2014 ANNUAL REPORT

Protecting The Child From The Many Faces of Abuse

www.childprotectionnetwork.org
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www.childprotectionnetwork.org
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Message from the Executive Director

Dear members, colleagues, partners and friends,

What makes a Woman and Child Protection Unit extraordinary? It’s the people who embody it: the doctors, the social workers, the police, the lawyers, the nurses, and the administrative staff! They do extraordinary work every day. It is a battle won inch-by-inch on the ground; celebrating small victories for this is a war that cannot be won by smart bombs from afar. This year’s Most Valuable Partner Award goes to the pioneers and leaders of the WCPUs from Luzon, Visayas and Mindanao. Working at the WCPUs for more than 10 years, they never gave up and they persevered up to this day.

This annual report acknowledges the invaluable contribution of our development partners: UNICEF, UNFPA, Consuelo Foundation, Kindernothilfe, and Plan International. These partnerships take us to another level. It enabled us to see our goal of universal access to services for abused women and children anywhere in the country.

2014 is also the year where local governments stepped up to the plate. From the 40 Yolanda-hit municipalities in Region 6, 7 and 8 to the provinces of Capiz, North and South Cebuato, Sultan Kudarat and Sarangani, all worked cooperatively with CPN in the frontline training of their municipal health officers, social workers, police, barangay officials and in establishing a Woman and Child Protection Unit for the province.

We achieved 3 important milestones in 2014: adapting Trauma-Informed Care (TIC) and Trauma-Informed Psychotherapy (TIP) in the Philippines and the dissemination of the Protocol for Case Management of Child Victims of Abuse, neglect and Exploitation. All of these will benefit the abused children and families that we serve. It builds a network of caring professionals that delivers evidence-based services. From acceptance of reports and referrals, to investigation, prosecution and after-care services, every professional in the care-continuum will know what to do and how to work with other agencies who have different but complementary functions in the comprehensive management of abused children and their families.

Sincerely yours,

Bernadette J. Madrid, MD

Plenary lecturers of the Global Violence Reduction Conference. September 17-19, 2014 at King’s College, University of Cambridge, United Kingdom (In photo from L to R): Bernie Madrid, David Finkelhor, Steven Pinker, and Alex Butchart.
Timeline Across 17 Years

- **1997**
  Creation of the Child Protection Unit (CPU) at the Philippine General Hospital – a dedicated emergency room & clinic for abused children

- **2002**
  Establishment of the Child Protection Network. Six CPUs launched in year one.

- **2008**
  Foundation of the Asian Resource Center, a collaborative effort between CPN & the International Society for the Prevention of Child Abuse and Neglect

- **2009**
  Establishment of CPUs in Lahore and Peshawar, Pakistan

- **2010**
  Expansion of the network to 38 CPUs in 25 provinces nationwide

- **2011**
  Recognition of the Women and Child Protection Specialty Training as the required training of Women and Child Protection Unit (WCPU) physicians by the Department of Health (DOH)

- **2012**
  Expansion of the network to 62 WCPUs in 7 cities and 35 provinces in the Philippines in partnership with DOH and various local government units.

- **2013**

- **2014**
  Conduct of Trauma Informed Care (TIC) and Trauma Informed Psychotherapy (TIP) in the Philippines.
  Dissemination of the Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation.

**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 Pillars of the Foundation’s Work

1. Medical and Physiological Care
   - Diagnosis
   - Medical Care
   - STI Treatment
   - Mental Health Treatment
   - Social Work Services
   - Location of Safe Circumstance
   - Long-term Monitoring

2. Child Safety and Legal Protection
   - Referrals from PNP and DSWD
   - Forensic Examination and Interview
   - Mental Health Treatment for Offending Parents and Children in Conflict with the Law
   - Legal Counseling
   - Expert Testimony
   - Social Work Services
   - Family Education and Consultation
   - Kids Court

3. National Center for Education
   - Multidisciplinary Team Training
   - Physicians Training
   - Social Workers Training
   - Police Training
   - Legal Training
   - Judges’ Training
   - Advocacy in Legislature and Media

4. National Network of CPUs
   - 39,681 children and adolescents served
   - 127 Physicians
   - 73 Units Covering 7 Cities and 40 Provinces
   - Seed Funding
   - Staff Training
   - Best Practices Sharing
   - 24/7 Consultation
   - Roundtable Discussions
   - Annual Conference
   - Visiting Professor Program
   - Safety Net
   - Peer Review

5. Research & National Database on Child Abuse
   - Child Protection Management Information Database
     - Design and Installation of Case-Tracking System
     - Standard System Installed in CPUs
     - Cases Tracked for Research and Policy Development
     - Shared National Database
     - Cutting-edge Research for Developing Countries
     - CPMIS Installed in 26 CPUs
     - WCPMIS Installed in 26 WCPUs and 40 Municipalities in Typhoon Yolanda Affected Areas
Locating the 73 Women and Children Protection Units (WCPUs)

**REGION I - ILOCOS**
- Mariano Marcos Memorial Hospital & Medical Center
- Bonton District Hospital
- Region I Medical Center
- LGU - Bani

**REGION III - CENTRAL LUZON**
- Bataan General Hospital
- Bulacan Medical Center
- CAPIN - Angeles City
- Dr. Paulino J. Garcia Memorial & Medical Center
- Jose S. Lingad Memorial General Hospital
- Rafael Lazatin Memorial Medical Center
- James L. Gordon Memorial Hospital

