files/2022-04/DH_Philippines_ONLINE_FINAL.pdf

⁸ UNICEF Philippines & DSWD – IACACP (2020a). *National study on online sexual abuse and exploitation of children in the Philippines*. Retrieved from <https://www.unicef.org/philippines/media/2711/file/UNIPH-2021-NationalStudyOSAEC-FullReport.pdf>

Annex VI of the study provides specific recommendations to strengthen the recent Republic Act No. 11930: *“An Act Punishing Online Sexual Abuse or Exploitation of Children Penalizing the Production, Distribution, Possession and Access of Child Sexual Abuse or Exploitation Materials.”* This critical legislation, if effectively interpreted and implemented, will play an important role in preventing OSAEC in the Philippines.

Recommendations:

- The burden to prosecute offenders should no longer be on evidence provided directly by the child. Alternative options should be explored and where children’s testimony is required, child-friendly procedures that avoid secondary trauma should be utilized.
- Adopt the use of the Child Protective Prosecution, which strives to meet two standards: the burden of proof and the duty of care. The burden of proof protects the accused’s right to be presumed innocent, while the duty of care requires taking primary consideration of a child’s best interests in all actions or decisions that concern or affect them.⁹
- The Rules on Examination of a Child Witness, which aim to “create and maintain an environment that will allow children to give reliable and complete evidence, minimize trauma to children, encourage children to testify in legal proceedings, and facilitate the ascertainment of the truth,” should be upheld.¹⁰
- Support and implement Republic Act 11222 or the Simulated Birth Rectification Act and Republic Act 11642 or the Domestic Administrative Adoption and Alternative Child Care Act that streamlines the adoption process, allowing those who seek to adopt a child to file a petition with the regional alternative child care office and avoid lengthy and expensive court proceedings.

Establish governance and coordination structures

Effective governance and coordination structures are critical for the successful reintegration of OSAEC survivors into communities. This includes multi-disciplinary case conferencing and functioning LGU / BCPCs offering long-term service provision and support to prepare families and communities. While the majority (73%) of survey respondents stated that there was a referral mechanism for children affected by OSAEC in their location, respondents also indicated that these referral mechanisms are not effectively functioning or operating consistently in practice, although flowcharts and referral pathways have been designed.

Recommendations:

- Conduct an assessment of Local Councils for the Protection of Children, including their integrated plans of action, resources for addressing child rights, and specific interventions for children exposed to all forms of violence, including OSAE.

⁹ IJM. (2021). *Child-Protective Prosecutions: A Strength-Based, Child-Centered Approach to Assess Prosecution Results*. Retrieved from: <https://osec.ijm.org/documents/64/IJM-child-protective-prosecutions-2021.pdf>

¹⁰ Supreme Court of the Philippines. (21 November 2000). *Rule on Examination of a Child Witness*. Retrieved from https://lawphil.net/courts/supreme/am/am_004_07_sc_2000.html.

- The BCPC should strengthen its work with CSOs, parish-based groups and other community organizations. In addition to barangay officials, prevention efforts should also proactively involve faith-based organizations, Parent Teachers Associations, youth councils at the barangay and city level, MOVE or men’s support groups, as well as other groups and individuals at the sub-village level such as zone leaders.
- There is a need for innovative solutions and coordination strategies using different platforms and modalities including online case management, counseling and VAC reporting apps. Efforts to strengthen referral flow in the context of pandemic (Enhanced Community Quarantine (ECQ), etc.) should be targeted, as well as enhancement and activation of the child protection mechanism from the barangay level.

Reinforce a continuum of services

Given the focus of this study on OSAEC intervention strategies, the majority of the findings and recommendations are in relation to the service continuum and how this impacts OSAEC survivors. Key findings related to this CPSS priority area include:

- OSAEC cases are often not disclosed, reported or identified as sexual exploitation or abuse. Children in these situations often therefore do not receive any services and many children affected by this form of violence may not come into contact with services at all.
- Current interventions tend to focus on response, rescue and legal procedures, with less availability of services for prevention, healing and recovery of children affected by OSAE.
- When asked to identify interventions currently available for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC in their location, the majority of interventions mentioned are response strategies to support OSAEC victims / survivors after cases have been reported and entered the legal system.
- Non-shelter-based alternative care options currently available for OSAEC victims / survivors remain limited. There is a need to increase the availability of non-shelter-based care options for OSAEC victims / survivors as a critical priority for these children and youth by strengthening family-based alternative care settings, foster care system and other options.
- The majority of existing interventions for OSAEC survivors do not appear to address social and disability inclusion and many shelters do not have the capacity to accept persons with disabilities. Some shelters specifically state that they do not accept children with mental challenges or who are in need of special care and services. Study respondents highlighted the lack of specific OSAEC interventions for children with disability as a significant gap in service provision.

- There appears to be a significant gap in the availability of services and programs for OSEC victim / survivors from a gender standpoint. Respondents explained that services are often not equipped to deal with boys and that the majority of adult care providers are women, who may find it more challenging to care for adolescent boys. Most victim witness coordinators, however, are male. This could also represent a challenge for service provision, as female OSAEC survivors may find it more difficult to establish trust with a male witness coordinator.
- 75% of survey respondents stated that the COVID-19 pandemic affected the delivery of rehabilitation and reintegration services for children affected by OSAE in their location. The pandemic restricted mobility while also reducing access to and availability of services, resulting in non-reporting or late reporting of cases. Service providers were focused on delivery of social and medical interventions as part of the case management process. Home visits to monitor at-risk children and families were also restricted.

Recommendations:

Top-line recommendations in relation to service provision, see report for complete list.

- Targeted prevention systems should be established in communities, ideally spearheaded by trained BCPC who understand the dynamics and pathways of exploitation for children affected by OSAE. Preventive approaches should be systemic, and behavior-oriented, based on institutional elements that are maintained regardless of changes in political leadership in the community.
- Review the existing case management protocol for relevance in dealing with OSAEC with specific assessment of the current coordination and referral mechanism for handling OSAEC at the local level to ensure that sufficient capacity and services are in place to effectively handle referrals and support case management as envisioned in the protocol.
- All involved in assessing the needs of children affected by OSAE should be trained in more child-sensitive and culturally appropriate needs assessment approaches as a basis for developing intervention models.
- Protect children from psychological harm by developing a child-sensitive rescue protocol that prevents child victims from experiencing further trauma.
- A local children's code, one of the requirements for child-friendly local governance, should be updated and used as a practical guide by LGUs when responding to OSAEC issues.

Establish & implement standards and accountability mechanisms

The study found that standards and accountability mechanisms for the care of children affected by OSEC should be reinforced, including in relation to the length of time children are placed in shelters. Children typically stay in shelters for a duration of 6 months to 2 years. Respondents indicated that this timeframe

may have been extended after the COVID-19 pandemic. This is clearly problematic and does not reconcile with international guidelines that strongly recommend shelter care should be a short-term placement.

Recommendations:

- Develop guidelines for addressing inclusivity in service provision for children affected by all forms of violence that address gender, disability, ethnic considerations and other factors contributing to exclusion and marginalization of children.
- Oversight mechanisms should be designed and implemented to ensure implementation of laws blocking pornographic content in internet cafes and public Wi-Fi hotspots in communities.
- Organise discussion forums and workshops with key stakeholders, including the private sector and ISPs, and child protection experts to discuss and agree on how this will be carried out. This includes agreement on how to design effective blocking mechanisms to identify pornographic content and prevent over-blocking.

Strengthen human, financial & infrastructure resources

Limitations in services and types of help currently available for OSAEC victims / survivors was attributed by respondents to several factors, including lack of human resources and staff capacity. This is especially challenging at the local level, where service delivery providers fulfil multiple roles and often receive limited specialized training and skill development. It was emphasized that the direct interface where services encounter children and families is where infrastructure gaps and lack of skills and capacity are often greatest. Many service providers have limited knowledge of OSAEC or understanding of how to deal with this complex issue.

Recommendations:

- Conduct a systematic capacity needs analysis of key service providers to understand existing strengths and areas for improvement in understanding OSAEC and related interventions for children.
- There is a need to create and continuously upgrade the capacities of the social service workforce. A comprehensive capacity development plan needs to be institutionalized, including levels of supervision, technical support, and oversight at various governance levels.
- Advocate for appointment of social workers in each barangay given the additional resources from each LGU's national tax allotment under the Mandanas ruling. The appointment of social workers in each barangay could bring the continuum of services closer to the communities and possibly help engage community stakeholders more actively to protect children from OSAE.
- In addition to upgrading the capacity of social service workers, there is a need to expand the circle of advocates and implementers by including key private actors such as internet service providers and others who play a role in enabling OSAEC.

- Design and deliver a basic and tailored training module appropriate to the roles and responsibilities of service providers engaged in child protection, focusing on OSAEC.
- Develop strategies to address gaps in the provision of psychological interventions due to the lack of qualified professionals at the community level. Clear guidelines on what social workers can and cannot do should be developed, as well as the technical support to be provided.
- Ensure the involvement of schools, teachers, and guidance counselors/ designates in efforts to address and protect children from OSAE.
- Partner and advocate with key private stakeholders engaged in the online technology environment and those whose services are being used to facilitate financial transactions to develop programs to complement existing services for children affected by OSAE.

Promote & prioritize mechanisms for child participation and community engagement

Study respondents noted that children are often frightened by the rescue process, their interaction with the police, and being sent to a shelter. Shelter staff and police are perceived as the “bad guys” who were responsible for their separation from their families. While it was not possible to directly interview children and young people for this study, previous studies and research with children in the Philippines corroborate this finding. Greater understanding and recognition of the situation and perspectives of children affected by OSAE should lead to service adaptations and reform. Indeed, when a population is so ‘marginalized’ but also not wanting to engage with services, service design should be led by them or it is unlikely to be accepted or effective.

Respondents also explained that OSAEC survivors often do not perceive themselves as victims or having been traumatized by their experience. For this reason, both government and NGO service providers in some locations explained that they do not know how to handle OSAEC victims / survivors, and also highlighted challenges in identifying residential placements for these children and youth. Government social workers noted that better understanding of the perspectives of OSAEC victims / survivors and how to deal with the effects of their experience on behavior is an area that they need assistance with. Promoting and prioritizing mechanisms to create space for the voices of OSAEC victims / survivors to share their views and recommendations for appropriate and more effective intervention strategies would directly address this.

Recommendations:

- Explore the possibility of training para-professionals and community volunteers to perform basic counselling and social work functions at the local level.
- Strengthen commitment and ensure child participation in all matters affecting children’s protection from OSAE, making specific effort to understand children’s views on interventions and services provided, including OSEAC victims / survivors.

- Nurture community-based mechanisms and support their functionality as informal (or formal) structures. Government needs to reach out and include civil society groups, faith-based groups, the private sector and others with ongoing initiatives to empower communities on various child rights issues.

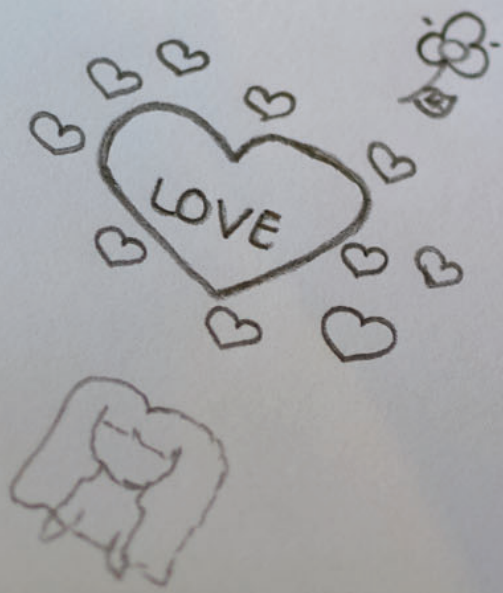
Invest in data collection and monitoring systems

Existing data on OSAEC should serve as a compass for calibrating and challenging existing elements of the Philippine child protection system, to understand and work toward appropriateness and effectiveness of interventions, both in the short-term and long-term, ensuring that the rights of children are safeguarded in the paths taken for the prevention of OSAEC, and children's special protection, healing, recovery and reintegration to a safe community.

Study respondents highlighted gaps in the assessment of final outcomes for children and factors impacting success of recovery planning, as well as understanding the extent to which children have recovered and gained their sense of overall well-being. This information is crucial to ensuring and designing effective and appropriate service provision.

Recommendations:

- Enhance information-sharing of all agencies involved (including courts) on OSAEC cases through a centralized database system for prevention and monitoring. Efforts to develop a single database, as well as harmonize templates and definitions used by different stakeholder agencies, should also be supported and continued.
- Barangays should establish databases with information on vulnerable children and families, for the purpose of providing targeted support for the prevention of OSAEC and children's special protection.
- Further investigation and research are needed on efforts to prevent re-victimization and or trauma of children during rescue and during their involvement in the justice system, which appear to impact and, in some cases, hinder healing and recovery from their initial OSAEC experience.
- While this study presented information on current reintegration services and processes, there is a need to collect more in-depth information on effective strategies for reintegration of OSAEC survivors, factors that contribute to successful integration, and models of effective reintegration based on experience to date. Ideally this should include the perspectives of young people who have direct experience of these services to allow them to share their insights and recommendations.



I. Introduction

The Philippines has emerged as a global center of online sexual abuse and exploitation of children (OSAEC),⁶ with almost half of Filipino children vulnerable to online sexual abuse.⁷ According to the National Baseline Study on Violence Against Children in the Philippines conducted by UNICEF and Council for Welfare of Children (CWC) in 2016, about 43.7% of children aged thirteen to eighteen have experienced violence online.⁸ A fourth of these children have experienced sexual violence online.⁹ This serious threat to child wellbeing appears to have significantly increased during the COVID-19 pandemic, with an additional 202,605 additional reports filed during the imposition of enhanced community quarantine from March to May 2020 – an increase of 265% over the same period in 2019.¹⁰

The Philippines is fortunate to have a significant amount of research, evidence and studies on OSAEC conducted by the many dedicated Government and non-government agencies focused on this issue. This study does not replicate this important work but consolidates and triangulates these findings with the perspectives of service providers to identify existing gaps and bottlenecks preventing effective service delivery, as well as strategies to ensure interventions deliver improved outcomes for children. As highlighted by expert members of the Technical Advisory Group (TAG) supporting this study,¹¹ it is now essential to reflect on what we know to explore how stakeholders can unite to more effectively combat this serious violation against children in the Philippines and globally.

The present study has been initiated in response to recommendations for UNICEF Philippines to conduct additional research on OSAEC and particularly, to map and assess key intervention models utilized to support the rehabilitation and reintegration of child victims / survivors. The purpose is to identify and assess existing therapeutic and rehabilitative intervention strategies available for child victims / survivors of OSAE. The study is not designed as a formal evaluation but presents a qualitative analysis of the approach taken towards OSAEC service provision in the Philippines from the perspective of Government and CSO stakeholders. The report highlights key questions and areas for discussion and decision-making to shape and strengthen future OSAEC interventions under the national child protection system approach.

It is hoped that this study will provide information and a strong evidence base for child protection stakeholders, including the Department of Social Welfare and Development (DSWD) and other key Government and non-government agencies and stakeholders to strengthen and improve services for child victims / survivors and collaborate to prevent and protect children from all forms of online sexual abuse and exploitation.

⁶ International Justice Mission, et al. (2020). *Online Sexual Exploitation of Children In the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society*. <https://ijmstoragelive.blob.core.windows.net/ijmna/documents/OSEC-in-the-Philippines-Report.pdf>

⁷ UNICEF & DSWD-IACAP (2020b). Philippines kids online: The online experiences of children in the Philippines: Opportunities, risks and barriers. <https://www.unicef.org/philippines/media/2706/file/UNIPH-2021-PhilippinesKidsOnline-FullReport.pdf>

⁸ UNICEF & CWC (2016). *National Baseline Study on Violence Against Children*, p. 8.

⁹ Ibid.

¹⁰ Save the Children (n.d.). Online sexual abuse of children rising amid COVID-19 pandemic. <https://www.savethechildren.org.ph/our-work/our-stories/story/online-sexual-abuse-of-children-rising-amid-covid-19-pandemic/>

¹¹ See Annex I & II for TOR and TAG membership.



II. Study Objectives

To protect children from OSAEC and provide appropriate services to child victims / survivors, evidence is required about the types of interventions currently available in the Philippines for the rehabilitation, healing and reintegration of children affected by online exploitation. The Philippines is fortunate to have a number of studies and research conducted on the dynamics and manifestations of OSAEC, including the recent *Disrupting Harm* study conducted by the Global Partnership to End Violence Against Children (2022).¹² The present study is designed to contribute to the establishment of this critical evidence base by focusing specifically on identifying and assessing current intervention models and therapeutic and rehabilitative services provided by child protection and health authorities and civil society organizations for child victims / survivors of OSAEC and their families.

Unlike many locations, the Philippines is fortunate to have a significant amount of information and studies on the dynamics and manifestations of OSAEC, as well as specific aspects of service provision, including case management. This study does not replace these, but rather strives to build upon this knowledge base to develop a qualitative and more in depth understanding of the interventions currently available in the Philippines, as well as their impact and ability to contribute to the successful protection, rehabilitation, healing and reintegration of children victimized by online exploitation from the perspective of national stakeholders and service providers.

Data was collected for this study through 80 interviews with Government and NGO child protection stakeholders at different levels, as well as a national survey and input from an expert Technical Advisory Group (TAG). While due to the scale and limited size of the study, the findings are not representative, the consistency of the information documented, triangulation of different data sources and verification by the TAG indicates that this information provides an accurate picture of the OSAEC interventions currently available and perceptions of their efficacy.

The study is especially timely given the exponential number of cases that have been reported since the onset of the COVID-19 pandemic, in addition to the many cases identified prior to the pandemic. The study provides evidence for the Department of Social Welfare and Development (DSWD), UNICEF and other stakeholders, including the Philippine Inter-Agency Council Against Child Pornography (IACACP) to design service response systems to ensure that children are kept physically safe, receive mental health, psychosocial support and therapeutic interventions, and have their cases managed appropriately and with a view to rehabilitation and family reintegration.

¹² ECPAT, INTERPOL, and UNICEF (2022). *Disrupting Harm in the Philippines: Evidence on online child sexual exploitation and abuse*. Global Partnership to End Violence Against Children.

Technical Advisory Group

The process was overseen by a National Technical Advisory Group (TAG). The national TAG is co-chaired by the IACACP, DSWD, UNICEF Philippines and the Psychosocial Support and Children’s Rights Resource Center (PSTCRRRC) to provide oversight and expert technical guidance for the study. Leadership by the IACACP and DSWD was critical to ensure the relevance and sustainability of the study findings and recommendations. Key responsibilities of the TAG include input to the study design, approach, methods, and tools; review of the study outputs, namely, the inception report, and the draft and final study reports; recommending and sharing information and resources; supporting engagement of key government agencies, organizations and key informants; and supporting dissemination and implementation of the study findings and recommendations.

As experts on OSAEC in the Philippines, TAG members contributed critical technical input and information for the study. TAG members were also interviewed as key informants for the study and provided valuable recommendations for additional sources of information. The initial study findings were presented to the TAG for expert analysis, input and validation. At the conclusion of the study, the research team facilitated a discussion with the TAG members to develop recommendations for improving interventions in the Philippines for the rehabilitation, healing and reintegration of children affected by online exploitation. See Annex I for the Technical Advisory Group TOR and Annex II for the TAG membership list.

III. Ethical Principles

The study was conducted in line with several internationally recognized standards. The ethical principles for the process derive in part from a framework of requirements laid out by Emanuel, Wendler and Grady (2000).¹³ This framework sets high standards that will allow for trust to be established between the research team and participants, thus encouraging participants to answer questions openly and in a way that promotes the accuracy of the research findings while ensuring the well-being of research participants.¹⁴ The full set of ethical principles and guidelines guiding the study are included in **Annex III**.

Ethical Review

The OSAEC study proposal was submitted to the Philippine Social Science Council for a full ethical review and approved by the Ethics Review Board.¹⁵ The SSERB reviews social science research proposals/protocols submitted by individuals or organizations requiring ethics clearance for their projects. The Philippine Social Science Council-Social Science Ethics Review Board granted research ethics clearance for the conduct of the study valid from 21 October 2021 to 21 October 2022 (See Annex IV for Certificate of Ethics Clearance).

¹³ These principles are an adaptation of the OECD DAC evaluation criteria. See Emanuel, E. J.; Wendler, D.; & Grady, C. (2000) What makes clinical research ethical? *JAMA: Journal of the American Medical Association*, 283(20), 2701-11.

¹⁴ The proposed assessment is not clinical in nature, but the strict ethical guidelines associated with clinical research are appropriate, given the sensitive nature of the research topic. These guiding principles will require additional adaptation and contextualization at the local level; guidance for doing so is available in Wessells (2009).

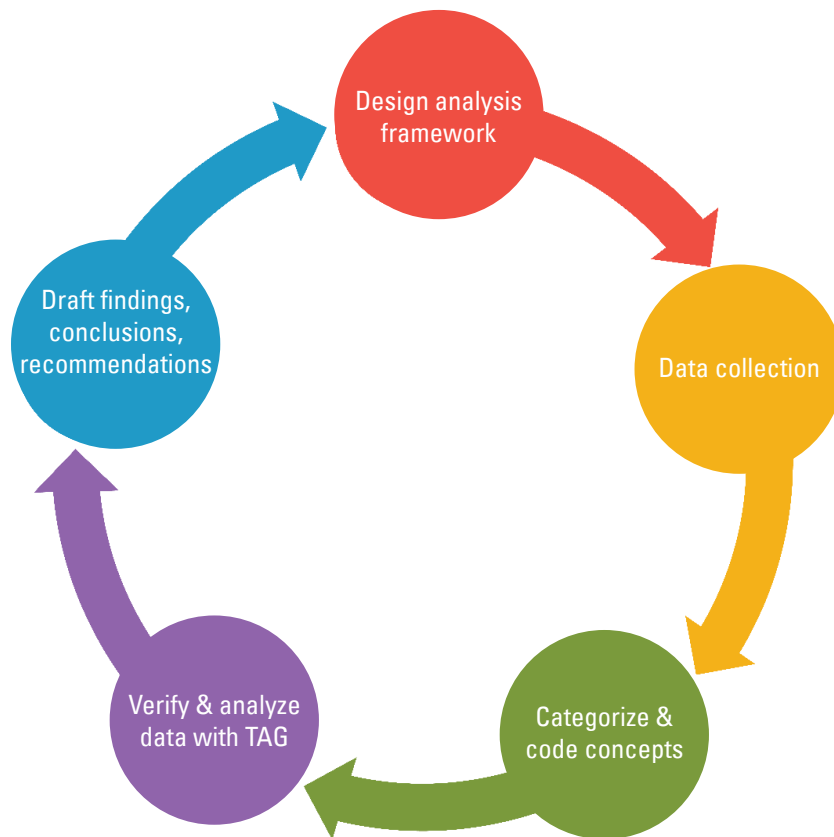
¹⁵ Philippine Social Science Council’s Ethics Review Board: <https://pssc.org.ph/sserb/>



IV. Study Methodology and Analytical Framework

The study on intervention strategies on rehabilitation and reintegration of child victims / survivors of online sexual abuse and exploitation in the Philippines utilized a qualitative approach guided by the Grounded Theory method.¹⁶ This exploratory approach is well suited for situations where the research team strives to capture all facets of the verbal data collected, allowing theories and conclusions to emerge, rather than attempting to prove or disprove a preconceived theory. This involves an analytic process of establishing an analytical framework based on the agreed research questions (presented in Table 2), collecting data through a literature review, interviews, and survey and then making sense of the data generated by coding and iterative comparison to construct general propositions.

Figure 1: OSAEC Study Approach



¹⁶ Charmaz, K. (2008) Grounded Theory as an Emergent Method. In S.N. Hesse-Bieber & P. Levy (Eds) *Handbook of Emergent Methods*. (pp. 155 – 172). New York: The Guilford Press.

The “Anti-OSAEC and Anti-CSAEM Act” (Republic Act 11930), which officially lapsed into law on July 30, 2022 , provides the following definition of OSAEC, which will be used for this study:

“*Online Sexual Abuse and Exploitation of Children*” refers to the use of ICT as a means to abuse and/or exploit children sexually, which includes cases in which offline child abuse and/or exploitation is combined with an online component. This can also include, but is not limited to, the production, dissemination and possession of CSAEM; online grooming of children for sexual purposes; sexual extortion of children, sharing image-based sexual abuse; commercial sexual exploitation of children; exploitation of children through online prostitution; and live-streaming of sexual abuse, with or without the consent of the victim.¹⁷”

The Technical Advisory Group established to support this study emphasized the importance of ensuring that the range of forms of OSAEC as described in the definition are addressed, not focusing solely on what is often considered to be the most severe form, or live streaming of sexual abuse.

Given the nature and specificity of the study topic, interview respondents and locations were purposely selected to ensure that data is collected from respondents with in-depth knowledge of OSAEC and service provision for child victims/ survivors in the Philippines. Where possible, additional interviews recommended by the study respondents based on a snowball or referral nonprobability sampling technique were also included.¹⁸

A. Analytical Framework

An analytical framework was developed for the study based on the research questions outlined in the terms of reference, which were further elaborated by Child Frontiers and PSTCRRRC. The framework is guided by the fundamental principles enshrined in the UN Convention on the Rights of the Child.¹⁹ The analytical framework, data sources and methods of data collection were reviewed and refined during the inception phase with input from the Technical Advisory Group and UNICEF Philippines. Topline analytical framework questions are presented in Table 1 below and the full set of questions are included in **Annex V**.

¹⁷ Republic of the Philippines (2022). Republic Act No. 11930 or Anti-Online Sexual Abuse or Exploitation of Children (OSAEC) and Anti-Child Sexual Abuse or Exploitation Materials (CSAEM) Act. https://legacy.senate.gov.ph/republic_acts/ra%2011930.pdf

¹⁸ Atkinson, Rowland & Flint, J. (2001). *Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies*. Social Research. University of Surrey: United Kingdom.

¹⁹ The UN Convention on the Rights of the Child can be accessed at: <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

Table 1: OSAEC Study Analytical Framework

Questions
<ul style="list-style-type: none"> • How is OSAEC currently understood & defined among service providers?
<ul style="list-style-type: none"> • What social, medical and psychological interventions are currently available for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC?
<ul style="list-style-type: none"> • What is Government doing to stop / prevent proliferation of cases?
<ul style="list-style-type: none"> • How were these interventions determined to be appropriate / relevant for child victims / survivors in the Philippines?
<ul style="list-style-type: none"> • What main alternative options to shelter / institution- based care are available for and commonly offered to child victims / survivors of OSAEC?
<ul style="list-style-type: none"> • What bottlenecks and facilitative factors affect the services and interventions currently available for child victims / survivors of OSAEC in all settings?
<ul style="list-style-type: none"> • What referral mechanisms are currently in place for child victims / survivors of OSAEC?
<ul style="list-style-type: none"> • How are child victims / survivors involved in the case management process?
<p>Are there any emerging and/or documented good practices on the rehabilitation and reintegration of victims / survivors of OSAEC?</p>
<ul style="list-style-type: none"> • To what degree do existing interventions effectively address issues of gender sensitivity, cultural / ethnic diversity and social and disability inclusion?
<ul style="list-style-type: none"> • How have interventions for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC been affected by the COVID-19 pandemic?
<ul style="list-style-type: none"> • Are there any international or regional (ASEAN) best practices, global case management guidance or standards related to OSAEC that would be useful and relevant to be adapted for the Philippines?

B. Study Scope

A detailed study scope matrix outlining the research locations and respondents at the national and sub-national levels is presented in Table 2 below. TAG members were asked to propose the names of agencies offering local level interventions to be included in the study.

Sub-national location selection criteria:

- Presence of organizations providing direct services, policy development and advocacy for OSAEC victims / survivors and their families
- Locations with reported cases of OSAEC

Sub-national locations selected on the basis of the selection criteria:²⁰

- o Central Visayas (Cebu City)
- o Northern Mindanao (Cagayan de Oro City, Iligan City)
- o Central Luzon (Pampanga)
- o NCR (Quezon City, Taguig City)

²⁰ The literature review of data from 2011 to 2015 identified 9 regions where there were a significant number of OSAEC cases reported, including Regions 3, 7, 10 and NCR (Hernandez et al, 2018). Iligan City, Cebu, Pampanga, and NCR were identified as hotspots where the presence of facilitating offenders or OCSEA traffickers is highest (See ECPAT et al., 2022).

Table 2: Interview Respondents by Location and Sector

SECTOR	Number of respondents interviewed
National Level	
IACACP, Plan Philippines, CRC Asia, PREDA Foundation, Inc., PCMN, IJM	6
Northern Mindanao	
NGO	4
Barangay, Hospital CPU	5
City Social Welfare Development Office	3
School	1
Private individual expert	1
T O T A L	14
Central Visayas	
NGO	7
Barangay, Hospital CPU	5
Parish	2
City Social Welfare Development Office	1
School	3
Private individual expert	2
T O T A L	20
National Capital Region	
Quezon City	
NGO	2
Barangay, Hospital CPU	6
Parish	7
City Social Welfare Development Office	1
School	1
Private individual expert	1
T O T A L	18
Taguig City	
NGO	1
Barangay	2
Parish	1
City Social Welfare Development Office	1
School	1
T O T A L	6
Central Luzon	
NGO	2
Barangay, Hospital CPU	6
Parish	1
City Social Welfare Development Office	6
School	1
T O T A L	16
TOTAL (ALL LOCATIONS):	80

C. Data Collection Tools

Based on the approach agreed with UNICEF Philippines and the Technical Working Group, Child Frontiers and PSTCRRC developed a methodology and tools for addressing the analytical framework questions (see Table 1). The study tools were designed to collect both qualitative and quantitative data from groups of respondents at different levels that was analyzed and triangulated to develop the study findings.

