

ANNUAL REPORT 2012



**A NATIONWIDE NETWORK
OF CHILD PROTECTION UNITS**

PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE



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



The CPU-PGH family



The team behind CPN

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MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear members, colleagues, partners and friends,

The Child Protection Unit - Philippine General Hospital (CPU-PGH) is 15 years old! In this annual report we share what we have learned and have identified the knowledge gaps that will guide future research and policy. Majority of the research featured in this report have been made possible by the use of the Child Protection Management Information System (CPMIS), the database developed by CPU-PGH. It is the first of its kind in the world.

Our data tells us that there is no age that is safe from abuse. Both boys and girls are at risk. We learned that while 96% of the child sexual abuse cases seen at all the child protection units (CPUs) are girls, the boys are sexually abused, too, but they report even a lot less than the girls. We also see a disturbing trend of an increasing number of young boys who sexually abuse other children. Children who are victims and those who offend all come from the same population. We need to develop other strategies to prevent the abuse of boys for them to get help.

"Normal does not mean nothing happened" has been proven time and again. A CPU research showed that most pregnant adolescents examined for sexual abuse evaluation at CPU have normal genital findings. However, the probability of reaching court is higher for those with physical findings. This is further compounded by the fact that majority of disclosures of abuse are delayed. Another emerging trend in the past couple of years is the use of the internet and mobile phones as a medium for abuse. Alcohol is the most common substance taken immediately prior to sexual assault of girls aged 11 to 18 years and it is readily available even to minors. The Philippines continues to have the youngest age of statutory rape in the world at below 12 years old.

The prevention of adverse childhood experiences (ACEs) such as child abuse is important not only for the harm this causes at the present time but also for the harm that may evolve years later when the child is an adult. The results of the Metro Manila ACEs Study (Ramiro, Madrid, Brown, 2010)* showed, for example, that a child who is sexually abused is more likely to engage in early sex, become pregnant as a teenager, and attempt suicide. As an adult, the same child, as a result of the toxic stress induced by the abusive experiences, has increased chances of developing a chronic illness such as hypertension, ischemic heart disease, ulcers, asthma, cancer, just to name a few.

The World Health Organization (WHO): Philippines Country Office and the Department of Violence and Injury Prevention and Disability in Geneva Switzerland, is the 2012 Child Protection Network (CPN) *Most Valuable Partner* awardee. WHO is a partner of CPN in pioneering research in the Philippines on the prevention of child maltreatment. In the beginning, it was a challenge for people to see that child abuse is a public health problem. Now the challenge is for people to see that it is also an economic problem, a crime problem, an education problem, a workforce problem. The CPN's vision is that protecting all children from the many faces of abuse will lead to the prosperity of our nation.

Sincerely yours,

Bernadette J. Madrid
Bernadette J. Madrid, MD



Dr. Bernadette J. Madrid, CPN Executive Director, receives the Most Outstanding Award on Child Protective Services 2012 from the National Children's Advocacy Center, USA.

*Ramiro L, Madrid B, Brown, D. Adverse childhood experiences (ACE) and health-risk behaviors among adults in a developing country setting. *Child Abuse and Neglect* 2010; 34: 842-855. (Study funded by WHO).

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 the 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 Women and Child Protection Unit (WCPU) physician and social worker.

www.doh.gov.ph/content/women-and-children-protection-program

2012 Child Protection Network, in partnership with the Department of Health and various local government units, gets to 55 WCPUs in 35 cities and provinces



ASIAN RESOURCE CENTER



UNIVERSITY OF THE PHILIPPINES MANILA - PHILIPPINE GENERAL HOSPITAL
CHILD PROTECTION UNIT

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Police Officer

Andromeda C. Legaspi

Triage Officer

Dr. Amelia R. Fernandez

Consultant Adviser

AVAILABLE SERVICES

Medical Services

Medico-legal evaluation

Forensic interview

Expert testimony in court cases

Health care maintenance of survivors

Management of sexually-transmitted infections

Developmental assessment

Others

Mental Health Services

Mental health evaluation

Forensic psychiatric evaluation

Medico-legal testimony in court cases

Individual and group therapy

Therapy for children with problematic

sexual behavior

Stress debriefing

Social Services

Safety and risk assessment

Case management

Educational assistance

Livelihood assistance

Parenting classes

Parent support groups

Crisis counseling

Legal Services

Legal counseling

Family court awareness/Kids court

Police Services

Investigation

Forensic interview

On-site case filing

Case conferences

Others

Library services

Publication

Research

Community advocacy



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The PGH-CPU multidisciplinary team. (Not in photo are Dr. Namnama Villarta-de Dios, Atty. Amy A. Avellano and Tere S. Clemente)

5 **PILLARS OF THE FOUNDATION'S WORK**



**UP-PGH CPU
14,827 CHILDREN TREATED**

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

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.