**REGION IV - SOUTHERN LUZON**
- Ospital ng Bicol
- Quezon Medical Center
- General Emilio Aguinaldo Memorial Hospital
- LGU - Infanta, Quezon
- Purple Hearts, Occidental Mindoro
- LGU - Sablayan, Occidental Mindoro
- Ospital ng Patawan

**REGION V - BICOL**
- LGU - Oas, Albay
- LGU - Tiwi
- LGU - Legazpi City
- LGU - Irosin, Sorsogon
- LGU - Camarines Sur
- LGU - Camarines Norte
- LGU - Malilipot, Masbate
- Bicol Regional Training & Teaching Hospital
- Bicol Medical Center
- Masbate Provincial Hospital

**REGION VII - CENTRAL VISAYAS**
- Cons. Celestina Gallores Memorial Hospital
- Vicente Sotto Memorial Medical Center
- LGU - Cebu City
- LGU - Cebu

**REGION VIII - EASTERN VISAYAS**
- LGU - Lope de Vega, Northern Samar
- LGU - Palanoga, Northern Samar
- LGU - San Roque, Northern Samar
- Eastern Samar Provincial Hospital / LGU - Borongan
- LGU - Bolangkayan, Eastern Samar
- LGU - Tolosa, Eastern Samar
- RHU - Oras
- LGU - Sta. Margarita
- RHU - Tabangnan, Samar
- Eastern Visayas Regional Medical Center
- LGU - Leyte
- Salvacion Oppus Yniguez Memorial Provincial Hospital
- LGU - San Ricardo, Southern Leyte

**REGION IX - WESTERN MINDANAO**
- Angel Salazar Memorial General Hospital
- Dr. Rafael S. Tumbokon Memorial Hospital
- Western Mindanao Medical Center
- Consolacion - Mantigue Memorial Regional Hospital
- Teresa L. Jaldondoni Provincial Hospital

**REGION XI - SOUTHERN MINDANAO**
- Davao Regional Hospital
- Southern Philippines Medical Center

**REGION XII - CENTRAL MINDANAO**
- Cotabato Regional Medical Center
- South Cotabato Provincial Hospital
- General Santos City Hospital

**REGION XIII - CARAGA**
- Adela Serra Ty Memorial Hospital

**CORDILLERA ADMINISTRATIVE REGION (CAR)**
- Baguio General Hospital
- Baguio General Hospital
- Luis Hara Memorial Regional Hospital

**REGION XIV - NORTHERN MINDANAO**
- Bukidnon Provincial Medical Center
- Mayor Hilario Ramirez Sr. Regional Training & Teaching Hospital

**REGION XIII - MUSLIM MINDANAO (ARMM)**
- Maguindanao Provincial Hospital
### Breakdown of VAC Cases by Type of Abuse

- Sexual Abuse: 66%
- Physical Abuse: 17%
- Sexual & Physical Abuse: 1%
- Minor Perpetration: 5%
- Unable to Validate Abuse (UVA): 4%
- Neglect: 2%
- Emotional Abuse & Others: 3%

### Breakdown of VAC Physical and Sexual

- Male: 498 Sexual Abuse, 480 Physical Abuse
- Female: 117 Sexual Abuse, 3603 Physical Abuse

### Breakdown of VAC Physical and Sexual Abuse Cases by Age

- '0-3': 91 Physical Abuse, 239 Sexual Abuse
- '4-6': 121 Physical Abuse, 149 Sexual Abuse
- '7-9': 149 Physical Abuse, 425 Sexual Abuse
- '10-12': 248 Physical Abuse, 537 Sexual Abuse
- '13-15': 270 Physical Abuse, 1234 Sexual Abuse
- '16-17': 788 Physical Abuse, 495 Sexual Abuse

### WCPU

Adolescence is the intersection of violence against women and violence against children in terms of intimate partner violence (e.g., dating violence). Lack of access to sexual and reproductive health information and services is a threat to adolescent health (Department of Health Adolescent and Youth Health Program, 2011).


In 2014, reported cases of physical violence are more common for Interpersonal Violence among adults, while sexual violence was more commonly reported among adolescents and young children.

### Breakdown of VAW Cases by Type of Abuse

- Physical Violence: 58%
- Sexual Assault: 34%
- Sexual & Physical Violence: 2%
- Unable to Validate Abuse (UVA): 1%
- Emotional Abuse & Others: 5%

### Breakdown of Physical Violence and Sexual Assault Cases by Age

- '18-24': 270 Physical Abuse, 335 Sexual Abuse
- '25-44': 521 Physical Abuse, 371 Sexual Abuse
- '45-59': 112 Physical Abuse, 19 Sexual Abuse
- '>60': 10 Physical Abuse, 5 Sexual Abuse

Data on Violence Against Women (VAW) are presented.
2014 WCPUs STATISTICS

Sources of Referrals

![NUMBER OF REFERRALS FOR VAC](chart1)

![NUMBER OF REFERRALS FOR VAW](chart2)

New Cases Served by WCPUs Each Year

![Chart](chart3)

Note: The 2014 total number of cases served includes VAC and VAW cases, and not all WCPUs submitted their statistics report due to various reasons.

