

# PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE



# ANNUAL REPORT 2011



DISCLAIMER: Children in the cover, inside pages, and back cover are not victims of child abuse.



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# TABLE OF CONTENTS

Message from the Executive Director	2
Timeline Across 15 Years	3
Five Pillars of the Foundation's Work	4
2011 CPU Statistics	6
Locating the 50 CPUs	8
Women and Children Protection Unit (WCPU) Directory	10
Asian Resource Center	12
Certificate on Child Protection Specialty Training	14
Multidisciplinary Team Training	16
Training on the 4Rs of Child Abuse for Pediatric Residents	17
Child Protection Specialist Training for Ambulatory Pediatrics Fellows	18
Basics of Investigating Crimes Involving Women and Children	20
Competency Enhancement Training For Family Court and Single Sala Court Personnel	22
Grounding Future Lawyers on Child Protection Work	24
Psychology Students Practicum at PGH-CPU	24
Social Work Practicum at PGH-CPU	25
Barangay Orientation	25
Child Protection Awareness Training	25
Ako Para sa Bata 2011 The Manila Conference	26
Event: CPN Fundraiser	28
The Board of Trustees	29
2011 Financial Report	30
List of Donors	31
Children's Messages	32
Major Partners in Training	33

# MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear members, colleagues, partners and friends,

2011 was a big step towards the institutionalization of the child protection units (CPUs). The picture is clear that the model that the country is adopting as the main delivery system of child protection is a public health model. The CPUs are housed in public hospitals or rural health units where trained physicians and social workers partner with trained police of the PNP Women and Children Protection Desks (WCPD) to deliver medical, social, counseling, and legal services. It is the mission of the Child Protection Network Foundation (CPN) that every abused child in the country will have access to a CPU within two (2) hours.

There is a great emphasis on training. For a child protection system to be effective, professionals need to be competent; respond with confidence; and understand their roles in the care continuum of services for abused children and their families. The needs of abused children and their families are complex and cannot be provided by just one discipline or one agency. Collaboration and coordination of efforts does not only ensure efficiency but also prevents the child from falling through the cracks and being traumatized by the very system which is supposed to protect them. There are different kinds of training for the different professions involved in child protection. CPN is involved in the training of physicians, social workers, police, prosecutors, judges and family court personnel, and other stakeholders in the community. CPN's involvement ensures that everyone is on the same page. From the beginning, CPN partnered with the Philippine Judicial Academy of the Supreme Court of the Philippines, the Department of Health, and the Interagency Committee for the Special Protection of Children in multi-sectoral trainings. The Philippine National Police is CPN's Most Valuable Partner for 2011. Together with UNICEF Manila, CPN and PNP put together the curriculum, faculty and trainers that set in motion the training of all WCPD officers nationwide on responding to women and children victims of violence and children in conflict with the law.

Child abuse intervention and prevention should be integrated in the undergraduate curricula of frontline professions like medicine, law, social work, psychology, criminology, etc. This will fill the human resource need as well as develop the field of child protection. Pioneering work on this has already started in key universities such as the University of the Philippines, Ateneo de Manila and De La Salle Universities. The UP-PGH Child Protection Unit is in the forefront of this movement.

Child protection professionals need continuing education opportunities to help raise the level of discussion and expertise. We are happy to note that the annual Manila Conference has adequately served this purpose. Registration is free to members of the network and Ako Para sa Bata 2011 had 758 participants from all key professions.

2012 will see child protection units covering more than half of the children population in the country!

Sincerely yours,

**Bernadette J. Madrid, MD**



# TIMELINE ACROSS 15 YEARS

**1997** The creation of the Child Protection Unit at the Philippine General Hospital – a dedicated emergency room & clinic for abused children.

**2002** Child Protection Network begins work of establishing child protection clinics at leading hospitals throughout the Philippines. Six (6) child protection units launched in year one. Education program formalized for training professionals in child abuse diagnosis, treatment, and prosecution. Multidisciplinary modules written for training of medical students, physicians, mental health professionals, social workers, court-appointed guardians, police officers, prosecutors, judges, and municipal health officers.

**2007** Child Protection Network reaches 24 child protection units.

**2008** Ten (10) prominent Philippine leaders recruited to national governing board of Child Protection Network.

**2009** With its National Center, network of provincial child protection units, education curriculum for ten-related professions, and a national professional society, Philippines is now the leading nation in Asia and in developing world for the care of abused children.

**2010** Child Protection Network reaches 38 child protection units in 25 provinces.

**2011** The Department of Health recognizes the six-week *Child Protection Specialist Training for Physicians and Social Workers* of the Child Protection Network Foundation as the required training of a WCPU physician and social worker.

[www.doh.gov.ph/content/women-and-children-protection-program](http://www.doh.gov.ph/content/women-and-children-protection-program)



# FIVE PILLARS OF THE FOUNDATION'S WORK

**UP-PGH CPU**  
**13,518 children and adolescents served**

## **1 Medical & Psychosocial Care**

- diagnosis
- medical care
- STI treatment
- mental health treatment
- social work services
- location of safe circumstance
- long-term monitoring

## **2 Child Safety & Legal Protection**

- referrals from PNP & DSWD
- forensic examination & interview
- mental health treatment for offending parents and children in conflict with the law
- legal counseling
- expert testimony
- social work services
- family education & consultation
- kids court

## **3 National Center for Education**

**3,685 professionals trained**

- Multi-disciplinary team training
- physicians training
- social workers training
- police training
- legal training
- judges' training
- advocacy in legislature and media

## **4 National Network of Child Protection Units**

**50 CPUs established**  
**33,588 children and adolescents served**

- 91 physicians
- 50 centers covering 31 cities and provinces
- seed funding
- staff training
- best practices sharing
- 24/7 consultation
- roundtable discussions
- annual conference
- visiting professor program
- safety net
- medical alert
- peer review

## VISION

All children in the Philippines and throughout Asia are protected from abuse and neglect.

## MISSION

The Asian Center for Child Protection in collaboration with all child protection units shall serve every abused child with compassion and competence ensuring that all abused children and children at risk are safe, healthy, and developing to the best of their potential within a nurturing family environment.

## 5 Research & National Database on Child Abuse

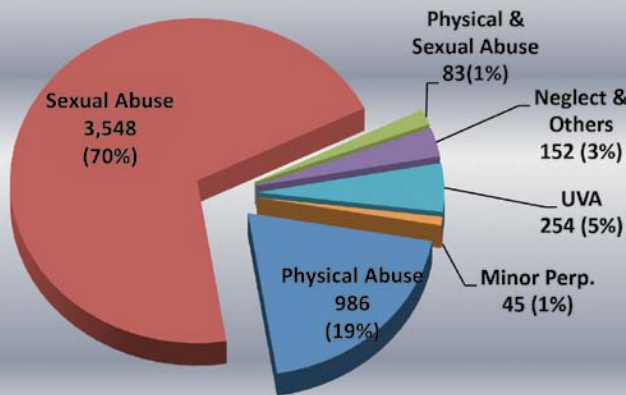
### Child Protection Management Information Database

- design & installation of case-tracking system
- standard system installed in CPUs
- cases tracked for research & policy development
- shared national database
- cutting-edge research for developing countries
- CPMIS installed in 26 CPUs