3 NATIONAL CENTER FOR EDUCATION

**3,685
Professionals
trained**

- Multidisciplinary team training (MDT)
- physicians training
- social workers training
- police training
- legal community training
- judicial training
- advocacy in legislature and media

4 NATIONAL NETWORK OF CHILD PROTECTION UNITS

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

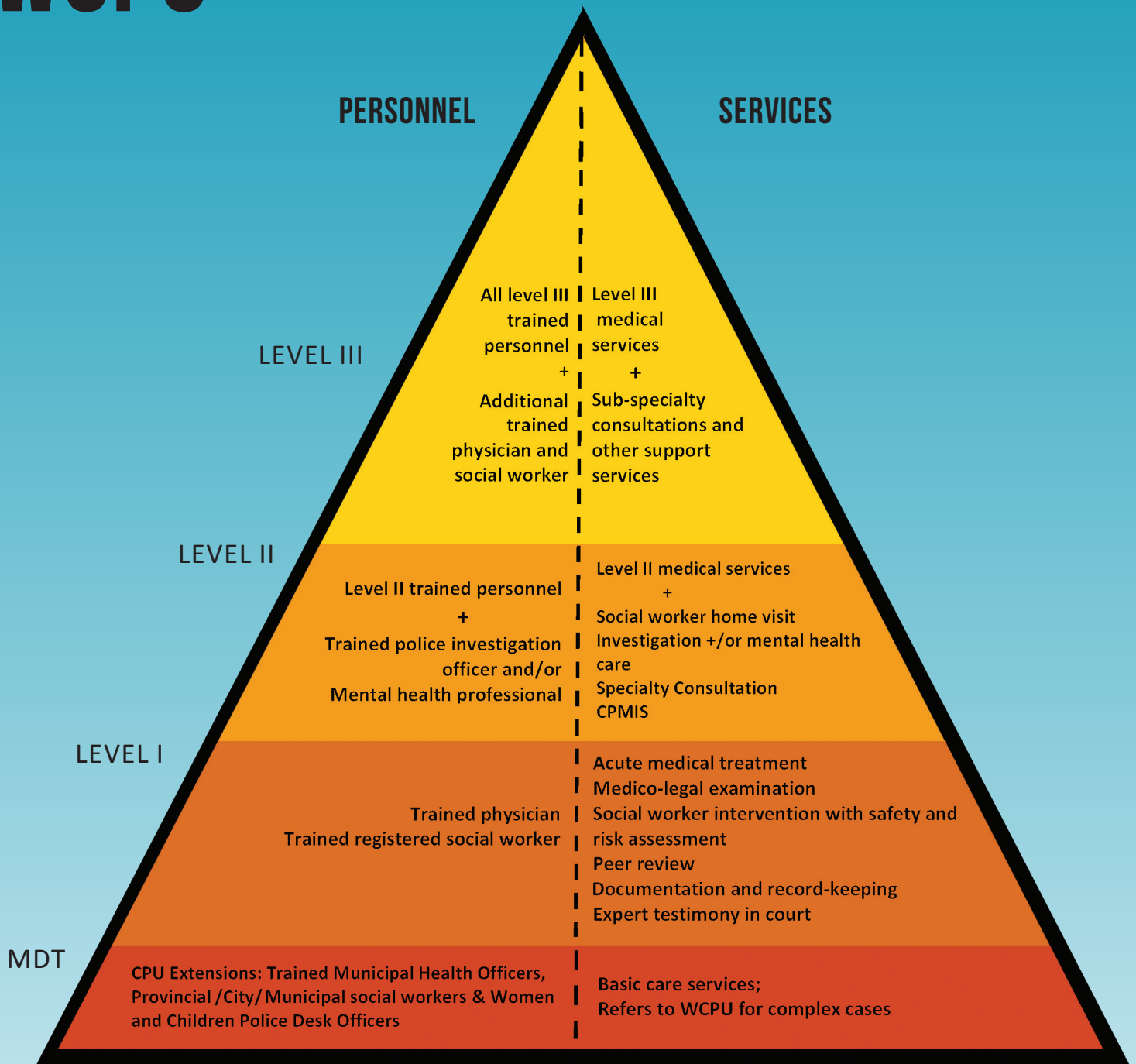
- 101 physicians
- 55 centers covering 35 cities and provinces
- seed funding
- staff training
- best practices sharing
- 24/7 consultation
- roundtable discussions
- annual conference
- visiting professor program
- safety net
- medical alert
- peer review