Perpetrators of Child PHYSICAL Abuse 2014

<table>
<thead>
<tr>
<th>Relationship to the Victim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor</td>
<td>182</td>
</tr>
<tr>
<td>Father</td>
<td>154</td>
</tr>
<tr>
<td>Mother</td>
<td>62</td>
</tr>
<tr>
<td>Step-father</td>
<td>60</td>
</tr>
<tr>
<td>Uncle</td>
<td>60</td>
</tr>
<tr>
<td>Unknown (no disclosure)</td>
<td>45</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>38</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>35</td>
</tr>
<tr>
<td>Parent’s Partner</td>
<td>32</td>
</tr>
<tr>
<td>Stranger</td>
<td>32</td>
</tr>
<tr>
<td>Grandfather</td>
<td>31</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>28</td>
</tr>
<tr>
<td>Teacher</td>
<td>24</td>
</tr>
<tr>
<td>Classmate</td>
<td>18</td>
</tr>
<tr>
<td>Friend</td>
<td>17</td>
</tr>
</tbody>
</table>

Perpetrators of Physical Violence Against Women 2014

<table>
<thead>
<tr>
<th>Relationship to the Victim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>309</td>
</tr>
<tr>
<td>Live-in Partner</td>
<td>168</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>22</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>14</td>
</tr>
<tr>
<td>Unknown (no disclosure)</td>
<td>13</td>
</tr>
<tr>
<td>Brother</td>
<td>12</td>
</tr>
<tr>
<td>Neighbor</td>
<td>12</td>
</tr>
<tr>
<td>Landlord</td>
<td>11</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>9</td>
</tr>
<tr>
<td>Ex-boyfriend</td>
<td>9</td>
</tr>
<tr>
<td>Parent’s Partner</td>
<td>7</td>
</tr>
<tr>
<td>Stranger</td>
<td>7</td>
</tr>
<tr>
<td>Husband’s Relative</td>
<td>5</td>
</tr>
<tr>
<td>Brother-In-Law</td>
<td>4</td>
</tr>
<tr>
<td>Cousin</td>
<td>4</td>
</tr>
<tr>
<td>Father</td>
<td>4</td>
</tr>
</tbody>
</table>

Perpetrators of Child SEXUAL Abuse 2014

<table>
<thead>
<tr>
<th>Relationship to the Victim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor</td>
<td>707</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>382</td>
</tr>
<tr>
<td>Father</td>
<td>293</td>
</tr>
<tr>
<td>Uncle</td>
<td>288</td>
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<tr>
<td>Acquaintance</td>
<td>220</td>
</tr>
<tr>
<td>Stranger</td>
<td>172</td>
</tr>
<tr>
<td>Step-father</td>
<td>170</td>
</tr>
<tr>
<td>Cousin</td>
<td>138</td>
</tr>
<tr>
<td>Friend</td>
<td>123</td>
</tr>
<tr>
<td>Grandfather</td>
<td>121</td>
</tr>
<tr>
<td>Unknown (no disclosure)</td>
<td>116</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>113</td>
</tr>
<tr>
<td>Textmate/Chatmate</td>
<td>83</td>
</tr>
<tr>
<td>Classmate</td>
<td>47</td>
</tr>
<tr>
<td>Brother-In-Law</td>
<td>46</td>
</tr>
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</table>

Perpetrators of Sexual Violence Against Women 2014

<table>
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<th>Relationship to the Victim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor</td>
<td>104</td>
</tr>
<tr>
<td>Acquaintance</td>
<td>65</td>
</tr>
<tr>
<td>Stranger</td>
<td>53</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>50</td>
</tr>
<tr>
<td>Friend</td>
<td>38</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>31</td>
</tr>
<tr>
<td>Uncle</td>
<td>28</td>
</tr>
<tr>
<td>Husband</td>
<td>19</td>
</tr>
<tr>
<td>Textmate/Chatmate</td>
<td>19</td>
</tr>
<tr>
<td>Cousin</td>
<td>18</td>
</tr>
<tr>
<td>Father</td>
<td>18</td>
</tr>
<tr>
<td>Brother-In-Law</td>
<td>17</td>
</tr>
<tr>
<td>Employer</td>
<td>17</td>
</tr>
<tr>
<td>Townmate</td>
<td>15</td>
</tr>
<tr>
<td>Unknown (no disclosure)</td>
<td>15</td>
</tr>
</tbody>
</table>
Asian Resource Center

CHILD PROTECTION UNIT
Philippine General Hospital
Taft Avenue, Ermita, Manila
Email: pgh.cpu@gmail.com
Tel nos.: (02) 253-0687; 253-0712; 554-8400 loc. 2535
Website: www.childprotectionnetwork.org

THE TEAM AND CPU SERVICES

MENTAL HEALTH
Norita Calma Balderrama, MD, FPPA, FPCAPP
Head, Mental Health Services

Joseph Maura Sayo, MD
Child Psychiatrist

SERVICES
• Mental health evaluation
• Forensic psychiatric evaluation
• Medico-legal testimony in court cases
• Individual and Group Therapy
• Therapy for children with problematic sexual behavior

SOCIAL WORK
Dolores B. Rubia, MSW
Head, Social Work Services

Annaliza R. Macabalabat, RSW
Social Work Supervisor

May Ann C. Demetrio, RSW
Social Worker

Genesis S. Faderogao, RSW
Social Worker

Annaliza B. Logdaman, RSW
Social Worker

SERVICES
• Safety and Risk Assessment
• Case Management
• Educational Assistance
• Livelihood Assistance
• Parenting classes
• Parent Support Groups
• Crisis Counseling

LEGAL
Atty. Amy A. Avellano
Head, Legal Services

Atty. Mylen Gonzales
Legal Consultant

SERVICES
• Legal Counseling
• Family Court Awareness / Kids Court

OTHERS
• Library Services
• Publications
• Research
• Community Advocacy

POLICE
SPO1 Marsha Agustin
Police Officer

SERVICES
• Investigation
• Forensic Interview
• On-Site Case Filing
• Case conferences