Data collection tools included:

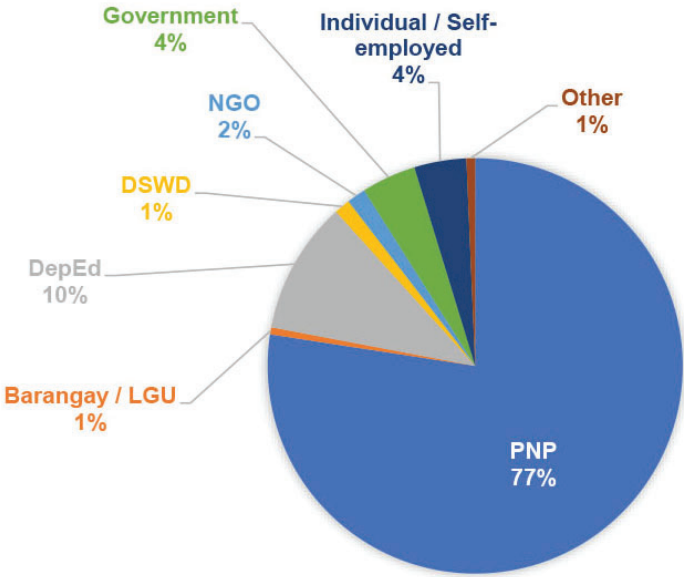
- Literature review
- Semi-structured interviews at national, regional and local levels
- Online survey for frontline service providers

Table 3: Total Survey Responses

English Survey	2408
Tagalog Survey	719
Cebuano Survey	139
Total responses:	3,267

Survey data was disaggregated by agency, geographical location and gender. The majority of survey respondents (93%) were female. Survey participants included Government representatives from different agencies (including DSWD, Department of Education, LGU), NGO staff and the Philippine National Police (PNP) (77%) (see Figure 2).

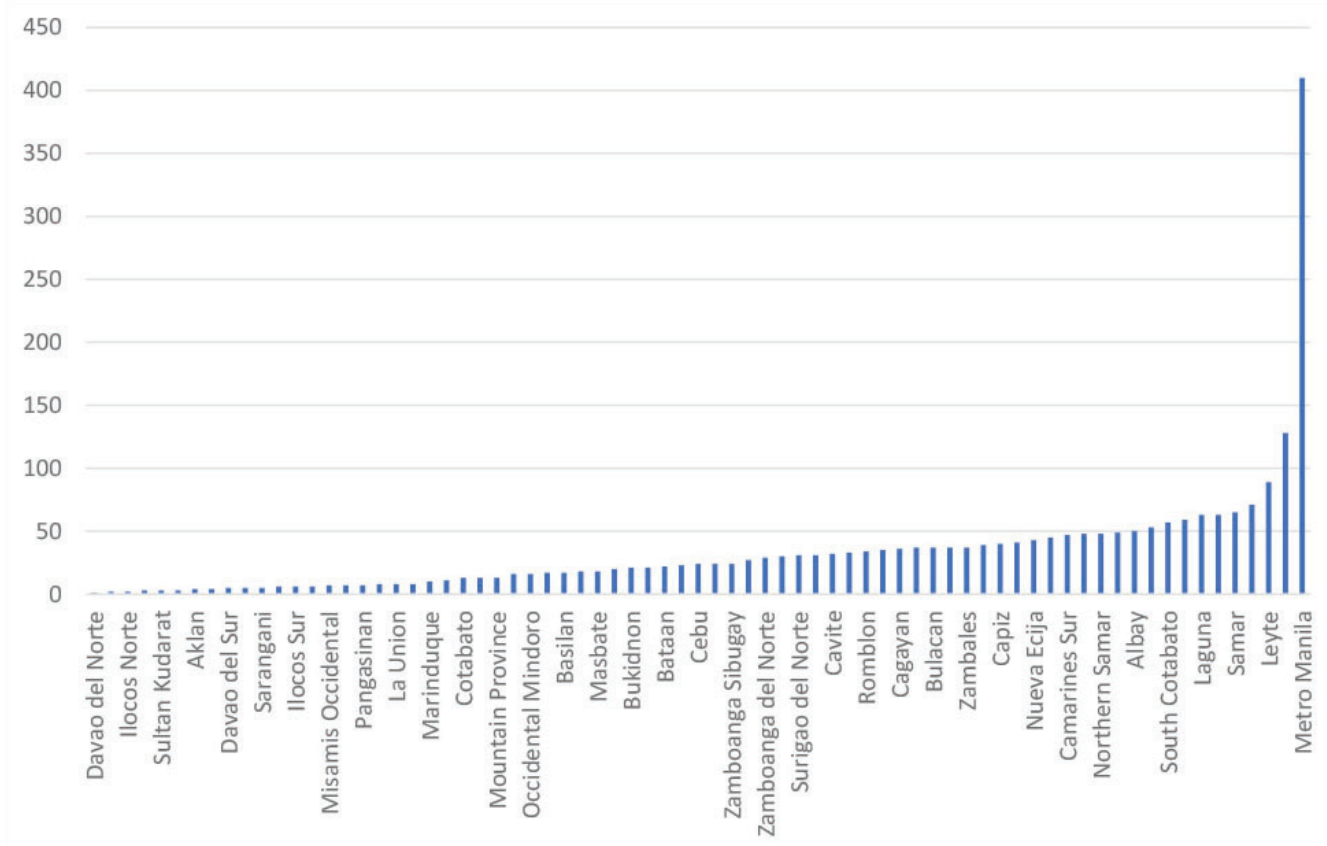
Figure 2: Survey Respondent Employer



Source: OSAEC Study Survey

As the majority of respondents were from PNP, the survey provided an opportunity to understand the perspectives of law enforcement officials and consider how these differ from other service providers. A key finding in this regard was that PNP respondents have a more positive perspective on the availability of services and response for OSAEC cases than barangay officials, social workers, NGO staff and other interview respondents. The majority of survey respondents were based in Metro Manila; however, respondents from diverse geographic locations were also represented.

Figure 3: Survey Respondent Location



Source: OSAEC Study Survey

D. Study Implementation Process

The study implementation involved the following steps:

Step 1: Inception Meetings (remote)

Step 2: Literature Review

Step 3: Inception Report and Methodology Development

Step 4: Ethical clearance process

Step 5: Presentation of Inception Report to UNICEF and Technical Advisory Group

Step 6: Data Collection

Step 7: Data processing and analysis


Step 8: Presentation and Validation of Findings

Step 9: Final Draft Report and Executive Summary

V. Study Findings

A. Overall Child Protection System and Context

Figure 4: UNICEF CPSS Definition of Child Protection Systems



Definition of Child Protection Systems

“Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level and those working internationally. Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system.”¹³

Source: UNICEF (2021). Child protection systems strengthening: Approach, benchmarks, interventions. New York: UNICEF..

Strategies to address harm to children in the online environment must be aligned and approached within wider efforts to strengthen the overall child protection system. The study findings clearly demonstrate that OSAEC cannot be addressed as a stand-alone issue. To be effective, it is critical for interventions for children affected by OSAE to be structured within a holistic child protection system, with special attention to the specific challenges and issues linked to technology-assisted child sexual abuse and exploitation. This requires coordination and engagement across a range of sectors that in many countries do not traditionally work together, including the private sector, international and national law enforcement, public and private social welfare development agencies and NGOs, the courts and legal system, as well as families and communities. The primary focus areas outlined in UNICEF’s 2021 Child Protection Systems Strengthening (CPSS) Approach, Benchmarks and Interventions document are shown in Figure 5.²¹ Ensuring efforts to address OSAEC target this range of outcomes, from ensuring a comprehensive legal and policy framework to establishing data collection and monitoring systems, is critical for success. It is important to note that as the private sector plays a significant role when dealing with OSAEC, unlike ‘offline’ VAC cases, this aspect should not be left out as a specific dimension.

²¹ UNICEF (2021). Child protection systems strengthening: Approach, benchmarks, interventions. UNICEF: New York.

Figure 5: UNICEF CPSS Strategic Outcomes



Source: UNICEF (2021). Child protection systems strengthening: Approach, benchmarks, interventions. UNICEF: New York.

Given the serious risks that this issue poses to all children, OSAEC represents a potential strategic entry point for overall system strengthening through investment in critical areas including interagency coordination, child and adolescent participation, social and behavior change and social service workforce strengthening to enhance overall system capacity to address a broader range of child protection issues in the future.²² Conversely, macro challenges facing the child protection system in the Philippines have a direct impact on OSAEC service provision. For example, the 2017 study by PSTCRRC highlighted the predominantly legal focus of the child protection system, with less emphasis and capacity to support child welfare, emotional wellbeing, psychosocial needs, etc.²³ Similarly, as explored in detail below, human resource and capacity gaps hinder capacity to provide appropriate and high-quality services for children and families affected by OSAEC.

²² Ibid.

²³ Psychosocial Support and Children’s Rights Resource Center (2017). *A Study on the Child Protection Systems in the Philippines*. Unpublished study.

The scope of the current study does not include an in-depth analysis of the legal framework for OSAEC in the Philippines, as this has been addressed in numerous studies, including the 2022 Disrupting Harm in the Philippines report²⁴ and the 2020 study commissioned by UNICEF pursuant to a request by government.²⁵ However, given the importance of the “Anti-OSAEC and Anti-CSAEM Act” entitled “An Act Punishing Online Sexual Abuse or Exploitation of Children, Penalizing the Production, Distribution, Possession and Access of Child Sexual Abuse or Exploitation Materials,” which passed into law in July 2022, specific additional analysis is included in **Annex VI**.

Child Protection Structures and Mechanisms

The lead government agencies responsible for child protection in the Philippines are the Council for the Welfare of Children (CWC) and Department of Social Welfare and Development (DSWD). The CWC is responsible for formulation, coordinating and monitoring the enforcement of policies and implementation of programs for children. DSWD is responsible for ensuring the overall social welfare of Filipino citizens as well as the provision of special services specifically for children in need of special protection. Other government departments and agencies develop and implement policies and programs for children based on their expertise and legal mandate and special coordinating bodies have also been created to address specific issues affecting children including OSAEC.

The Inter-Agency Council Against Child Pornography (IACACP) was established under Section 20 of the Republic Act 9775 or the Anti-Child Pornography Act of 2009 as an inter-agency body to address, coordinate, monitor and oversee the implementation of the law.²⁶ IACACP’s Three-Year Strategic Plan identifies five key strategic areas for the effective implementation of RA 9775 and to

achieve the goal of eradicating child pornography: advocacy; enforcement, investigation and prosecution; victim assistance and support; monitoring and management information system; and partnership and resource management. IACACP has provided leadership for the Technical Advisory Group supporting this study and has been involved in its design and implementation, as well as supported analysis of findings and development of recommendations.



The Philippine National Police (PNP), National Bureau of Investigation (NBI), Australian Federal Police, U.K. National Crime Agency (NCA), and International Justice Mission (IJM) launched Philippines Internet Crimes Against Children Center (PICACC) in February 2019 to strengthen global law enforcement collaboration in combating the online sexual exploitation of children.²⁷ This coordination center was designed to improve the effectiveness and efficiency of coordination among law enforcement

²⁴ ECPAT, INTERPOL, & UNICEF. (2022). *Disrupting Harm in the Philippines: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence Against Children*

²⁵ UNICEF Philippines & DSWD – IACACP (2020a). *National study on online sexual abuse and exploitation of children in the Philippines*.

²⁶ See <https://www.iacacp.gov.ph/about-the-inter-agency-council-against-child-pornography-iacacp/>

²⁷ See https://osec.ijm.org/documents/13/PICACC_Fact_Sheet_updated_2021.pdf

agencies, as well as to triage and prioritize the case reports from foreign sources, including foreign law enforcement and the National Center for Missing and Exploited Children (NCMEC). The PICACC has since expanded to include the Anti-Money Laundering Council (AMLC) and the Department of Justice Office of Cybercrime (DOJ-OOC), with other participating foreign law enforcement representatives including Dutch, United States, Canadian, Swedish, German, and Nordic law enforcement. According to a recent evaluation, PICACC has conducted 128 operations, rescuing 397 victims, identifying 88 suspects, and convicting 13 offenders since its establishment in 2019.²⁸

At the regional level, Sub-Committees on the Welfare of Children have been established as part of the Regional Development Council and Provincial/City/Municipal and Barangay Councils for the Protection of Children (LCPCs) established at the local level. These Councils are comprised of representatives from local government agencies including social welfare, health, education, law enforcement, as well as NGOs and child and youth representatives.

Local level child protection structures are described in Table 4 below. Local agencies active in anti-OSAEC efforts include the DSWD, Municipal Social Welfare and Development Office (MSWDO), City Social Welfare and Development Office (CSWDO), Women and Children Protection Desk (WCPD), Violence against women and children (VAWC) desk officers, Regulatory and Complaint Board (RCB), Barangay Council for the Protection of Children (BCPC), and PNP. A local referral system involving the Local Social Welfare and Development Office (LSWDO), local police, Women and Children Protection Units (WCPUs), and family courts has been established to handle cases of abused, neglected, and exploited children. These agencies are supposed to utilize child-friendly processes when interacting with children with special protection needs, including OSAEC survivors.



“Cases of OSAEC are duly referred to concerned government agencies such as DSWD for appropriate action. All victims rescued, upon initial contact, are immediately turned over to the custody of the DSWD.”

- Survey respondent

“More or less the barangay already knows the process and their role. They refer the incident to the PNP and the WCPD is equipped to assist them 24 hours a day, although we do not have a Woman and Children Crisis Center. We are still hoping that the LGU will provide one, not only for victims of OSAEC but for all victims, especially children.”

- Survey respondent

²⁸ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). US-Philippines Child Protection Compact Partnership. Endline evaluation draft report.

Table 4: Local Level Child Protection Structures

Local Councils to Protect Children	Councils established by local Social Welfare & Development Office at provincial to barangay levels to provide services for all children and children who need special protection.
Women and Children Protection Desks within the Philippine National Police	Special unit within the local police stations providing law enforcement support to women and children who experience physical, sexual, psychological and other forms of abuse defined in current child protection laws
Women and Children Protection Units	Operated in DOH-retained and LGU-assisted/supported hospitals to handle the health needs of children who experienced sexual, physical, and psychological abuse, human trafficking, and rape. Also handle cases of children in conflict with the law.
Regional Sub-Committees for the Welfare of Children	Assist CWC in formulation of comprehensive plans and programs for the welfare of children, monitoring and evaluation of the implementation of these plans and programs, and the dissemination of information on national policies to the local communities, among others.

Individual barangays have developed guidelines for the operation of child protection councils at all levels of governance (see examples in Figure 6). While the mandate and membership of local councils have been defined, a more systematic assessment of the functionality of this council is reportedly needed, particularly in terms of successfully operationalizing the complementary roles and duties of member agencies. Integrated plans of action that identify areas of coordination in implementation, reporting and budgeting among members of the council do not appear to be well developed. Effective interventions and outcomes for children exposed to all forms of violence are hindered by low levels of leadership and coordination among LCPC members.

The study found a number of challenges in relation to child protection service delivery at the local level, particularly in terms of referral and reporting pathways. Example referral systems for children in need of special protection and children at risk used in Barangay Commonwealth, District II, Quezon City are presented below in Figure 6. Barangay officials expressed concern that after cases are reported and children are removed from their families and communities, they do not receive any further information or updates about the child. Barangay authorities feel obliged to report back to the parents and the community but are not given feedback on what happens after the child is referred to social workers and other institutions or when the child will be reintegrated into the community. Some NGO service providers mentioned that local level arrangements or management of cases can prevent children from getting support and services, as cases may be settled through negotiation between the family and abuser, with payment coordinated by Barangay Captains, who play a mediation role.

“There is a referral mechanism in place for children who are abused, but I’m not sure if this is applied for children who are affected by OSAEC.”

- Survey respondent

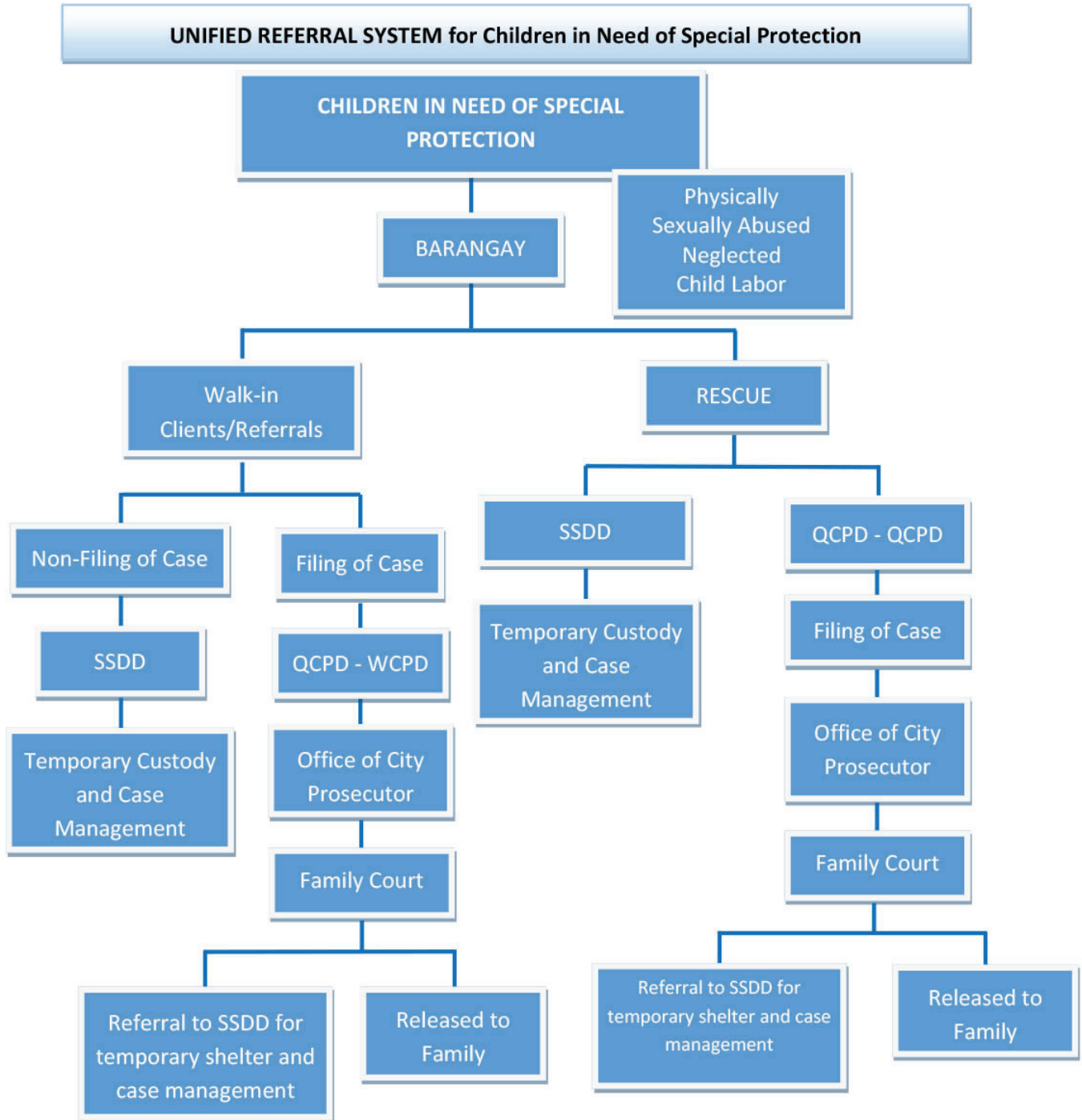
The majority (73%) of survey respondents stated that there was a referral mechanism for children affected by OSAEC in their location. It is important to note here that as most survey respondents were from the PNP, this likely refers primarily to immediate response and law enforcement mechanisms. Many interview respondents also indicated that the referral mechanism is not effectively functioning or operating consistently in practice in all locations, although flowcharts and referral pathways have been designed. Specific gaps or limitations identified by survey respondents included inconsistent implementation across LGUs, lack of human and financial resources, unwillingness of parents and families to cooperate or engage with services, capacity limitations of BCPC members and absence of foster care options. Others indicated that while there are referral mechanisms in place for children who have experienced abuse or other forms of violence, they were unclear if these were also being used to support OSAEC victims. This underscores the importance of strengthening the overall child protection system and mechanisms to ensure effective response and provision of services to children and families affected by OSAE.



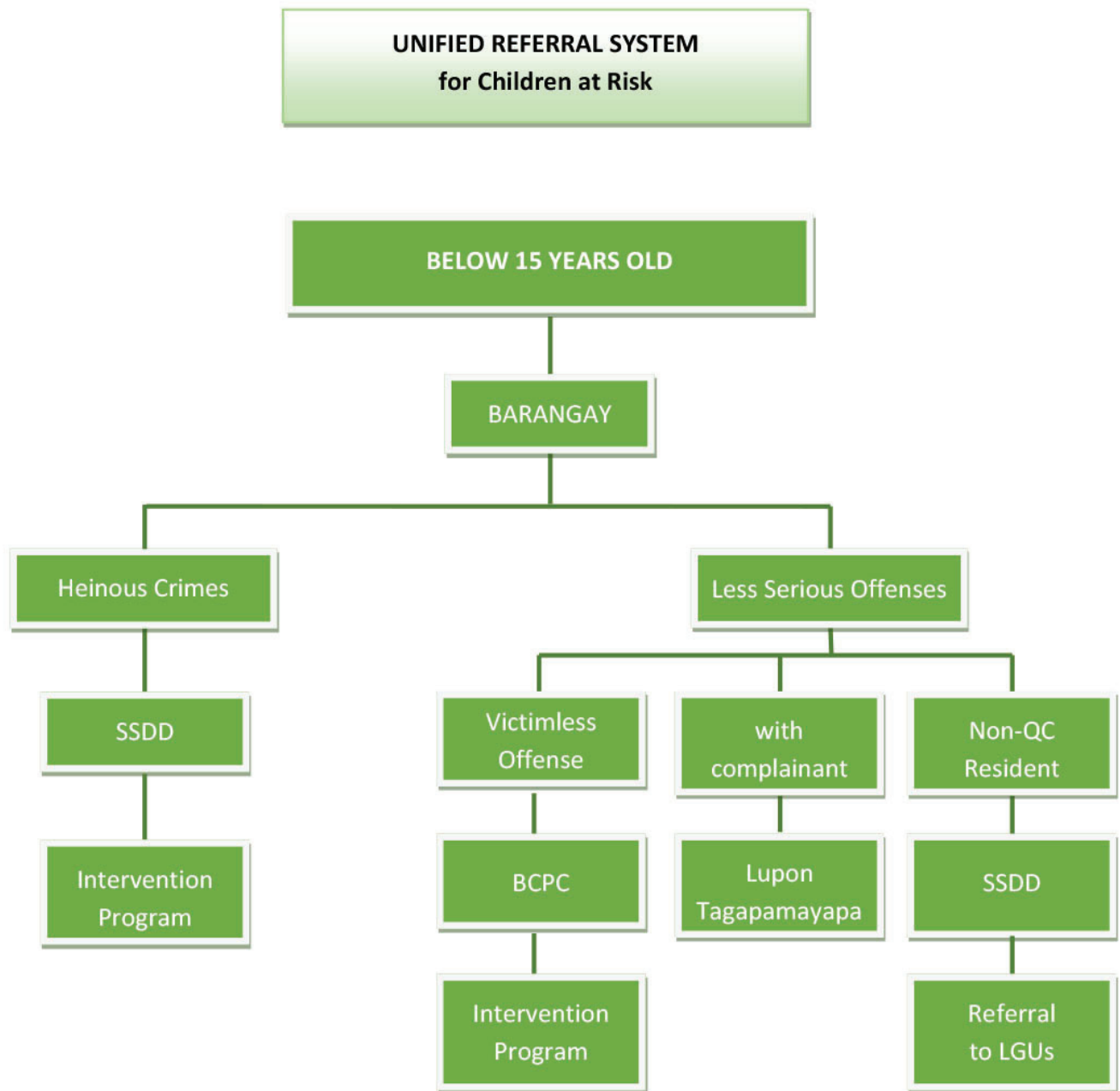
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Figure 6: Examples of a Referral System for Children in Need of Special Protection and Children At-Risk

BARANGAY COUNCIL FOR THE PROTECTION OF CHILDREN
Barangay Commonwealth, District II, Quezon City



BARANGAY COUNCIL FOR THE PROTECTION OF CHILDREN
Barangay Commonwealth, District II, Quezon City



Non-Government Organizations (NGOs)

Non-Government Organizations (NGOs) that identify as Social Welfare Development Agencies (SWDAs) are required to register with the DSWD. The SWDAs are defined as organizations or associations that support children, youth, women, senior citizens and people with disabilities. After applying for registration, the DSWD conducts a one-day assessment visit. The NGO assessment process varies, but generally includes interviews with the staff, Executive Director and, sometimes, beneficiaries. After a 3-year certificate of license has been issued, DSWD arranges plans for monitoring and technical assistance. Unregistered NGOs are permitted to operate for one year before completing both the registration and licensing processes. Additional DSWD requirements include yearly operation reports and submission of financial statements.²⁹

The Philippines is fortunate to have many NGOs working in child protection and specifically on the issue of OSAEC, including CRC Asia, Cure Foundation, ECPAT Philippines, Gabriela, Hope Worldwide, International Justice Mission, Love146, My Refuge House, Philippine Children Malisa Homes, Ministry Network, Plan Philippines, Philippine Island Kids Int'l Foundation, Inc., Preda Foundation, The Salvation Army, Save the Children, SOS Children's Villages, Touch Foundation, World Vision and Yakap International, among others.³⁰ NGO programs are often based in locations where child protection problems have been identified through studies or anecdotal evidence. A challenge is that services provided by these agencies are not equally or equitably available for all children nationwide. NGOs contribute to the child protection system and help address OSAEC by providing assistance across the service continuum, including taking referrals, obtaining testimonies, conducting rescue operations, receiving victims for protection, as well as supporting other legal proceedings.

Multistakeholder working groups and Government / NGO consortiums have also been established to tackle online sexual abuse and exploitation in the Philippines. A leading example is SaferKidsPH, an Australian Government initiative involving Save the Children Philippines, The Asia Foundation and UNICEF.³¹



#SAFERKIDSPH

SaferKidsPH works with children and their families, the Philippine Government, civil society and the private sector to ensure that children are safe and protected online. Key focus areas include awareness raising on OSAEC with the public; improving the capacity of justice actors, legislation, police and investigators in handling and responding to OSAEC cases; and strengthening service delivery for OSAEC prevention and protection of children in target barangays, communities, and schools.³²

²⁹ DSWD (2018). Memorandum Circular No. 17, s.2018: Revised guidelines governing the registration, licensing, of social welfare and development (SWD) agencies and accreditation of SWD programs and services. www.dswd.gov.ph/issuances/MCs/MC_2018-017.pdf

³⁰ See www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ncpwg_directory_1.pdf

³¹ See www.saferkidsph.org

³² Ibid.

Human Resource Capacity and Skills

As in many countries in the region, human resource capacity is a significant bottleneck and factor affecting the provision of services for OSAEC survivors in the Philippines. This is especially challenging at the local level, where service delivery providers fulfil multiple roles and often receive limited specialized training and skill development. This was identified as a major challenge during the interviews in all locations and was also highlighted by TAG members during the consultation workshops. It was emphasized that the direct interface where services encounter children and families is where gaps and lack of skills and capacity are often greatest. Many service providers have limited knowledge of OSAEC or understanding of how to deal with this complex issue.

DSWD reported there were 5,423 registered social workers in the Philippines in 2016.³³ Of these, 3,532 were direct government employees, with the remaining 1,891 employed in less secure forms of job tenure. Based on this data, there is a ratio of 13.8 government social workers per 100,000 children and an average of one social worker per municipality.³⁴ By legal definition, social workers must hold recognized degrees in order to be employed in jobs with that title and social work in the Philippines is relatively professionalized compared to many countries in the region.³⁵ UNICEF's 2019 multi-country review of the social service workforce in the East Asia and Pacific Region found that ongoing training and professional development for social workers appear to be quite widely available, with 90% having accessed some form of training in the last five years.³⁶

It was noted that from a law enforcement perspective, improved capacity and coordination among law enforcement, prosecutors, and judges has increased rates of prosecution and convictions in recent years.³⁷ Significant effort has been invested in training the law enforcement and legal sector in managing OSAEC cases, specifically in terms of collecting evidence and facilitating the legal process. This may be attributed to the linkages between trafficking and OSAEC in the Philippines and the high level of external funding available for counter trafficking work. Criminal justice professionals have also reportedly gained skills and awareness in supporting "victimless" prosecution from a combination of training and improved guidance for courts that address presenting and accepting digital evidence, a positive development that should be expanded.³⁸

³³ Cited in UNICEF East Asia and the Pacific Regional Office and the Global Social Service Workforce Alliance (2019). *The Social Service Workforce in the East Asia and Pacific Region: Multi-Country Review*. Bangkok: UNICEF. <https://www.unicef.org/eap/media/4561/file/workforce.pdf>

³⁴ Note: The number of registered social workers does not include non-registered social workers, social workers from other sectors (health, education, and justice) or those employed by NGOs and FBOs, the workforce employed in social work positions but with other qualifications, nor those paraprofessionals who provide social services.

³⁵ Price, J. (2014), Social work in the Philippines. In Aspalter, C. (Ed.) *Social Work in East Asia*. Ashgate, Aldershot, p. 152.

³⁶ UNICEF East Asia and the Pacific Regional Office and the Global Social Service Workforce Alliance (2019). *The Social Service Workforce in the East Asia and Pacific Region: Multi-Country Review*. Bangkok: UNICEF.

³⁷ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). *US-Philippines Child Protection Compact Partnership. Endline evaluation draft report*.

³⁸ Ibid.