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

LEVELS OF WCPU



PHILIPPINES

LOCATING THE 55 CPUs

LUZON

VISAYAS

MINDANAO



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THE CHILD PROTECTION MANAGEMENT INFORMATION SYSTEM (CPMIS)

In 2000, the CPMIS was developed to facilitate case management and research in the UP Manila Philippine General Hospital-Child Protection Unit. From 2005 to 2007, this was further revised. In 2010, CPMIS was installed in 26 child protection units (CPUs) across the country.

CAPABILITIES

1. Individual case management
2. Research
3. Generation of official reports, e.g., Medico-legal certificates for police and courts, Suspected Child Abuse Report (SCAR) forms
4. Generation of process reports, e.g., list of patients for home visit, list of patients for case conference, daily appointments
5. CPU process improvement initiatives
6. Users: local area network (LAN)
 - a. Pediatricians
 - b. Psychiatrists & psychologists
 - c. Developmental pediatricians
 - d. Social workers
 - e. Lawyers
 - f. Police officers
 - g. Nurses
 - h. Reception staff
7. Modules:
 - a. Masterfiles
 - b. Patient information
 - c. Case profile
 - d. Intake
 - e. Forensic interview
 - f. Medical examination
 - g. Safety assessment
 - h. Psychiatric care
 - i. Case conference
 - j. Case management
 - k. Court testimony
 - l. Reports
 - m. Research
 - n. Scheduler/Calendar

BASIC FEATURES

1. Format – reflects current practice in CPU
2. User-friendly
3. Data accuracy – mandatory fields and safeguards built in
4. Research – built-in queries, query wizard ability to export data for use in other analytical software, e.g., SPSS
5. Security – access limited to pertinent module
6. Replication – easy to install and can be utilized by other CPUs
7. Tracking common patients and perpetrators
8. Confidentiality – Protected at all levels

The screenshot displays the 'Child Protection Unit' software window with the 'Update Profile' form. The form is organized into several sections:

- Patient Information:** Fields for Last Name, First Name, Middle Name, Birthdate (with a date picker showing 01/15/1994 and '13 years old'), and Gender (Male/Female).
- Consent:** Fields for 'Consent Signed on' (05/24/2007, 03:00pm) and 'Date Initiated' (05/24/2007).
- Guardian and Informant:** Sections for entering the Name and Relationship (Mother) for both the Guardian and the Informant.
- Hospital and Inpatient Status:** Fields for Hospital No. (3160667), Inpatient status (Yes/No), and Other Companion (Leonila Mendoza (desk officer Brgy.128)).
- Referral and Services:** Dropdown menus for Referral Source (Self) and Services Sought (Full Evaluation).
- Abuse Types:** A section for selecting Primary Diagnosis (Sexual Abuse) and Comorbid Abuse (Child Trafficking, Emotional/Psychological/Verbal Abuse, Neglect, Physical Abuse, Physical and Sexual Abuse, Sexual Abuse).
- Staff Assignments:** Fields for Intake Social Worker, Assigned Social Worker, Assigned Physician, and a list of Trainees with Add/Delete buttons.

 The interface includes standard window controls and a 'Find Delete Save Discard' button on the right side.

The research studies in this annual report were done with the use of the CPMIS.