MEDICAL
Marie P. Tan, MD, FPPA, MHPed
Head, Medical Services

Sandra S. Hernandez, MD, DPPS
Child Protection Specialist

Renee Joy Neri, MD, DPPS
Child Protection Specialist

Nanama Villarta-de Dios, MD, DPPS
Child Protection Specialist

Melissa Joyce P. Ramboanga, MD
Child Protection Specialist

Riza Lorenzoza, MD
Child Protection Specialist

Petula Joy Pejoy Bermoy, MD
Child Protection Specialist

Marissa Rezulto, MD
Child Protection Specialist

Marie Celeza A. Antonio, RN
Nurse

SERVICES
• Medico-Legal Evaluation
• Forensic Interview
• Expert testimony in court cases
• Health care maintenance of survivors
• Management of sexually transmitted infections
• Developmental assessment

The PGH-Child Protection Unit
Multidisciplinary Team

Child Protection Network Team (In photo)
Dr. Bernadette J. Madrid,
Dr. Stella G. Manalo,
Atty. Katrina Legarda,
Tere Clemente,
Phoebe Embarga,
Nilo Yumol,
Phoebe delos Reyes,
Michael Forte and
Patricia Racela

14

15
Jennifer’s Story

A Case Conference was called where all the multidisciplinary professionals who saw Jennifer met to discuss how the case will be managed. The WCPD police investigator filed the case at the Office of the City Prosecutor. In court, several expert witnesses from CPU were called to testify. One of the major issues was to define what Child Sexual Abuse Accommodation Syndrome is and to explain Jennifer’s behavior. It was recognized that recantation can happen among sexually abused children and that Jennifer was under family pressure. Rey was found guilty and sentenced to life imprisonment.

Sexually abused children are more likely to recant if they were abused by a family member living in the child’s household and if they lack family support. Thus, inconsistencies and recantations may be due to reluctance to go against the family’s wishes rather than a false allegation.

Competent and Caring professionals are essential for supporting and protecting an abused child at every step towards healing and recovery.

Jennifer is a 15-year-old, third-year high school student. She frequently cuts class to be with her boyfriend and is always fighting with her parents. One day, she suddenly started crying and confided to her classmates that her stepfather, Rey, has been sexually abusing her since she was 7 years old. Jennifer’s friends advised her to tell their teacher but she was afraid that Rey would go to jail and her half-sisters will grow up without a father. She felt she would rather die. She attempted to jump down the stairs but the guidance counselor talked to her and brought her to the Barangay Hall. Her mother, Arlene, was informed of Jennifer’s disclosure.; however, Arlene did not know what to do. When Rey appeared at the barangay, the Barangay Women’s Desk sought police assistance and Rey was apprehended. At the police station, the WCPD investigator took Jennifer’s statement but Jennifer retracted her statement when her older sister arrived and berated her for what she disclosed. Jennifer then changed her story and said that she lied about the abuse to get back at her stepfather for not allowing her to have a boyfriend. The WCPD police referred Jennifer to CPU where she underwent full evaluation including a forensic psychiatric evaluation.
Rizza was 16 years old when she was sexually assaulted by three men she met during a drinking spree. At first, she kept the incident to herself and did not tell anyone. As the days passed, she had difficulty sleeping and could not stop thinking about what happened. When she felt that she could not take it anymore, she told her mother what happened and they filed a case against the three men at the police station. However, it was not easy for Rizza to go on with life after her disclosure. She could not concentrate in school and looked dazed. She became irritable and fearful of people she met because she associated them with the perpetrators. She also blamed herself for going to the party and giving in to peer pressure. Her parents did not know how to handle her behavior but they remained very supportive. They stood firm in their decision to pursue the case in spite of the perpetrators’ pressures and threats. When Rizza started psychotherapy at a CPU, she was depressed and missed sessions due to financial constraints. To help Rizza, the CPU subsidized her transportation expenses and referred her case to the Local Government Unit (LGU).

The Mayor provided an allowance to cover food and transportation expenses and the LGU social worker monitored her case to ensure regular follow-up. Her trauma symptoms improved and she has learned positive coping skills. With the additional educational assistance from CPU, Rizza was able to graduate from high school and is now preparing to enroll in college. In her journal, she wrote “Lahat ng pagsubok ay nalalampasan basta’t may paninindigan na ipaglaban ang karapatan.” (We can overcome trials in life, if we take a stand and fight for our rights.)

Resilience - resistance to the effects of exposure to a stressful situation - is not only about the child’s ability to overcome challenges. It includes the capacity of the child’s environment to respond and provide what a child needs under toxic stress.

Supportive relationships and access to health, educational and social services foster resilience and positive development among children.
GARY’S STORY

Gary was seven years old when he was brought to a CPU by his mother, Gwen, after a paternal uncle beat him up for talking back. Gary stays with his uncle while his parents are at work. During the CPU evaluation, Gwen said she was having a hard time with Gary. He seemed to be getting more hard-headed as he grew up and Gwen spanked him often. In school, teachers said he was easily distracted and would roam in class.

Gary was assessed by the CPU Pediatric Developmental Specialist and was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). He was then transferred to a school with Special Education (SPED). After a month, Gary wanted to go back to his old school. He was afraid of his classmates and other children were making fun of him. His parents could not afford a private school because their income barely covered the family’s basic needs.