When asked about changes in OSAEC investigation since the start of the CPC Partnership, respondents within the criminal justice sector most frequently cited two changes related to law enforcement. 38% of criminal justice professionals noted improvement in the collection and preservation of digital evidence by law enforcement. Prosecutors and judges also noted an increase in the use of digital evidence in court (with some examples in which a case reached conviction on the basis of digital evidence alone). This, compared with the sentiment at baseline that digital evidence was inadequate to reach a conviction, suggests a significant improvement in law enforcement skills in digital evidence collection and preservation.³⁹

Barangay officials at the LGU level face a number of challenges in effectively carrying out their responsibilities, including heavy workloads with many competing priorities. These staff require generalist skills to be able to deal with the wide variety of tasks that are expected of them and often understandably have limited capacity and time to deal with complex situations. Several explained that they do not feel that their work and efforts are sufficiently supported or valued. While some social workers and barangay council members have received training, this is often done on a project basis and dependent on NGO funding. At the local level, VAWC officers play a key role in child protection cases but often have minimal exposure, knowledge and training on OSAEC or how to support and assist child victims and their families.

“It is critical to work and coordinate with the Barangay CP Committee, but their capacity is low.”

- NGO service provider, Central Luzon

The study found mixed responses regarding the types of services and response provided by barangay officials in dealing with OSAEC cases. In some locations, children expressed that although they know who and where to go for reports, they are deterred from asking for help from barangay staff and other service providers because they are, or appear to be, “masungit” (cranky). In other locations, respondents expressed more positive views, explaining that community members like to go to barangay staff because they are helpful, sometimes give them meals and conduct home visits, if necessary.

While LGU service providers strive to fulfil their responsibilities to the best of their ability, burnout and frustration with heavy workloads and inability to offer effective solutions and help appear common. This is exacerbated by the fact that many frontline service providers explain that they do not fully understand or always agree with the current response process for OSAEC cases. IACACP flagged the additional gaps that not all regions and provinces currently have anti-cybercrime units to provide technical support to local level actors or to refer cases.

“OSAEC cases are very hard to handle for ordinary PNP personnel because of lack of knowledge and training about that case – I highly recommend conducting training in the municipalities, especially in rural areas.”

- Survey respondent (PNP)

³⁹ Ibid.

Study respondents mentioned turnover among social service providers and law enforcement officers (especially WCPC and WCPDs) as another significant challenge for ensuring sufficient human resource capacity for handling OSAEC cases. This is normal and to be expected for government officials and law enforcement officers, as their upward mobility depends on gaining experience across multiple sectors and departments. As a result, government staff often move to another post soon after they are trained and there may be limited handover or continuity between officials, creating the need for an ongoing and costly training cycle to ensure sufficient staff capacity. It was also noted that due to the sensitive and traumatic nature of dealing with OSAEC cases, staff may not always be able to remain in these positions for a long time and decide to change roles to preserve their mental health.

Residential Care Staff

Residential care service providers also face high caseloads and are required to be responsible for a wide range of tasks, often outside of their official role and skill set.⁴⁰ A mapping of residential centers found house parents may be handling up to 50-60 children per staff member while social workers may be attending to as much as 80 children per social worker, which is significantly beyond ratios indicated in the Revised Standards on Residential Care Service or Administrative Order (AO) No. 11.⁴¹ This is exacerbated by the lack of trained psychologists and professionals qualified in providing therapy to children in residential care settings. TAG members questioned the strategy of relying on experts, whether it is realistic to expect these types of services to be provided and if there is a need to explore options to capacitate lay therapists.

It is important to note, however, that service providers offering counselling and psychosocial activities to OSAEC victims / survivors of OSAE must have sufficient training and skills to do so in order to avoid further traumatizing or harming children. As stated in the UNICEF / DSWD's *Psychosocial Care and Therapeutic Intervention for Children Victims of Online Sexual Exploitation and Abuse*, "The worker must also have qualities that make facilitating groups easier. S/he must be spontaneous, flexible, playfully creative, can set limits and must be an empathic role model. Gender of the therapist may be an important factor for sexually abused children so that it is more appropriate for mental health workers of the same gender orientation to work with children."⁴²

⁴⁰ UNICEF Philippines & DSWD (2018). *The Mapping and Review of the Situation of Children in Residential Care Centers in the Philippines*.

⁴¹ Ibid.

⁴² UNICEF Philippines & DSWD (2016). *Psychosocial Care and Therapeutic Intervention for Children Victims of Online Sexual Exploitation and Abuse*.

Training for Service Providers

Training was identified by survey respondents as one of the most common services provided by their agency. While training for service providers is not technically a service, given the human resource challenges and gaps described above, skill development and strengthening the capacity of service providers to effectively assist OSAEC victim / survivors and their families is needed. While many respondents and especially frontline service providers highlighted this, it was emphasized that the content and quality of training should be critically assessed. Specific training gaps identified included child sensitive interview skills for frontline officers, including social workers, police and barangay officials interacting with children. Respondents also highlighted the importance of post-training support and continuing on-the-job support from supervisors. It was recommended that capacity development through training needs be a built-in feature of job enhancement for all service providers.

Respondents also explained challenges cannot always be reduced to a lack of training of government social workers, as many government and non-government agencies are currently providing different types of trainings across the Philippines. Challenges of frequent staff turn-over and limited job security mentioned above also impact training and long-term sustainability. The content of the training provided, which should be culturally sensitive and contextualized, is also relevant. It may also be useful to conduct performance-based needs assessment to determine specific capacity gaps training needs. Respondents noted that while most social workers have received training in trauma-informed care, few have been trained on more advanced counseling techniques, such as trauma-informed psychosocial processing and family therapy.

“Caseworkers stated that there is no lack in terms of the trainings received. They receive trainings from DSWD, other development players and NGOs such as IJM. The biggest challenge they face is that staff involved in frontline work are often “co-terminus” or “political”. This means that when a new administration comes into power (as recently occurred) there is a possibility that staff members will be transferred to another division, office, or could be replaced altogether. This results in lack of continuity, as every time someone new comes in, there is no assurance that they are really trained to handle children.”

- Government Social Worker, Iligan City

Examples of different types of training identified during the study are listed below. This list is not meant to be exhaustive but demonstrate the different focus areas and target groups involved.

- CPC implementers offer a variety of advanced clinical care training topics for social workers, including: Game-Based Cognitive Behavioral Therapy, Trauma-Informed Psychosocial Processing, Expressive Arts therapy, and Shelter Management.
- VAWC desk officers are being trained in how to engage with and support abused children who they encounter at their level. Due to the limited number of social workers at the municipal level, trained social workers rely on local partners, including VAWC desk officers, to support case management. Social workers explained that this basic training aims to ensure officers do not further “compromise” or “aggravate” what the child is going through and place boundaries around their handling of cases.

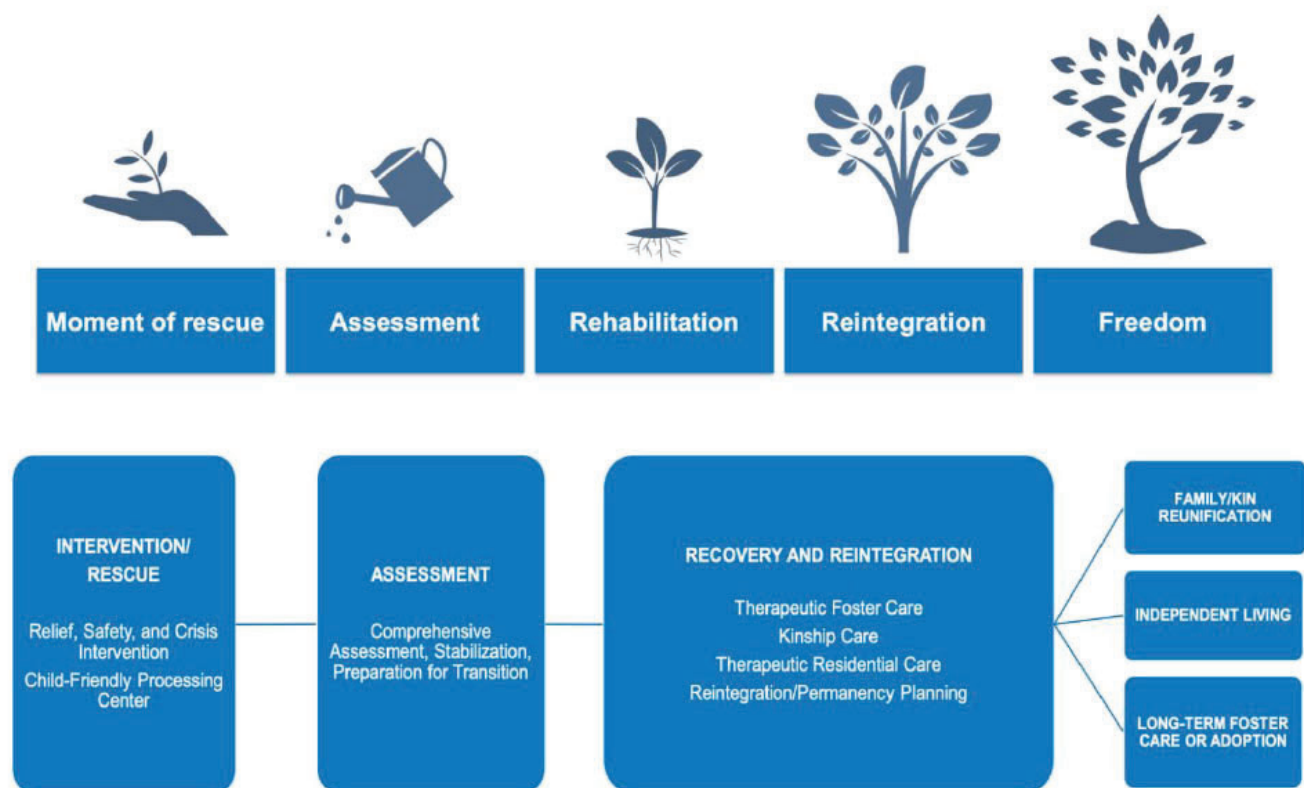
- SaferKidsPH trains local stakeholders in Iligan based on the result of the Quality Services Assessment Tool. This was described by the respondent as a tool to assess the strengths of partners to understand what they think needs to be improved and how Save the Children can work with them to fill in those gaps. Additional training needs are reportedly addressed through coordination with other stakeholders, or by linking local stakeholders (e.g., barangay) to the appropriate agency that can best help them.
- IJM trains law enforcement personnel under the Child Protection Compact (CPC) Partnership on topics such as knowledge-and-skills-based OSAEC investigation to more advanced topics, as well as multidisciplinary trainings such as Prosecuting Online Sexual Exploitation of Children (POSE). These training programs are complemented by continuous technical support and mentorship in the WCPC and mentorship through collaborative casework and investigation. Initially, at the beginning of the CPC, IJM engaged a specialist from the Internet Crimes Against Children (ICAC) to provide in-depth, daily case training and support. As law enforcement increased their baseline capacity over time, the role shifted to one of a daily presence in the Philippine Internet Crimes Against Children Center (PICACC) for technical advice and process mentoring.
- NORFIL established a Training and Research Center to enhance the knowledge and skills of social workers and other social welfare and development practitioners in the areas of alternative family care and community-based inclusive development for children and youth with disabilities.
- World Hope International conducted Game-Based Cognitive Behavioral Therapy Training in partnership with the Sexual Violence and Research Initiative and The Salvation Army. Training topics included:⁴³
 - Review of Child Protection
 - Trauma and Its Dynamics
 - Case Management Protocols
 - Communication Principles when Dealing with Children
 - Core Action: Look- Creative Strategies to Engage a Child, Establishing Safety and Comfort and Stabilizing a Distressed Child
 - Core Action: Listen- Gathering Information and Handling Disclosures
 - Attending Immediate Needs and Concerns
 - Core Action: Link- Connecting with Social Support
- Malisa NGO provides training for house parents, for example, to prevent verbal abuse of child clients at the center.
- Social workers in Quezon City said they received training to improve their knowledge of trauma-informed care and deal more effectively with cases of abuse.

⁴³ See <https://worldhope.org/blog-addressing-osaec-locally-through-trainings> for more information.

B. Analysis of Interventions and Services for Children Affected by Online Sexual Abuse and Exploitation

Services for OSAEC survivors can be viewed along a continuum, from the time children are first identified as at risk or having been exposed to harm by service providers to their integration back into their communities / families, including any support provided after this point. Ideally, services should be provided well before children are exposed to OSAEC to prevent this from occurring, including community-based information and education and family support services to reduce child vulnerability and strengthen the protective environment. In general, the study found that the service interventions and services for OSAEC survivors that are currently available do not appear to be sufficient.

Figure 7: System of Care for OSAEC Survivors



Source: International Justice Mission (IJM) (2020b). *Survivor-Centered Interagency Response Models to Online Sexual Exploitation of Children*.

This section presents an analysis of the different services, interventions and strategies currently used to assist children affected by OSAEC in the Philippines identified by the study and, to the extent possible, examines their perceived quality and appropriateness. These range from prevention and efforts to raise awareness about the issue to reintegration and follow-up care after children return to their communities or leave the formal care system. The study considers both process-led interventions (such as referrals,

reintegration processes, family tracing, case management) and services including counselling, provision of alternative care and other forms of therapeutic support. The findings presented below are structured based on the service provision continuum, from prevention and awareness raising through to reintegration and follow-up services after children and youth have been returned to their families, communities, or other living arrangements.

It is important to note that this study was not designed as a formal service evaluation, but an opportunity to conduct a qualitative analysis of the spectrum of approaches in place and how these are working from the perspective of child protection stakeholders at different levels. The data collection generated a series of critical questions about current approaches to service delivery highlighted in this section. While the Philippines has more information on OSAEC than many countries and efforts have been made to better understand aspects of the issue itself, as well as response efforts, detailed understanding of interventions and strategies for the rehabilitation and reintegration of child survivors of online sexual abuse and exploitation remains limited.

The online space and nature of this form of sexual exploitation present unique challenges for identifying child victims and designing appropriate services. While qualitative data and anecdotal findings indicate that many more children are affected by this issue than the small percentage of cases being reported,⁴⁴ identifying and assisting these children can be challenging. OSAEC cases are often not disclosed, reported or identified as sexual exploitation or abuse – children in these situations often therefore do not receive any services and many children affected by this form of violence may not come into contact with services at all.⁴⁵ Analysis of the adequacy of current services is further challenged by lack of research and data on the extent to which child victims / survivors have healed and gained their sense of overall well-being following the intervention of services, as well as lack of assessment and evidence on final outcomes for children and their families.

For those cases that do enter the formal system, the services and types of help currently available for OSAEC victims / survivors are limited, as explained in detail by service below. This is attributed to several factors, including lack of human resources and staff capacity. As many specialized services are provided by NGOs, service provision across the country may be inconsistent. Current interventions tend to focus on response, rescue and legal procedures, with less availability of services for prevention, healing and recovery of children affected by OSAEC. Study respondents highlighted gaps in the assessment of final outcomes for children and factors impacting success of recovery planning, as well as understanding the extent to which children have recovered and gained their sense of overall well-being. This information is crucial to ensuring and designing effective and appropriate service provision.

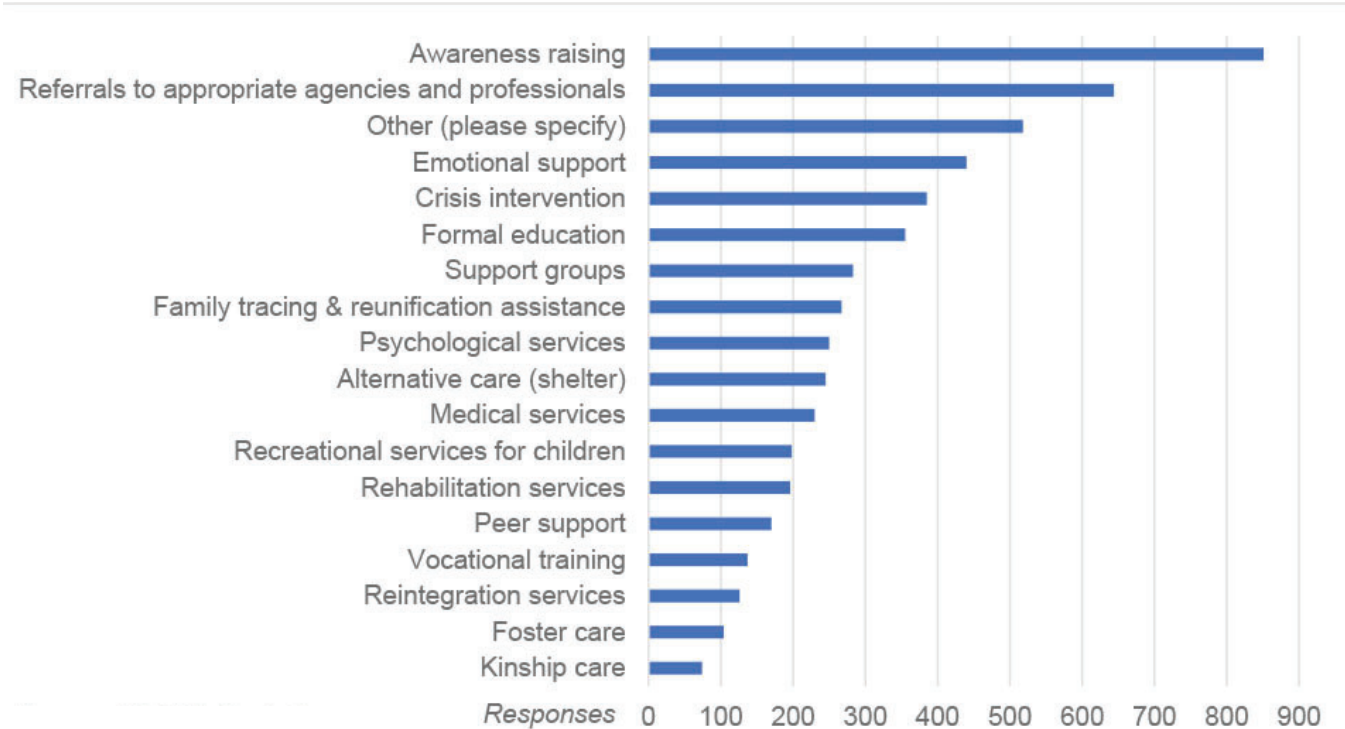
When asked to identify the interventions currently available for the protection, rehabilitation and reintegration of child victims / survivors of OSAE in their location, survey respondents listed a series of process-led interventions, presented in Figure 8 below. The most common interventions identified included awareness raising and referrals. Referral is not a service intervention in itself and awareness raising is explored in more detail below. Other services highlighted included emotional support, crisis intervention, psychological

⁴⁴ UNICEF Philippines and DSWD-IACACP (2021a). *National study on online sexual abuse and exploitation of children in the Philippines*.

⁴⁵ Ibid.

services, mental health and psychosocial support and alternative care. The majority of interventions mentioned are response strategies to support OSAEC victims / survivors after cases have been reported and entered the legal system. Apart from awareness raising, prevention services and support to children, families and communities before harm occurs or is identified as a criminal offense are less prominent. Descriptions of the services identified by survey respondents are outlined below, as well as described in detail further in the report.

Figure 8: Interventions currently available for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC, according to survey respondents

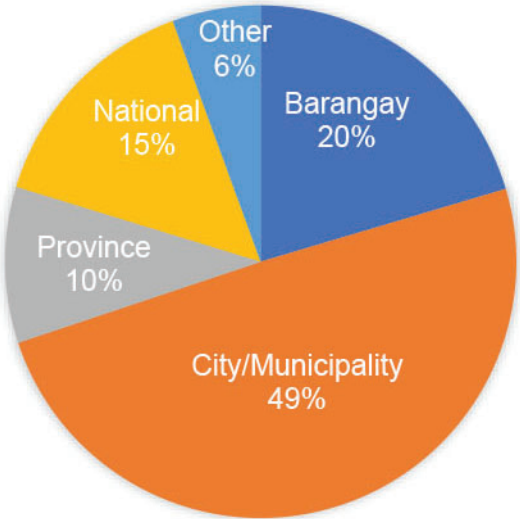


Source: OSAEC Study Survey

Services listed in Figure 8 above are presented as described by survey respondents and may be interpreted or understood differently in different locations by service providers. However, it is helpful to have a general picture of the services identified by respondents and the relative frequency they were mentioned to understand the perceptions of frontline service providers. In depth analysis of the different types of services available for OSAEC survivors / victims is presented in Sections I – VII below.

As shown in Figure 9, survey respondents indicated that they are providing services at the city / municipality level (49%), followed by the barangay (20%) and national levels (15%).

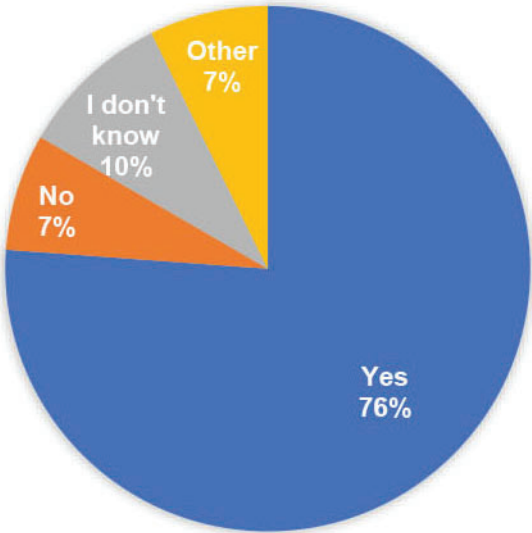
Figure 9: At which government level(s) are you currently providing services to children who have experienced OSAEC?



Source: OSAEC Study Survey

The majority of survey respondents (76%) felt that services are accessible to children affected by OSAEC (see Figure 10). It is important to note that as most of the respondents were from PNP and law enforcement agencies, they may be referring primarily to law enforcement services. Medical services were also indicated as most accessible, while vocational training was considered least accessible for OSAEC victims / survivors.

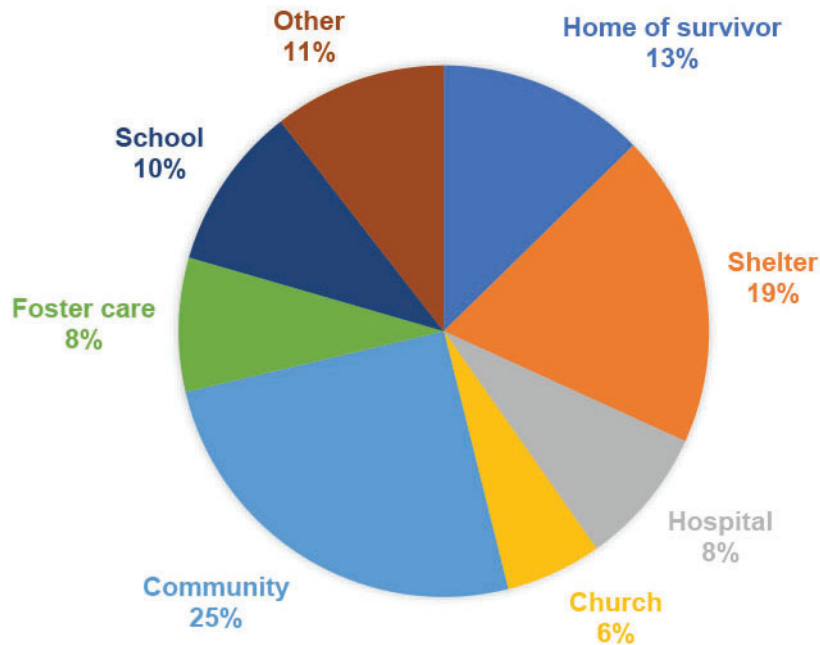
Figure 10: Are the services described above easily accessible to children affected by OSAEC?



Source: OSAEC Study Survey

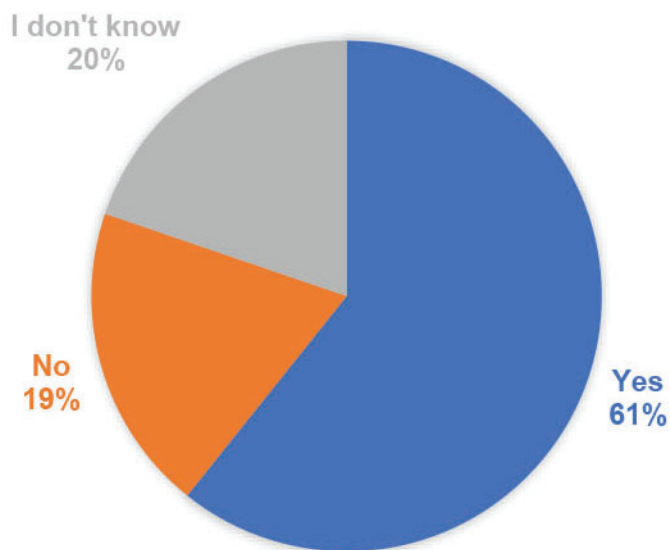
In terms of the locations where services are provided, survey respondents indicated that services are primarily provided at the community level, at shelters and in children’s homes (see Figure 11).

Figure 11: Settings for OSAEC Service Provision



Source: OSAEC Study Survey

Figure 12: Is availability of services different for cases that have and have not been formally reported?



Source: OSAEC Study Survey

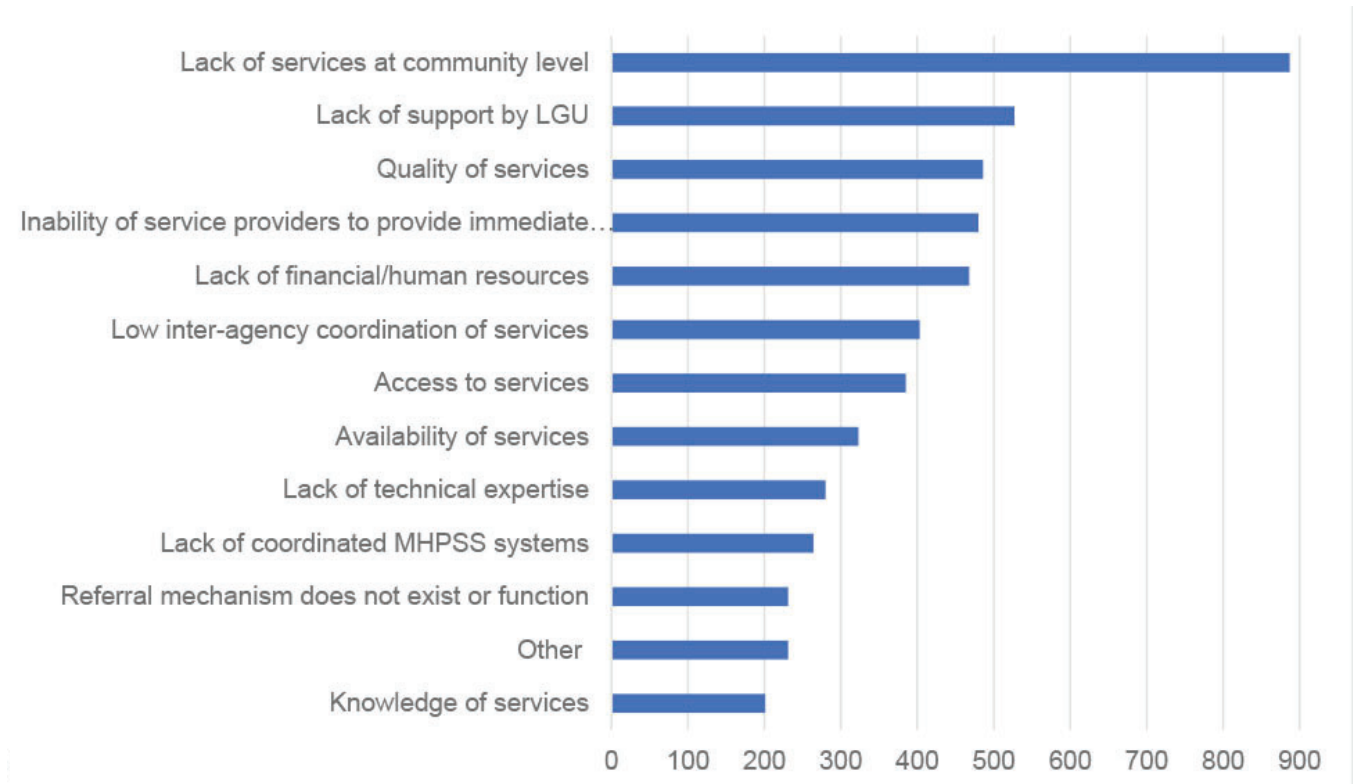
Survey respondents identified a difference in the availability of services for cases that have not been formally reported (see Figure 12). As described below, if cases are not formally reported and criminal charges filed, it appears to be less likely that children and families will receive services and support, especially those provided by government agencies. This is an important finding, as many OSAEC victims / survivors may not be willing to file an official report, especially when this could have a negative impact on their family or parents. However, these children should still have access to assistance and services without this being predicated on a formal report being filed.

Survey respondents explained that if a case is not formally reported to the legal system:

- The case is not responded to immediately.
- Legal assistance is often not provided.
- The referral system does not function well for cases not formally reported.
- Financial assistance and other services are often not provided.
- Services are provided only by CSOs and not by government.
- Most services could not be availed by the client when not formally reported.
- Cases formally reported take priority over those not formally reported due to the logistical considerations and human resources involved in implementing services.
- Witness protection can only be extended to the victims if a case has been filed in court.
- Barangay officers and medical staff are willing to help.

Survey respondents also identified a series of bottlenecks affecting the delivery of services for OSAEC victims / survivors and their families, explored in more detail in subsequent sections. Key challenges identified included the lack of financial and human resources, as well as coordinated mental health and psychosocial support services (see Figure 13).

Figure 13: Service and Intervention Bottlenecks for OSAEC Victims and Families



Source: OSAEC Study Survey

1. Prevention and Awareness Raising

Awareness-raising, a key component of primary prevention strategies, aims at:⁴⁶

- changing attitudes, behaviors and beliefs among the general public;
- preventing children from becoming victims of OSAEC;
- informing the wider public and especially OSAEC victims / survivors and perpetrators about the resources available to tackle the issue; and
- outreach and working directly with children and young people who may be already engaging in OSAEC and their families through information sharing, awareness raising, discussion and group work.