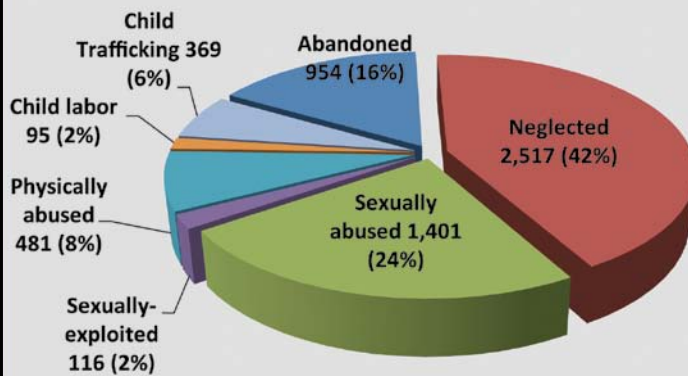
# 2011 CPU STATISTICS

**2011 WCPUs Statistics:  
Breakdown of cases by type of Abuse**

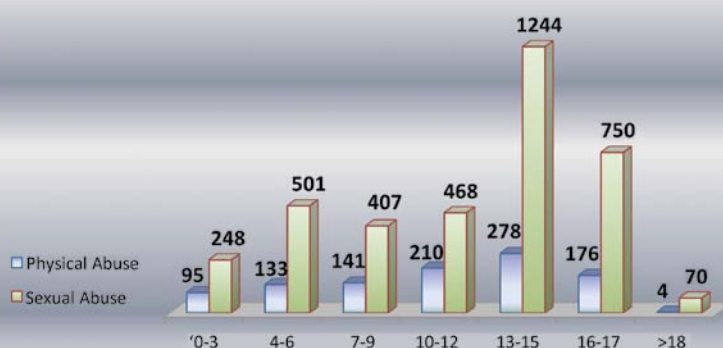


Sexual abuse comprised the majority of cases seen in all CPUs nationwide in contrast to DSWD where the majority of reported cases were child neglect. Child neglect requires social and safety net interventions with DSWD playing a key role e.g. access to programs such as the conditional cash transfer, low-cost housing, early childhood care and education. Physical abuse cases remain underreported reflecting the cultural acceptance of corporal punishment. Cross cultural studies involving the Philippines consistently show that at least 75% of parents interviewed had used moderate to harsh physical discipline. The most underreported form of abuse is psychological or emotional abuse.

**2011 DSWD Statistics**



**Breakdown of physical and sexual abuse cases by age**

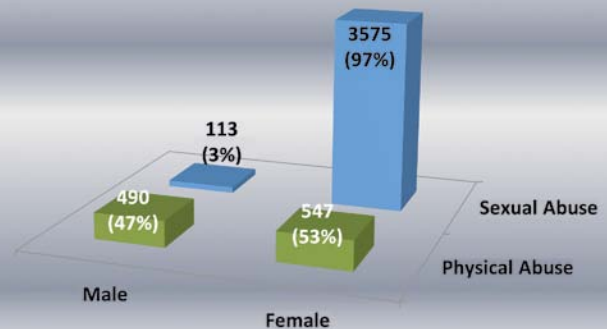


For both physical and sexual abuse, the most number of cases are in the 13 to 15-year age group. This also the most common age group referred for children coming in conflict with the law. Research on adolescence show that 13 to 15 years is the peak age for risk taking, sensation-seeking, and susceptibility to peer pressure.



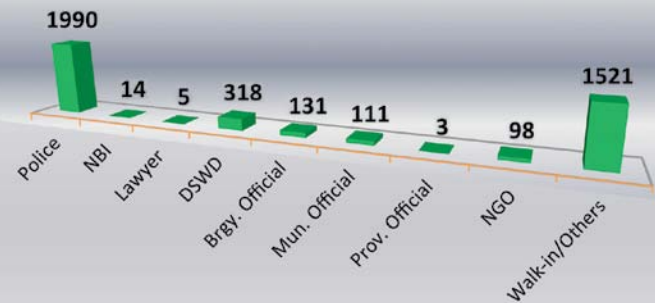
Gender makes a difference with regards child sexual abuse reports. Girls were sexually abused more than boys. This disproportionately high report of sexual abuse of girls (97%) has been stable over time.

Breakdown of cases by gender of victim



Majority of the cases seen at the CPUs are either direct referral from the police or walk-in clients. Walk-ins are either informal referrals from the different agencies or because somebody in the community or a relative know about the CPU in the area.

Referral



Perpetrators of Sexual Abuse

Relationship to the victim	
Neighbor	593
Boyfriend	345
Other Relatives	280
Father	255
Acquaintance	244
Uncle	220
Unknown (no disclosure)	166
Stranger	141
Friend	141
Grandparent	94
Step-parent	88

Perpetrators of Physical Abuse

Relationship to the victim	
Neighbor	127
Father	113
Other relatives	66
Mother	56
Uncle/Aunt	47
Step-parent	34
Acquaintance	30
Unknown	25
Stranger	24
Teacher	21
Grandparent	20

Male neighbors remain the number 1 perpetrator for both physical and sexual abuse.

Over all, the majority of perpetrators are males whether the victims are males or females. Sexual abuse by strangers is rare. Majority of perpetrators are known to the victims and “betrayal of trust” is the main mechanism of abuse.

LUZON  
VISAYAS  
MINDANAO

**REGION I**

- Mariano Marcos Memorial Hospital & Medical Center, ILOCOS NORTE
- Region I Medical Center, PANGASINAN
- LGU Bani, PANGASINAN

**NCR**

- Dr. Jose Fabella Memorial Hospital, MANILA
- PNP WCPC, QUEZON CITY
- Philippine Children’s Medical Center, QUEZON CITY
- Philippine General Hospital, MANILA
- Quezon City General Hospital, QUEZON CITY
- Rizal Medical Center, PASIG CITY
- Ambulatory CPU Lingap Bata, UST MANILA

**REGION IV-A**

- Quezon Medical Center, QUEZON
- LGU Infanta Quezon, QUEZON
- Ospital ng Biñan, LAGUNA

**REGION IV-B**

- Purple Hearts, ORIENTAL MINDORO

**REGION VI**

- Western Visayas Medical Center, ILOILO
- Teresita L. Jalandoni Provincial Hospital, NEGROS OCC.
- Corazon Locsin Montelibano Memorial Hospital, NEGROS OCC.
- Dr. Rafael S. Tumbokon Memorial Hospital, AKLAN

**REGION VII**

- Vicente Sotto Memorial Medical Center, CEBU
- Gov. Celestino Gallares Memorial Hospital, BOHOL
- LGU San Francisco, CEBU
- LGU Pilar, CEBU

**REGION IX**

- Dr. Jose Rizal Memorial Hospital, ZAMBOANGA DEL NORTE
- Zamboanga City Medical Center

**REGION X**

- Mayor Hilarion Ramiro Sr. Regional Training & Teaching Hospital, MISAMIS OCC.
- Bukidnon Provincial Medical Center, BUKIDNON

**ARMM**

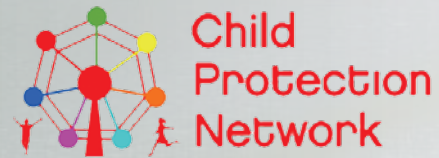
- Maguindanao Provincial Hospital, MAGUINDANAO