Since Gary was not doing well in SPED, his mother, in consultation with CPU, transferred Gary back to his old school so he could be in regular school again. CPU provided financial assistance to support Gary’s education. The principal in his old school was very understanding but she warned Gwen that Gary needs extra help with regards his behavior. True enough, Gwen was frequently called to the school about Gary’s behavior. The teachers did not want him in their class but there were a few who accommodated him because of Gwen’s persistent efforts to keep Gary in school. Gwen also attended the parenting classes at CPU.

The guidance counselor gathered the teachers together to discuss his case and how each of them could help Gary learn. They found ways to keep him focused so he could pass. They also talked to Gary’s classmates about his special needs. Gwen stopped working so that she could take care of him after school. Fortunately, Gary’s father had a regular job and relatives also helped with the family’s needs. Gary was able to stay in regular school and is now in grade 9. Gwen continues to coordinate with his teachers and brings him to all of his follow-up appointments with the CPU Developmental Pediatrician and CPU Psychologist.

All children are entitled to survive, grow and develop to their full potential. The child’s best interest must be at the heart of services.

Families, schools and institutions have the shared responsibility of enabling children with special needs to live full and decent lives by ensuring access to education and health care services, allowing the child to express his views and taking their opinions seriously.
UNFPA delivers a world where pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled. UNFPA partners with governments, other agencies and civil society to advance UNFPA’s mission.


Since 2012, CPN in partnership with UNFPA has accomplished the following activities:

**5 Women and Child Protection Units (WCPUs)**

Established in 3 Provinces:
1. Tiwi, Albay
2. City Health Office, Legaspi City, Albay
3. Bicol Regional Training and Teaching Hospital, Legaspi City, Albay
4. Luis Hora Memorial Hospital, Mt. Province
5. Adella Serra Ty Memorial Hospital, Sorsogon City

**5 Physicians, 4 Social Workers and 1 Police Officer trained as Additional WCPU Members**

1. Cotabato Regional Hospital Medical Center, Cotabato City
2. Zambanga City Medical Center, Zambanga City
3. Region 1 Medical Center, Dagupan City, Pangasinan
4. Masbate Provincial Hospital, Masbate City
5. LGU-Eastern Samar, Borongan City

**9 WOMEN AND CHILD PROTECTION UNITS ASSESSED TO BECOME WCPU TRAINING CENTERS**

Baguio General Hospital-WCPU, Baguio City

Dr. Paulino J. Garcia Memorial and Medical Center-WCPU, Nueva Ecija

Quezon Medical Center-WCPU, Quezon

**32 PNP and 14 NBI medico-legal officers trained on Basic Medical Examination and Management of Gender-Based Violence and Child Abuse Cases**

14 Child Protection Specialists trained as Trainers of the Multidisciplinary Team Training on Violence Against Women and Children.
LOCAL GOVERNMENT PARTNERS

Lobbied with 11 Local Government Units and 4 DOH-retained Hospitals for establishment of WCPUs in areas where there are no existing units.

Ilocos Sur; Aurora; La Union; Isabela; North Catarata; Camarines Norte; Compostela Valley; Sultan Kudarat; North Catarata; Sarangani; Sultan Kudarat; CARAGA Regional Hospital; Surigao del Sur; Batangas Regional Hospital; Batangas City; Adelia Serra Ty Memorial Medical Center, Tandag; Surigao del Sur; and Cagayan Valley Medical Center, Tuguegarao.

Lobbying with Gov. Faustino G. Dy III, Province of Isabela

Lobbying with the Local Government Utit of Sultan Kudarat represented by Mr. Florante A. Molina, Dr. Isaias S. Deperalta, Jr. and Henry J. Albano, RSW.

Lobbying with the LGU of Sarangani Province represented by Raquel S. Panal, OIC - Provincial Social Welfare and Devt. Officer, Governor's Executive Assistant; Atty. Shialo May J. Jagolino-Opierano, Cornelia P. Baldelovas, OIC- Provincial Health Officer, Marilyn B. Balocanag, PGAD Focal Person, Alan J. Alcala, OIC – PPDC, and Jelyn E. Apura, AAPOC/PRDO

MEMORANDUM OF AGREEMENT for Establishment of WCPUs signed with the Local Government Units of Ilocos Sur, La Union, Sultan Kudarat, and Camarines Norte.

MoA Signing at the office of Provincial Administrator of La Union, Dr. Geoffrey Titan

SUPPORT FOR THE ATTENDANCE of key provincial officials and new WCPU members from UNFPA priority areas to the Ako Para sa Bata Manila Conference 2012, 2013, and 2014.

Dr. Joy David of RHU-Legazpi City, Albay delivers the Response from the Graduating Batch of 2013 Certificate on Women and Child Protection Specialty Training.

Genevieve Ah-Sue, UNFPA Country Representative, Ad Interim and Ms. Pamela Godoy, UNFPA National Program Officer for Gender received the Most Valuable Partner Award during the 2013 Ako Para sa Bata Conference presented by Rosanna de Guzman, Mr. Jun Sy and Dr. Bernadette Madrid.

CPN Welcomes the graduates of the Certificate on Women and Child Protection Specialty Training during the graduation ceremony held at SMX Convention Center.
November 8, 2013 will live in infamy. It was the day when Typhoon Yolanda - the strongest to make landfall in recorded history - wreaked havoc in many provinces in the Visayas, claimed 4,300 lives, and damaged PhP87.4B worth of infrastructure and properties. An emergency of such magnitude required an equally widespread network of well-capacitated service providers. Thus, UNICEF and Child Protection Network (CPN) undertook a 12-month response plan to “Strengthen Child Protection Systems in Typhoon Yolanda-affected Areas”.