⁴⁶ European Institute for Gender Equality (19 June 2013). Awareness Raising.

As shown in Figure 8, this was the most common service survey respondents indicated that their agency provides in relation to OSAEC. While important for prevention and ensuring the protection of children, awareness raising is not technically a direct service or form of assistance for children and families. Developing and disseminating awareness raising materials and campaigns can be more straightforward and less complex to navigate than engaging directly with children and families who have experienced OSAEC. Awareness raising information and materials are increasingly available that can be adapted to the Philippine context. To do this effectively, however, it is important to continue to build understanding and knowledge of this complex phenomenon and its specific manifestations and dynamics.

A critical element of prevention that merits further exploration and understanding are strategies for reaching and enabling children to freely disclose their engagement with OSAEC, at whatever stage this may be. Children should have access to help and reporting channels, as well as be provided with age appropriate and relevant information to enable them to see the harm inherent in this phenomenon and trust adults to help them deal with their exploitation. Since childhood is socially constructed and imbued with cultural meaning, social workers and other relevant service providers should be trained to understand child development, concepts of childhood, and parent-child interaction within Filipino culture in order to effectively engage with children and families in ways that are acceptable and make sense to them.⁴⁷

The National Baseline Study on Violence Against Children (NBS VAC) noted that children rarely disclose sexual violence (2.7%) and when they do disclose, are more likely to do this with peers (52.2%), than to their mothers (11.9%).⁴⁸ While willingness to report violence was high at 75.7%, awareness of child protection services is only at 29% and only 0.6% accessed services from social workers. Only 18.2% accessed services from teachers, with Guidance Counselors at 6.7%, priests/pastors/nuns at 3.8% and Barangay officials at 3.2%. Considering these findings, awareness training should extend to barangay officials, school personnel, and religious community members, and also support strategies to link peer support groups to the formal CP system.

There is a need to further analyze and break down efforts around awareness-raising to understand the purpose, target, content, quality and impact of the messages and information being delivered. For example, studies have shown that campaigns focused on raising awareness on an issue or simply providing information do not necessarily lead to behavior change.^{49, 50} This is linked to the relationship between cognitive and behavior processes and can be exacerbated by the reality that perpetrators may be facing multiple issues including poverty and lack of perceived alternative viable options.

“Awareness raising that does not result in action and commitments from stakeholders reached does not necessarily prevent OSAEC.”

- Survey respondent

⁴⁷ Super, C., & Harkness, S. (1986). The developmental niche: A conceptualization at the interface between child and culture. *International Journal of Behavioral Development*, 9 (4), 545–556.

⁴⁸ CWC & UNICEF Philippines (2016). National Baseline Study on Violence Against Children: Philippines (Executive Summary).

⁴⁹ Galiani, S.; Gertler, P.J.; Orsola-Vidal, A.; & Ajneman, N. (2014). Promoting Handwashing Behavior: The Effect of Large-Scale Community and School-Level Interventions

⁵⁰ Seimetz, E.; Kumar, S.; & Mosler, H.-J. (2016). Effects of an awareness raising campaign on intention and behavioral determinants for handwashing. *Health Education Research*, 31(2), 109-120.

As discussed in Section VI: Reintegration below, awareness-raising and information sharing is also important during reintegration of OSAEC victim / survivors. Awareness raising to develop understanding of the dynamics and impact of OSAEC on children, as well as laws on child rights, rehabilitation and cybercrime, can be beneficial as children and families do not always view OSAEC as being directly harmful. Sharing information on the impact and potential negative consequences of this experience for children can help prevent repeated exploitation and recidivism once children return to their families and communities. The study identified a positive example from Iligan involving community-based awareness raising as part of efforts to prepare communities for reintegration of children. NGOs conducted awareness sessions in selected communities or barangays in Iligan City, using modules developed by PSTCRRRC under SaferkidsPH through Save the Children Philippines.

“Understanding OSAEC is included in our awareness-raising module, which breaks down the ways a child can become a victim. We aim to have parents understand why, despite the risks, there are parents who force their child to engage in this. We aim for the community to understand that OSAEC is a form of exploitation and there is no truth to the “no touch, no harm.” That it is not okay to sell the dignity of your child just to put food on the table. We had few interesting realizations from parents. They said that before, they could not understand why their children spend so much time on the internet (bordering on addiction – “nalululong”). And recently, there was realization that, yes, children were not allowed to go out for almost two years due to the pandemic. So the next best thing that they could do in the house as a distraction is to use their phones to access the internet. Another reflection was, now I understand why my child is always on the internet because there are a lot of wonderful things on it, but at the same it can be harmful. So hopefully, we were able to establish that. That this is how OSAEC works. This is how our children are being lured. We explain the grooming process. So to make the community understand that children are considered vulnerable and we, as adults and as guardians, we do have a responsibility to protect these children.”

- NGO project coordinator, Iligan City

“The awareness programs are meant for parents to realize the OSAEC is a crime. This is also done by NGOs and DSWD, they give trainings on trafficking, awareness program, because most parents are not aware that this constitutes a crime, that they can go to jail because of it.”

- NGO director, Cagayan de Oro City

SCHOOLS

An area highlighted by respondents and TAG members as an important opportunity and current gap in OSAEC prevention and awareness efforts is in relation to schools and education. Respondents highlighted the potential role that teachers who interact with children daily can play in raising awareness and ensuring the protection of children. However, it was repeatedly mentioned that teachers are often reluctant to get involved in child protection issues and OSAEC cases in particular. This is attributed to lack of knowledge and training, the fact that teachers may feel unequipped to handle these types of complex issues, as well as concerns about stigma. There also appears to be a sense or belief that child protection is not a primary responsibility of teachers, whose role is to provide education to students. This is a common finding in many countries where child protection system assessments and evaluations have been conducted.^{51, 52}

Respondents in Region 3, in particular, observed that some teachers / guidance designates / guidance advocates keep OSAEC incidents to themselves and do not refer these to the DepEd Division. The identified possible reasons for non-reporting include: 1) they feel uncomfortable ("*ilang*") if it's related to OSAEC; 2) they do not want to be involved in the case because "*may buhay din ako*" (I have my own life); 3) possible stigma, and 4) not being fully aware of their responsibilities.

A respondent from the DepEd Division noted that parents are not always as cooperative with teachers / guidance counselors / designates compared with DSWD or PNP officials. If the school calls for a meeting, the parents will try to avoid attending, but if DSWD or the PNP women's desk calls for one, they are more likely to respond and cooperate promptly. The interviewee explained that this could be a function of the latter being perceived as having a more dominant authority. This is exacerbated by the fact that not all schools have counselors, so they tend not to be as well recognized by parents.

“We, the counselors on the field, realize that it is as if we do not exist because we cannot be seen.”

- DepEd Division Respondent, Central Luzon

Teachers also may be overwhelmed with a large workload and do not feel prepared to take on yet another challenge. As illustrated in the quote that follows, in instances when teachers who do try to follow up on a student who has experienced OSAEC, they may be told by their supervisors or school authorities not to get involved and to focus on teaching instead.

“When they try to follow up what happened to a child, teachers are told this is not their mandate and instructed that their duty is to teach.”

- DepEd Division Respondent, Central Luzon

⁵¹ ECPAT International, Plan International, Save the Children, UNICEF and World Vision (2014). National Child Protection Systems in the East Asia and Pacific Region: A review and analysis of mappings and assessments.

⁵² UNICEF Laos & Ministry of Labor and Social Welfare (MOLWS) (2020). Assessment of the Child Protection System in Lao PDR: Final Report.

The NBS VAC has however revealed that, among professionals, it is the teachers and guidance counselors whom students disclose to the most.⁵³ Their roles are critical, and providing them the organizational structures, capacity building, and other supportive structures is therefore imperative.

The NGO Talikala, for instance, provides online safety training for school teachers, which has resulted in receiving disclosures from their students. Talikala seeks the help of school Guidance Counselors and designates to assist children but does not have the means to follow up the child's situation. Guidance counselors in schools may be well-placed to raise awareness and engage with the student body on OSAEC. However, study respondents highlighted the lack of appropriately trained guidance counselors and designates able to take on these responsibilities as another significant gap and bottleneck preventing this approach. SaferKidsPH identified similar views and gaps among partner schools when their OSAEC program started. As a result, during the action planning phase in CDO, the City Council for Protection of Children decided to include information on OSAEC, the Child Protection Policy and child protection laws to encourage and support schools to report cases.

“During the training, the BCPC Barangay Batasan Hills, Quezon City learned that teachers are not new to this issue. They receive disclosures about children affected by OSAEC but they did not know how to handle the situation. After their training, they are better able to manage information shared by their students. Following their referral system, they report the information to the BCPC or the police. A number of parents are beginning to go to BCPC to report. It seems they trust their BCPC.”

- BCPC official, Quezon City

The Department of Education likewise provides orientations to equip teachers to recognize “red flags” related to abuse and identify if OSAEC or other forms of abuse are happening in schools. This includes orientation for “guidance counselor/ designates,” considered as first responders in schools.

“We really see to it that we conduct a series of orientations (with teachers) to remind them about their responsibilities. We don't have a good network if they are not informed.”

- Department of Education Respondent, Central Luzon

The JPIC (Justice, Peace & Integrity of Creation-Integrated Development Center, Inc.) in Cebu City also provides training to selected schools and LGU officials to raise awareness on OSAEC. After the training, discussions with parents, students (particularly senior high school students) and teachers on OSAEC and how to detect its signs, are conducted. Students are encouraged to post what they learn on their social media accounts to reach their peers who were not able to participate in the discussions.

⁵³ CWC & UNICEF Philippines (2016). National Baseline Study on Violence Against Children: Philippines (Executive Summary). [https://www.unicef.org/philippines/media/491/file/National%20Baseline%20Study%20on%20Violence%20Against%20Children%20in%20the%20Philippines:%20Results%20\(executive%20summary\).pdf](https://www.unicef.org/philippines/media/491/file/National%20Baseline%20Study%20on%20Violence%20Against%20Children%20in%20the%20Philippines:%20Results%20(executive%20summary).pdf)

In a proof-of-concept study that tested the effects of an in-service training curriculum on the recognizing, recording, reporting and referral (4Rs) of child sexual abuse (CSA), as well as establishment of referral and support system, among teachers in two public schools, results suggest that there is much promise in the use of such school interventions that would help dispel discomfort and misgivings about handling and reporting OSAEC. showed an improvement in their knowledge of CSA; an increase in confidence to identify CSA; and a decrease in their apprehension and fear of reporting such.⁵⁴ This change in knowledge and attitude

2. Intervention and Rescue Services

The Philippine National Police (PNP), National Bureau of Investigation (NBI) and its various units, such as the Women and Children’s Division, investigate and conduct rescue operations of children and families suspected to be involved in online child sexual exploitation. LGU social workers are involved in the rescue process and facilitate referral of children to shelter services if needed. Both the PNP and NBI have dedicated centers designed to provide medical, psychological and legal responses in cases of child sexual abuse.⁵⁵ Suspected OSAEC activity can be reported in several ways, including:

- DOJ Cybercrime Division
- PNP Women & Children Protection Center - Anti-Trafficking in Persons Division
- NBI - Anti-Human Trafficking Division
- Inter-Agency Council Against Trafficking
- Actionline Against Human Trafficking
- Council for the Welfare of Children Bantay Bata 163
- Philippine Red Cross
- 911 National Emergency Hotline
- Don’t Look Away Campaign

There are different paths where children are victimized. Service providers and policymakers need to understand these pathways of exploitation and respond appropriately with the best interest of the child as a primary concern. During the intervention and rescue process, there is a need to uncover the hidden elements of this crime including how children become involved and the role of family and community members without stigmatizing or traumatizing the children involved, as well as considering the impact of the investigation on children’s relationships with critical figures in their lives, including parents and siblings. Study respondents raised questions about the intervention and rescue process, presented in Figure 14.

⁵⁴ Madrid, B. et al. (2020) Safe schools for teens: preventing sexual abuse of urban poor teens, proof-of-concept study – Improving teachers’ and students’ knowledge, skills and attitudes. *Heliyon*, 6 (6). <https://doi.org/10.1016/j.heliyon.2020.e04080>

⁵⁵ Roche, S. (2017). “Child Protection and Maltreatment in the Philippines: A Systematic Review of Literature.” *Asia and the Pacific Policy Studies*. <https://doi.org/10.1002/app5.167>

Figure 14: Questions about the rescue process identified by study respondents

- o Does the current approach result in successful outcomes for children?
- o Is this approach beneficial for families?
- o Is the rescue process helping or exacerbating children's trauma?
- o Are we focusing on prosecuting offenders at the expense of wellbeing / healing of children?
- o What if the child does not agree with the rescue / prosecution process?
- o What if a child does not want to prosecute their parent?

These are challenging, complex and important questions that cannot be ignored or overlooked and were also noted in other studies and reports reviewed, including the National Study on OSAEC, as well as by expert TAG members. For example, the PAVE study on *Psychosocial Needs of OSAEC Survivors* found that "aspects of the Filipino system for addressing and combating OSAEC may be perpetuating trauma for survivors."⁵⁶ This specifically includes how rescue operations are conducted, the lack of confidentiality for children and families, requiring child survivors to testify in court against loved ones and residential care and family separation.

In addition to rescue operations conducted to establish incidence of the crime through police operations, other strategies for identifying and assisting OSAEC victims / survivors are needed, such as those offered by Talikala and PLAN Philippines to provide safe spaces for children to disclose information and access help in a safe, supportive and non-judgmental environment. Other examples include volunteer peer community watch teams that monitor what children are viewing or doing in computer or internet cafes. These volunteers talk to children or alert the owner of the cafe if there are concerns about possible abuse and exploitation.

Government and NGO respondents noted improved coordination between agencies, particularly law enforcement and social workers, to support the rescue process. The presence of social worker/s in rescue operations helps to minimize the negative impact of the rescue on the child as well as on the child's family. Observations from NGO and Government social workers are presented in the quotes below.

“When I look at the case management process, given enough resources, it is actually ideally okay. There is a social worker upon rescue, the children are provided basic needs and intervention in shelters.”

- NGO project coordinator, Iligan City

“In rescue operations, we are with a team composed of several professions. My part during the rescue operations is as social worker. We help explain to the parents as well as the child on why, the reason why we are there in their house, the situation of their child. We help them to understand more.”

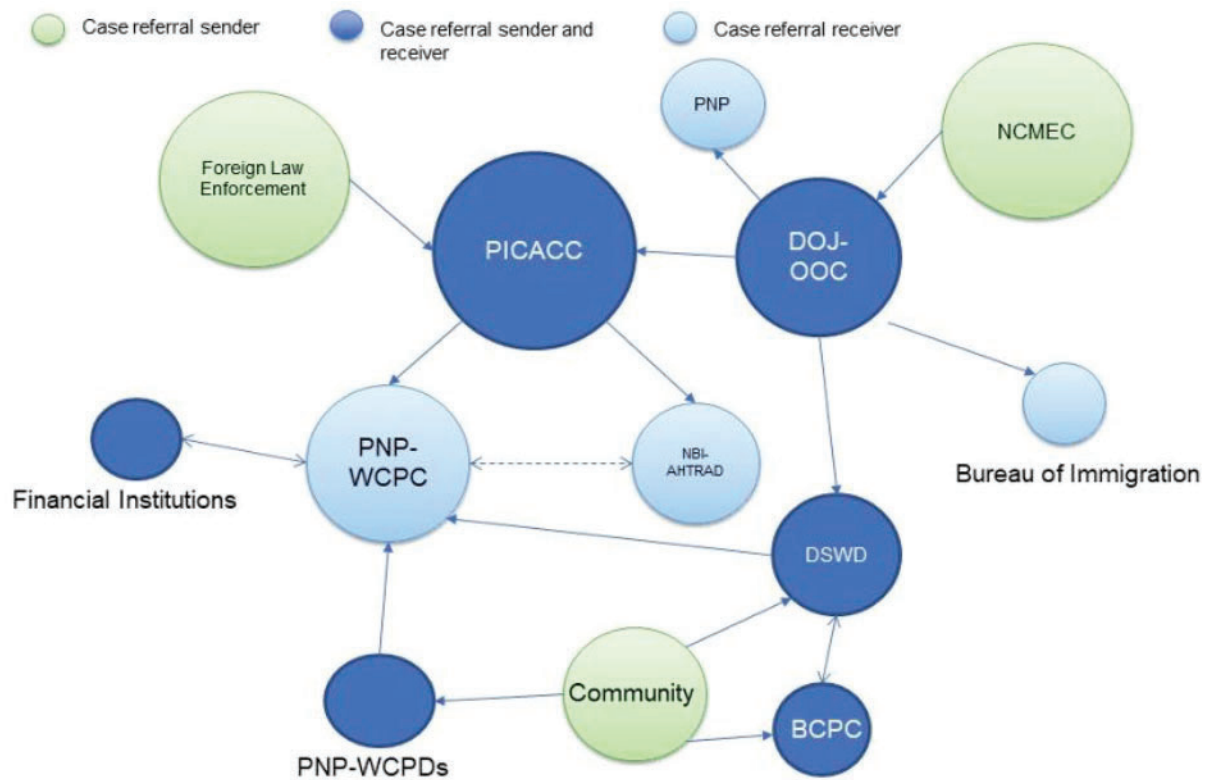
⁵⁶ World Hope International & The Salvation Army (n.d.) PAVE Project. *Psychosocial Needs of OSAEC Survivors* (powerpoint slides) PAVE (Protection At-risk Children Vulnerable to Exploitation) Project.

“It is not easy for strangers to go to your house. Naturally the children would be afraid and some are traumatized. Since social workers are the first to interview the children, it would be good if we are trained on how to provide initial counselling or debriefing. We are aiming for justice, and we hope that we won't lose the child in the process. We want to bring the perpetrators to justice, without neglecting the psychological needs of the children. It is important for the child not to be traumatized in the process.”

- Government social worker, Cagayan de Oro City

Figure 15 shows the case reporting pathways for international and national OSAEC cases identified by the US-Philippines CPC Partnership Endline Evaluation.⁵⁷ Arrows point to the recipients of case referrals and bubble sizes indicate the relative proportion of referrals that flow to or through each organization. DOJ-OOC is the point of contact for NCMEC, whose reports are supposed to be assessed within 20 days of receipt to determine whether they have sufficient actionable information. Reports with actionable information are sent to PICACC or DSWD, if a child victim is identified.

Figure 15: Flow of OSAEC Case Reports



(Source: 2021 US-Philippines CPC Partnership Endline Evaluation)

⁵⁷ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). *US-Philippines Child Protection Compact Partnership: Endline evaluation draft report.*

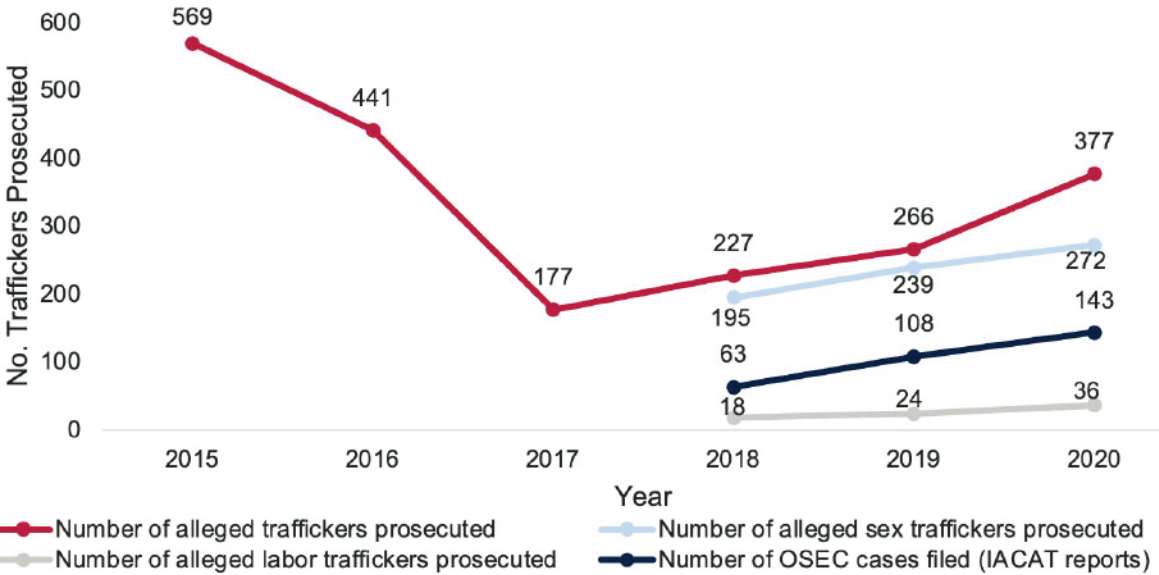
The evaluation found that reporting pathways appear to have improved in recent years, with “fewer overlapping connections and duplicated pathways for reporting, indicating improved clarity of processes and roles.”⁵⁸ However, these findings were based on stakeholder network mapping using samples of 7 – 17 respondents so merit further analysis.

Criminal Prosecution of OSAEC Cases

The primary focus of the current study is on non-legal or court related services. However, the criminal prosecution of OSAEC cases is another important area for consideration, especially in terms of the prioritization of limited resources on ensuring the psychosocial wellbeing of child victims versus ensuring conviction of perpetrators. While this is not necessarily an ‘either / or’ choice, stakeholders repeatedly flagged that prioritizing or focusing predominantly on lengthy legal and criminal processes and their requirements may have a detrimental impact on children’s well-being if not carefully managed and monitored.

With the establishment of the PICACC and efforts to coordinate law enforcement agencies to effectively identify, respond to and prosecute OSAEC cases, the number of cases filed and prosecuted has increased in recent years. The dark blue line in Figure 16 below shows the number of OSAEC cases filed and prosecuted between 2018 and 2020 according to IACAT reports.⁵⁹

Figure 16: Number of alleged sex and labor traffickers prosecuted, 2016–2021



(Source: 2021 US-Philippines CPC Partnership Endline Evaluation)

⁵⁸ Ibid.
⁵⁹ Ibid.

As in many countries, Philippine court system requires testimonial evidence to decide cases. This has a significant impact on rescue and investigation processes, as the documentation of evidence, often from child victims themselves, is an important objective to facilitate the prosecution of offenders. Concerns have been raised about this, especially in situations where children are required to provide testimony in court against family members and loved ones.

“The rescue, investigation, and the trial process also affect the child victims. The whole OSAEC experience has an impact on their psychological well-being, sense of safety and control, and view of the world. In many cases, the negative impacts of the rescue and separation from their family are worse than the impact of the actual online exploitation and abuse, especially for those who did not feel harm from online exploitation.”

- CPU Specialist

Family courts follow the Rules on Examination of a Child Witness, which aim to “create and maintain an environment that will allow children to give reliable and complete evidence, minimize trauma to children, encourage children to testify in legal proceedings, and facilitate the ascertainment of the truth.”⁶⁰ The rules are applicable to minor witnesses under 18 years of age, and allow for assignment of a guardian *ad litem*, appointment of a facilitator to assist the child during questioning, provision of a separate waiting area for child witnesses, child testimony from a place other than the witness chair in court, and use of testimonial aids and emotional security items when a child is testifying. It is important to note that the rules also allow for a qualified adult to testify on the child’s behalf if the child is declared unavailable during the time of the trial.⁶¹ Capacity building and training of legal and court personnel to ensure that these rules and protective measures are upheld to protect children throughout the legal process are critical.

It is positive to note that when asked about the increasing ratio of investigations to cases filed, PICACC respondents stated that “law enforcement had increasingly prioritized the rescue of the child over the arrest of the perpetrator. These respondents explained that previously, a rescue operation would not occur until there was sufficient evidence to confirm guilt, beyond the threshold of probable cause required for inquest. In some cases, this delayed the rescue of a child being exploited. According to these respondents, law enforcement has shifted to collecting sufficient evidence that a child is being exploited, then triggering a prompt rescue operation to remove the child from harm.”⁶²

⁶⁰ Republic of the Philippines (17 June 1992). Republic Act (RA) No. 7610, Rule on Examination of a Child Witness. https://lawphil.net/courts/supreme/am/am_004_07_sc_2000.html.

⁶¹ Sections 28 and 29, RA No. 7610.

⁶² US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). *US-Philippines Child Protection Compact Partnership: Endline evaluation draft report*.

While prosecution of perpetrators is an important deterrent and a key component of ensuring justice for child victims and survivors, ensuring that the psychosocial wellbeing and safety of children is paramount in law enforcement rescue and investigation processes, and it is positive that this is deliberately prioritized. Increasing efforts are also reportedly being made to resolve cases through plea bargain, which can sometimes be done in as little as two or three months, compared to the average three years it could take for a case to be resolved through full trial.^{63,64}

“ In a case handled by a partner LGU, the children were required by the court to watch the video they were in and identify the perpetrator. The social worker objected strongly against this, stating that it will worsen the children’s trauma but she was also strongly warned that this will affect the legal procedures against the perpetrator negatively. ”

- NGO service provider

Linked to this finding, members of the Technical Advisory Group supporting the current study highlighted anecdotal field experiences of those working directly with children and youth, indicating a need to look at the feasibility of identifying the “offended party” as the complainant in legal processes. Children consulted are often not ready nor predisposed to disclose their experiences to people who will treat this as a punishable crime at the outset. At most, they need time and assurance that their disclosures will be treated with caution by people they trust. There is a need to strategize how children can see the value of taking their experience further, be assured that this will not prejudice their parents (if they happen to be party to the offense), nor cause separation anxiety if their parents are punished and separated from them. There is an opportunity to consult other sectors engaged with children and youth on this issue.

3. OSAEC Case Management

The current DSWD case management process is based on the *Philippine Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation* developed by the Committee for the Special Protection of Children. While these guidelines are theoretically grounded in the principles of child-sensitive care and an appropriate approach in working with child victim / survivors,⁶⁵ as noted above, respondents explained that primary focus and priority is often on the immediate rescue and legal prosecution of perpetrators. Investment of attention and resources into ensuring children’s overall wellbeing, positive development and optimal longer-term outcomes for children and families requires time, skills and resources often not available to frontline service providers.

⁶³ Ibid.

⁶⁴ According to IJM, the total count of OSAEC convictions from 2011 to 2020 was 76, with 63 (83%) resolved through plea bargain, and the remaining proceeding to full trial. In 2020, plea agreements were achieved in 22 (77%) of the total 28 OSEC cases and were able to proceed even during the court shutdowns caused by the COVID-19 pandemic. Across the years, approximately 82% of all OSEC convictions were resolved through plea agreements. (US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). *US-Philippines Child Protection Compact Partnership: Endline evaluation draft report.*)

⁶⁵ Committee for the Special Protection of Children (CSPC) (2011). Protocol for case management of child victims of abuse, neglect, and exploitation. https://www.doj.gov.ph/files/transparency_seal/2016-Jan/CPN-CSPC%20Protocol%2026Nov2014.pdf

Numerous respondents flagged that the 2013 case management protocol currently being used may no longer be relevant or effective. Challenges identified include ensuring individual care and protection planning to tailor case management to each child's situation. NGOs are reportedly working to improve communication at the local level by identifying a focus person to provide updates on rescue operations. Study respondents highlighted the lack of continuity and information sharing between agencies as problem.

Survey respondents highlighted 'referral' as a leading service provided to OSAEC victims / survivors. While referring or sending children who require further professional help to appropriate agencies and professionals can be beneficial and is an important aspect of the case management process, especially when specialized services and help required by children is not available in their location or at a certain level, referral is not considered a service in itself. Due to the nature of the survey questions, this tool did not generate further information on the outcomes of these referrals and quality of services ultimately received. However, based on the interviews conducted, it was evidence that services to support the wellbeing of children and families are limited and face significant resource and capacity challenges, as described below. Many respondents flagged concerns around the lack of follow-up on outcomes for children after referral, even when local level officials specifically requested information.

Another challenge identified in relation to local level service provision is gaps in the capacities and available infrastructure for the case management mechanism. There are currently 115 WCPUs and VAWC Desks in only 59 provinces and 10 cities according to the latest available data of the DOH, whereas WCPUs and Family Courts should be in place in all provinces. In sexual abuse cases, only two hospitals, the Philippine General Hospital Child Protection Unit and National Center for Mental Health (NCMH) can undertake psychological evaluation of children for legal purposes. The Philippine Children's Medical Center (PCMC) can provide therapy and treatment to support the filing of a case while an increasing number of hospitals have established child protection units.

These findings are corroborated by the IJM literature review on case management, which found that the "available evidence suggests that the government case management system in the Philippines suffers from multi-faceted systemic issues. Previous research showed the case management system to be "underfunded, fragmented and ineffective in supporting survivors from rescue to reintegration."⁶⁷ The review noted that one of the critical gaps underpinning the fragmented case management system is the "lack of evidence informing existing standards which are used to guide practitioners and ensure practices are occurring in the best interest of the child."⁶⁸ Prior to the recent national election, the DOJ Committee for the Special Protection of Children decided to update the Case Management Protocol and reportedly allocated budget for this. With the change of administration, this has reportedly been put on hold until new leadership has been appointed.⁶⁹

⁶⁶ See <https://www.childprotectionnetwork.org/wcpu-member/>

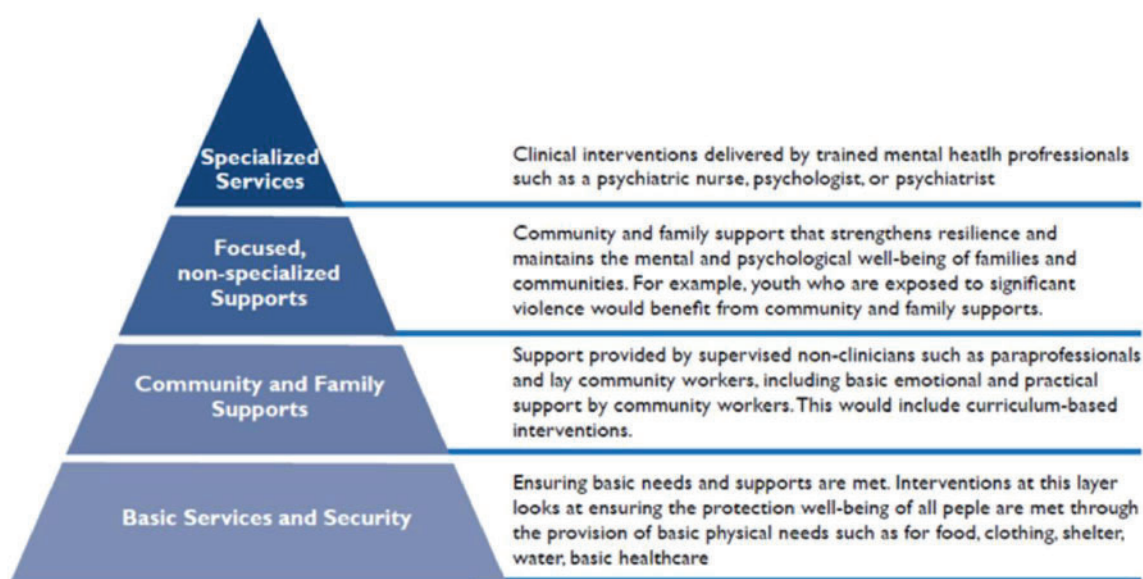
⁶⁷ Wilkinson, D. (2020) Best Practices in Case Management of Child Sexual Abuse and their sustainability to online sexual exploitation of children in the Philippines: A literature review. Manila: International Justice Mission, p.45.