**PHILIPPINES**  
**LOCATING THE 50 CPUs**

Refer to WCPU Directory

## CAR

- Baguio General Hospital & Medical Center, BAGUIO CITY



## REGION II

- Gov. Faustino Dy Memorial Hospital, ISABELA
- Veterans Regional Hospital, NUEVA VIZCAYA

## REGION III

- Dr. Paulino J. Garcia Memorial & Medical Center, NUEVA ECIJA
- James L. Gordon Memorial Hospital, ZAMBALES

## REGION V

- Bicol Medical Center, CAMARINES SUR
- LGU Oas, Albay
- Masbate Provincial Hospital, MASBATE

## REGION VIII

- Palanga, NORTHERN SAMAR
- Eastern Samar Provincial Hospital
- Salvacion Oppus Ynigues Memorial Provincial Hospital, SOUTHERN LEYTE
- LGU Sta. Margarita, SAMAR
- Eastern Visayas Regional Medical Center, LEYTE
- LGU Pintuyan, SOUTHERN LEYTE
- LGU Salcedo, EASTERN SAMAR
- LGU San Roque, NORTHERN SAMAR
- LGU Balangkayan, EASTERN SAMAR
- RHU Oras, EASTERN SAMAR
- LGU Lope de Vega, NORTHERN SAMAR
- Libagon, SOUTHERN LEYTE

## REGION XII

- Cotabato Regional Medical Center, COTABATO CITY

## REGION XI

- Southern Philippine Medical Center, DAVAO CITY
- Davao Regional Hospital, DAVAO DEL NORTE



# WOMEN AND CHILDREN PROTECTION UNIT (WCPU) DIRECTORY

## AKLAN

**Dr. Rafael S. Tumbokon Memorial Hospital – CPU**  
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## DAVAO CITY

**Southern Philippines Medical Center - WCPU**  
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055-5650027

## ILOCOS NORTE

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## ILOILO

**Western Visayas Medical Center - WCPU**  
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### Ambulatory CPU Lingap Bata

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## ORIENTAL MINDORO

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## SAMAR

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## ZAMBALES

### James L. Gordon Memorial Hospital - WCPU

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Genia R. Eclarino  
Rowena Fabay, RSW  
Rizal Ave., Olongapo City

# ASIAN RESOURCE CENTER



## UNIVERSITY OF THE PHILIPPINES MANILA - PHILIPPINE GENERAL HOSPITAL

### CHILD PROTECTION UNIT



### CHILD PROTECTION UNIT

Philippine General Hospital  
Taft Avenue, Ermita, Manila  
Email [pgh.cpu@gmail.com](mailto:pgh.cpu@gmail.com)  
Contact nos. (02) 5268418 / (02) 5241712  
(02)5548400 Loc. 2535  
Fax (02) 5241512  
URL [www.childprotectionnetwork.org](http://www.childprotectionnetwork.org)  
Mobile 0917-8874630



## TEAM

### **Bernadette J. Madrid, MD, FPPS**

Executive Director

### **Stella G. Manalo, MD, FPPS**

Associate Director for Administration

### **Merle P. Tan, MD, FPPS, MHPed**

Associate Director for Training

### **Norieta Calma-Balderrama, MD, FPPA, FPCAPPI**

Adult & Child Psychiatrist, Forensic Psychiatrist

### **Cynthia R. Leynes, MD, FPPA, FPCAPPI**

Child Psychiatrist

### **Sandra S. Hernandez, MD, DPPS**

Child Protection Specialist

### **Renee Joy Neri, MD, DPPS**

Child Protection Specialist

### **Namnama Villarta-de Dios, MD, DPPS**

Child Protection Specialist

### **Marie Celieza A. Antonio, RN**

Nurse

### **Dr. Amelia R. Fernandez**

Consultant Adviser

### **Dolores B. Rubia, RSW, MSW**

Social Work Supervisor

### **Annaliza R. Macababbad, RSW**

Social Worker

### **Rubymay T. Bobila, RSW**

Social Worker

### **Leizl R. Sombrio, RSW**

Social Worker

### **Lhea Grace V. Gutual, RSW**

Social Worker

### **May Ann C. Demetrio, RSW**

Social Worker

### **Atty. Amy A. Avellano, LLB, LLM**

Legal Consultant

### **SPO2 Evangeline R. Villano**

Police Officer

### **SPO1 Marsha T. Agustin**

Police Officer

### **Andromeda C. Legaspi**

Triage Officer



## Medical Services

Medico-legal evaluation  
Forensic interview  
Expert testimony in court cases  
Health care maintenance of survivors  
Management of sexually-transmitted infections  
Child development assessment  
Others

## Mental Health Services

Mental health evaluation  
Forensic psychiatric evaluation  
Medico-legal testimony in court cases  
Individual therapy  
Therapy for children with problematic sexual behavior  
Stress debriefing

## Social Services

Safety and risk assessment  
Case management  
Case conference  
Parenting seminar  
Family therapy  
Group work for children and parents  
Crisis counseling  
Educational assistance  
Livelihood assistance

## Legal Services

Legal counseling  
Family court awareness/Kids court

## Police Services

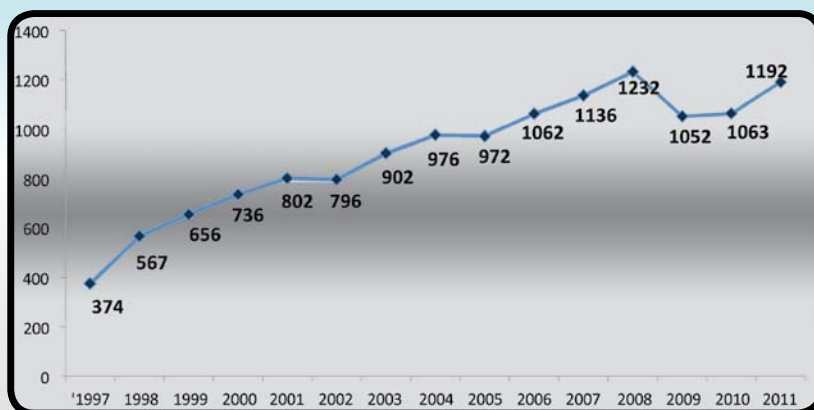
Investigation  
Taking of sworn statement  
Videotaped forensic interview  
On-site case filing