THROUGH THE YEARS

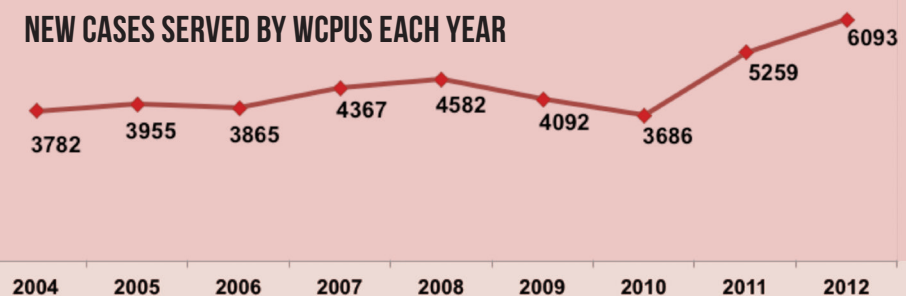
PGH-CPU THROUGH THE YEARS



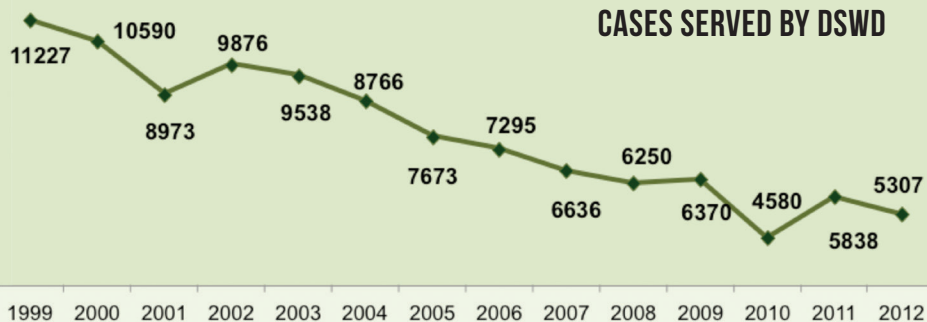
The number of child abuse and neglect cases seen by PGH-CPU has increased threefold in the past 15 years.

There is a steep rise in the number of cases seen by the WCPUs since 2010.

NEW CASES SERVED BY WCPUS EACH YEAR



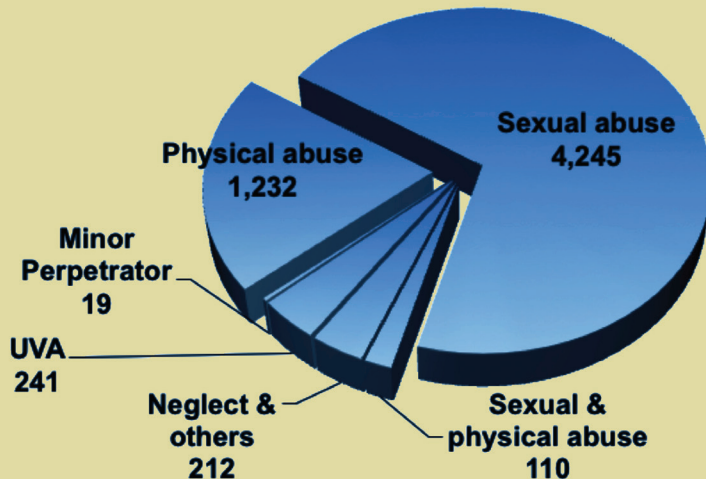
CASES SERVED BY DSWD



These are cases of abandoned, neglected, sexually-abused, sexually-exploited, physically-abused, and trafficked children. Other cases served by DSWD, such as child labor, are not included in the graph. The decreasing number of cases may be a result of the devolution of DSWD services to local government and the absence of a centralized reporting system.