### Strategy 1: Training of Multi-disciplinary Teams (MDT) on the Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation

The Protocol sets the standards, guidelines, and appropriate process to be observed by child protection workers, from reporting or referral of a child abuse case to investigation, prosecution and after-care services. It defines roles and responsibilities of each agency as well as areas of coordination. The long-awaited Protocol was approved through an inter-agency resolution of the Committee for the Special Protection of Children (CSPC) on May 31, 2013. The CSPC is chaired by the Department of Justice (DOJ) and co-chaired by Department of Social Welfare and Development (DSWD).

281 service providers composed of social workers, municipal health personnel, barangay officials, local government officials, legal practitioners, NGO workers from Regions 6, 7, and 8 were trained on the Protocol.

### Strategy 2: Training of social workers on Women and Child Protection Management Information System (WCPMIS)

In 2002, Child Protection Unit (CPU) developed the first child protection database in the world. In 2014, the database was enhanced to include cases of violence against women and it came to be known as WCPMIS.

UNICEF, through CPN, provided laptops, printers, and pocket WiFi’s to the local social welfare and development offices (LSWD0) of the 40 priority municipalities and trained 56 of their personnel on WCPMIS.

### Strategy 3: Training of PNP-WCPD on the Investigation of Crimes Involving Women and Children

762 Women and Child Protection Desk (WCPD) Police Officers from Regions 6, 7, and 8 were trained on the Revised Specialized Course for Investigation of Crimes Involving Women and Children. The 12-day specialized course was enhanced to include relevant topics such as sensitivity to vulnerable sectors (IPs, PWDs, elderly), caring for responders, Protocol on Case Management of Child Victims of Abuse, Neglect, and Exploitation, and child protection in emergencies.
The project, Working Together to Protect Women and Children from Abuse, commenced in October 2013 in response to:
1. The high prevalence estimate of violence against women and children in the country, and;
2. Violence against women and children is a public health problem.

2 Women and Child Protection Units established in 2 Provinces:
1. South Cotabato Provincial Hospital, Koronadal City, South Cotabato
2. Angel Salazar Memorial General Hospital, San Jose, Antique.

UPGRADE OF WOMEN AND CHILD PROTECTION INFORMATION SYSTEM (WCPMIS)
The CPMS software now has a new feature which expanded the age bracket for women: 18-24; 25-44; 45-59; and ≥60 years old. The new system will be able to generate reports on case of VAW and data based on the primary diagnosis, number of patients by referral source, most common chief complaint, most common recipient of VAW disclosure, list of person who reported to authorities, autopsy rate of suspected fatal abuse, case distribution by city of incident. The upgraded software will be distributed to all WCPUs.

DEVELOPMENT of manual on MULTIDISCIPLINARY TEAM TRAINING ON VIOLENCE AGAINST WOMEN AND CHILDREN and on-site training manual on CERTIFICATE ON WOMEN AND CHILD PROTECTION SPECIALTY COURSE.

The Child Maltreatment Medico Legal Terminology and Interpretation of Medical Findings: 4th Edition is a substantially expanded and updated version of the last edition released almost 10 years ago. The present edition is designed to guide the physician in filling up the medical modules of the Women and Child Protection Information Management System.

The committee for the Special Protection of Children (CSPC), pursuant to its mandate under Executive Order 53 dated 11 August 2011 issues this Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation for the guidance of all concerned government agencies, non-government organizations, and other stakeholders. A protocol sets out the way that different agencies will work with each other.

The specialized Course on Investigation of Crimes Involving Women and Children for PNP-WCPD Officers is a significant step in institutionalizing within the PNP the training on investigation of crimes affecting women and children.

The training was expanded to vulnerable populations such as persons with disabilities and indigenous peoples.

Note: Download the full PDF version of CHILD MALTREATMENT MEDICO-LEGAL TERMINOLOGY AND INTERPRETATION OF MEDICAL FINDINGS and PROTOCOL FOR CASE MANAGEMENT OF CHILD VICTIMS OF ABUSE, NEGLECT AND EXPLOITATION from the CPN website www.childprotectionnetwork.org/publicationsandresearches.
The Department of Social Welfare and Development (DSWD), Child Protection Network (CPN), International Justice Mission (IJM), and Consuelo Foundation signed a Memorandum of Agreement to develop a Trauma Training Program to increase capacity of professionals providing after-care services to survivors of human trafficking for commercial sexual exploitation and other forms of abuse. The Trauma Training Program is composed of two separate training: 1) Trauma-Informed Care (TIC) which is for all continuum of care professionals and 2) Trauma Informed Psychotherapy for those providing a more intensive mental health therapy.

TRAUMA INFORMED CARE (TIC)

TIC refers to an organizational framework wherein service providers have a strong understanding of the impact of trauma on the lives of survivors as well as the complex path to healing and recovery. It is an approach to providing recovery services; it is not in itself a clinical intervention for trauma.

TIC is designed to avoid re-traumatizing survivors while also supporting recovery through the creation of physical, psychological and emotional safe space. The basic training in TIC includes an introduction to trauma and its impact on survivors, developing a trauma lens, guidelines for managing behaviors, and understanding vicarious trauma.

Participants from DSWD, IJM, CPN in NCR, Region 7 and Region 3 attended the Trauma Informed Psychotherapy training in Baguio City, March 8-13, 2015.

Mr. Raul Almazar, RN, MA, Chief Consultant of Almazar Consulting National Center for Trauma Informed Care, Chicago

Dr. Merle P. Tan graduates from the Trauma Informed Psychotherapy Training on March 8-13, 2015 in Baguio City. With her are Ms. Ann Steffen of the International Justice Mission and Director Margarita Sompang of the Protective Services Bureau of the DSWD Central Office.