## Others

Library services  
Publication  
Research  
Community advocacy

# AVAILABLE SERVICES

**CPU through the years**  
(Number of new patients served per year)





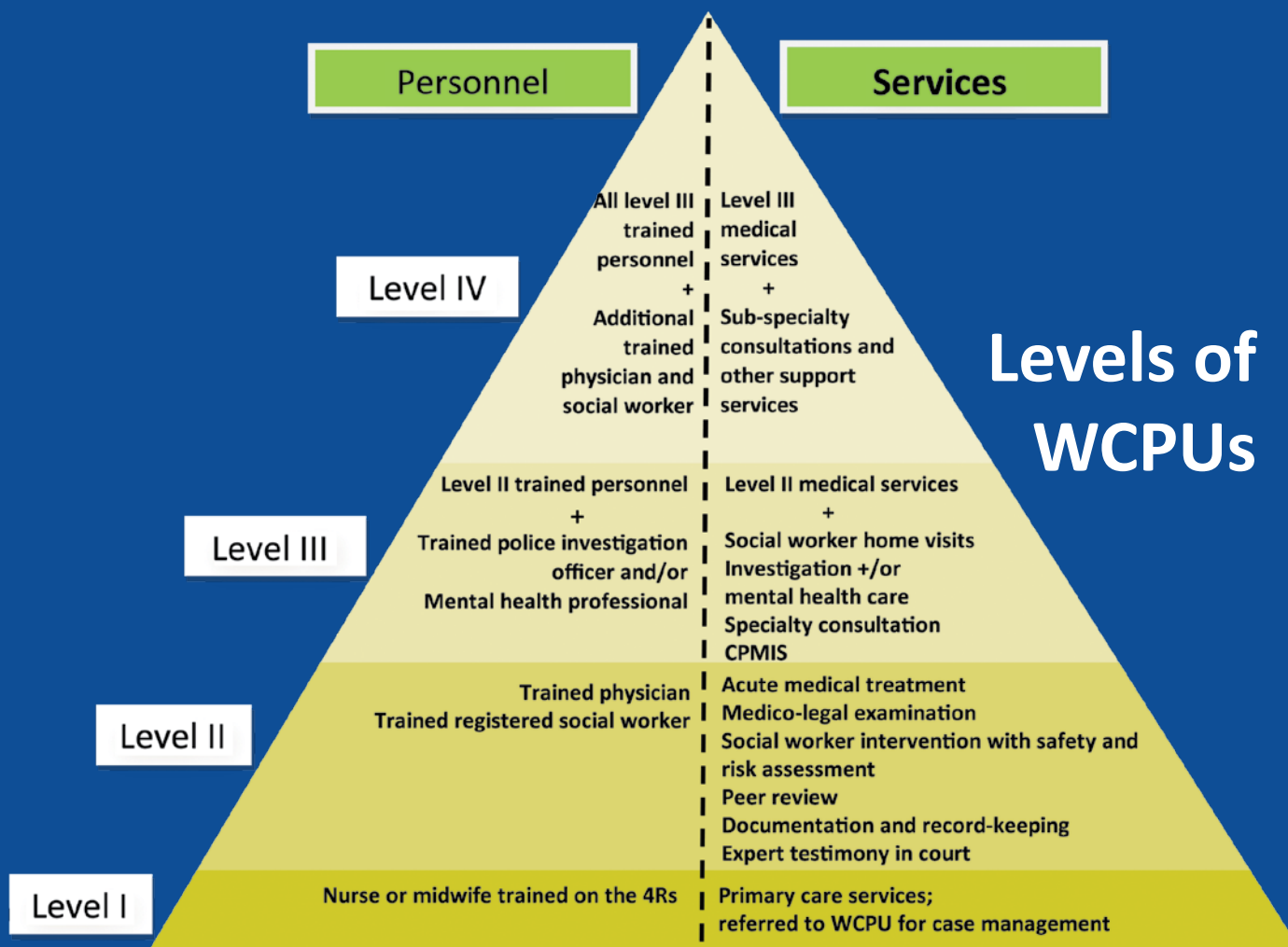
# CERTIFICATE ON CHILD PROTECTION SPECIALTY TRAINING

The *Certificate Course for Child Protection Specialty Training* (CCPST) was designed to specifically address the need for a standardized curriculum for child protection specialists in the Philippines. This program offered by Child Protection Network Foundation (CPN) and University of the Philippines-Philippine General Hospital Child Protection Unit (PGH-CPU) was created in response to a clamor for an effective and specialized training program for child abuse diagnosis and intervention committed to the highest possible standards. The objective of the program was to train physicians, social workers, and police officers to become experts equipped with the proper knowledge, competence, and attitude in handling

neglected, maltreated or at-risk children utilizing an interdisciplinary approach.

Since 1999, the PGH-CPU is involved in the training of identified doctors to become child protection specialists. It started as an on-site training program for six (6) weeks. In a study that reviewed and validated the training program after having been run for a number of years, Tan (2007) discovered that while the trainees appreciated the whole program, they experienced great difficulty with having to stay at PGH for six (6) straight weeks. These trainees came from various regions of the country and needed to leave their respective clinics and families for the entire duration of the course. Furthermore, most of the





doctors were connected to government institutions and local government units unwilling to release them from their responsibilities for this long period. To respond to this issue, a blended learning program evolved. Other physicians from different Asian countries signified interest to undertake this program through international partners of CPN, notably the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). As a result of this pioneering effort, CPN was designated as the Asian Resource Center for child abuse specialty training.

CPN now has two (2) types of CCPS Training: on-site and blended learning. The on-site training is a six-

week program for physicians and a four-week rotation for social workers and police officers. Teaching and learning activities include mini-lectures, case vignette discussions in small groups, case analyses, large group discussions, preceptorials, and teaching videos. Blended learning, on the other hand, is composed of 11 modules for physicians, 10 modules for social workers, and 4 modules for police officers. Modules are web-based while face-to-face practicum and summative assessment occur on-site at CPU-PGH for short specified periods through the whole program. Trainees are expected to go back to their respective communities and analyze their distinct needs and challenges as they create their own child protection units in their localities.





# MULTIDISCIPLINARY TEAM TRAINING



This is a three-day live-in, comprehensive, and interactive training program for multidisciplinary teams composed of municipal health officers, municipal social workers, and WCPD police officers who will become “CPU Satellites.” Using mini-lectures, individual and group practical exercises, case studies, role play, small group and plenary discussions, the participants are given basic inputs so they could properly assist VAWC victims using the 4Rs: recognition, recording, reporting, and referral of cases.







# TRAINING ON THE 4Rs OF CHILD ABUSE FOR PEDIATRICS RESIDENTS

The pediatrician's task in the treatment of child abuse involves detecting abuse, managing the health problems of victims, and reporting cases to authorities. As experts on child health and development, pediatricians are also in a unique position to participate in the long- term treatment and follow up of cases to prevent re-abuse and improve the overall health and well-being of patients. Given this critical role, pediatricians must be professionally trained in child protection in order to be competent in identifying, managing, and providing long-term intervention in child abuse cases.

The child abuse training program for residents builds on the 4Rs of child abuse, namely recognizing, recording, reporting, and referring. During a four-week rotation

at the PGH-CPU, pediatric residents are trained to acquire competencies in recognizing the presenting signs, symptoms and objective findings of given cases; eliciting a comprehensive pediatric history and conducting a complete physical examination in suspected cases of child abuse; carrying out initial interventions including prompt medical triaging in the emergency room and referral of victims to an interdisciplinary team for management; reporting the abuse to proper authorities and agencies, if further intervention is needed; and identifying community resources for supporting the child/family. The training program also engages the residents in a self-reflection to continue to remain sensitive in handling abused and neglected children.