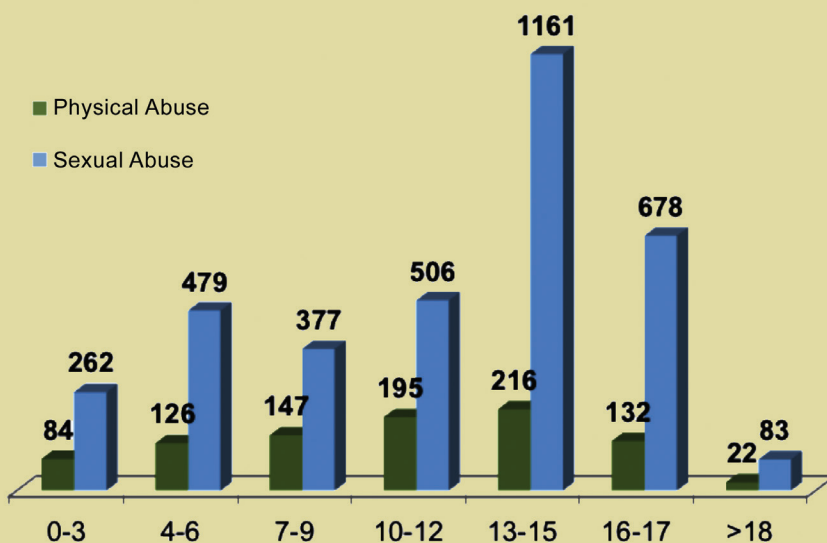
2012 WCPU STATISTICS

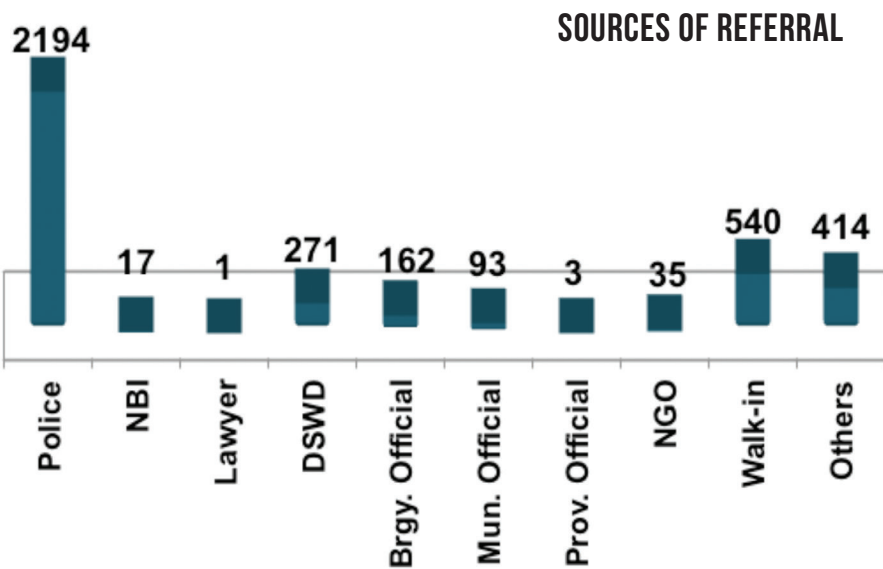
BREAKDOWN OF CASES BY TYPE OF ABUSE



Sexual abuse continues to be the most common case seen by the CPUs nationwide. Children aged 13 to 15 years are most at risk, followed by those 16 to 17 years old. Teenagers are characterized by impulsivity, susceptibility to peer pressure, poor decision making, and minimal consideration of negative consequences.

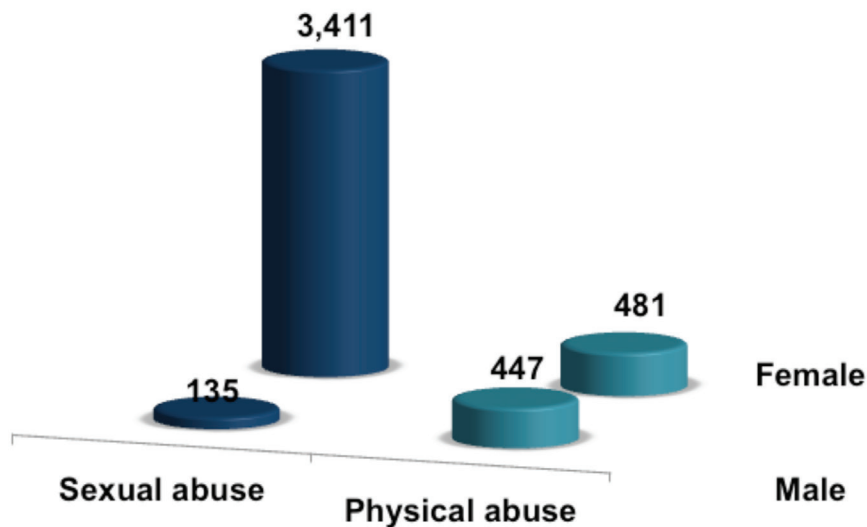
BREAKDOWN OF PHYSICAL AND SEXUAL ABUSE CASES BY AGE





Mandatory reporters under Republic Act 7610, e.g., doctors, nurses, and hospital administrators, rarely report.

BREAKDOWN OF CASES BY TYPE OF ABUSE AND GENDER OF VICTIM

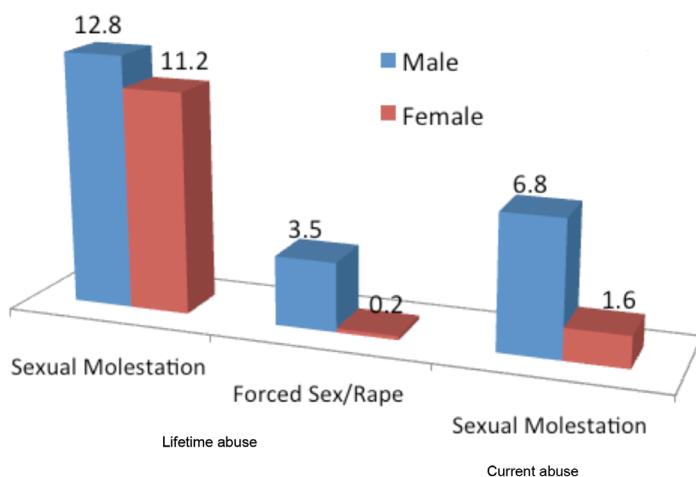


Most of the children seen by the CPUs are female. Underreporting is common for child victims of sexual abuse. It is more unrecognized in boys.