⁶⁸ Madrid, Ramiro, Hernandez, Go, and Badilio, 2013; Roche, 2017; Roche, 2020 as cited in Wilkinson (2020).

⁶⁹ Technical Advisory Group (2022, 5 July). Validation Meeting.

In terms of psychosocial services and care, it is useful to understand and assess the different types and levels of services that can be provided. Research and studies in the public health sector have highlighted the importance of shifting resources and focus to ensuring community-centered psychosocial support that can be provided by general and lay practitioners.⁷⁰ This is especially important in contexts with limited human resources and specialist mental health care providers. The Inter-Agency Standing Committee (IASC) Mental Health and Psychosocial Support (MHPSS) intervention pyramid defines four different levels and types of intervention that, depending on available resources and needs, can be implemented simultaneously. In the Philippines, access to specialized services, including professional psychosocial care and assessment, is limited and therefore strengthening community and family support, as well as ensuring that the basic needs of families are met, while working to make specialist care accessible for children and youth who are in need of these services, may be most effective.

Figure 17: IASC Mental Health and Psychosocial Support Intervention Pyramid



Source: IAS Committee. (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee.

⁷⁰ Kakuma R, Minas H, van Ginneken N, et al. (2011). Human resources for mental health care: current situation and strategies for action. *Lancet*; 378 (9803):1654-63. London, England. doi: 10.1016/S0140-6736(11)61093-3.

Cultural Dynamics and Relationships

Cultural dynamics and relationships between children and families in the Philippines are also important factors for consideration in the management of OSAEC cases. The reality that children feel a strong commitment to support and contribute to their family impacts the dynamics of OSAEC, especially when violations occur within the family setting, as is often the case. Cultural expectations of a “good child” are also relevant; Filipino children are expected to help with household work and childcare and, as one grows older, support household subsistence activities.⁷¹ Children may feel that it is their duty to help support and augment the family income and parents consider engaging children in “child work” to be a good child rearing practice that benefits the family as a whole. Perceptions of differences between “child work” and “child labor” in all phases of family life are also important for understanding and designing effective approaches to address OSAEC.⁷²

Understanding cultural determinants is critical for all processes involved in case management, as well as advocacy or social behavior change programming. It is also important to ensure that interview processes are culturally appropriate and will enable children to freely disclose their situation or what happened. A pioneering strategy in this aspect is the practice of *Sikolohiyang Pilipino* (Filipino Psychology), based on a contextualized approach and developing culturally appropriate modules anchored in indigenous Filipino experience and orientation.⁷³ It is important to note that this does not merely involve translating western models and concepts into local languages.

Past studies have attributed dynamics of child exploitation to Filipino cultural concepts of smooth interpersonal relationships (SIR) such as “hiya” (shame / sense of propriety) and “utang na loob” (gratitude / reciprocity / filial piety).^{74, 75, 76} This has been much debated in Filipino Psychology as putting Filipinos in a negative light when values should appreciate positive elements of Philippine culture and traditions. It is also seen perpetuating only superficial and non-confrontational values, with insufficient emphasis on the core value of “kapwa” and on more confrontational values such as ‘karangalan’ (dignity) and ‘katarungan’ (justice) while failing to recognize values represented in the term ‘loob’ such as “kabutihang loob” (goodness), “kagandahang loob” (kindness), and “kalinisang loob” (cleanliness).⁷⁷ However, the importance of not only understanding child development but also the social construction of childhood and how children grow in the Philippine context, in ensuring successful outcomes for child victims / survivors cannot be overlooked or underestimated. The study also highlighted the importance of understanding Filipino socio-cultural concepts of parenthood, including how parents raise children and child rearing practices.

⁷¹ Dubrow, et al. (2001). Mothers’ conceptions of child competence in contexts of poverty: The Philippines, St. Vincent, and the United States. *International Journal of Behavioral Development*, 25 (5), 438–443.

⁷² Hart, J., & Boyden, J. (2018). Childhood (re)materialized: bringing political-economy into the field. In S. Spyrou, R. Rosen, & D. Cook (Eds.). *Reimagining Childhood Studies* Bloomsbury Publishing.

⁷³ Enriquez, V. (1994) *From Colonial to Liberation Psychology: The Philippines Experience*. De la Salle University Press.

⁷⁴ ECPAT, INTERPOL, and UNICEF (2022). *Disrupting harm in the Philippines: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence Against Children*.

⁷⁵ APNTS Department of Research. (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study. Shechem Children’s Home

⁷⁶ UP Manila, et al. (2016). *A Systematic Review of the Drivers of Violence Affecting Children in the Philippines*. Manila: UNICEF Philippines.

⁷⁷ Enriquez, V. (1994). *From Colonial to Liberation Psychology: The Philippine Experience*. De la Salle University Press.

Unique Needs of OSAEC Survivors

All boys, girls and young people who experience harm have a right to receive appropriate care and support that is beneficial and meets their individual needs. Interviews with frontline service providers indicated that OSAEC survivors may exhibit different behavior than children who have experienced other types of abuse and exploitation, and traditional counselling approaches may not be appropriate and can result in negative or potentially harmful outcomes. For example, children and young people may be resistant to receiving services or support, creating challenges for service providers. As this is a relatively new phenomenon, social workers and service providers do not always understand the perceived or identified needs of these children and may not be equipped to support them.

The unique experience of OSAEC victims / survivors can result in behavior patterns and specific attitudes towards seeking help that can present challenges for service providers and the current system, and services do not appear to be well prepared or designed to address these. It is also important to note that as the different types of harm and violations that children and young people experience are often linked, behaviors can also be attributed to offline or in-person physical abuse and exploitation that children may experience. Many OSAEC survivors unfortunately experience multiple forms of abuse over time, including physical, verbal and psychological harm, as well as sexual abuse. As noted in Section E: Gender Sensitivity, Disability & Age-Appropriate Care, children's needs and behavior change also over time through adolescence, puberty and young adulthood and services must be equipped to engage with children appropriately based on their experience, age, gender and other relevant factors.

Respondents explained that OSAEC survivors often do not perceive themselves as victims or having been traumatized by their experience. For this reason, both government and NGO service providers in some locations explained that they do not know how to handle OSAEC victims / survivors and also highlighted challenges in identifying residential placements for these children and youth. Service provider perceptions of children's behavior as stubborn, provocative and potentially aggressive, often motivated by children's sense of power and need for autonomy / agency, can unfortunately further alienate and stigmatize OSAEC victims. Government social workers also noted that better understanding of the perspectives of OSAEC victims and how to deal with the effects of their experience on behavior is an area that they need assistance with. It was reported that this can be particularly problematic when OSAEC victims are placed in shelters with children who have experienced other forms of violence or abuse and the same services are provided.

“*And one other thing that we'd like to learn concerns the dynamics and behaviors of OSAEC victims, the aftereffects. Even if we can't become as thorough as psychiatrists, we would like to at least acquire an understanding, as well as the capacity to perform first aid... because sometimes, they throw a tantrum; they lock themselves in the restroom; they slash their wrists; they physically hurt others.*”

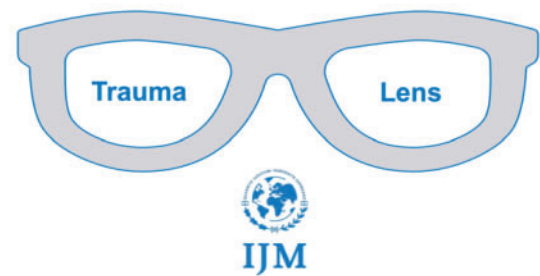
- Government social worker, Central Luzon

4. Therapeutic Interventions for OSAEC Victims / Survivors

Interviews and the literature review indicated that trauma-informed care is widely accepted as a standard approach for OSAEC victims / survivors. Trauma-informed care (TIC) is described as a “framework for human service delivery based on knowledge and understanding of how trauma affects people's lives and their service needs.”⁷⁸ Another definition describes TIC as an “organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. Trauma-informed care also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.”⁷⁹

This concept emerged from findings of the US Adverse Childhood Experiences (ACE) study and subsequent international and UK research that linked experience of childhood adversities with a wide range of negative outcomes across multiple domains over the life course.⁸⁰ A related intervention currently being used by the mental health professionals and trained social workers with survivors of OSAEC is Trauma-Informed Philippine Psychotherapy (TIPP), an adaptation of Trauma-Focused Cognitive Behavior Therapy (TF-CBT). The TIPP, based on the principles of cognitive-behavioral therapy (TF-CBT), was culturally adapted and collaboratively developed by mental health professionals in the Philippines. It is a 12-week program designed for children who experienced abuse and requires that providers have the time and skills to employ this therapy for these children.⁸¹

Figure 18: Trauma Informed Lens



IJM explained that a US trainer introduced and piloted a training on TIC in 2014-2015 supported by a consortium involving the Department of Social Welfare and Development (DSWD), Child Protection Network, Inc. (CPN), International Justice Mission (IJM), and the Consuelo Zobel Alger Foundation.

“Trauma-informed care is an approach, or framework, for providing recovery services... it is not a clinical intervention for trauma. Service providers who are well versed in trauma informed care are equipped in understanding survivors’ experiences and behaviors, addressing challenging behaviors in a way that supports recovery, and knowing when to refer survivors for assessment and clinical intervention from a mental health professional.”

- NGO respondent

⁷⁸ Harris, M., & Falot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. In M. Harris & R.D. Falot (Eds.), *Using trauma theory to design service systems* (pp.3-22), Jossey-Bass/Wiley.

⁷⁹ The Trauma-Informed Care Project (n.d.). What is TIC? See www.traumainformedcareproject.org.

⁸⁰ Christie, C. (2018). A trauma-informed health and care approach for responding to child sexual abuse and exploitation: Current knowledge report.

⁸¹ UNICEF Philippines & DSWD (2016). Psychosocial care and therapeutic interventions for children victims of online sexual exploitation and abuse.

Being trauma informed is described as “like putting on a pair of glasses – we look at everything through a trauma lens that helps us interact with people sensitively regardless of what we know – or don’t know – about their personal history.”⁸²

Respondents explained that TIC aims to build the capacities of service providers working with survivors of trauma to deliver services in ways that prevent re-traumatization and re-victimization. At minimum, the aim of trauma-informed services is to do no further harm through re-traumatizing individuals and recognizing that some of the steps of the response process may inadvertently trigger and exacerbate trauma symptoms.⁸³ This recognition as an organizational approach is positive and important, especially given the findings on OSAEC victims / survivors’ negative experiences with rescue and subsequent processes described earlier. Efforts to understand survivors’ experiences and behaviors in ways that support recovery are essential.

““A trauma informed care approach acknowledges that organizations and service providers and other care teams need to have a complete picture of a survivor’s life situation — past and present — in order to provide effective services with a healing orientation. Adopting trauma-informed practices can potentially improve survivor’s engagement, treatment adherence, and positive outcomes, as well as provider and staff wellness.””

- OSAEC Study Technical Advisory Group Member

However, there may be limitations in utilizing TIC with children affected by OSAE, as many do not perceive themselves as victims or as having directly experienced trauma. While identification as being traumatized is not a prerequisite for working with children and youth through a trauma lens, it is important that their perception of their experience be taken into consideration in the way that services are designed and provided for these to be effective and appropriate. To understand this approach, it is important to clarify how trauma is defined. Trauma is not equivalent to post-traumatic stress disorder (PTSD) (a clinical approach) nor should it mean simply high levels of anxiety disorder (psychological approach). PTSD was introduced in DSM-III (Diagnostic and Statistical Manual) related to Vietnam War veterans. Psychiatrists have warned that the term “trauma” is popular in everyday conversation (as seen in terms such as trauma discourse, trauma healing) due to the medicalization of experience.⁸⁴ Respondents noted that OSAEC survivors often do not outwardly show signs of PTSD and that their perceptions of trauma may be different from that of social workers and care providers. They also found that some children feel proud that they are able to help support their family and tend to blame the police or social workers for taking them away from their families.^{85,86}

⁸² IJM (2020b). Survivor-Centered Interagency Response Models to Online Sexual Exploitation of Children (powerpoint slide). <https://www.end-violence.org/sites/default/files/paragraphs/download/IJM%20webinar%20june%202020.pdf>

⁸³ Quadara, A. and Hunter, C. (2016). Principles of Trauma-informed approaches to child sexual abuse: A discussion paper. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

⁸⁴ Summerfield, D. (1999) A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine*, 48 (10), 1449-1462. [https://doi.org/10.1016/S0277-9536\(98\)00450-X](https://doi.org/10.1016/S0277-9536(98)00450-X)

⁸⁵ World Hope International & The Salvation Army (n.d.) “Psychosocial Needs of OSAEC Survivors” (PowerPoint slides), PAVE (Protecting At-risk Children Vulnerable to Exploitation) Project.

⁸⁶ Asia-Pacific Nazarene Theological Seminary (APTNS) Department of Research. (2019) Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines. Unpublished study. Shechem Children’s Home.

Because of their experience, OSAEC survivors may not trust social workers or feel comfortable opening up to them. While it may be beneficial for these children to recognize they have been abused and the consequences of abusive behavior, this can be a long and complex process that requires highly skilled and well-resourced counsellors to facilitate compassionately and appropriately.

Debates on the definition of trauma and the challenges of labeling children and adults as “traumatized” have also been discussed by the Inter Agency Standing Committee on Emergencies (IASC).⁸⁷ As an alternative, the concept Mental Health and Psychosocial Support (MHPSS) was proposed. MHPSS is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.⁸⁸

Psychological First Aid

Psychological First Aid (PFA) can be provided to victims / survivors after rescue as a pre-requisite or starting point in any case management processes. Aiming to provide a compassionate and nurturing response to people who are suffering and who may need support, PFA involves themes such as:⁸⁹

- providing practical care and support that does not intrude;
- assessing needs and concerns;
- helping to address basic needs;
- listening, but not pressuring people to talk;
- comforting and helping people to feel calm;
- helping people connect to information, services and social support; and
- protection from further harm.

Engaging with OSAEC survivors

The study found limited information on the involvement of child survivors in how their cases are managed or the types of services or assistance they receive. However, shelter-based service providers explained that children in institutions are generally able to express their views and give feedback to social workers / house parents. Social workers interviewed said they involve children every step of the way and explained that children who have a trusting relationship with their service providers are more likely to open up and share their concerns and feelings. Children’s engagement also depends on their mood and situation.

⁸⁷ See Inter-agency Standing Committee (IASC) (2007). IASC Guidelines on mental health and psychosocial support in emergency settings. Geneva: IASC. <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>

⁸⁸ Ibid. p.16.

⁸⁹ Sphere (2011) & IASC (2007) as cited in World Health Organization (WHO) (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

“ We have to ask the children on the decisions we made otherwise there would be a revolution – for example in foster parenting, children have to also be involved in the decision. They might not like the ‘feel’ of the family they are going into – and reject the pairing. Children have to be involved in this process for it to be successful. ”

- NGO Service Provider

In some cases, social workers and care providers face challenges engaging with children who have experienced OSAEC. Frontline service providers may not be sufficiently trained in child sensitive and culturally appropriate interview techniques to facilitate disclosure or gain sufficient trust of children required to explain what has happened to them in a detailed way. When asked how they get information to be able to write reports, some social workers explained that they try to encourage children to talk informally while playing or spending time with their peers. Staff have to be present and ready when children are prepared to talk, which often requires engaging children to join in group activities to help them relax and feel comfortable to communicate. One-on-one interviewing is not always effective, and staff need to be trained in a range of strategies to engage children in structured group and other activities to get the necessary information.

“ Many children who experience OSAEC don’t see themselves as victims, don’t want to be rescued and are not cooperative with services. We have to start working with communities and families earlier, to raise awareness and prevent OSAEC from happening in the first place. ”

- NGO service provider

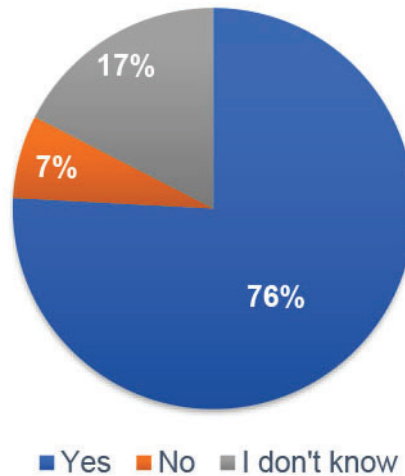
Study respondents noted that children are often frightened by the rescue process, their interaction with the police, and being sent to a shelter. Shelter staff and police are perceived as the “bad guys” who were responsible for their separation from their families. While it was not possible to directly interview children and young people who have experienced OSAEC service provision for this study, previous studies and research with children in the Philippines corroborates this finding.⁹⁰ The PAVE study found that the trauma described by OSAEC survivors is often something other than the exploitation.⁹¹ It was explained that trauma behaviors may increase as treatment continues and “clients are educated on the impact of sexual abuse and begin to understand what happened to them.”⁹² A critical question and point for consideration is ensuring that interventions and therapeutic approaches are not increasing or exacerbating children’s situations in any way.

⁹⁰ ECPAT, et al. (2022). *Disrupting Harm in the Philippines: Evidence on online sexual exploitation and abuse*.

⁹¹ World Hope International & The Salvation Army (n.d.) “Psychosocial Needs of OSAEC Survivors” (PowerPoint slides), PAVE (Protecting At-risk Children Vulnerable to Exploitation) Project.

⁹² Ibid.

Figure 19: Are children affected by OSAEC involved in the case management process?



The majority of survey respondents (76%) stated that OSAEC victims / survivors are involved in the case management process. The quality of their involvement and degree to which children have ownership of the case management process remain unclear. Children's age and maturity are also important considerations when engaging with OSAEC victim / survivors. There is a need to explore and better understand the perspectives of teenagers growing up in this generation in the Philippines. This is especially critical in instances when it appears that that young people themselves engage in sexual exploitation and there may be no adult facilitators involved. There may also be a need to challenge assumptions of poverty as the main driver of teenagers' engagement in sexual exploitation. Factors such as strong desire to belong, have an upgraded lifestyle, buy new clothes, gadgets, etc. can also play an important role their choices. For awareness and outreach strategies to be successful, these must be based on an accurate understanding of why children and youth are making decisions to engage in certain behaviors.

An important finding and question raised is how children and young people can be encouraged to freely disclose their involvement with OSAEC and see the abuse inherent in this phenomenon. If children are supported to reach out and trust adults to help them deal with their exploitation, this can allow for services to be provided at an earlier stage, possibly prevent more serious harm from occurring and also potentially protect other children involved as well.

There is likely to be added value in engaging young and adequately trained psychologists who can relate to and know the language and culture of OSAEC victims / survivors. Children may be more comfortable in their company and willing to open up and participate in group and individual therapy sessions. TAG members highlighted the importance of supporting survivors' life choices regarding education, livelihood, employment, as well as how they would like to engage with their families and communities based on what they have experienced. Another point raised was the importance of managing the compensation that some survivors receive after conclusion of court cases, especially involving perpetrators abroad. Guidelines on compensation are reportedly currently being finalized by DSWD-IACACP.⁹³

⁹³ Technical Advisory Group (2022, July 5). Validation Meeting.

Engaging with Parents and Families

Another important opportunity and potential challenge in dealing with OSAEC cases is interacting with and gaining the support of parents and family members. Cooperation with parents in the recovery and rehabilitation process starts at the stage of rescue. As part of the rescue team, social workers are often responsible for convincing parents that rescuing the child is for the child's benefit. For reintegration of child survivors, provision of support services for the parents is also crucial to ensure the successful reintegration of the child.

In some cases, parents are given custody of the rescued child if they are "cooperative and supportive in filing a case" and as long as the parent(s) were not involved with the perpetrator. Otherwise, the rescued child is placed in a temporary shelter.

“ If the parent is cooperative, we let the child stay with them because the parent, the family, is the main support of the child. So we let them stay with their parents as long as they are responsive; that whenever we call them they will reply. Aside from that, we also explain to them that we should also refer their child for psychosocial counselling, for the child to ventilate and talk, maybe because there might be some things that the child is not able to share, e.g., why they joined such things. ”

- Government social worker, Cagayan de Oro City

In cases where the parent/caregiver is a suspected alleged party to the crime, a different approach is required. PAVE project interviews with OSAEC survivors found the following relationships between child survivors and perpetrators, confirming other study findings^{94,95} that the majority or almost 90% of perpetrators are well known to the children involved, with only 10.8% of children exploited by online facilitators or connected independently:⁹⁶

- Parents of the client (36.9%)
- Close family members, such as an aunt, uncle, sibling, or cousin (24.6%)
- Neighbors (20%)
- Friends or peers (7.7%)
- Online facilitators (4.6%)
- Clients connected independently (6.2%)

⁹⁴ See IJM et al. (2020). *Online Sexual Exploitation of Children in the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society*.

⁹⁵ See ECPAT et al (2022). *Disrupting Harm in the Philippines: Evidence on online sexual exploitation and abuse*.

⁹⁶ World Hope International & The Salvation Army (n.d.) "Psychosocial Needs of OSAEC Survivors" (PowerPoint slides), PAVE (Protecting At-risk Children Vulnerable to Exploitation) Project.

Navigating these relationships can be extremely complex legally and emotional for child victims, requiring skills and time to handle effectively and appropriately to achieve the best possible outcomes for children and families. Respondents explained that while staff may receive training in trauma-informed care, this is often insufficient for dealing with the myriad complexities involved in OSAEC cases. Psychologists interviewed questioned the necessity and impact of the rescue process, as it is currently conducted due to findings that many children describe this as the most traumatic part of their experience.

““ We always encounter resistance from the parents when we refer the child to the center. Because the parents are worried for their child to be away from them. However, we really try to convince them, and keep their mind “kampangante” (at ease). They have nothing to worry about because their child will be in a shelter, they will be provided with clothing, food, and other needs. They will still continue with their education even if they are in the facility. We also assured them that they can still visit their child as long as they coordinate with the center social worker.””

- Government social worker, Cagayan de Oro City

While the scope of this study does not include an in-depth analysis of social welfare and protection programs, efforts to preserve and strengthen families are critical strategies for protecting children and preventing admission into institutional care. The *Pantawid Pamilyang Pilipino Program* (also known as 4Ps) is the core of family support in the Philippines, providing conditional health and education cash grants to households with pregnant women and children from 0-18 years old that are below the poverty line. Study respondents emphasized the importance of improving support for families while children are receiving residential care and services. It was stressed that this support should involve more than cash assistance and livelihood support but also effort and engagement to improve family dynamics and situations in preparation for children’s reintegration.⁹⁷ Case management should ensure a holistic approach to improve the social functioning and wellbeing of the family and child. While efforts are being made, respondents repeatedly stressed that referral, convergence, and multi-stakeholder collaboration should be further strengthened.

““ How could we support the family if the reason for the exploitation is they can’t buy food to eat? How can we make sure that in the short time that the child is receiving intervention in the shelter, we are capacitating the family, not only for the child’s return but also for the sake of the entire family? So that the family can live decently – they can eat three times a day, parents and adult siblings have decent work – in order to support the survivor and his/her siblings.

Making the family ready not just in terms of financial capacity but also the emotional, mental bandwidth to handle a survivor, not to treat them like they are walking on eggshells but for me, more on looking out for the child because even if they had received intervention, the trauma might manifest in one way or another through certain behaviors of the child for instance.””

- NGO project coordinator, Iligan City

⁹⁷ Daly, et al. (2015). Family and Parenting Support: Policy and Provision in a Global Context. *Innocenti Insights*. UNICEF Office of Research, Florence. www.unicef-irc.org/publications/pdf/01%20family_support_layout_web.pdf

5. Alternative Care

Alternative care is defined in the 2010 Guidelines for the Alternative Care of Children as “any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents.”⁹⁸ The guidelines state that “all decisions concerning alternative care should take full account of the desirability, in principle, of maintaining the child as close as possible to his/her habitual place of residence, in order to facilitate contact and potential reintegration with his/ her family and to minimize disruption of his/her educational, cultural and social life.”⁹⁹ Alternative family care arrangements may be provided through adoption, foster family care, legal guardianship or residential care depending on the needs of the child. The different types of care arrangements described in the guidelines are presented below:

- *Informal care*: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.
- *Formal care*: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.
- *Kinship care*: family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature.
- *Foster care*: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care.
- *Residential care*: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities,¹⁰⁰ including group homes.¹⁰¹ As defined in the Guidelines for the Alternative Care of Children, the use of residential care should “only be utilized in cases of critical necessity and advocate for family-based care for all children, with special attention to children below three years of age.”¹⁰²

⁹⁸ United Nations (UN) (2010). Guidelines for the Alternative Care of Children. <https://digitallibrary.un.org/record/673583>

⁹⁹ Ibid, p.4.

¹⁰⁰ Facilities are the individual public or private establishments that provide residential care for children.

¹⁰¹ Better Care Network (2005). Alternative care approaches: Philippine experience (PowerPoint slides). <https://bettercarenetwork.org/sites/default/files/Alternative%20Care%20Approaches%20-%20Philippine%20Experience.pdf>

The unique nature of online sexual abuse and exploitation poses challenges in providing alternative care to child survivors. While the guidelines specify that alternative care for young children should be provided in family-based settings, and siblings should not be separated by placements unless there is a clear risk of abuse or other justification in the best interests of the child, many government and private residential care centers cannot accommodate very young children or mixed-gender sibling groups.¹⁰³ According to a case study on alternative care in the Philippines conducted by the Martin James Foundation, recent data on the total number of children in alternative care is unavailable and the number of OSAEC survivors in different alternative care settings has also not been established.¹⁰⁴ A 2001 report estimates that there are 10,589 children in residential care.¹⁰⁵ A DSWD annual report in 2015 however states that 5819 children were being served in residential facilities directly operated by DSWD, but has limited details on those who are in DSWD-licensed facilities.¹⁰⁶ Statistics from 2016, on the other hand, found that there were 1,721 children in foster care and 1,705 licensed foster families.¹⁰⁷

Residential Care and Services for OSAEC Victims / Survivors

The majority of private agencies and DSWD centers and institutions provide short or long-term shelter-based care to rescued victims. A desk review of private agencies and DSWD centers for sexually exploited children conducted by the APNTS Department of Research in 2019 identified 70 licensed private centers / institutions serving sexually abused and exploited children.¹⁰⁸ Of these, 43 were operated by private agencies and 27 by DSWD. Approximately 33% the 70 private agencies and DSWD centers and institutions operate in the NCR, with 14 in Region VII, 10 in Region III, nine in Region IV-A.

¹⁰² UN General Assembly, Guidelines for the Alternative Care of Children (2010) <http://www.crin.org/bcn/initiatives.asp>

¹⁰³ United Nations (UN) (2010). Guidelines for the Alternative Care of Children. <https://digitallibrary.un.org/record/673583>.

¹⁰⁴ Martin James Foundation (2018). Asia Care Network Case Studies. <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/martin-james-foundations-asia-care-network-case-studies>

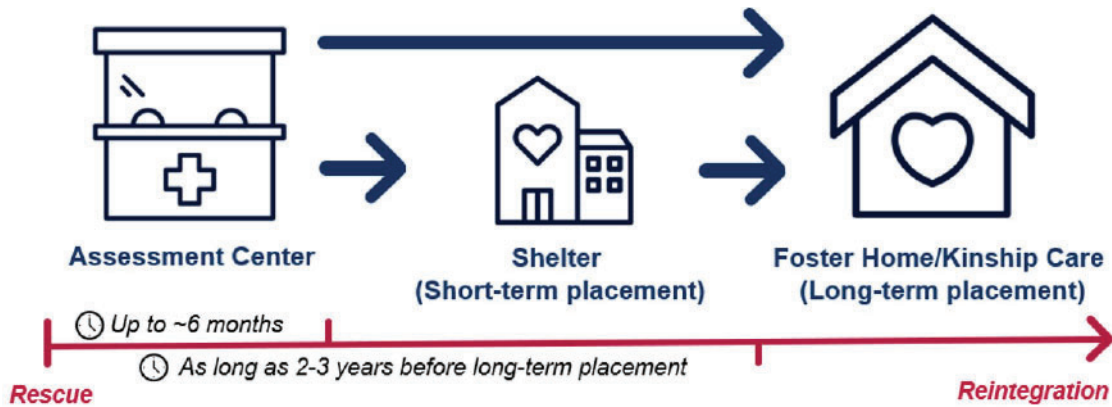
¹⁰⁵ Save the Children (2001). Country report of the Philippines on the situation of children in residential care. <https://resourcecentre.savethechildren.net/pdf/2594.pdf/>

¹⁰⁶ DSWD (2015). Voices from the Islands: Annual Report 2015. Quezon City: DSWD. https://data.dswd.gov.ph/?wpfb_dl=222

¹⁰⁷ Department of Social Welfare and Development (n.d.). "Foster Care." <http://www.dswd.gov.ph/programs/adoption-and-foster-care/foster-care/>.