# CHILD PROTECTION SPECIALIST TRAINING FOR AMBULATORY PEDIATRICS FELLOWS

The *Ambulatory Pediatrics Fellowship Program* imparts to the trainee the knowledge, attitudes, and skills necessary in teaching, patient care, organization and management, and research. The fellows also fulfill requirements to become experts in the field of child abuse through the integrated *Child Protection Specialty Training Program*. The program is integrated into the two-year Ambulatory fellowship program. Trainers include pediatricians, child psychiatrists, and lawyers who are recognized authorities in child protection. The curriculum is designed to train physicians to become medical experts who are knowledgeable, competent, and having the appropriate attitude in handling cases of child abuse and neglect.

At the end of the training program, the fellow is expected to have an understanding of the legal framework of child abuse in the Philippines, the stages of child development, the dynamics of child abuse and its effects on the family, the interdisciplinary approach in handling child abuse cases, and ethical issues in child abuse and neglect. The fellow acquires skills in the complete management of child abuse cases, performing an expanded medical history and a complete forensic examination on male and female children, appropriate documentation of abuse cases, integrating safety and risk assessment in managing child abuse, providing post-assault care of an abused child, and practicing self-care. The fellow is also prepared for participation in medical peer reviews and child death reviews and competently testifying in court.



**Child Protection Specialist  
Graduates of UP-PGH Ambulatory  
Pediatrics Fellowship Training Program**

**Year**

**Place of Practice**

1. Yvonne B. Redoble, M.D.	1998	Cebu City
2. Marie Aimee V. Bretana, M.D.	1998	Southern Philippines Medical Center- WCPU, Davao City
3. Edna Sarah C. Morada, M.D.	1999	NCR
4. Merle P.Tan, M.D.	2000	Philippine General Hospital – Child Protection Unit
5. Ruby L. Punongbayan, M.D.	2001	NCR
6. Michelle Taup-Tolentino, M.D.	2002	Bicol Medical Center-WCPU
7. Jindra H.Tetangco, M.D.	2003	Cavite
8. Elynn L. Go, M.D.	2004	NCR
9. Ma. Lourdes Mendoza	2006	Cagayan de Oro City
10. Sandra S. Hernandez, M.D.	2011	Philippine General Hospital – Child Protection Unit

**CURRICULA FOR MEDICINE**

Year Level	Objective	Content	Responsible Department
<b>Year Level III</b>	To be aware of family and domestic violence and to appreciate gender issues within and outside the medical profession	<ul style="list-style-type: none"> <li>Defining child abuse</li> <li>Domestic/ Family violence in different areas</li> <li>Human behavior</li> <li>Gender issues</li> </ul>	<ul style="list-style-type: none"> <li>Psychiatry</li> <li>Family Medicine</li> </ul>
<b>Year Level IV</b>	To discuss the implementation of the Convention on the Rights of the Child (CRC) in the hospital setting	<ul style="list-style-type: none"> <li>Articles of CRC</li> <li>Child Development</li> <li>Interview of a child</li> <li>Pertinent laws</li> <li>Forensic issues</li> </ul>	<ul style="list-style-type: none"> <li>Art of medicine</li> <li>Medical jurisprudence</li> <li>Legal medicine</li> <li>Pathology</li> </ul>
<b>Year Level V</b>	To recognize the signs and symptoms of child abuse and to know where to refer	Common presentation of physical abuse, sexual abuse, emotional abuse, and neglect	<ul style="list-style-type: none"> <li>Pediatrics</li> <li>Surgery</li> <li>Ob/Gyn</li> <li>Psychiatry</li> </ul>
<b>Year Level VI</b>	2-week elective rotation at the PGH-CPU		
<b>Year Level VII</b>	4-week research elective at the PGH-CPU		
<b>Pediatric , Psychiatric and Family Medicine Residency</b>	One month mandatory rotation at the PGH-CPU		
<b>Fellowship in Ambulatory Pediatrics, Adolescent Medicine and Child Psychiatry</b>	Child Protection Specialty Training curriculum is integrated into post-residency fellowship		



# BASICS OF INVESTIGATING CRIMES INVOLVING WOMEN & CHILDREN

## Short Description

The *Specialized Training for Women and Children Protection Desks Officers* is a 10-day intensive program of instruction (POI) for WCPD police investigators. Using standardized training modules that were pilot-tested, critiqued, and enhanced by Philippine National Police (PNP) pilot participants. This POI is customized for all WCPD police officers who are usually the first responders in cases involving violence against women and children (VAWC) victims and children in conflict with the law (CICL). It combines experts' lectures, small group discussions, case analyses, group and individual practicum, role play, and mock court. It tackles a wide array of issues such as child abuse and neglect, juvenile justice, trafficking in persons, and domestic violence. It capacitates participants' skills on preparing sworn statements, interviewing victims,

witnesses, and suspects, utilizing referral system, evidence gathering, and testifying in court.

## Objectives

At the end of the training, participants should be able to:

1. Demonstrate awareness and sensitivity in handling VAWC victims and CICLs;
2. Apply relevant international conventions and local laws on VAWC and juvenile justice;
3. Identify and preserve various forms of evidence in VAWC cases that are admissible and have probative value in judicial proceedings;
4. Competently conduct investigative and forensic interviews;



5. Competently prepare a victim's sworn statement and witnesses' affidavits;
6. Apply existing standard operating procedures for the arrest of suspects and the conduct of proper search, seizure, and crime scene investigations;
7. Properly refer victims to appropriate disciplines for other interventions; and
8. Confidently testify in court.

### Number of Participants

From June 13 to 20, 2011, 36 PNP-WCPD officers from 17 regions completed the training. On top of the 10-day training, they underwent five (5) days of training as trainers. These 36 pilot trainees now composed PNP's pool of trainers tasked to train WCPD police investigators. Right after the training, they returned

to their respective areas of responsibility to conduct roll-out of the POI. PNP is anticipating that by the end of October 2012 the current 2,964 investigators assigned in 1,826 WCPDs have all been trained.

### Impact

The investigation of VAWC is not a built-in topic in the existing police training curricula. Hence, there are WCPD police officers who do not know even basic interviewing techniques when talking to victims of VAWC. These resulted to some victims getting re-traumatized while giving their statements at police stations. Some cases resulted to dismissal due to poor police investigation techniques. After the pilot test, PNP institutionalized the developed POI which is now used nationwide with trainers articulating the same core messages.





# COMPETENCY ENHANCEMENT TRAINING

## FOR FAMILY COURT AND SINGLE SALA COURT PERSONNEL

### Objectives

At the end of the CET, participants should be able to:

1. Demonstrate awareness and sensitivity in tackling cases of child abuse, child commercial sexual exploitation, and CICL;
2. Communicate effectively and sensitively with the child witness during court proceeding;
3. Maintain proper decorum in courts such as preventing oppressive behaviour, badgering, and insensitive questions;
4. Competently identify various forms of evidence that are admissible and have probative value when the child is unavailable;
5. Exhibit better understanding of CICL, children at risk, their rights, and appropriate manner and process by which they are to be treated as they go through various stages of the justice and welfare system;
6. Understand discernment under Republic Act 9344;
7. Discuss diversion program at court level as an alternative and child-appropriate process of determining the responsibility and treatment of a CICL;
8. Competently formulate diversion programs; and
9. Demonstrate clear understanding of the elements of trafficking under Republic Acts 9208 and 7610.