THE MALE CHILD VICTIM OF SEXUAL ABUSE

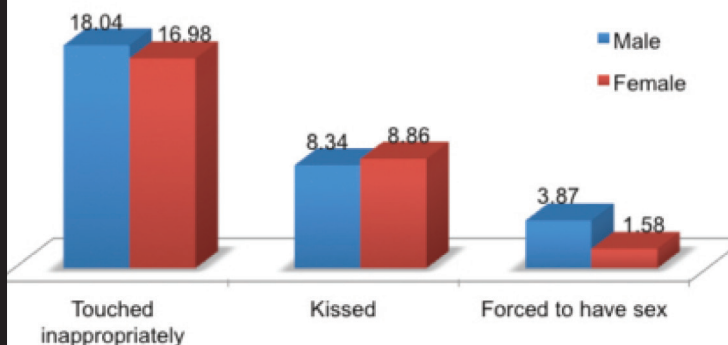
Research done by the Department of Health and Philippine Women's University show that more boys are sexually abused than girls.

PERCENTAGE OF SEXUAL VIOLENCE BY GENDER



Source: Philippine School of Social Work – Philippine Women's University Baseline Study on Violence Against Children in Public Schools, 2009

PERCENTAGE OF HIGH SCHOOL STUDENTS WHO EXPERIENCED SEXUAL VIOLENCE IN SCHOOL BY GENDER



Source: Department of Health Baseline Surveys for the National Objectives for Health 2005-2010

CLINICAL PROFILE OF THE MALE CHILD VICTIM OF SEXUAL ABUSE

A survey of 101 sexually-abused male children, with ages below 18 years old, seen in the child protection unit of a tertiary hospital between 2003 and 2007 showed:

- Mean age at first episode of sexual abuse is 10.1 years
- Several children reported after 1 episode of abuse (38.61%) and about the same number reported after ≥ 2 episodes (35.64%)
- Nature of sexual abuse:
 - 42.6% forced into oral sex
 - 39.6% disclosed anal penetration
 - 9.9% had concomitant physical abuse
- Most common perpetrators:
 - neighbors 31.7%
 - family friend 19.8%
 - stranger 13.86%
 - nuclear family 8.91%
 - authority figure 7.92%
- The perpetrators are male in 95% of cases
- While 33.7% were abused in the perpetrator's residence, 23.8% were abused in their own homes
- Despite disclosure of sexual abuse, findings consistent with sexual abuse (physical exam findings, positive laboratory cultures) were only seen in 21.8%

Herrin JC (2007)

FORENSIC EVIDENCE

DISCLOSURE PATTERNS OF SEXUALLY ABUSED FILIPINO CHILDREN

“Why only now?”

A study of disclosure patterns of 172 sexually-abused children, aged four to 17 years, who were evaluated in a multidisciplinary unit for child abuse and neglect in a tertiary hospital showed:

- Disclosures are more commonly elicited (47.1%) than voluntary (34.9%)
- The person children first disclose to are mostly female (89.4%); almost half disclose to their mother (46.8%)
- The rest disclose to other family members (32.6%) including siblings, aunt/uncle/ godmother, grandmother, father/ foster father, father’s partner, and cousins
- A few disclose to friends (12.06%)
- Only 37.2% of the children disclosed within 72 hours of the first/only incident
- Factors associated with delayed disclosure:
 - Children who disclose to a family member are 3 times more likely to delay disclosure
 - Those whose perpetrator is a family member are 4 times more likely to delay disclosure
 - Children who experienced verbal threats are 6.6 times more likely to delay disclosure

Hernandez SS, Madrid BJ, Castillo MS (2012)



GENITALIA FINDINGS AMONG PREGNANT, SEXUALLY ABUSED TEENAGERS

“Normal does not mean nothing happened”

A review of 153 cases of sexually-abused pregnant adolescents showed:

- Age at diagnosis: 15.69 years (mean), 16 years (mode), 15.5 years (median)
- The hymen is normal in about half (52.3%) of the cases

Makalinaw SR (2011)