¹⁰⁸ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study.

Figure 20: Post-Rescue Aftercare Process



Source: US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2020). US-Philippines Child Protection Compact Partnership Endline evaluation draft report.

Children are usually placed in alternative care when it is not possible for them to remain with their parents or relatives and typically stay in shelters for a duration of six months to two years. Respondents indicated that this timeframe may have been extended after the COVID-19 pandemic. The CPC Partnership evaluation found that survivors tend to stay at assessment centers for up to six months while awaiting a longer-term placement, though some social workers mentioned that children may stay in an assessment center for 2–3 years if a placement is not available for them (Figure 20).¹⁰⁹ This is clearly problematic and does not reconcile with Figure 20 or international guidelines that strongly recommend shelter care should be a short-term placement. While in the care of these agencies, children usually receive a package of services and participate in different activities, including but not limited to:¹¹⁰

- **Economic Empowerment:** Livelihood skills such as creating beadwork, upcycled materials, etc. Some centers facilitate TESDA-accredited vocational and technical courses including computer, secretarial, basic electronics and garment trade.¹¹¹
- **Education:** About 80% of private agencies and DSWD centers and institutions reviewed offer formal and non-formal education programs. Formal education refers to the “structured education system that runs from primary (and in some countries from nursery) school to university, and includes specialized programs for vocational, technical and professional training.”

¹⁰⁹ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (October 2021). *US-Philippines Child Protection Compact Partnership. Endline evaluation draft report.*

¹¹⁰ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines.* Unpublished study. Shechem Children’s Home.

¹¹¹ See <https://www.coe.int/en/web/european-youth-foundation/definitions#:~:text=Formal%20education%20refers%20to%20the,vocational%2C%20technical%20and%20professional%20training>

- **Family Tracing and Reunification:** A number of private agencies and DSWD centers and institutions work on reintegrating and reunification of children with their family or relatives, or placement of the children to alternative family care such as adoption and foster care. Tracing is the process of searching for a child’s primary legal or usual caregivers and other family members. The aim of tracing is to find a long-term solution that is in the child’s best interests, which usually means reuniting the child with their parents or other close relatives. Social workers may support tracing through managing individual cases, and actively searching for family members in places of origin or separation.¹¹²
- **Health Care:** About 70% of all the private agencies and DSWD centers and institutions reviewed provide the clients medical and dental services
- **Legal Aid:** Legal services such as legal counsel, gathering facts and evidence, and preparation and filing of pleadings and other documents mandated by the courts. Partner lawyers facilitate court proceedings and provide legal advice for children in conflict with the law, as well as prospective adoptive or foster parents.
- **Medical Services:** Medical and health care services including, but not limited to, medical and health care services, physician services, nurse and therapist services, dental services, hospital services, nursing services, comprehensive rehabilitation services.¹¹³
- **Mental Health and Psychosocial Support:** Services include psychological services, counseling, trauma recovery programs, and other therapeutic services such as music therapy, play therapy, art therapy, etc. Several centers also offer values and spiritual programs.
- **Peer Support:** There are different types of peer support, but all involve both giving and receiving support. This could be sharing knowledge or providing emotional support, social interaction or practical help, for example. This may include support groups or self-help groups run by trained peers with a focus on emotional support, sharing experiences, education and practical activities; one-to-one support, sometimes called mentoring or befriending; and online forums.¹¹⁴
- **Psychological Services:** Services provided by a qualified psychologist or under the direction or supervision of a qualified psychologist. This may include:
 - o Administering psychological and educational tests and other assessment procedures.
 - o Interpreting test and assessment results.
 - o Obtaining, integrating, and interpreting information about a child's behavior and conditions relating to learning.
 - o Consulting with other staff members, including service providers, to plan programs to meet the special needs of children, as indicated by psychological tests, interviews, and behavioral evaluations.

¹¹² See <https://childreninemergencies.org/2016/07/15/family-tracing-and-reunification/>

¹¹³ See <https://www.lawinsider.com/dictionary/medical-services>

¹¹⁴ See <https://www.mentalhealth.org.uk/a-to-z/p/peer-support>

- o Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.¹¹⁵
- o Emotional support to help children cope with their emotions and experiences and show them that they are not alone.¹¹⁶
- **Recreational Activities:** Recreational activities help develop children’s imagination, self-confidence, nourishment and creativity. These services also help to evolve their emotional, physical and social skills through imaginative and creative activities such as painting, puppetry, play, dance, animation, songs, games, street theatre, festivals, stories, etc.¹¹⁷

Of the 70 private agencies and DSWD centers and institutions included in the APNTS study reported providing services to sexually abused and exploited children, only the following four explicitly mentioned services specifically catering to children affected by OSAE: Eleison Foundation Philippines (Region VII), Word Hope International (NCR and Region VII), Ruhama Center for Women (NCR), and Shechem Children’s Home, Inc. (Region IV-A).¹¹⁸ The present study found additional agencies providing alternative care to OSAEC victims / survivors in Region VII including Parenting Foundation, Bidlisiw and FORGE; Good Shepherds Home and Norphil Foundation in Quezon City; and Bidlisiw and FORGE in Cebu.

Challenges related to residential care identified by respondents included low ratios of social workers and house parents to children, resulting in limited individualized care and attention. This is compounded by the limited availability of specialized psychological and mental health services. Interview respondents explained that placing children in shelters can be convenient for authorities, allowing them to control and monitor children, especially in preparation for legal cases. In some cases, these are closed secure institutions and in other locations children have more freedom of mobility and stay in care voluntarily. In the former, children and especially adolescents can lose agency in their welfare support, especially when they have been brought into the child protection system against their will.

The duration that a child remains in residential care can be determined by several factors, including the progress of legal proceedings, assessment of safety and psychological readiness to return to their family / community, as well as the availability of alternative care arrangements. A government social worker in Region X explained that when children remain in shelter care for over a year, this is often due to the progress of their legal case. Respondents noted that these centers are costly to maintain and not always in the best interest of children or the most effective way of supporting the special needs of OSAEC victims.

¹¹⁵ See <https://definitions.uslegal.com/p/psychological-services/>

¹¹⁶ See <https://www.medicalnewstoday.com/articles/emotional-support>

¹¹⁷ Source: <https://www.futuremarketinsights.com/reports/kids-recreational-services-market>

¹¹⁸ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study. Shechem Children’s Home.

Social workers interviewed expressed varied opinions on placement of children in shelter care:

“ I believe that it is for the best interest of the child to be referred to a shelter. Of course, it depends on the case. But for me, as a social worker, I really think that it is vital for victims of trafficking to be referred to a facility. For OSAEC cases, the advantage of staying in a center is that they will be closely monitored by a social worker and other para-professionals. Aside from that, in the facility, they won't have access to their cell phones, which is the main source why children are involved. Internet access is very easy today. ”

- Government social worker, Cagayan de Oro City

“ There is nothing normal inside an institution... And the best rehabilitation is still to return them to their communities. The role of the local government is significant because you are reintegrating (a child) from a controlled community... a shelter or foundation is controlled; you can control them. The rehab involves preparation of oneself, the child, to make her/ him more resilient. But you can test all these interventions conducted by the shelter once you reintegrate a child into a community. ”

- Government social worker, Central Luzon

Non-Shelter Alternative Care Options for OSAEC Survivors

Non-shelter based alternative care options currently available for OSAEC victims remain limited. There is a need to increase the availability of non-shelter-based care options for OSAEC survivors as a critical priority for these children and youth by strengthening family-based alternative care settings, foster care system and other placement options. Only 18 of the 70 institutions reviewed in the APTNS study offered non-shelter-based interventions via community-based approaches.¹¹⁹

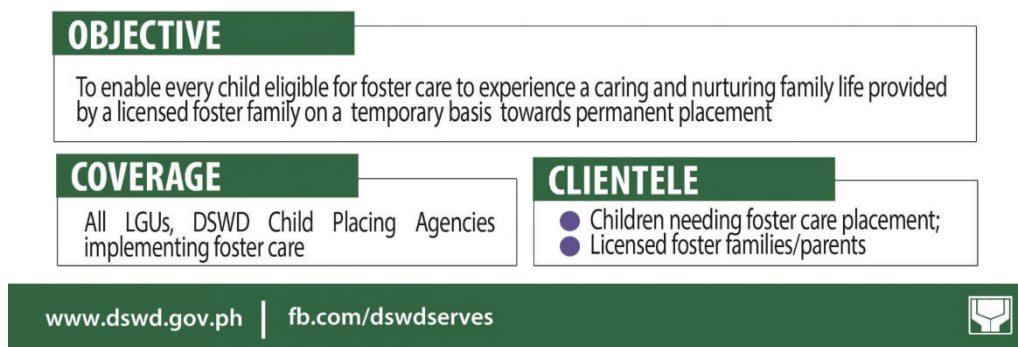
In some locations such as Iligan City, Cagayan de Oro City, foster care, independent living, and other forms of alternative care are very limited, while in other areas (including Cebu and Metro Manila) significant effort is underway to establish foster care, kinship care, as well as independent and kin-based adoption services. This appears to be largely dependent on the programmatic focus and priorities of NGOs operating in each location. Another alternative strategy available in some locations is establishing independent living arrangements for children who cannot be reintegrated into their families. As part of this approach, youth may be linked with service providers to provide ongoing support and oversight. Alternative care options available for children are often linked to their age, as younger children are more likely to be adopted, while adoptive and foster parents may be less open to older children and adolescents.

¹¹⁹ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study. Shechem Children's Home.

KINSHIP CARE

Studies have shown that kinship care may be the most viable care model in the Philippines, as this concept is closely linked to traditional Filipino family values.¹²⁰ Statistics on the number of children in kinship care in the Philippines are not currently available. Extended families have historically played a central role in ensuring the well-being, care and support of all family members, including children.¹²¹ Kinship care can be an important strategy for preserving family and community connections; reinforce children's sense of identity through a knowledge of their family history and culture; avoiding distress from moving in with strangers; decreasing the possibility of multiple placements; and avoiding institutionalization associated risks.¹²²

FOSTER CARE



Source: DSWD (n.d.). Alternative Family Care Program. <https://car.dswd.gov.ph/programs-services/protective-services-program/adoption-unit/alternative-family-care-program/>

Foster care is increasingly considered as an aftercare placement for OSAEC survivors, as this allows for more individualized interventions than a child would be able to receive in facility-based care. DSWD has primary responsibility for administration of the foster care program, including providing livelihood assistance to families and conducting follow-up visits. The Foster Care Act of 2012¹²³ and Memorandum Circular (MC) No. 21 Series of 2018 or the DSWD Omnibus Guidelines on Foster Care Service provide detailed guidelines and procedures for recruitment and development of foster parents, assessments, matching, provision of different supports and services for the child and foster family, and supervision of foster placement. Social

¹²⁰ Save the Children (2007). Kinship Care: Providing positive and safe care for children living away from home. https://bettercarenetwork.org/sites/default/files/Kinship%20Care%20-%20Providing%20Positive%20and%20Safe%20Care%20for%20Children%20Living%20Away%20from%20Home_0.pdf

¹²¹ Escoton, V. D., (2016). Thesis on How Sex Trafficked Teenage Girls Make Sense of Their Experience: Implications to Social Services, University of the Philippines.

¹²² Save the Children (2007). Kinship Care: Providing positive and safe care for children living away from home. https://bettercarenetwork.org/sites/default/files/Kinship%20Care%20-%20Providing%20Positive%20and%20Safe%20Care%20for%20Children%20Living%20Away%20from%20Home_0.pdf

¹²³ Republic of the Philippines (2012). Republic Act No. 10165: Foster Care Act of 2012. <https://www.officialgazette.gov.ph/2012/07/02/republic-act-no-10165/>

workers determine the capacity and motivation of prospective foster parents and after being licensed, qualified foster parents undergo a matching process supervised by DSWD-accredited institutions. NGOs support DSWD to recruit and train foster parents and recommend OSAEC survivors for foster placement.

- Foster placements may last for a single day or continue for several years
- Foster children with special needs receive monthly subsidy of Php 3,000 and those without special needs received Php 2,500 from DSWD
- Foster children automatically become Philhealth beneficiaries of the foster parent
- Foster parents are provided with support care services such as counseling, training on childcare and development, respite care, skills training, and livelihood assistance
- Foster parents receive personal tax exemptions and additional exemptions for dependents
- Adoption of the foster children may be allowed subject to the conditions stipulated under the RA 10165 and DSWD MC No. 21 Series of 2018.
- If a child's parents permanently relinquish their rights or their parental rights are removed by the court, foster families may permanently adopt a foster child or children may be placed in another home through domestic or international adoption.
- Long-Term Foster Placement is allowed if the child has been under the care of a foster parent for a period of at least seven years.

Organizations supporting foster care noted challenges related to the number of foster placements available and administration of the foster care program. An IJM study has shown that the current foster care system has limited capability to manage survivors of online sexual exploitation.¹²⁴ Insufficient capacity and resources to effectively administer the foster care program have reportedly been problematic and stalled expansion of foster care in the Philippines. Identifying families willing to care for sibling groups can be challenging and as a result, sibling groups often risk separation when placed in foster homes.

“*In terms of alternative custody, so far, we do not have yet licensed foster parents to provide temporary custody to the child. In Iligan, there are foster parents who take custody to child, such as one child who was physically abused by a relative. I am only aware of one case who was taken to a foster parent for temporary custody. In 2018 there was an OSAEC case referred to a licensed foster parents after the rescue.*”

Alternative foster care is important. Temporary shelter care should be a last recourse. As long as there is family or foster care, this is better compared to shelter. Foster care provides a family setting, there is a mother, a father. In shelter, the children cannot feel the family atmosphere as we are all women here.”

¹²⁴ IJM (2018). Online Sexual Exploitation of Children in the Philippines: A Review of the Criminal Justice System's Response. <https://www.ijm.org/documents/studies/Philippines-OSEC-Criminal-Justice-System-Baseline-Assessment.pdf>

Mostly relatives file to become licensed foster parents. I don't know of a case who is not a blood-relative. Maybe we need to advocate to the government to have more licensed foster parents. The requirement to become a foster parent is 1 to 2 hours of orientation-seminar, checklist of requirements – medical certificate, police and NBI clearances, birth and marriage certificates, three character references, and a family photo.”

- Government social worker, Iligan City

Licensed foster care agencies

- CRIBS Foundation, Inc. <http://www.cribsfoundation.com/>
- Gentle Hands, Inc. <https://gentlehandsorphanages.com/>
- Home of Joy http://www.cgm.ph/index.php?option=com_content&view=article&id=191&Itemid=53
- Kaisahang Buhay Foundation, Inc. <https://www.kbf.ph/>
- NORFIL Foundation, Inc. <http://www.norfil.org/>
- Parenting Foundation of the Philippines, Inc. <https://parentingfoundationsite.wordpress.com/who-is-parenting-foundation/>

Source: <https://bettercarenetwork.org/sites/default/files/2019-08/PHILIPPINES.pdf>

ADOPTION

Another family-based care option for children affected by OSAE is adoption. In one study, however, few respondents consider this as a viable option given that biological parents would first have to give up their rights for adoption to be feasible, and the lengthy proceedings that are associated with this.¹²⁵ But the new legislation on adoption, RA 11642 or the Domestic Administrative Adoption and Alternative Child Care Act, which took effect on January 28, 2022, has the goal of making domestic adoption proceedings simpler and less costly.¹²⁶ The law seeks to streamline alternative child care services. It mandates the creation of National Authority of Child Care (NACC), a one-stop quasi-judicial agency on domestic and alternative child care attached to DSWD, and of the Regional Alternative Child Care Offices (RACCO) tasked with ensuring efficient receipt of local petitions for adoption and other requests regarding alternative placement and well-being of children.



OBJECTIVE

To enable a child who is legally free or eligible for adoption, to benefit from family life and become a permanent member of a family who can give him/her love, protection and opportunities for growth and development

¹²⁵ IJM (2020a). A study on online sexual exploitation of children for aftercare reintegration.

¹²⁶ For full text of the legislation, see <https://www.officialgazette.gov.ph/downloads/2022/01jan/20220106-RA-11642-RRD.pdf>

The new law defines adoption as the "socio-legal process of providing a permanent family to a child whose parents had voluntarily or involuntarily given up their parental rights, permanently transferring all rights and responsibilities, along with filiation, making the child a legitimate child of the adoptive parents." The child should be declared "legally available for adoption" and under the custody of the NACC, LGU or a licensed and accredited child-placing or child-caring agency.¹²⁷ The three main types of adoption in the Philippines are:

- **Regular / agency adoption:** A licensed adoption agency works to seek and develop adoptive families for children who have been voluntarily or involuntarily committed. Adoptive families undergo the process from application to finalization of the child's adoption as facilitated by the NACC or a licensed Child Placing Agency (CPA)
- **Family / relative adoption:** This involves biological parents placing their child with a relative or a member of their extended family.
- **Relative / Direct / Independent placement adoption:** Biological parents make a direct placement of the child either to a relative, a member of their family, or a friend/non-relative.

As per Hague convention principles, local adoptive families are sought for placement before intercountry adoption is considered and this is considered only as a last resort. Adoption services in the Philippines are regulated by the NACC, with the required procedures carried out by RACCOs.

The Certificate Declaring a Child Legally Available for Adoption (CDCLAA) can now be issued by the NACC in lieu of a judicial order, facilitating and accelerating the adoption process by making it administrative. The CDCLAA is issued within three months of the involuntary admission of the child into state care, i.e., abandoned / neglected child or of the filing of the Deed of Voluntary Commitment (DVC) as signed by the parent(s), in the case of voluntary commitment. This is a prerequisite for both local and inter-country adoption proceedings and serves as the primary evidence that the child is legally available in order for the adoption process to commence.

Accredited adoption agencies (domestic adoption)

- Kaisahang Buhay Foundation Inc <https://www.kbf.ph/>
- NORFIL Foundation, Inc <http://www.norfil.org/>

Source: <https://bettercarenetwork.org/sites/default/files/2019-08/PHILIPPINES.pdf>

¹²⁷ See Article III of Implementing Rules and Regulations (IRR) of Republic Act No. 11642, the Domestic Administrative Adoption and Alternative Child Care Act. <https://www.officialgazette.gov.ph/downloads/2022/06jun/20220628-IRR-RA-11642-RRD.pdf>

INDEPENDENT LIVING PROGRAM

Independent Living Programs (ILP) were identified as another option for youth who are unable to return to their families for different reasons. The study did not identify a large amount of information on information on these programs, however Fresh Hope for Families Philippines in Angeles City, Pampanga is reportedly implementing an ILP. This is a program in which the children are taught practical livelihood skills like cooking, sewing, etc. which allow them to earn money while in the shelter. Objectives of this program reportedly include efforts to shift perspectives about earning “easy money” and giving young people opportunities to save. Girls who are unlikely to be reintegrated go through the ILP where they are given responsibilities and training to become independent adults during bi-weekly life skills trainings. Training on soft skills including communication, hygiene, grooming, etc. are also facilitated by the house parents. Older youth are also taught how to create a resume / CV and apply for a job.

Independent Living Program: Fresh Hope, Region III

Children are taught practical livelihood skills like cooking, sewing, etc. which allow them to earn money while in the shelter. One of the objectives is to change their views on earning “easy money.” Another is to give them an opportunity to save. All children thus have savings.

Girls assessed as having limited chance of getting reintegrated go through this ILP where they are given responsibilities and training to become independent adults. These life skills trainings occur once a week.

Crafts produced by the girls are sold outside and linked with “Hands of Hope Asia,” whose website hosts products that are made by the children and sold internationally.

Training on soft skills such as communication, hygiene, grooming, etc. are also facilitated by the house parents. Older children are taught how to create a resume / CV, apply for a job, set up SSS, etc.

“It would be good to explore more the concept of independent living for survivors, especially for those 18 years old and above. Instead of letting them go back to their community which is the source of not so good memories, and if there is no chance of reconciliation with the family who abused them, why not just teach them skills so that after their discharge from the center, the after-care services or support would include adequate independent shelter, support to find decent employment, and access to educational support?”

- NGO Project Coordinator, Iligan City

6. Rehabilitation

Rehabilitation includes interventions designed to help children and young people independently engage in everyday activities and participate in education, work, recreation and meaningful life roles. Rehabilitation must be highly child-centered, with interventions and approaches for each child determined by their goals and preferences. Rehabilitation can be provided in many different settings, including in residential care and in community settings such as an individual's home.¹²⁸

Rehabilitation strategies for OSAEC survivors are predominantly undertaken through shelter-based services. These processes are led by social workers, who are responsible for the management of children's cases. Other stakeholders may be involved through case conferencing, but since the COVID-19 pandemic, case conferences have been limited to virtual sessions and in some cases are hardly done at all due to logistical and other challenges.

Institutions approach the rehabilitation process differently depending on their assistance framework, goals for affected children, as well as staff capacity and available human and financial resources. In practice, these interventions can vary greatly – for example, Christian-oriented shelters tend to consider their spiritual services (e.g., devotion services, prayer sessions, worship nights, bible studies, mid-week and Sunday services) as core elements of their rehabilitation program.

Standard services and interventions offered in relation to rehabilitation include:

- Psychosocial care activities
- Therapeutic care through physical activities (play therapy, cooking, musical performances, art classes, etc.)
- Spiritual activities
- Psychological evaluation and psychotherapy
- Preparation of children for legal cases
- Peer support from child and youth advocates
- Awareness-raising sessions
- Life skills development
- Spiritual services and reflection
- Financial assistance¹²⁹

¹²⁸ WHO (2021, November 10). Rehabilitation. <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>

¹²⁹ For example, 550 pesos for grade school, and 2700 pesos for college provided by Malisa; 5000 pesos from the Dept of Justice.

Psychoeducation, Livelihood and Skills Development

A package of services described as ‘psychoeducation’ activities are often provided by shelters for children as part of the rehabilitation process. This was explained as educating children and in some cases, parents in child psychology and psychosocial well-being. NGOs share information about children’s rights, good and bad touch, as well as laws and policies on child abuse, trafficking, cybercrime, and other legislation and guidance related to OSAEC. It is important to note that this primarily refers to information sharing and awareness raising, rather than a specific clinical or therapy model, which is not recommended.

Livelihood and skills training is provided in shelters to children and youth in an effort to equip young people with skills and future employment opportunities that will allow them to avoid re-experiencing OSAE when they return to their communities. However, studies show that many training programs do not translate into sustainable employment opportunities and are unlikely to provide viable work and financial independence to survivors.¹³⁰

“ One of the policies of our center, we have a once-a-week visitation to the client. Every Wednesday, their families or relatives can visit them at the center. We do case conference with the parents of the clients. In 2018 or 2019, we were able to conduct psycho-education to all OSAEC parents, with the assistance of IJM. It was a 3-day seminar of the parents of the OSAEC. More or less 15 parents attended the seminar. There were several topics discussed, different resource speakers, about stages of child development, children and women’s laws relevant to OSAEC. This was the first seminar and it was not repeated because of the pandemic. We might organize another one for new OSAEC parents so they are aware of the issue and be empowered.

Psycho-education pertains to provision of information on stages of development, relevant laws, what is OSAEC. After the IJM supported psycho-education session in 2018 or 19, the CSWD or LGU together with our supervisor in our Child Welfare program, they planned to include in our project goals for the next year, to include the psycho-education of parents of OSAEC. But this plan did not push through because the supervisor in charge of this retired.”

- Government social worker, Iligan City

As with awareness raising, it is important to critically review the stated objectives and impact of existing livelihood programs to assess the need to redesign these to ensure the provision of support that caters the specific needs, concerns, and strengths of OSAEC survivors.¹³¹

¹³⁰ Lisborg, 2009; Tsai, 2017a, 2019 as cited in IJM (2020a). *A Study on Online Sexual Exploitation of Children for Aftercare Reintegration*.

¹³¹ Ibid.

7. Reintegration

Reintegration includes “services that support the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community to receive protection and care and find a sense of belonging and purpose in all spheres of life.”¹³² Children affected by OSAE should ultimately be reunited with their family or relatives to the extent possible and be able to live in their own community to complete their recovery. Key steps involved in the preparatory phase for reintegration include:

- o Social case study
- o Parental and community capability assessment
- o Matching children and foster parents
- o BCPC consultation

The CSWD has dedicated social workers to support after-care services or community reintegration, different from those doing case management or intervention in shelters. Prior to the pandemic, CWSD case workers scheduled shelter-based case conferences between the responsible shelter social worker and LGU social worker. A government social worker in Iligan City explained that these conferences are important opportunities to discuss the child’s preference for reintegration (“*Saan ba siya gusto umuwi?*”/ *Where does she want to go home to?*). The center social worker presented the list of family members drawn up based on input from the children, indicating their first priority or preferred person(s) to stay with. The LGU social worker evaluates the relatives and individuals on the list and drafts the Parenting Capability Assessment Report (PCAR) based on who is determined to be the most qualified, capable and fit to take care of the child.

IJM’s 2021 study on aftercare reintegration for OSAEC victims found that:

“The unique nature and demographics of victims and perpetrators of this form of abuse, which include the very young age of children victimized, the overwhelming number of families directly involved in the crime, the acceptance and tolerance of this form of exploitation in communities involved, as well as the high-risk for potential re-victimization of victims, present challenges in aftercare support, particularly in reintegration of survivors. In addressing the issues of online child sexual abuse, the preventive, protective, and supportive interventions for children should be extended to families and communities who are the key players in perpetrating this crime (ASEAN, 2016; UNICEF East Asian Pacific Regional Office [EAPRO], 2016; United Nations Office of Drugs and Crime [UNODC], 2015). This holistic approach is fundamental to ensuring survivor’s restoration, sustained recovery, and successful reintegration.”¹³³

¹³² See <https://bettercarenetwork.org/practitioner-library/services-and-interventions/remedial-services/reintegration-services>

¹³³ IJM (2020a). A study on online sexual exploitation of children for aftercare reintegration. https://osec.ijm.org/documents/19/IJM-Aftercare-Reintegration_research-2021.pdf

As explained by a Government Social Worker interviewed, successful reintegration requires direct community-based intervention and commitment to sustain children’s recovery:

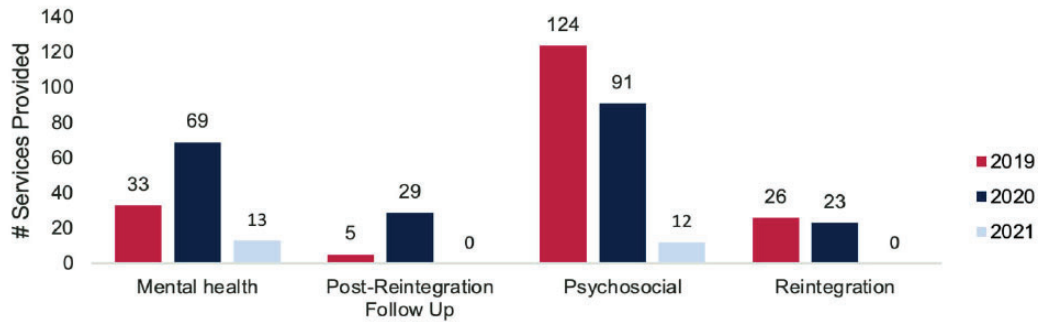
“It is important for local governments to have a comprehensive reintegration program for the victims, especially for children who came from shelters. If the program offered by each local government is not comprehensive, then these efforts would get disregarded... it would seem that everything that the shelter did - if not continued... well, these would not exactly get disregarded but would be put to waste... Just like in swimming... once they return to the community, they would still need to wear a lifesaver.”

- Government social worker, Central Luzon

NGO and LGU social workers highlighted several challenges to be overcome as part of the reintegration process. In some instances, reintegration may conflict with the interest of law enforcement, if a child’s statement is required to proceed with the investigation and officials prefer to keep the child in care to facilitate this. As noted previously, the best interest of the child should be paramount in decisions regarding their release from residential care. Service providers also can find it challenging to interview and coordinate with uncooperative family members, especially when the child’s rescue involved separation from their family. This can pose added difficulty in mediating the reintegration process. In some cases, it is necessary to consider whether reintegration with the community is genuinely in the interest of the child and best course of action to take. Other challenges related to reintegration identified by respondents included the lack of guarantee that abuse and exploitation will not reoccur; delays in relation to service provision due to limited capacity, resources and lack of awareness; and a predominant focus on rescue efforts.

DSWD provides a range of OSAEC services, including reintegration and post-reintegration follow up, as shown in Figure 23. Though provision of some of these services was reduced during 2020 due to COVID restrictions, the significant increase in post-reintegration follow-up suggests that more survivors have been reintegrated and were eligible for follow up support than in years past.

Figure 21: DSWD Aftercare Services¹³⁴



Source: 2021 US-Philippines Child Protection Compact Partnership: Endline evaluation draft report

The case management protocol specifies actions to be taken as part of the referral and follow up process, however these reportedly do not always take place. For example, when social workers visit families to prepare for reintegration, the community and barangay are expected to be involved but it does not appear that they are always included in these processes. During interviews with local officials, it was explained that they would like to know what has happened to the child, where the child has been taken and when / how they will be reintegrated into the community, however they do not always receive this information. This is a complex issue related to the protocol for managing cases of child victims, which should be revisited, assessed and revised as needed for different contexts, including under COVID-19 restrictions.

The endline evaluation of the US-Philippines Child Protection Compact Partnership also found capacity gaps throughout the aftercare process, most frequently with regard to local social workers.¹³⁵ LGU Social Workers have primary responsibility for cases when children are being reintegrated into the community or placed in foster care. While multidisciplinary case conferences were reportedly useful in determining the appropriate placement for the child and readiness of the community to reintegrate the survivor, social workers interviewed as part of the evaluation suggested that LGU social worker follow-up after reintegration can be inconsistent. Interview respondents also noted that in some locations LGU social workers responsible for conducting community and family assessments to facilitate reintegration processes are unable to conduct these assessments rapidly, delaying the reintegration of children.