From March 2006 to March 2010, there were a total of 19 CETs for family court salas. All designated family courts completed the CET, with a total of 964 trainees. In 2011, the CET training of single-sala court judges and personnel commenced.

The *Competency Enhancement Training for Judges and Court Personnel Handling Cases Involving Children*,” or popularly known as **CET**, is an intensive, three-



day, live-in, and interdisciplinary judicial training program. It is designed to improve the competencies of judges and court personnel in handling cases involving children. Since its pilot test in March 2006 and upon the recommendations of participants and the training team, CET underwent several revisions. CET now covers trafficking in persons and children in conflict with the law (CICL). The CPN partners with the Supreme Court of the Philippines and the Philippine Judicial Academy on this judicial reform program. The UK Embassy-Manila, the United Children’s Fund, the Plan Philippines, and the International Justice Mission support the training.

## Impact

Through CET, the handling of minor victims, CICL, and trafficked persons does not rest on the judge. The prosecutor, defense counsel, court personnel along with the police and other NGOs are now working together to make children feel safe in courtrooms.

A transformation of the physical set up and space of courts was noted. After attending CET, participants realized that they were not child-sensitive. The physical structure of their courts did not have the facilities to accommodate children waiting to testify. This factor did not prove to be an obstacle to the trained participants and the majority complied with the requirement for a child-sensitive waiting room. From their own personal collections of old toys and books, they allocated space and created their own waiting areas even without any funding from the local government units where their stations are located.

CET’s impact is not only on family court judges and

personnel but also on the children appearing before them and on communities and organizations these people represent.

The late Deputy Court Administrator Nimfa Cuesta-Vilches said CET is *“so intense and transformed itself from a mere training to a mentoring program.”* Some of the former participants are now CET trainers and facilitators and are committed to child protection work in their personal and professional advocacies. PHILJA Academic Council Chair Justice Delilah D. Magtolis described *“CET as a good and fitting example of a skills-based training program.”* PHILJA has received many commendations on CET as it truly reflects a skills-based program.

CET participants were unanimous in expressing their firm and enthusiastic commitment not to have any child witness re-traumatized during their days in court.

# DISCIPLINE-SPECIFIC CURRICULA ON CHILD

## GROUNDING FUTURE LAWYERS ON CHILD PROTECTION WORK

### Short Description

In partnership with De La Salle University College of Law, CPN developed a summer legal internship program at the UP Manila Philippine General Hospital-Child Protection Unit (PGH-CPU). The participants admitted to this program must be at least incoming sophomore law students.

Under the supervision and mentoring of PGH-CPU's lawyer and police investigators, the legal interns leave the four walls of law school and work with abused child victims and their families. They see the application of laws and court procedures in the lives of these minors with whom they are assigned to work with. They bring the courts closer to the victims by helping them understand their legal cases and the judicial procedure. In consultation with clients, they identify critical yet legally permissible ways by which they could protect and assert the victims' rights.

### Objectives:

At the end of the legal internship, the intern should be able to:

1. Demonstrate awareness and sensitivity towards abused children;
2. Given sample situations, apply relevant laws and identify pertinent evidence;
3. Competently interview child victims and witnesses;
4. Prepare affidavits and simple legal pleadings;
5. Assist a minor private complainant at an actual preliminary investigation; and
6. Act as *guardian ad litem* (GAL) for an abused child in an actual court case.

### Number of Participants

Since 2011, five (5) interns have completed the internship program. In 2012, CPU-PGH is expecting six (6) interns and six (6) GALs to assist patients

## PSYCHOLOGY STUDENTS PRACTICUM AT PGH-CPU

CPN also provides opportunity for students to be trained on how to work with abused children. Five (5) Masters in Psychology students—four (4) from the University of Santo Tomas and one (1) from De La Salle University—completed their practicum at CPU-PGH for the SY 2010-2011. They spent a minimum of 100 to 200 hours and handled at least 10 patients/clients in PGH-CPU to finish their practicum requirements. They utilized various interventions such as *cognitive behavior therapy, behavior modification, psycho-education, play therapy, Gestalt, art therapy, and person-centered therapy*. They also administered psychological testing to clients with the use of some assessment tools like Draw a Person, House-Tree-Person, Harvard Trauma Scale, Bender Gestalt, Raven's Progressive Matrices, Sack's Sentence Completion Test, Visual Motor Gestalt Test, Child Behavior Checklist,

WISC-IV, Basic Personality Inventory, Burn Depression Checklist, Rosenberg Self-Esteem Scale, Leiter-R, Hand Test, PTSD Checklist: Civilian version. Dr. Norieta C. Balderrama, child psychiatrist of PGH-CPU, supervised the students during their practicum.





# PROTECTION

with complicated legal cases either at preliminary investigation level or already at trial stage in court.

## **Impact:**

One of the important lessons that law interns brought back to law school is the realization that legal representation, to be empowering, must be client-oriented. They also learned that while lawyers are learned in law and legal strategies, they must not unilaterally decide their clients' cases.



## SOCIAL WORK PRACTICUM AT PGH-CPU

A group of social work students from the Asian Social Institute had their group work practicum at PGH-CPU. The Master's Degree students facilitated parenting sessions to parents of minors who were accused of molesting other children. They also facilitated group work activities to children who were brought during the parenting seminar. The students from the Bachelor's Degree conducted their group work sessions to parents residing at Barangay 905, Punta, Sta. Ana, Manila. The Parenting Seminar is composed of six (6) sessions that covers the Parents' Roles, Developmental Stages from Childhood to Teenage Years, Parenting Strategies for Children and Teenagers and Parent-Child Relationship. Nineteen (19) parents graduated from the parenting seminar. Ms. Dolly B. Rubia, social work supervisor of PGH-CPU, monitored the conduct of the group work sessions of the practicum students.



# BARANGAY ORIENTATION

Public awareness is another way of realizing CPN's mission in ensuring that all abused children and children -at-risk are safe, healthy, and developing to the best of their potential within a nurturing family environment. CPN makes this possible through the conduct of *Orientation for Barangay Officials and BCPC Members* in the prevention and management of abuse cases. The orientation aims that the participants be able to understand the basic issues on child abuse prevention and management; gain knowledge of the Barangay Response Protocol on Child Abuse Cases; discuss the legal framework on violence against women and children; and strengthen the Barangay Council for the Protection of Children (BCPC). The barangay officials and BCPC members are the immediate actors in the community. Their empowerment would greatly help in the realization of CPN's vision that all children in the Philippines are protected from abuse and neglect. The areas of Valenzuela, Parañaque, Manila, Pasay, and Makati are already oriented, however, reorientation is always needed to update their knowledge and skills.



## CHILD PROTECTION AWARENESS TRAINING

CPN developed this training module to teach organizations basic recognition of child abuse and what to do when they suspect that a child is being abused. It helps the organization's staff how to respond to children who disclose abuse and enables them to undertake basic safety and risk assessment. For those organizations without a child protection policy, the training can help them develop one.