Samuel M. Girguis, Psy.D., of Azusa Pacific University, doing a role play with one of the participants during the TIP Training.

Mr. Raul Almazar and Ms. Ann C. Steffen, International Justice Mission’s Director of After Care Development with PGH-CPU Child Protection Specialists, Social Workers, Police Officer and staff.

Graduation Ceremony of the TIC Training by Mr. Raul Almazar thru the support of Consuelo Foundation
The theme of the AKO PARA SA BATA (APSB) The International Conference in Manila 2014 is a result of questions that always come up during the multidisciplinary trainings that the Child Protection Network (CPN) conducts across the country. Indeed, there are differences in beliefs and practices that greatly affect children. CPN’s goal is to analyse and address these differences to provide the child A WORLD WITHOUT BORDERS.

The conference brought together for a dialogue the different cultures in the Philippines.

Forty (40) Women and Child Protection specialists and staff who have served for 10 years or more were awarded as CPN’s Most Valuable Partners for 2014. Their outstanding service to every abused woman and child who steps in the Women and Child Protection Unit (WCPU) door was acknowledged.


2014 Most Valuable Partner Awarders

LUZON
1. Dr. Asuncion Ogues
2. Dr. Ermael Agulay
3. Dr. Mona Liza Pastrana
4. Elmira Calo, RSW
5. Dr. Brenda Tumacoer
6. Dr. Gwendolyn M. Luna
7. Cristita Lariza, RSW
8. Dr. Cynthia Daniel
9. August Joy Galang, RSW
10. Leyden Adaya, RSW
11. Dr. Michelle Toup-Tolentino

MINDANAO
19. Dr. Lelia Nella Estrella
20. Myrna Lonuco, RSW
21. Dr. Mercy Senados
22. Dr. Lureta Tomada
23. Dr. Regina Ingente
24. Dr. Marie Arimee
25. Lycahith Bietaha
26. Dr. Cosette Galve
27. Dr. Teresita Mansilla
28. Dr. Nurinda Arumpan
29. Shirley Salik, RSW
30. Dr. Ma. Dinna Viray-Parisas
31. Charlene Hamoy, RSW

NCR
32. Dr. Bernadette Madrid
33. Dr. Stella Manalo
34. Dr. Merle Tan
35. Dr. Victoria Ribaya
36. Dr. Noriel Balderrama
37. Dr. Cynthia Leynes
38. Dolores Rubio, MSW
39. Carlesa Antonio, RN
40. Andromeda Legazpi
41. David Magaña
42. Dr. Rosalia Buxan
43. Dr. Cecilia Gan
The 3rd Child Protection Network Benefit

A benefit dinner and auction was held on February 8, 2014 at the ballroom of Raffles and Fairmont Makati. Five lots, donated by social-concerned corporations and individuals, were auctioned off. Lots include a two-night stay in an Executive Suite at Raffles Hotel in Makati; a three-night stay in a Seaview Villa at Anvaya Cove, Bataan; a one-week stay at Luna House in London; a weekend stay for two, with air fare, at the fabulous Amanpulo; and a weeklong stay at Valfond, Provence in France.

Donations received covers the medical treatment of abused children including other services such as legal counselling, visits of a social worker and family conferences. Donations are tax deductible.

Fila, Raffles and Fairmont Makati, and Philippine Tatler were the event sponsors.
### 2014 Financial Report

**CHILD PROTECTION NETWORK FOUNDATION, INC.**  
(Formerly Child Protection Unit Network Organization, Inc.)  
(A Non-Stock, Not-for-Profit Organization)  

**STATEMENT OF ASSETS, LIABILITIES AND FUND BALANCE**  
December 31, 2014 and 2013  
(In Philippine Pesos)

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<tr>
<td>Current Assets</td>
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<td>Cash</td>
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<td>Financial assets at fair value through profit or loss</td>
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<td>Prepayments and other current assets</td>
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<td>2,190,665</td>
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<td><strong>Non-current Assets</strong></td>
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<tr>
<td>Property and equipment - net</td>
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<td><strong>TOTAL ASSETS</strong></td>
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<td>25,871,761</td>
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<tr>
<td><strong>LIABILITIES AND STOCKHOLDERS’ EQUITY</strong></td>
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<tr>
<td>Current Liabilities</td>
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<td>Payables</td>
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<td>Loans Payable</td>
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<td><strong>Non-current Liabilities</strong></td>
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<td>Deferred revenue</td>
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<td>Loans payable-net of current portion</td>
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<td>108,174</td>
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<td><strong>TOTAL LIABILITIES</strong></td>
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<td>1,053,590</td>
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<td><strong>FUND BALANCE</strong></td>
<td>28,058,987</td>
<td>24,818,171</td>
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<tr>
<td><strong>TOTAL LIABILITIES AND FUND FUND BALANCE</strong></td>
<td>32,127,024</td>
<td>25,871,761</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2014</th>
<th>2013</th>
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<tr>
<td><strong>INCOME</strong></td>
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<td>Donations</td>
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<td>Fund raising</td>
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<td>Other income</td>
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<td><strong>EXPENSES</strong></td>
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<td>Program expenses</td>
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<td>Administrative expense</td>
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<td><strong>FAIR VALUE GAIN ON FINANCIAL ASSETS AT FAIR VALUE THROUGH PROFIT OR LOSS</strong></td>
<td>37,223,624</td>
<td>24,080,130</td>
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<td><strong>EXCESS OF INCOME OVER EXPENSES</strong></td>
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<td><strong>FUND BALANCE AT BEGINNING OF YEAR</strong></td>
<td>24,818,171</td>
<td>20,486,649</td>
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<tr>
<td><strong>FUND BALANCE AT END OF YEAR</strong></td>
<td>28,058,987</td>
<td>24,818,171</td>
</tr>
</tbody>
</table>
List of DONORS

Child Protection Network recognizes and appreciates the following individuals and institutions for their generosity. We also offer our heartfelt gratitude to those who helped but would like to remain anonymous. May the universe abundantly reward and keep you all protected at all times.