Factors contributing to the successful reintegration of OSAEC survivors into communities highlighted by study respondents included:

- *Availability of long-term services in the LGU, such as:*
 - Livelihood skills training for children and families
 - After-care monitoring
 - Support for children to pursue cases

¹³⁴ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). US-Philippines Child Protection Compact Partnership. Endline evaluation draft report.

¹³⁵ Ibid.

- *Ensuring and preventing re-victimization and multi-victimization*
 - Continuous monitoring and adequate support for children
 - Supporting positive family environments
- *Effective performance of the LGU / BCPC*
 - Supporting LGUs to fulfil their responsibilities to support reintegration
 - Supporting LGUs to provide timely responses and services¹³⁶
 - Supporting LGUs capacity development and resources
 - Lack of awareness of role (focus is on rescue)
- *Preparing families for children's reintegration*
 - Making the family ready not just in terms of financial capacity but also ensuring that they have the emotional, mental bandwidth to handle a survivor, not to treat them like they are walking on eggshells
 - Preparing families to look out for the child in case their trauma manifests in different ways through certain behaviors.
 - Ensuring capacity to prevent re-victimization or that the child does not become a perpetrator
- *Preparing communities for children's reintegration*
 - Encouraging open-mindedness on the part of the community so children are not blamed for what has happened to them
 - Protecting children from stigma

IJM organizes Local Survivors' Network (LSN)

Together with NGOs and CSWD, the IJM has organized a network to strengthen and empower OSAEC survivors aged 15 and above. The LSN is an all-inclusive program for survivors from IJM's programs for different types of violence including Sexual Abuse, Commercial Sexual Exploitation and OSAEC to pursue safe communities through justice systems that protect the most vulnerable. OSAEC survivors underwent a 3-day training to organize a team or network that they will lead in Iligan City. The LSN focal person, also an OSAEC survivor, will connect with LSNs in other places like Cebu or Manila. A training was conducted by IJM in November 2021, with follow-up and future activities planned to empower and strengthen these young people to help them to realize they are not just victims but survivors and that they can be future leaders.

¹³⁶ For example, submission of the Parental Capacity Assessment Report often tends to be delayed and in some cases the content of assessment reports appears to be unreliable. In these instances, shelter staff visit the child's community to assess the conditions for reintegration themselves to facilitate the process.

C. Gender-Sensitive, Disability-Inclusive and Age-Appropriate Care

Gender-Sensitive Care

There is a significant gap in the availability of services and programs for OSAEC victim / survivors from a gender standpoint. Of the 70 licensed private agencies and DSWD centers/institutions for sexually abused and exploited children identified in the licensed database of alternative care providers in 2019, few solely cater to male children.¹³⁷ These include the Kalinga ng Ama Shelter for Children (Region I), Bahay Silongan (Caraga), Timothy (center) in Bukidnon (Region X) and DSWD-run Home for Boys in Region V. Lost Coin Ministry in Region III expects to finish its shelter for male victim-survivors by the end of this year. In 2019, FORGE in Cebu catered to male children but recently 2021 it now closed due to lack of funding. Identifying alternative care placements for male victim / survivors can be more challenging than for female survivors, as there is greater shelter capacity for girls affected by OSAEC. IJM's review of the criminal justice system response to OSAEC found that:

“ According to respondents, there were very few (shelter) placements available for male victims and sibling groups in 2016, and these placements were either for street children or children in conflict with the law. Though these shelters were not able to provide specialized care for survivors of sexual exploitation and had minimal space, they accepted boys. The shelters available for boys in Manila included government facilities like Reception and Study Center for Children for children six years and below, and Nasyon ng Kabataan for older boys. The only private shelter in Manila that considered accommodating boy victims of OSEC was Kanlungan sa Erma. In Cebu, there were even fewer options. Mercy in Action was the only facility available to accept boys. Placement for mixed-gender sibling groups was entirely unavailable during that time, thus, siblings were often separated.¹³⁸ ”

Study respondents explained that services are often not equipped to deal with boys and that the majority of adult care providers are women, who may find it more challenging to care for adolescent boys. This is problematic as studies have found that there is a significant need for services for boys who have experienced and are vulnerable to online sexual exploitation and abuse.^{139, 140} The lack of services and programs for boys could also contribute to exacerbating their "invisibility" and underreporting of cases.¹⁴¹ Most victim witness coordinators, however, are male. This could also represent a challenge for service provision, as female OSAEC survivors may find it more difficult to establish trust with a male witness coordinator.

¹³⁷ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study.

¹³⁸ IJM (2018). *Online Sexual Exploitation of Children in the Philippines: A Review of the Criminal Justice System's Response*. <https://www.ijm.org/documents/studies/Philippines-OSEC-Criminal-Justice-System-Baseline-Assessment.pdf>

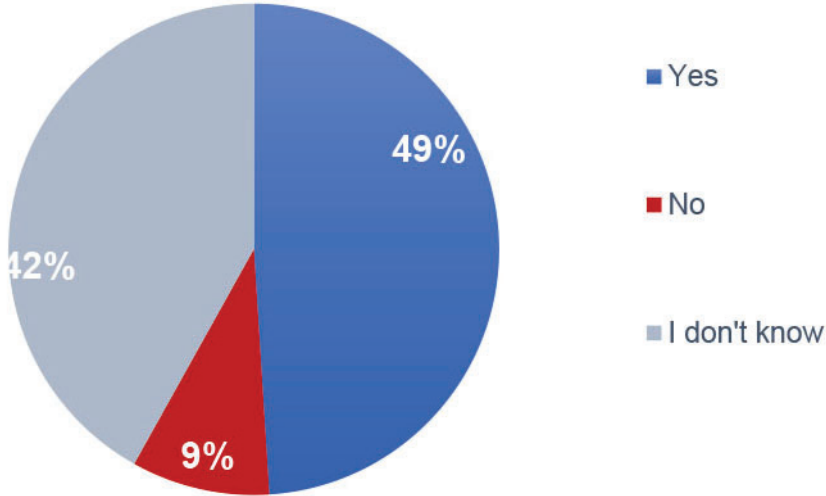
¹³⁹ IJM, et al. (2020). *Online Sexual Exploitation of Children in the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society*. <https://ijmstoragelive.blob.core.windows.net/ijmna/documents/OSEC-in-the-Philippines-Report.pdf>

¹⁴⁰ IJM (2018). *Online Sexual Exploitation of Children in the Philippines: A Review of the Criminal Justice System's Response*. <https://www.ijm.org/documents/studies/Philippines-OSEC-Criminal-Justice-System-Baseline-Assessment.pdf>

¹⁴¹ APNTS Department of Research (2019). *Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines*. Unpublished study.

Consideration of gender differences in treatment and care planning is also critical. While a significant generalization, interview respondents explained that service providers have observed that boys tend to express emotional reactions to their OSAEC experience more outwardly through aggression, anger and lashing out, while girls often react less visibly and may have a tendency to internalize their emotions. This depends on the experience, personality and unique situation of each child. It was noted that attitude change on the part of service providers in relation to the needs of boy OSAEC survivors is needed, as there is a misconception that boys are able to fend for themselves, more difficult to control and less in need or receptive to help. The majority of study survey respondents stated that gender-sensitive services for children are available, which indicates a difference of perspective from the police and other PNP staff.

Figure 22: Are gender-sensitive services available for boys and girls affected by OSAEC?



Source: OSAEC Study Survey

The CPC Partnership endline evaluation found “most respondents indicated that the survivor’s age, and not their gender, is a more important factor in determining the best course of action in applying victim-centered approaches. Respondents also consistently responded that any treatment plan would be based on the individual needs of the child.”¹⁴²

The types and distribution of services for LGBTQIA children was unclear. There are no specific legal protections for LGBTQIA persons in the Philippines, though sexual orientation is included in anti-discrimination laws. A pending bill

Misgendering of LGBTQ children

LGBTQ children explained that they are often automatically classified as ‘boys’ by service providers, which depending on their orientation and preferences, they may not find acceptable or appropriate. The study found that significant work is required to improve the sensitivity and appropriateness of OSAEC services for children of all genders, including those who identify as LGBTQ.

¹⁴² US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). US-Philippines Child Protection Compact Partnership. *Endline evaluation draft report*.

in Congress prohibits discrimination on the basis of sexual orientation and gender identity or expression (SOGIE).¹⁴³ The CPC Partnership endline evaluation found that due to logistical concerns such as assignment of an aftercare placement, service providers considered the sex of the child that had been assigned at birth, suggesting that special considerations were subsumed under the wider umbrella of caring for the unique and individual needs of the child.¹⁴⁴

Disability-Inclusive Care

The majority of existing interventions for OSAEC survivors do not appear to address social and disability inclusion and many shelters do not have the capacity to accept persons with disabilities. Some shelters specifically state that they do not accept children with mental challenges or who are in need special care and services, as they do not have the specialized services required to support these children. The CPC Partnership endline evaluation also found that the structure of care for children and young persons with disabilities is not as developed as other social care structures in the Philippines.¹⁴⁵ The first office for persons with disabilities was established in 1998 in Mandaluyong, followed by the development of a social care framework for PWDs.

Overall, study respondents highlighted the fact that specific OSAEC interventions for children with disability have not yet been developed as a significant gap in service provision. Social workers and BCPC members appear to have limited knowledge, skills and training in supporting children who have disabilities. This finding is problematic on a number of levels, especially as studies have found that disabled children, especially those with mental disabilities, are often more vulnerable to abuse, with children with disabilities being three to four times more likely than children without disabilities to experience sexual violence.¹⁴⁶ Less visible forms of disabilities, such as learning disabilities, may remain undiagnosed. When children are admitted to institutional care, service providers explained that beyond an initial health check-up, follow-up treatment is limited.

An exception is NORFIL Foundation, Inc., a fostering and adoption agency that also provides care for children with major disabilities and sibling groups. To meet the needs of the children and advocate for social integration of the children with disabilities, NORFIL has developed a Community-Based Rehabilitation (CBR) Program. The program guides families as well as community (i.e., local-based workers and volunteers) in the rehabilitative process in caring for a child with disability. In addition, the program helps communities identify children with special needs and promote inclusive participation.

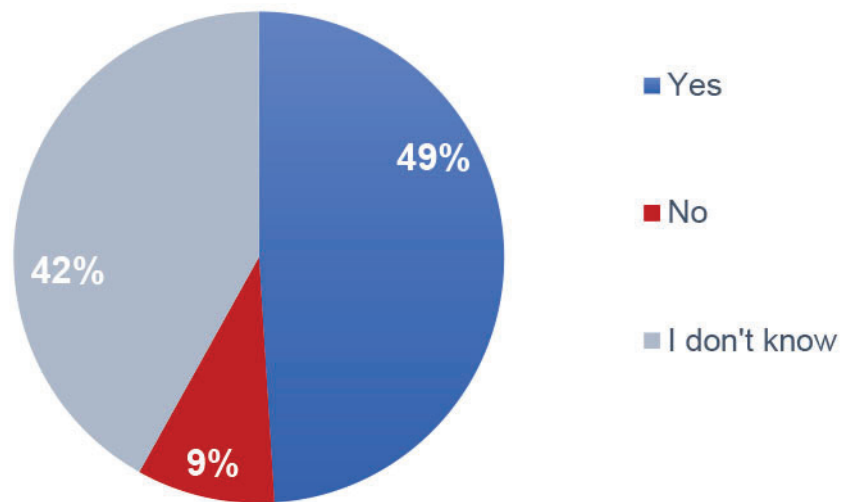
¹⁴³ Senate of the Philippines (2020). Senate Bill No. 1934: SOGIESC-based Anti-Discrimination Act. <https://legacy.senate.gov.ph/lisdata/3408830843!.pdf>

¹⁴⁴ US Department of State, Office to Monitor and Combat Trafficking in Persons, International Programs Section (2021). US-Philippines Child Protection Compact Partnership. *Endline evaluation draft report*.

¹⁴⁵ Ibid.

¹⁴⁶ UP Manila, et al. (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines. Manila: UNICEF Philippines.

Figure 23: Are specialized services available for children affected by OSAEC who have disabilities?



Source: OSAEC Study Survey

If mental health or behavioral issues appear during children’s therapeutic care, children may be referred to psychiatrists for further diagnosis and treatment, for example from the National Center for Mental Health. However, this can be challenging due to the high financial costs involved in comprehensive screening and treatment of different forms of child disability and specific health challenges. For example, the Philippine Children’s Medical Center, a government hospital, does not have resources to deal with children with hearing and speech impairment.

Accessibility of services is also an issue due to the lack of specialist staff that are equipped to work with abused children. Psychologists and psychiatrists are also mostly concentrated in the National Capital Region and other regional capitals, posing additional accessibility challenges for OSAEC victim / survivors living in the provinces.

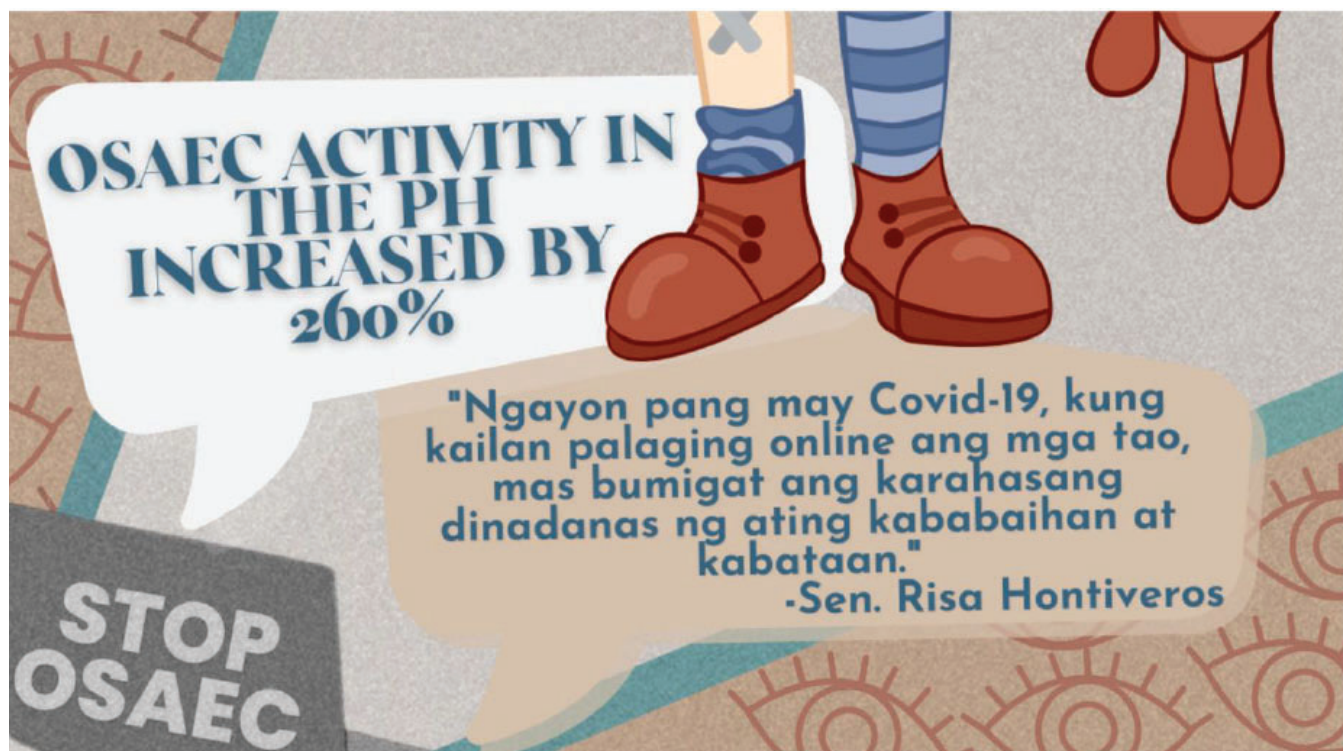
Age-Appropriate Care

Another dimension of care that appears to currently be in adequate is the availability of age-appropriate services. For example, services for older children may not be appropriate for younger children and interview respondents highlighted challenges related to placing children of different ages in shelter care together. It was explained that younger girls in the situations may begin to imitate older ones, who may exert control and influence over them. Some shelters have reportedly begun to focus on specific age groups and changed policies to address this. One example is Fresh Hope for Families Philippines, who no longer accept younger children as clients in the shelter because they observed from a previous case that these children tend to be influenced by the older ones. As a result, the NGO restricted the age of accepted children to 6 to 17 years.

“ We separate 7 - 12 year olds because they are younger, so the approach is play-based. We have a play therapy room, para ma-divert ang kanilang isip, sa abuse (so they can take their mind off the abuse experience). They also have arts and drawing. The level of life-skills of 7 to 12 year old child is different from those aged 13 to 17. ”

- NGO Director, Region 10

D. Impact of COVID-19 on OSAEC Services



Source: <https://www.sulongphilippines.org/post/finding-support-and-help-how-your-community-can-make-a-difference>

The COVID-19 pandemic dramatically disrupted the lives of people around the world, forcing children and young people to stay at home for extended periods. The time children have spent on screens and online has also increased, placing them at a higher risk of exposure of OSAEC. Studies have shown that sexual predators have also increasingly turned to cyberspace to victimize children during lockdown periods.¹⁴⁷ Families and children experienced increases in anxiety, mental health issues and economic insecurity. Cases of OSAEC in the Philippines increased by 264.6 percent or 202,605 additional reports during the imposition of the enhanced community quarantine from March to May 2020, compared to the 76,561 cases during

¹⁴⁷ World Hope International (Oct. 2022). *OSEC: A Modern Face of Human Trafficking*, p. 1

the same period in 2019.¹⁴⁸ An AMLC report also noted a significant increase in the volume of suspicious transaction reports (STRs) related to OSAEC recorded from March 15 to May 15, 2020 compared to the same period during the previous year.¹⁴⁹

In terms of service provision, the pandemic created multiple barriers due to restrictions on in-person gathering and travel, reduced staff availability and a range of other factors creating challenges for service provision and community-based follow up. This was exacerbated by poor internet connections, power outages and limited availability for video calls.

“Because of the pandemic, we do not go to the shelter anymore. We do the case conference by phone. We will receive a call from the center social worker that the child is ready for reintegration, that the child prefers to stay with her grandmother from her mother’s side, the child’s second option, so everything now is discussed by phone. The process is the same, but sometimes it is better if we see each other in person, you end up discussing more in face-to-face meetings. If over the phone, there are a lot of distractions. Also in face-to-face meetings, we are also able to see the child and talk with her, and ask her, personally interview her about her options for reintegration.

The pandemic affected our work in other ways. Family home visits are affected. We cannot just do home visits for fear that we are carriers (of COVID) or that they may be carriers. So we need to ask permission from the family if we can visit, and when. Before the pandemic, from time to time, we can do home visits, and see what the situation in the family is, ask for updates on the case against the perpetrator. Now, we just do phone calls, while effective, it is still different when you get to talk to the family in person. And if they get COVID, they might end up blaming you.

Before, we can visit the parents in their workplaces in the city but because the pandemic closed down many workplaces or have left parents unemployed, this left us with no option but to go to where they live when we need to visit them. Sometimes they live in far-flung areas (“sa bundok”/ in the boondocks). The pandemic limited visitations.”

- Government social worker, Iligan City

When asked if the COVID-19 pandemic affected the delivery of rehabilitation and reintegration services for children affected by OSAEC in their location, 75% of survey respondents stated yes, 1% responded no and 1% responded that they did not know. Survey respondents explained that the pandemic restricted mobility while also reducing access to and availability of services, resulting in non-reporting or late reporting of cases. Service providers were focused on delivery of Social Amelioration Program (SAP) and medical intervention as part of the case management process was also reportedly less accessible due to lockdown measures. Home visits to monitor children and families were restricted.

¹⁴⁸ Save the Children (n.d.). *Online sexual abuse of children rising amid COVID-19 pandemic*. <https://www.savethechildren.org.ph/our-work/our-stories/story/online-sexual-abuse-of-children-rising-amid-covid-19-pandemic/>

¹⁴⁹ AMLC (2020). *Online Sexual exploitation of children: A crime with a global impact and an evolving transnational threat*.

“When the pandemic started in March, [we] received several referrals thus we needed to improvise our residential space to make room for the rescued survivors. We also had to decline a lot of referrals because of the quarantine protocols and lack of bedspace” explained a social worker in Ruhama Center for Women and Children, an assessment center for OSEC, attesting to the sudden and steady increase of OSEC cases needing emergency placement.”

- Social worker, Ruhama Center for Women & Children
World Hope International Report

Efforts have been made to adopt alternative strategies to provide services and outreach to children, families and social welfare staff. This includes localizing remote services by empowering regional and provincial stakeholders to provide services and provide training for counselors to facilitate this. If this results in an increased focus on directing resources, capacity building efforts and coordination strategies to support children, families and service providers, this could represent a positive shift for the overall child protection system. Service providers also reported shifting to use of various platforms such as Microsoft Teams, Zoom, and Google Workspace, among others to facilitate awareness-raising, psycho-education and service delivery.

Some NGOs also experienced loss in funding, reducing their ability to provide services while facing additional expenses related to COVID-19 testing and precautions. The study found that the Children’s Legal Bureau closed down their shelter home for boys due to lack of funds.

SaferKidsPH Remote Counseling Protocols for OSAEC Victims/Survivors
Social Development Research Center
De La Salle University

This project sought to identify effective psychosocial interventions for OSAEC victims/survivors, available platforms for remote counseling that can be accessed by this group, and factors to be considered in developing a remote counseling protocol for this group in the Philippines, as well as to determine how remote counseling would work for OSAEC victims/survivors.

The project is being carried out in two phases, Phase 1 involving the development of the remote counseling protocol, and Phase 2, a pilot study of the remote counseling protocol. The pilot study has to do with developing modules for the protocol, defining the role of stakeholders, and identifying capacity building activities for the survivors, families, and stakeholders.

Source: <https://www.dlsu.edu.ph/the-goal-is-to-help-remote-counseling-for-osaec-victims-and-survivors-webinar-opens-sdrcs-42nd-anniversary/>



VI. Recommendations

The study recommendations are structured based on UNICEF’s Child Protection System Strengthening Approach and related intervention areas, with focus on the service continuum; human, financial and infrastructure resources; and mechanisms for child participation and community engagement.

Overall: Review and update the child protection system assessment and identify gaps in the Philippine child protection system. This will provide an updated reading on the key points of support needed at all levels and by various actors to address OSAEC and make child protection, along with other rights of children, a reality for all children in the country.

Establishing an integrated continuum of approaches and services for OSAEC — from prevention, identification, reporting, rescue, trial, rehabilitation, reintegration and after care — is critical. As described below, this will require a realignment of existing approaches and more effective collaboration among government and non-government stakeholders to build upon existing capacity, resources and ensure more positive outcomes for child victims / survivors.

Another major and urgent recommendation is to directly reach out and speak directly with OSAEC survivors to better understand their perspectives, experience and recommendations for improving service provision. While interviews with children and young people who experienced OSAEC was beyond the scope of this study, it is highly recommended to proactively engage with and capture the views of this group in order to design more effective and appropriate assistance and programs. This is especially critical given the unique dynamics of this form of exploitation and the ways children may experience and react to OSAEC, which require tailored and, in some cases, quite different approaches.

Legal and Policy Framework

There is a need to review the legal framework in relation to OSAEC, and as applicable, to other child protection issues to ensure current legislation is contributing to effective interventions and positive outcomes for children and more attuned to all child rights provisions that guarantee the best interest of children in all circumstances. Specific provisions in current laws need to be revisited and changed, including:

- The burden to prosecute offenders should no longer be on evidence provided directly by the child. Children should not be required to testify against their own families and cases should not be led predominantly by children and their testimonies. Alternative options should be explored (see below) and where children’s testimony is required, child-friendly procedures that avoid secondary trauma should be utilized.
- Efforts to facilitate “victimless” prosecution through training and providing guidance for criminal justice professionals and courts in presenting and accepting digital evidence should be expanded. Digital evidence should be sufficient to prosecute alleged offenders and spare children from testifying

in court. During digital evidence collection, children's right to privacy should be considered so that their personal data (for example, chat history with offenders, images exchanged, etc.) is not excessively processed or shared.

- There is a need to build on current efforts to support children involved in court cases, strategize how children can be supported to see the value of taking the legal process further through assurance that this will not prejudice their parents (if they happen to be party to the offense), nor cause separation anxiety if their parents are punished and separated from them.
- According to previous legislation, perpetrators or facilitators of OSAEC cases can be charged only when they are caught in the act (such as during live streaming), unlike in offline child trafficking. These requirements should be carefully examined and assessed to avoid potentially further endangering child victims. Law enforcement initiatives such as 'honeypots' created to lure for bad actors and enable identification of those intending to engage in prohibited behavior should never involve real children.
- Adopt the use of the Child Protective Prosecution, which strives to meet two standards: the burden of proof and the duty of care. The burden of proof protects the accused's right to be presumed innocent, while the duty of care requires taking into account the child's best interests as a primary consideration in all actions or decisions that concern or affect them.¹⁵⁰
- The Rules on Examination of a Child Witness, which aim to "create and maintain an environment that will allow children to give reliable and complete evidence, minimize trauma to children, encourage children to testify in legal proceedings, and facilitate the ascertainment of the truth" should be upheld.¹⁵¹ Capacity building and training of legal and court personnel to ensure that these rules and protective measures are upheld to protect children throughout the legal process are critical. Specific considerations applicable to minor witnesses under 18 years of age include:
 - Assignment of a guardian *ad litem*
 - Appointment of a facilitator to assist the child during questioning
 - Provision of a separate waiting area for child witnesses
 - Child testimony from a place other than the witness chair in court
 - Use of testimonial aids and emotional security items when children testify
 - Allowance for a qualified adult to testify on the child's behalf if the child is declared unavailable during the time of the trial.¹⁵²
- Support and implement Republic Act 11222 or the Simulated Birth Rectification Act and Republic Act 11642 or the Domestic Administrative Adoption and Alternative Child Care Act that streamlines the adoption process, allowing those who seek to adopt a child to file a petition with the regional alternative childcare office and avoid lengthy and expensive court proceedings.

¹⁵⁰ IJM (2021). *Child-Protective Prosecutions: A Strength-Based, Child-Centered Approach To Assess Prosecution Results*. Accessed from: <https://osec.ijm.org/documents/64/IJM-child-protective-prosecutions-2021.pdf>

¹⁵¹ Republic of the Philippines (1992). Republic Act No. 7610: Rule on Examination of a Child Witness. https://lawphil.net/courts/supreme/am/am_004_07_sc_2000.html.

¹⁵² Sections 28 and 29, RA No. 7610.

See **Annex VI** for specific recommendations in relation to Republic Act No. 11930: *“An Act Punishing Online Sexual Abuse or Exploitation of Children Penalizing the Production, Distribution, Possession and Access of Child Sexual Abuse or Exploitation Materials;”* Amending Republic Act no. 9160, Otherwise Known as the Anti-Money Laundering Act of 2001, as Amended and Repealing RA 9775, otherwise known as the Anti-Child Pornography Act of 2009.

Governance and Coordination Structures

- Conduct an assessment of Local Councils for the Protection of Children, including their integrated plans of action, resources for addressing child rights, and specific interventions for children exposed to all forms of violence, including OSAEC.
 - o Operationalize complementary roles and duties of all member agencies.
 - o Develop Integrated Plans of Action that identify areas of coordination in planning, implementation, reporting & budgeting

While the mandate and membership of local councils have been defined, a more systematic assessment of the functionality of the LCPCs is needed, particularly in terms of operationalizing and monitoring the performance of member agencies’ complementary roles and duties.

The BCPC should strengthen its work with CSOs, parish-based groups and other community organizations. In addition to barangay officials, prevention efforts should also proactively involve faith-based organizations, Parent Teachers Associations, youth councils at the barangay and city level, MOVE or men’s support groups, as well as other groups and individuals at the sub-village level such as zone leaders.

- o Work with LCPC / BCPC to strengthen the involvement of local communities as they know their members / constituents best. This requires that their roles in preventing OSAEC and until reintegration and after-care services are strengthened.
- o BCPCs should be co-chaired by someone who is not a member of the barangay council (e.g., NGO) so they can function despite changes in elected officials.
- o Linked to the recommendation above, examine current LCPC guidelines and propose amendments to give CSOs more representation. However, CSOs/NGOs may also have a limited presence in barangays, if they have not institutionalized their existence.
- o Social workers and other services providers should continue to monitor identified clients and in coordination with their LGUs and the national DSWD provide for the needs of the family as well, especially on economic and education concerns, which often force or compel children into OSAEC.

- There is a need for innovative solutions and coordination strategies using different platforms and modalities including online case management, counseling and VAC reporting apps. Efforts to strengthen referral flow in the context of pandemic (Enhanced Community Quarantine (ECQ), etc.) should be targeted, as well as enhancement and activation of the child protection mechanism from the barangay level.

Continuum of Services

Prevention and awareness

- Targeted prevention systems should be established in communities, ideally spearheaded by trained BCPC who understand the dynamics and pathways of exploitation for children affected by OSAE. Preventive approaches should be systemic, and behavior-oriented, based on institutional elements that are maintained regardless of changes in political leadership in the community.
- As sexuality education may be effective in protecting children from OSAE,¹⁵³ it is recommended to review the content of current psychoeducation training and explore evidence-based strategies for including sexual and reproductive health education for children and youth in prevention efforts.
- Develop and implement OSAEC and CSEM awareness-raising strategies on social media platforms.
- Establish safe spaces for children, families and community members to freely disclose their engagement with OSAEC without judgement or recrimination to help recognize the abuse inherent in this phenomenon and trust adults and authorities to help them deal with exploitation and prevent harm to children.

Intervention and Case Management

- Review the existing case management protocol for relevance in dealing with OSAEC with specific assessment of the current coordination and referral mechanism for handling OSAEC at the local level to ensure that sufficient capacity and services are in place to effectively handle referrals and support case management as envisioned in the protocol. Prior to the elections, the Committee for the Special Protection of Children under the DOJ decided to update the Case Management Protocol and budget has been allocated to this. It is hoped that this effort continues under the new administration.