# MANILA CONFERENCE

# “Ako Para sa Bata”

DEC. 5-7, 2011 AT THE SMX CONVENTION CENTER



# 2011




*The Manila Conference organizing committee members and volunteers pledge to protect the child. Kami para sa bata!*



*Keynote Speaker DWSD Secretary Dinky Soliman (4th from left) with organizing committee members and conference delegates.*




present



## AKO PARA SA BATA

The Manila Conference



**Creating Safe and  
Caring Environments  
for Children**

**December 05-07, 2011**  
**SMX CONVENTION CENTER**  
**MANILA, PHILIPPINES**

For more information, please contact the Conference Organizer: Child Protection Network Foundation  
Tel: (632) 404-3954 Fax: (632) 404-3955 Email: manilaconference@yahoo.com



# 2011 MVP AWARD



The 3<sup>rd</sup> Ako Para Sa Bata Manila Conference of the CPN was held in the SMX Convention Center on December 5-7, 2011. 758 delegates gathered to participate in tackling the conference theme “Creating Safe and Caring Environments for Children.” The goal of the conference was

to present and adapt solutions and strategies to ensure safe and caring environments for children in various settings. Parents and professionals pledged to implement these various measures to prevent child neglect and endangerment.

Highlights of the conference included the presentation to the Philippine National Police (PNP), represented by Gen. Nicanor Bartolome, PNP Police Chief, of the Most Valuable Partner award. The keynote address was delivered by Department of Social Welfare and Development (DSWD), Secretary Corazon “Dinky” Soliman. The participation of key government agencies such as the PNP, DSWD and

Department of Education emphasized the highly interdisciplinary nature of child protection work. The plenary lectures were delivered by acclaimed and powerful speakers: Dr. Bernadette Madrid (CPN), Dr. Raphael Consunji (Safe Kids, Phil), Grace Poe-Llamanzares (MTRCB), Dr. Susie Pineda-Mercado (WHO), Blen Fernando (Advertizing Standard Council), and Prof. Lourdes “Honey” Carandang.

Partner organizations held intensive post-conference workshops to impart specific skills to participants: PSCAPI (Philippines Society for Child and Adolescent Psychiatry), SAMPI (Society of Adolescent Medicine of the Philippines, Inc), and PsychConsult.

## MVP AWARDEES

- 2005 The British Embassy-Manila
- 2006 UNICEF-Manila
- 2007 Plan Philippines
- 2008 Philippine Judicial Academy
- 2010 Consuelo Foundation
- 2011 Philippine National Police

*A vision of a Super Multidisciplinary Team. PNP Police Chief Nicanor Bartolome (6th fr. left) receives the MVP award from DSWD Sec. Dinky Soliman (5th fr left) and CPN Board of Trustees (from left) Atty. Katrina Legarda, CPN Director for National Network; Lizzy Razon, CPN Board Member; Dr. Stella G. Manalo, Over-all Conference Chair and CPN Asso. Director; Karina Constantino-David, CPN Board Member; Jun Sy, CPN Board Member; and Dr. Bernadette J. Madrid, Conference President and CPN Executive Director.*





# EVENT: CPN Fundraiser

On September 9, 2011, the Child Protection Network Foundation Board of Trustees, through the Events and Gala Committee, organized a **CPN Fundraiser** at the Manila Polo Club. The event was meticulously, painstakingly, and seamlessly staged through the supervision of Irene Martel-Francisco, CPN's President and Philippine Tatler's Managing Director. Movers and shakers in business and society attended the event.



*The canopied main lounge of Manila Polo Club*



*Mr. Bradley addresses the sponsors and guests*

*Irene Martel-Francisco and David Bradley with the major sponsors: Joseph Calata of Calata Corp., Isabelita Mercado of IPM, Anton San Diego of Philippine Tatler. Jun Sy provided the night's entertainment.*



*Maurice Arcache, Maripi Muscat, Kat Legarda and Tessie Sy-Coson*



*Tessa Prieto-Valdez: Going once, going twice, sold!*



*Mr. Centhralls the audience with his music.*



*Motown and beyond!*

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# 2011 FINANCIAL REPORT

CHILD PROTECTION NETWORK FOUNDATION, INC.  
(non-stock, non-profit organization)  
STATEMENTS OF INCOME AND FUND BALANCE  
As of December 31, 2011 with comparative figure for 2010  
(In Philippine Peso)

	2011	2010
<b>INCOME</b>		
Donations	11,957,889	11,726,904
Grants	9,620,257	9,596,819
Traning fees	1,190,600	696,100
Finance income	497,079	166,369
Other income	93,199	66,652
P	23,359,024	22,252,844
<b>EXPENSES</b>		
Program expenses	16,421,810	13,731,543
General and administrative expenses	1,664,050	1,601,441
Foreign exchange loss		198,049
	18,085,860	15,531,033
<b>EXCESS OF INCOME OVER EXPENSES</b>	5,273,164	6,721,811
<b>FUND BALANCE AT BEGINNING OF YEAR</b>	16,091,489	9,369,678
<b>FUND BALANCE AT END OF YEAR</b>	P 21,364,653	16,091,489

The Child Protection Network Foundation is accredited by the Philippine Council for NGO Certification.

CPN is on target in building the base to support its strategic plan for 2012-2014 where 77% of children in the Philippines will have access to a child protection unit.

CHILD PROTECTION NETWORK FOUNDATION INC.  
(A non stock, Not-for-Profit Organization)  
STATEMENTS OF ASSETS, LIABILITY AND FUND BALANCE  
December 31, 2011 and 2010  
(In Philippine Peso)

	2011	2010
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash	P 22,345,955	20,876,169
Prepayments and other current assets	377,035	547,091
	22,722,990	21,423,260
<b>Non- Current Asset</b>		
Property and equipment, net	39,116	51,826
Intangible asset	67,500	
	106,616	51,826
<b>TOTAL ASSETS</b>	P 22,829,606	21,475,086
<b>LIABILITY</b>		
Trade and other payables	1,464,953	5,383,597
<b>FUND BALANCE</b>	21,364,653	16,091,489
<b>TOTAL LIABILITY AND FUND BALANCE</b>	P 22,829,606	21,475,086

The complete audited financial report by R.S Bernaldo & Associates is available upon request.



# DONORS

As of December 31, 2011

Child Protection Network recognizes and appreciates the following institutions and individuals for their generosity. Thank you for helping us fulfill our mission.

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 Al & Carla Tengco  
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 Edna Gloriani  
 Eduardo Saguil/Red Peak Capital