2014 GALA

A. Magayay, Inc.
Ablaza, Amelia
Abotit, Barbara
Agoncillo, Liz Marie
Ala, Leticia Escobar
Alejandro, Anabel
Alonso, Raymond
Amigo International
Angeles, Renna
Asia Industries, Inc.
Aspinall, Anne
Assad Ablao
Atta, Alfred
Baja, Laura III
Bautista, Evar
Bangzon, Ma. Romela
Bewlay, Simon
Bonifacio, Iris
Borjas, Alby Xerez
C.T. Ongglo Architects, Inc.
Campos, Elizabeth & Francisco
Carmona, Maria Elena
Casador Realty Co., Ltd.
Century Properties Group, Inc.
Chanco, Boo
Chua, Edna
Chua, Maria Josefa
CIM Tech (Vic & Jo Yap)
Clemo, Janet
Cajangco, Ramon Jr.
Consuelo Alger Zobel Foundation
Costa, Viscal
Coyuito, Peter Ceyoto
Cu, Ernest Lawrence
Cuenca, Roberto
Cuevas, Cristina
Curato, Ilo
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De la Cuesta & Tantoco Law
Decano, Farrah Marie
Del Val, Francis
Delgado, Margarita
Eduardo, Alice
FLA
First Financial Company
Francisco, Ramon
Francisco, Robert
Garcia, Ramon/Ma. Josefa
Gatchalian, Castro & Mavis Law
Office
GSR Foundation
Go, William
Hagedorn, Ann Raquel
Harper, Bambi
Hechanova, Paing & Mely
Herbosa, Carmina
Herbosa, Teresita
Honeycomb Food Center
Huang, Catherine
Jacinco, Rupert
Jason, Reynaldo
Javen, Susan
Katigbak, Carmencita
Katigbak, Mario
Laurel, Lorna Perez
Laws, Emily Raymossa
Ley, Linda
Lhuillier, Amparito
Lhuillier, Joanna
Licaros, Herita
Lontok, Criselda
Lopez, Federico
Lopez, Suzette Hahn
Luz, Teresita Ojeda
Mablangan, Ada
Macaspac, Minerva
Makitalo, Toni Joyce
Martel-Francisco, Irene
Marti, Jonathan
Mayorga, Roberto
Mercado, Isabellita
Mialhe, Sevina
Mikonoz Medical Systems, Inc.
Moran-Florendo, Margarita
Montinola, Lourdes
Murray, Leslie Ann
Muyot, Riza
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Onglato, Jayvic
Ongpin, Maria Isabel
Ortigas, Susana
Pena, Fernando
Perez, Vicente Santiago
Quintos, Cristina Suarez
Reach International School
Reco, Bong & Cécile
Reynoso, Reynoso
Rola, Alfreda
Rodriguez, Fe
Rodriguez, Sonia
RRR Holdings, Inc.
Rubia, Maria Victoria
Santos, Christine Therese
Smile Designer Co., Inc.
Sugue, Lydia
Sy-Cason, Tessie
Sy, Jun
Tagum Agricultural Devt. Co., Inc.
Tan Calikiong, Tony
Tan Gan, Lulu
Tan, Letty
Tan, Linda
Tan, Ramigio
Tantoco Bienvenido III
Taojo, Caroline Ingrid
Teetsianee, Manuel Antonio
Tengo, Alejandro
TLC
Trinidad C&R Corp.
Tabuzo, Eleanor
Turnacker, Alfredo
Villanueva, Susan Delfin
Westendorf, Isabel Maria
Wilson, Cara
Wilson, Isabel Caro
Yang, George
Yap Mun Ching
Yap, Emerson
Yu, Arlene
Yu, Gregorio
Zabarte, Enrique
Zobel, Cristina
Zubiri, Ma. Victoria

Ong, Wynn Winn
Palenzuela, Antonietta V
Pena, Julia
Preysler, Anne
Razon, Lizzie
Recio, Liza Marie
Sanchez, Czarina Cruz
Taojo, Caroline
Talentino, Grace
Valera, Vilma
Zobel, Lizzie

IN-KIND

Miller, Gabby
Loo Dela Cruz, Grace
Tan, Litty
Sison, Ricardo
Galoso, Tess

2014 TRUNKSHOW

Abasamis, Eva
Almariza, Ivy
Aftanoz, Fely
Calanog, Jesusa
Cruz, Ching
Cruz, Leslie Ann
Cuevas, Cristina
Cuyugonkeng, Marietta
Dutton, Pamela
Fandino, Fandino
Gambao, Ma. Lourdes
Hagedorn, Ann Raquel
Hechanova-Angelena, Renna
Huibanthus, Agnes
Laurel, Josefa
Liang, Patricia
Lim, Mariors
Lopez, Monica
Manahan, Lillian
Martel Francisco, Irene
Martinez-Miranda, Marie Pilar
Montinola, Lourdes
Ng, Maria Louriminda
Ong, Marian