¹⁵³ Gill, M. (2021). Online Child Sexual Exploitation in the Philippines: Moving beyond the current discourse and approach, *Anti-Trafficking Review*, 16, pp. 150-155, <https://doi.org/10.14197/atr.2012211610>

- o All involved in operationalizing the current protocol need to be guided by the child victims' socio-cultural context (social construction of childhood) and prioritize safeguarding children's best interest at all times, while addressing the right of children to be protected by the justice system.
- All involved in assessing the needs of children affected by OSAE should be trained in more child-sensitive and culturally appropriate needs assessment approaches as a basis for developing intervention models. The study has shown that each child is affected differently by OSAE depending on a range of contextual factors which should be considered in developing and implementing needs assessments during all phases of the child's care. Preferably, a multi-disciplinary team should be engaged in each phase of the child's rehabilitation to ensure holistic protection is provided by all concerned.
- Protect children from psychological harm by developing a child-sensitive rescue protocol that prevents child victims from experiencing further trauma.
- Volunteers should be trained in and follow clearly defined protocols. Organizations must ensure that volunteers are equipped with the necessary knowledge and skills before they engage with children.
- Media coverage of OSAEC cases should strictly adhere to child safeguarding policies.
- Study the impact of current intervention models for children affected by OSAE and develop guidelines for better practice based on lessons learned specifically from a review of the trauma-informed care (TIC) and TIPP approach in providing holistic protection of children victims/survivors.
 - o Review how TIC has been implemented and the outcomes for children to assess cultural appropriateness in the Philippine cultural context and specifically with OSAEC survivors.
- A local children's code, one of the requirements for child-friendly local governance, should be updated and used as a practical guide by LGUs when responding to OSAEC issues.

Alternative Care and Family Support

- Children should remain with their families and in their communities whenever possible, with institutional placement used only as a last resort.
- Work with government and non-government institutions to enrich parenting and family support programs, targeting efforts to proactively engage parents, families and communities in preventing all forms of child violence.

Reintegration and Rehabilitation

- Ensure provision of ongoing support and monitoring of OSAEC survivors, especially after reintegration into the community. Support should focus on healing and recovery efforts, as well as provision of support for survivors' life choices, including education, livelihood, employment.
- Directly involve families and communities in reintegration planning and awareness raising to prevent secondary victimization and ensure that children thrive after reintegration.
- Review and implement the DSWD-IACACP guidelines currently under development for compensation provided to survivors following the conclusion of court cases.
 - Ensure guidelines provide clear information on how to manage the compensation, who will take care of the funds if survivors are still minors, etc.
- Strengthen aftercare/reintegration services and implement training and technical support programs to build BCPC capacity to implement and provide these services.
- To support this, the *Institutionalization of the Assessment of Survivor Outcomes tool* for social workers should be approved and implemented by DSWD.¹⁵⁴

Minimum standards and oversight mechanisms

- Develop guidelines for addressing inclusivity in service provision for children affected by all forms of violence.
 - Guidelines should address gender, disability, ethnic considerations and other factors contributing to exclusion and marginalization of children.
 - Develop appropriate gender-sensitive and disability-inclusive methodologies and interventions
 - Document good practices and methodologies
- Oversight mechanisms should be designed and implemented to ensure implementation laws blocking pornographic content in internet cafes and public Wi-Fi hotspots in communities.
 - Organise discussion forums and workshops with key stakeholders, including the private sector and ISPs, and child protection experts to discuss and agree on how this will be carried out. This includes agreement on how to design effective blocking mechanisms to identify pornographic content and prevent over-blocking.

¹⁵⁴ <https://www.ijm.org/aso> <https://healtrafficking.org/resources/assessment-of-survivor-outcomes-tool-international-justice-mission/>

Human, Financial and Infrastructure Resources

- Conduct a systematic capacity needs analysis of key service providers to understand existing strengths and areas for improvement in understanding OSAEC and related interventions for children. The needs analysis should not be focused on their ability to provide OSAEC services alone but on their ability to intervene on all matters concerning prevention of violence against children due to the interconnected nature of these phenomena.
- There is a need to create and continuously upgrade the capacities of the social service workforce. A comprehensive capacity development plan needs to be institutionalized, including levels of supervision, technical support and oversight at various governance levels.
- Advocate for appointment of social workers in each barangay given the additional resources from each LGU's national tax allotment under the Mandanas ruling. The appointment of social workers in each barangay could bring the continuum of services closer to the communities and possibly help engage community stakeholders more actively to protect children from OSAE.
- In addition to upgrading the capacity of social service workers, there is a need to expand the circle of advocates and implementers by including key private actors such as internet service providers and others who play a role in enabling OSAEC.
- Design and deliver a basic and tailored training module appropriate to the roles and responsibilities of service providers engaged in child protection, focusing on OSAEC. This module should be developed and reviewed in collaboration with service providers and child protection experts in the Philippines to ensure that it is appropriate for and able to be implemented in the local context.
- Develop strategies to address gaps in the provision of psychological interventions due to the lack of qualified professionals at the community level. Clear guidelines on what social workers can and cannot do should be developed, as well as the technical support to be provided.
 - Clinical practitioners may require use of psychological tests while lay people / volunteers should refrain from using such.
 - Maximize use of referral systems where experts and stakeholders can be mobilized for services, including the use of psychological tests for assessment.
 - There should be one technical expert in cybercrime in every municipality. If this is not possible, a clearly defined referral mechanism should be in place.

- Ensure the involvement of schools, teachers, and guidance counselors/ designates in efforts to address and protect children from OSAE. Teachers and counselors should receive trainings and workshops that would allow them to understand better their role in supporting and assisting children in need, and to improve their knowledge, skills and attitudes on identification and reporting of abuse experienced by students.
 - Assess and ensure functionality of the child protection committee under the Department of Education’s Child Protection Policy
- Partner and advocate with key private stakeholders engaged in the online technology environment and those whose services are being used to facilitate financial transactions (such a money remittance centers) to develop programs to complement existing services for children affected by OSAEC
- Strengthen the budget tagging tool (BTT) for children in all LGUs. This includes preparing PPAs for children. This should also be assessed before LGUs can be recognized and awarded as child-friendly.
- Conduct a review of the indicators used when auditing local government units for child-friendliness and reflect efforts to address OSAEC.

Mechanisms for Child Participation and Community Engagement

- Explore the possibility of training para-professionals and community volunteers to perform basic counselling and social work functions at the local level.
- Strengthen commitment and ensure child participation in all matters affecting children’s protection from OSAE, making specific effort to understand children’s views on interventions and services provided, including OSEAC victims / survivors.
 - Enhance the types and levels of engagement by children and youth in child protection and expand the reach of and support for trained child rights advocates working at the barangay level.
- Nurture community-based mechanisms and support their functionality as informal (or formal) structures. Government needs to reach out and include civil society groups, faith-based groups, the private sector and others with ongoing initiatives to empower communities on various child rights issues.
- Greater understanding and recognition of the situation and perspectives of children affected by OSAE should lead to service adaptations and reform. Indeed, when a population is so ‘marginalized’ but also not wanting to engage with services, service design should be led by them or it is unlikely to be accepted or effective.

Data Collection and Monitoring Systems

- Existing data on OSAEC should serve as a compass for calibrating and challenging existing elements of the Philippine child protection system, to understand and work toward appropriateness and effectiveness of interventions, both in the short-term and long-term, ensuring that the rights of children are safeguarded in the paths taken for the prevention of OSAEC, and children's special protection, healing, recovery and reintegration to a safe community.
- Enhance information-sharing of all agencies involved (including courts) on OSAEC cases through a centralized database system for prevention and monitoring. Efforts underway to develop a single database, as well as harmonize templates and definitions used by different stakeholder agencies differ should also be supported and continued.
- Each barangay should have a database banking that contains data of each child, especially the most vulnerable children and families for the purpose of providing targeted support for the prevention of OSAEC and children's special protection. Given the sensitivity of this data, specially designed security measures should be in place, including anonymization and pseudonymization, and retention periods specified.
- Further investigation and research is needed on efforts to prevent re-victimization and or trauma of children during rescue and during their involvement in the justice system, which appear to impact and in some cases hinder healing and recovery from their initial OSAEC experience.
- While this study presented information on current reintegration services and processes, there is a need to collect more in-depth information on effective strategies for reintegration of OSAEC survivors, factors that contribute to successful integration and models of effective reintegration based on experience to date. Ideally this should include the perspectives of young people who have direct experience of these services to allow them to share their insights and recommendations.

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Annex I: TOR Technical Advisory Group

Terms of Reference

Technical Advisory Group

for the study on intervention strategies on rehabilitation and reintegration
of child victims / survivors of online sexual abuse and exploitation

Background

- UNICEF Philippines has recruited Child Frontiers and PST CRRC to conduct a study of the existing therapeutic and rehabilitative services available for children who are victims / survivors of online sexual abuse and exploitation (OSAEC). The study is especially timely given the exponential number of cases that have been reported during the COVID-19 pandemic.
- The study will generate the evidence for UNICEF Philippines to advocate with and support the Government – especially the Department of Social Welfare and Development (DSWD) – to design systems of service responses to ensure that children are kept physically safe, receive psychological counselling and therapeutic interventions, and have their cases managed appropriately and with a view to rehabilitation and family reintegration.
- The study will document the approach taken towards service provision and map the principal services available around the Philippines. The study will highlight the interventions provided by a range of different sectors, including welfare, health and justice. However, the study will not focus on criminal investigation procedures.
- Civil society organizations will be included to complement the review of government services (with emphasis on SWD Offices and hospital-based Women and Children Protection Units) and provide a globalized view of options for victims / survivors of OSAEC. The study will cover national, regional and local levels of service provision.
- It is anticipated that the study will take place over six-months and interviews will be conducted remotely due to the ongoing COVID-19 situation.
- The process will be overseen by a national Technical Advisory Group (TAG) comprised of experts on child protection and OSAEC in the Philippines.

Purpose of the Technical Advisory Group

The Country Technical Advisory Group is constituted by UNICEF Philippines and PSTCRRC for a time limited period from **July 2021 to July 2022** to provide oversight and expert technical guidance for the study on intervention strategies on rehabilitation and reintegration of child victims / survivors of online sexual abuse and exploitation in the Philippines.

Key Activities of the Technical Advisory Group

- Provide guidance and advice on issues related to the conduct of the study including but not limited to the design, approach, methods, and instruments;
- Review and input to all study outputs, namely, the inception report, and the draft and final study reports;
- Provide inputs on policy and programmatic areas of application of the study; and
- Recommend and share information and resources that may be needed for the study.
- Support engagement of key government agencies, organizations and key informants at country level through a collaborative and cross sectoral approach
- Participate in the country level workshops and validation meetings
- Support dissemination and implementation of the study recommendations

Working modalities

- The TAG shall convene at least three (3) times during the study period, in accordance with the review of key outputs (see schedule below). Additional TAG meetings may be recommended as the need arises.
- Due to the COVID19 situation, meetings will be convened remotely via Zoom conferencing.
- The TAG shall agree to a time period for review, comment and endorsement of each deliverable. Failure to meet agreed timeframes will be understood as having no comment and common consensus.
- TAG members are encouraged to commit to participate in the proposed meetings below to provide ongoing input and guidance to the study. It is advised not to send replacements or other individuals not familiar with the ongoing process to attend meetings to ensure continuity and effective support to the process.

Study Reference Group: Key Meetings	
TAG Meeting I	Introduction to study, review of methodology, analytical framework & implementation plan
TAG Meeting II	Presentation of raw data for input & validation at the conclusion of fieldwork
TAG Meeting III	Presentation / validation of study findings & recommendations

Coordination and facilitation

- In addition to managing the study, UNICEF Philippines, PST CRRC and Child Frontiers shall provide secretariat services, e.g., coordination and facilitation of meetings/activities and documentation.

Annex II: Technical Advisory Group Members

Technical Advisory Group Members	
1-3	Department of Social Welfare and Development
4	- Social Technology Bureau
5	- Program Management Bureau
6	Inter-Agency Council Against Child Pornography
7	Philippine National Police – Women and Children Protection Center
8	National Bureau of Investigation – Anti-Human Trafficking Division
9	IACAT (non-DSWD)
10	International Justice Mission
11	Child Rights Coalition Asia
12	Council for the Welfare of Children
13	Child Protection Network – Child Protection Unit (CPU)
14	Approach Consortium
15	ECPAT Philippines
16	Balay Integrated Center for Total Human Development (BIRTHDEV)
17	Stairway Foundation – Break the silence network
18	Philippines Against Child Trafficking (PACT)
19	Salinlahi Alliance for Children’s Concerns
20	Norfil
21	GEDSI

ANNEX III: Ethical Principles

The study was conducted in line with several internationally recognized standards. The ethical principles for the process derive in part from a framework of requirements laid out by Emanuel, Wendler and Grady.¹⁵⁵ This framework sets high standards that will allow for trust to be established between the research team and participants, thus encouraging participants to answer questions openly and in a way that promotes the accuracy of the research findings while ensuring the well-being of research participants.¹⁵⁶

The rapid assessment will be useful – it should have social and scientific value. Findings, lessons learned, and recommendations will be presented in a constructive and user-friendly manner to ensure that they add value and help to improve the quality of future service provision. The findings will be presented to key stakeholders so that they can be shared as widely as possible. It is recommended that the final report be made publicly available to share learning with child protection actors and counterparts implementing similar programs, as well as relevant private sector stakeholders.

Remain objective. Researchers will strive to investigate the topic with as little bias and preconceptions as possible. At all times researchers will allow respondents to express their views and opinions and will not interrupt, make suggestions or engage in personal debates about the views expressed. Participants' responses will be recorded using the specific words that were used, regardless of whether the researcher agrees with the statements or sentiments expressed.

The rapid assessment will be conducted independently. The research team will make an independent judgement on the information collected and situations assessed and effort will be made to clearly explain and substantiate conclusions. Ultimately, in qualitative research of this kind, it can be impossible to find a single, standalone 'truth'. Rather, the role of the researcher is to investigate, analyze and understand the phenomena/subject as objectively as feasible and to present as reasoned an analysis as possible.

Respect for potential and enrolled participants. The research team will respect and adhere to local customs and behavior. The team will be culturally sensitive and questions asked will be culturally appropriate. They will respect each participant's point of view and will not criticize participants or act as a teacher or instructor. All opinions are considered valid and respected. Verbal informed consent will be obtained from all participants involved in the assessment and consent will be documented in the notes. Written consent will be received from respondents through acceptance of the interview request.

Confidentiality and data protection. At the outset of data collection, all participants will be informed that their answers will be kept confidential. Specific comments or views expressed by participants will not be attributed to individuals and will be dealt with confidentially. Individual participants will not be named or otherwise identified in the final report(s). Any recordings made of interviews will be erased and individual notes deleted upon completion of the assessment.

¹⁵⁵ These principles are an adaptation of the OECD DAC evaluation criteria.

¹⁵⁶ The proposed assessment is not clinical in nature, but the strict ethical guidelines associated with clinical research are appropriate, given the sensitive nature of the research topic. These guiding principles will require additional adaptation and contextualization at the local level; guidance for doing so is available in Wessells (2009).

ANNEX IV: Notification of Ethical Review Approval



The Philippine Social Science Council-Social Science Ethics Review Board (PSSC-SSERB)
hereby grants this

Certificate of Ethics Clearance

to the research project

**"Study on intervention strategies on rehabilitation and reintegration of child victims
of online sexual abuse and exploitation"**

Reference Code: CE-21-27 (Full Review)

Principal Researcher: Dr. Elizabeth P. De Castro

Validity: Upon fulfillment of the attached Terms and Conditions; 21 October 2021 - 21 October 2022

LOURDES M. PORTUS, PhD

Executive Director, PSSC

Chair, SSERB



CERTIFICATE OF RESEARCH ETHICS CLEARANCE

Reference Number: CE-21-27

Project title: Study on intervention strategies on rehabilitation and reintegration of child victims of online sexual abuse and exploitation

Principal Researcher: Dr. Elizabeth P. De Castro

The Philippine Social Science Council-Social Science Ethics Review Board (PSSC-SSERB) hereby grants research ethics clearance for the conduct of the aforementioned research project. This clearance is valid from 21 October 2021 to 21 October 2022.

Terms and Conditions of Ethics Approval

This approval is contingent upon the implementation of the project strictly in accordance with the **Version 2** research protocol and related information submitted by the researcher on 15 and 21 October 2021.

PSSC-SSERB reserves the right to conduct spot checks and request access to any information or data at any time to monitor your compliance with the approved research protocol. It also reserves the right to withdraw this Certificate of Research Ethics Clearance if it finds that information has been withheld or misrepresented; changes to the protocol were introduced without prior approval; researchers have been found engaging in unethical practices; and the conditions contained in this Certificate have not been adhered to.

Kindly ensure that the following details are included in your informed consent form so SSERB can monitor any complaints related to the study:

"The ethical aspects of this research have been approved by the Social Science Ethics Review Board (SSERB). If you have any concerns or complaints about how this research is being/has been conducted, please contact:

Philippine Social Science Council-Social Science Ethics Review Board (PSSC-SSERB)
2nd Floor, Philippine Social Science Center, 372-C Commonwealth Avenue, Brgy. New Era, Diliman,
Quezon City, Philippines 1101
Tel no: 8929-2671
Email: sserb@pssc.org.ph"



A Final Report using SSERB's Final Report Form must also be submitted through the SSERB Portal at the conclusion of the project. If the researchers plan to introduce any changes to the approved protocol, the researchers must submit a Protocol Amendment Form; and if the study will not push through or will be terminated, submit an Early Study Termination Form.

Lourdes M. Portus, PhD
Chair, SSERB
Executive Director, PSSC

Date issued: 21 October 2021

Annex V: Analytical Framework

OSAEC Study Analytical Framework	
Question	Respondents
<ul style="list-style-type: none"> • How is OSAEC currently understood & defined among service providers? <ul style="list-style-type: none"> o What manifestations or forms of OSAEC are typically focused on? o Which forms of OSAEC are services available for? Are some forms prioritized over others? Why is this the case? 	NGOs, FBOs, Government officials, service providers, private practitioners
<ul style="list-style-type: none"> • What social, medical and psychological interventions are currently available for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC? <ul style="list-style-type: none"> o What holistic programs and services are available to OSAEC victims / survivors? o Who is providing these services at the central and LGU level (academic institutes, CSOs, private sector organizations, etc.)? o In what settings are these services being provided (home; shelter; hospital; communities; foster care)? o What types of interventions have been developed and implemented to address this issue, including technology-based interventions? • What is Government doing to stop / prevent proliferation of cases? 	NGOs, FBOs, Government officials, service providers, private practitioners
<ul style="list-style-type: none"> • How were these interventions determined to be appropriate / relevant for child victims / survivors in the Philippines? <ul style="list-style-type: none"> o Were these determined by the process of needs identification as part of the case management of cases reported to authorities? o What is the approach for working with children / youth involved in facilitating OSAEC? <ul style="list-style-type: none"> • Who is responsible for designating whether a child / youth is identified as a victim / survivor or facilitator / offender? • Is there any guidance / criteria for making this decision? 	NGOs, FBOs, Government officials, service providers, private practitioners
<ul style="list-style-type: none"> • What main alternative options to shelter / institution- based care are available for and commonly offered to child victims / survivors of OSAEC? <ul style="list-style-type: none"> o What is the availability and perceived quality of these alternative care options in different locations across the country? o What other strategies are applied (removal of offender/s from the home) and what is their perceived efficacy? o How do these interventions address the needs and rights of children affected by OSAE? 	NGOs, Government officials, service providers, private practitioners

OSAEC Study Analytical Framework

Question	Respondents
<ul style="list-style-type: none"> • What bottlenecks and facilitative factors affect the services and interventions currently available for child victims / survivors of OSAEC in all settings? <ul style="list-style-type: none"> o How do these differ by location, service provider or the age, gender and background of the child victims / survivors involved? 	<p>NGOs, Government officials, service providers, private practitioners</p>
<ul style="list-style-type: none"> • What referral mechanisms are currently in place for child victims / survivors of OSAEC? <ul style="list-style-type: none"> o Are these functioning effectively? o Are these mechanisms able to ensure timely, holistic, trauma-informed care and rehabilitation for child victims / survivors? o Why or why not? 	<p>NGOs, Government officials, service providers, private practitioners</p>
<ul style="list-style-type: none"> • How are child victims / survivors involved in the case management process? <ul style="list-style-type: none"> o Are children’s views considered in the decision-making process? o Is genuine effort made to understand children’s experiences and perspectives? o In what ways are children demonstrating increased agency, such as through greater self-efficacy, ability to access justice, empowerment and the ability to provide peer support? o To what extent are processes adapted to be appropriate for the child’s age, stage of development, poly-victimization, gender and other social and disability inclusive factors? 	<p>NGOs, Government officials, service providers, private practitioners, child-led organizations</p>
<ul style="list-style-type: none"> • Are there any emerging and/or documented good practices on the rehabilitation and reintegration of victims / survivors of OSAEC? <ul style="list-style-type: none"> o Are there any good practices specifically related to case management and experience and participation of children? o What are good practices regarding rehabilitation and reintegration of OSAEC victims / survivors? o How does the quality of governance affect the rehabilitation and reintegration of victim/survivors of OSAEC? o Can these current interventions be replicated and sustained? If so, under what conditions? o How can interventions that have been found to have a positive impact be sustained? o What policies, capacities, programs and resources are required at the national and sub-national levels? 	<p>NGOs, Government officials, service providers, private practitioners</p>

OSAEC Study Analytical Framework

Question	Respondents
<ul style="list-style-type: none"> o How would the delivery of services by local governments be impacted by the application of Mandanas Ruling? What preparation is being undertaken to ensure the full and optimal implementation of this ruling to deliver better quality child protection services? 	<p>NGOs, Government officials, service providers, private practitioners</p>
<ul style="list-style-type: none"> • To what degree do existing interventions effectively address issues of gender sensitivity, cultural / ethnic diversity and social and disability inclusion? <ul style="list-style-type: none"> o How are these issues reflected in the implementation of the Case Management Protocol on Child Abuse, Neglect and Exploitation? o How are mental health and psychosocial support issues addressed by existing interventions? o How are other rights of children safeguarded in the course of their rehabilitation and reintegration? o What challenges were encountered, both pre-pandemic and during the pandemic? 	<p>NGOs, Government officials, service providers, private practitioners</p>
<ul style="list-style-type: none"> • How have interventions for the protection, rehabilitation and reintegration of child victims / survivors of OSAEC been affected by the COVID-19 pandemic? <ul style="list-style-type: none"> o How have services adapted due to changes in mobility? o How have services adapted due to reduction in capacity for direct service provision? o How have services adapted to potential increases in demand during the pandemic? 	<p>NGOs, Government officials, service providers, private practitioners</p>
<ul style="list-style-type: none"> • Are there any international or regional (ASEAN) best practices, global case management guidance or standards related to OSAEC that would be useful and relevant to be adapted for the Philippines? 	<p>NGOs, Government officials, service providers, private practitioners</p>

Annex VI: Analysis of Anti-OSAEC Act

“An Act Punishing Online Sexual Abuse or Exploitation of Children Penalizing the Production, Distribution, Possession and Access of Child Sexual Abuse or Exploitation Materials”, Amending Republic Act no. 9160, Otherwise Known as the Anti-Money Laundering Act of 2001, As Amended and Repealing Republic Act no. 9775, the Anti-Child Pornography Act of 2009

Overall, this law is comprehensive in scope but has a clear focus on improving the investigation, prosecution and conviction of the offending party while safeguarding the rights of affected children during the process. The best interest clause however needs to be seen vis-a-vis other components of the Act, from prevention, protection, healing and reintegration sub-systems across all levels of the child’s socio-ecological environment.

1. Section 4 - Unlawful or Prohibited Acts

The listing of unlawful acts appears comprehensive and can serve several purposes. The list can be used for awareness raising for all sectors and provides solid guidance for duty bearers and specifically law enforcers and service providers. Hopefully more detailed implementing guidelines will be spelled out in the implementing rules and regulations expected to be formulated for operationalizing this bill.

2. Section 9 - Duties and Responsibilities of Private Sector

Identifying specific private sector actors in the Act facilitates strategic engagement and intentional advocacy. There are existing and evolving partnerships initiated by different bodies to engage key sectors, but more prioritization and development of strategies to focus on their role and responsibilities need to be addressed. There is also a need to enhance the capacity of CSOs, existing networks of development partners to engage private sector on the area of child rights, child protection and specifically OSAEC. More specifically there is room for advancing capacities in navigating the online environment if we are to critically involve internet service providers and internet intermediaries. There can be an opportunity to expand their role not only in evidence gathering but also in increasing knowledge on how to ensure a child safe and protected digital environment.

3. Section 24 - Who May File a Complaint

It is recommended to include school actors to the list of those who may file a complaint. Current anecdotal field experiences of those working directly with children and youth (such as ECPAT Philippines), indicate a need to look at the feasibility of identifying the “offended party” as the complainant. Children who have been consulted about this issue are not ready nor predisposed to elevate their disclosures to people who will treat this as a punishable crime at the outset. At most, they need time and assurance that their disclosures will be treated with caution by people they trust. There is a need to strategize how children can see the value of taking their experience further, be assured that this will not prejudice their parents (if they happen to be party to the offense), nor cause separation anxiety in the event that their parents are punished and separated from them. There is an opportunity to consult other sectors who are engaged with children and youth on this issue. The recently concluded Down to Zero-Building Back Better Project has insights on how to deal with children’s disclosures. An NGO based in Davao has

experiences on community-based approaches that enable children to freely “tell their story,” indicating possible online abuse.

4. Section 26 - Protective Custody of the Child

This section spells out the role of DSWD vis-a-vis the local social welfare office in providing protective custody of the child. However, it also includes a provision specific to the LGU, stating that in cases where DSWD provides assistance to concerned city or municipal social welfare development office, the “needs of the child shall be provided by the concerned LGU”. This seems to be an unrealistic expectation and may be met only by some LGUs. There is a critical need to assess how LGUs can be more effectively capacitated to provide basic services addressing child rights in general.

5. Section 27 - Mandatory Services to Victims of Child Sexual Abuse or Exploitation

This is a wish list that all LGUs can progressively work towards. If these services are considered mandatory, they should be part of the DILG issuances and, more importantly, there is a need to assess how LGUs can be capacitated to achieve this level of readiness to provide these services (including provision of local budgets) as part of their child-friendly local governance.

- (a) Emergency shelter or appropriate housing: There is a need to see whether LGUs have budgeted for this.
- (b) Counselling: Who is expected to provide this? If we consider social workers as the main service provider, we need to look into the staffing of local social welfare development offices. Many LGUs do not have adequate staff to address their mandate, nor have professional social workers trained to do this.
- (c) Free legal services: how feasible is this? Does the Public Attorney’s Office have adequate resources to provide this service at the LGU level?
- (d) Medical or psychological services: CPUs based in hospitals are able to address these, but perhaps not all hospitals have CPUs. There is also a dearth of psychological services to address unique needs of each child with an OSAEC experience.
- (e) Livelihood and skills training and (f) educational assistance: These are essential services to reduce vulnerabilities of children and families but there is a need to check whether current service providers are able to target children and families most vulnerable to OSAEC. There may be a need to examine targeting guidelines and convergence of existing services at the sub-national level to see gaps in reaching those most at-risk of OSAEC and victims of this crime.

There is a need to articulate in the resulting IRR for this bill how all concerned can provide a ‘sustained supervision and follow-through mechanism that will track the progress of recovery, rehabilitation and reintegration of the child victims....’

6. **Sections 28 and 30:** Programs for Victims of Child Sexual Abuse or Exploitation and those identified to be developed and implemented by the proposed National Coordination Center against OSAEC and CSAEM. There is need to clarify how these two sections relate to each other and what implementing mechanism is proposed to ensure program service delivery at national and sub-national levels.

It seems the proposed Coordination Center is being identified as the focal point for developing and implementing a comprehensive program for prevention protection, healing and reintegration of support for OSAEC. Coordination is a complex responsibility among implementing bodies. Perhaps IACAT can assess their current experience with this and, given that they are in the process of developing their next strategic plan, this may be an opportune time to harvest best practices and avoid ineffective practices of past performance.

Mandatory services: requires examining capacity and budgetary requirement. These are very challenging at the moment. If these services are considered compulsory, they should be part of DILG directives and properly monitored. However, given the limited personnel of DILG (LGOO) at the LGU level, there is serious concern that these mandatory services would not be properly monitored. The LCPC perhaps is the most logical body to develop and implement these services.

With the full implementation of the Mandanas Ruling, it is hoped that financial gaps among the LGUs will be addressed. However, it is also crucial that the LGU has the absorptive capacity, which includes prioritizing the items above. Following the mandate of DSWD on TARA function, the DSWD should also consider the provision of training/certifications related to managing and addressing OSAEC to the LCEs/LGUs.

All identified programs and services under the National Coordination Center necessitate dedicated resources for capacity development and service delivery under the LCPC. A case in point is the limited capacity of Women and Children's Protection Desk based in police stations to deal with investigation involving cybercrime.

There is a need to look into the effectiveness of working with several councils and secretariats that have been formed on related child protection rights embodied in related laws. The CWC perhaps can be capacitated to address convergence of work plans as well as monitoring these at national and sub-national levels of implementation. It is recommended that focus remain on capacitating Local Councils for the Protection of Children to act as the main inter-agency body that can provide mandatory services for children in their LGUs. The proliferation of councils and secretariats can in fact slow down processes for reaching children who need these services to heal and recover from OSAEC.

7. **Section 33 - Role of Local Governments**

This is a move in the right direction and once more points to the importance of capacitating LCPCs to establish prevention programs even at the barangay level and provide a "holistic local program for rehabilitation and reintegration under the local social welfare and development office including support and protection for victims and survivors". The move to institutionalize community-based initiatives, thereby localizing efforts against OSAEC should be the preferred mode of addressing OSAEC.