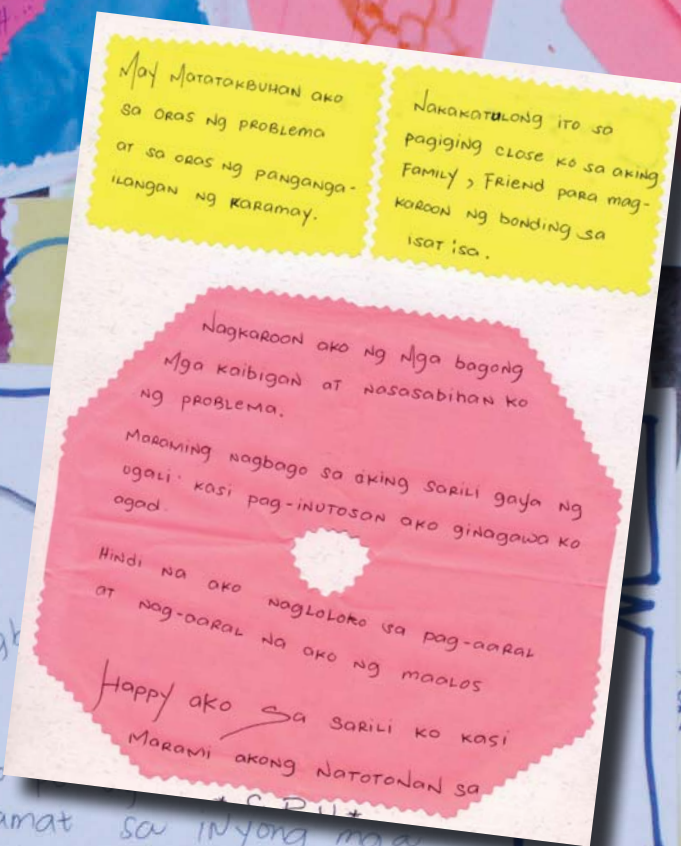
Eric Dechoux  
 Ernest Escaler  
 Ernesto / Joy Sta. Maria  
 Estefania Francisco  
 Fe Concepcion  
 Federico Olbes  
 Felipe & Concepcion Cruz  
 Fernando & Julia Pena  
 Fides Cordero-Tan  
 Francisco Elizalde  
 Francisco Pua  
 Fred & Nena Borromeo  
 George Yang  
 Gilbert & Nikki Teodoro  
 Ginah Ambangan  
 Greg Yu (thru Karina David  
 Heather Spader  
 IPM  
 Irene Martel Francisco  
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 J.E. Manalo & Co., Inc.  
 James Du Vivier  
 Jerry and Marilyn Teotico  
 Joana Lhuillier  
 Jocelyn and Thomas Keehn/  
     Chevron Humankind Matching Gift Program  
 Jonathan Matti  
 Joseph & Stephanie Tay  
 Joseph Calata  
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 Landco Pacific  
 Leah Marquez  
 Leo / Anabel Alejandrino  
 Letty Tan  
 Lily C. Lopez  
 Linda Chan Ley  
 Linda Coscolluela  
 Linda Tan  
 LM Restaurant Group, New York, NY  
 Lorna Perez Laurel  
 Luis R. Antonionthru Mia Borromeo  
 Lula Tan Gan  
 LPU-College of Law  
 Lydia Sugue & Family  
 Ma. Angela Padilla  
 Ma. Carmen Soriano  
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 Mahendra Gursahani  
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 Manuel & Veronica Poblador  
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Maricris Luzurriaga  
 Marietta Santos  
 Marilen Clemente  
 Mary Ann Hillman  
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 Sarah Lopez  
 Sec. Jesli Lapuz  
 Sen. Juan Edgardo Angara  
 Sonny / Tootsie Angara  
 Sevrine Mialhle  
 Susan Villanueva  
 Teresa Tan & Remigio Tan  
 Teresita Sy-Coson  
 Theodore de Jonghe  
 Theresa Velasquez  
 Total Info Mgt. Corp.  
 UST Architecture Batch '86 and SYAMRA  
 Vehicare Trading Corp. / Fe Rodriguez  
 Vic & Jo Yap  
 Vicente Panlilio  
 Victor Gisbert  
 Victor Michael Munoz  
 Victoria Lopez  
 Victoria Zubiri  
 Visions and Expressions

Our heartfelt gratitude to those who helped us but would like to remain anonymous.  
 May the universe abundantly reward and keep you all protected at all times.



# CHILDREN'S MESSAGES



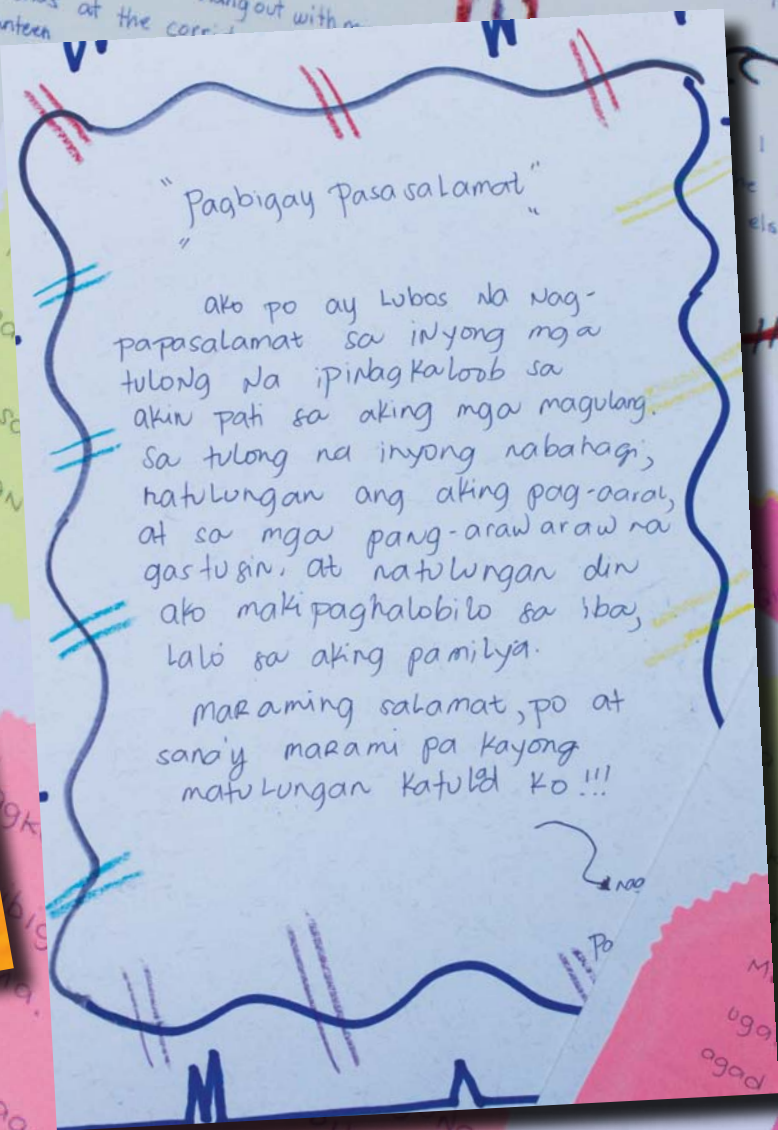
Before I like to hangout with  
Friends at the canteen



CPU:

Thanks po sa [lahat!] Dahil po [sa] tulong niyo,  
kami po [sa] drawing na [nasa taas.] MASAYA PO  
KAMI. Malaki po [nang] tulong niyo [saming] lahat. Sana po [ipaga-  
tulay] niyo po [yung] pagtulong niyo sa ibang [tulong] naga-  
nailangan. Hindi ko po [kayo] nakakalimutan. :)

I ❤️ CPU





# MAJOR PARTNERS IN TRAINING

AS OF DECEMBER 31, 2011





# PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE 2011



Child Protection Network Foundation, Inc.  
Mezzanine, Tropicana Apartment Hotel  
1630 Guerrero St., Malate 1004  
Manila, Philippines  
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Email [cpnfoundation@yahoo.com](mailto:cpnfoundation@yahoo.com)  
Fax (632) 404-3955  
URL [www.childprotectionnetwork.org](http://www.childprotectionnetwork.org)

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