FORENSIC EVIDENCE

Y-STR ANALYSIS STUDIES

Y-STR ANALYSIS FOR DETECTION AND OBJECTIVE CONFIRMATION OF CHILD SEXUAL ABUSE

- Y-STRs or *Short Tandem Repeats on the Y-chromosome* were detected in 24 of 26 child sexual assault (CSA) cases corresponding to a success rate of 92.3%
- Y-STR DNA markers were detected with post-coital intervals of up to 72 hours, regardless of external ejaculation and microscopic detection of sperm
- Useful in victims who do not have any previous sexual history as objective evidence of sexual contact

Delfin FC, Madrid BJ, Tan MP, De Ungria MA (2005)

Y-STR DNA ANALYSIS OF 154 FEMALE CHILD SEXUAL ASSAULT CASES IN THE PHILIPPINES

- Vaginal smears were positive for sperm cells in 23 out of 109 cases examined
- Male DNA was detected in vaginal swab samples from 63 child victims
- Positive amplification at 11 Y-STR DNA markers consistent with a single male DNA profile was observed in 39 cases
 - 28 of these full single Y-STR DNA profiles were found to be unique when searched in world wide Y-STR DNA population databases

Maiquilla SB, Salvador JM, Calacal GC, Sagum MS, Dalet MM, Delfin FC, Tabbada KA, Franco SL, Perdigon HB, Madrid BJ, Tan MP, De Ungria MC (2010)

ASSOCIATION BETWEEN COLPOSCOPIC ANOGENITAL FINDINGS AND Y-STR CONFIRMATION OF CHILD SEXUAL ABUSE AMONG CHILDREN SEEN AT THE PGH-CPU

- Out of 23 cases of CSA with Y-STR confirmation, only seven (7) had acute ano-genital injury documented by colposcopy within 72 hours of the incident.
- No association was found between positive Y-STR analysis and the presence of acute anogenital injury.

Guillermo AA, Baluyut ID, Madrid BJ, Tan MP, Delfin FC (2006)

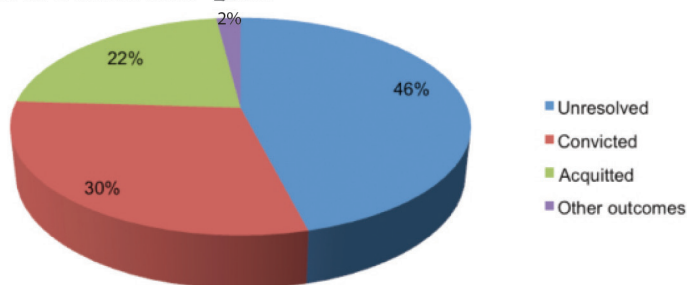


LEGAL OUTCOMES OF SEXUALLY ABUSED CHILDREN

In a mixed transdisciplinary study of child sexual abuse (CSA) cases seen in the PGH-CPU from 1997 to 2000:

- 15% of cases went to trial
- Factors associated with the case reaching court:
 - Self-referred patients were 4.8 times more likely to reach court
 - Patients evaluated within 72 hours from assault were 4 times more likely to reach court
 - Those with abnormal ano-genital findings were 2 times more likely to reach court, demonstrating the importance of physical findings for CSA cases to advance in the Philippine legal system

LEGAL OUTCOMES OF SEXUALLY ABUSED CHILDREN SEEN AT PGH-CPU FROM 1997-2000



Average duration of case resolution is 534 days for those with decisions. Note that 46% were still unresolved after three years.

At least half of the reasons for acquittal are either desistance or non-appearance in court by the victim.

- In the quantitative study, doctor's testimony was significantly associated with legal outcome ($p=0.001$)
- In the qualitative study, child's clear and credible disclosure was the most important determinant of legal outcome



A child protection specialist testifies before Regional Trial Court - Branch 199, Las Piñas City, a child-sensitive family court.

PERPETRATORS

PERPETRATORS OF PHYSICAL ABUSE 2012 WCPU REPORT

RELATIONSHIP TO THE VICTIM	NUMBER OF PERPETRATORS
Neighbor	169
Father	168
Mother	60
Unknown	54
Other relatives	50
Uncle/Aunt	49
Boyfriend	42
Grandparent	34
Stranger	32
Acquaintance	27

PERPETRATORS OF SEXUAL ABUSE 2012 WCPU REPORT

RELATIONSHIP TO THE VICTIM	NUMBER OF PERPETRATORS
Neighbor	729
Boyfriend	407
Acquaintance	285
Stranger	261
Father	259
Uncle	230
Unknown (no disclosure)	153
Other relatives	148
Step-parent	112
Friend	105



OTHER PERPETRATORS

FILIPINO ADOLESCENTS IN SEXUAL RELATIONSHIPS WITH OLDER MEN

A review of the cases of female patients, aged 12 to 18 years, who were seen at the PGH-CPU from January 2008 to December 2010 revealed:

- Teens who engaged in sexual relationships with adult males had a mean age of 15.3 years and low socio-economic status
 - 45% were out of school
 - 35% experienced abuse, usually in the family
 - 30% experienced domestic violence
- Older men had a mean age of 22.8 years and had sources of income
- Almost half (45%) of the sexual relationships were unwanted

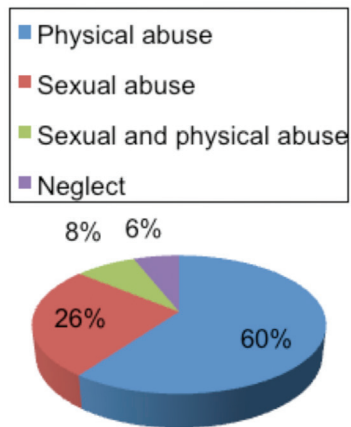
Ramboanga MP (2011)

PROFILE OF THE FEMALE ASSAILANT

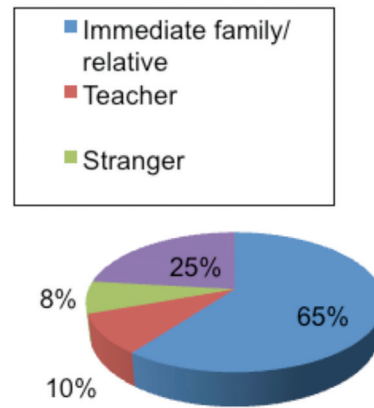
A look into the profile of female perpetrators from cases of child abuse and neglect seen at the PGH-CPU from January 2004 to October 2007 revealed:

- The alleged female perpetrators' age ranged from 12 to 78 years with mean age of 32.7 years, median age of 34 years, and mode of 53 years
- Most of the crimes committed by female perpetrators were physical abuse (60%)
- Majority of the crimes were committed by a member of the family (65%)

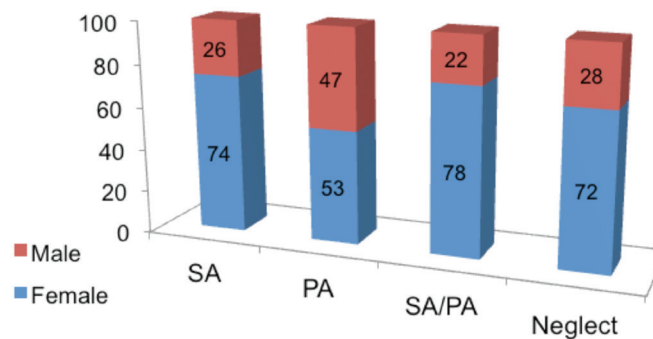
**FEMALE PERPETRATORS
BY TYPE OF ABUSE COMMITTED**



**FEMALE PERPETRATORS
BY RELATIONSHIP TO CHILD**



**PERCENTAGE DISTRIBUTION OF FEMALE PERPETRATORS
BY TYPE OF ABUSE AND SEX OF VICTIM**



PERPETRATORS

CHILDREN WHO SEXUALLY ABUSE OTHER CHILDREN

Using a case study method, an exploratory and descriptive study of 42 children, aged seven to 16 years, who sexually abused other children seen at the PGH-CPU from January 1998 to May 2000 revealed:

- Socio-demographic profile of the respondents
 - Most had working mothers;
 - Their victims were mostly below five years old;
 - All of them knew their victims, most often as neighbors.
- Circumstance of abuse
 - The most common abusive incident was simulated or attempted penetration;
 - The abuse occurred during playtime in 34% of the cases, while 24% happened when the victim was in the care of the respondent;
 - The victims were brought to isolated places in 26% of the cases.
- Factors that contribute to sexually-abusive behavior
 - Individual factors included poor school performance (43%), developmental delay (17%), intellectual disability (7%), and illness or met an accident in early childhood (38%);
 - o Most of the respondents were characterized by poor impulse control and poor problem-solving skills;
 - o The discipline they received was punitive; thus, their perception that physical punishment is appropriate;
 - o More than half (54%) had a father who abused alcohol;
 - o The most commonly expressed family difficulty was financial; and
 - o A significant number of the respondents engaged in some form of vice (e.g., drinking, gambling, smoking, drug use), experienced conflictive family relationships and domestic violence, and suffered physical abuse;
 - All the respondents had been exposed to vices and violence in their communities;
 - Half of them have been exposed to pornographic materials.

Rubia DB (2002)

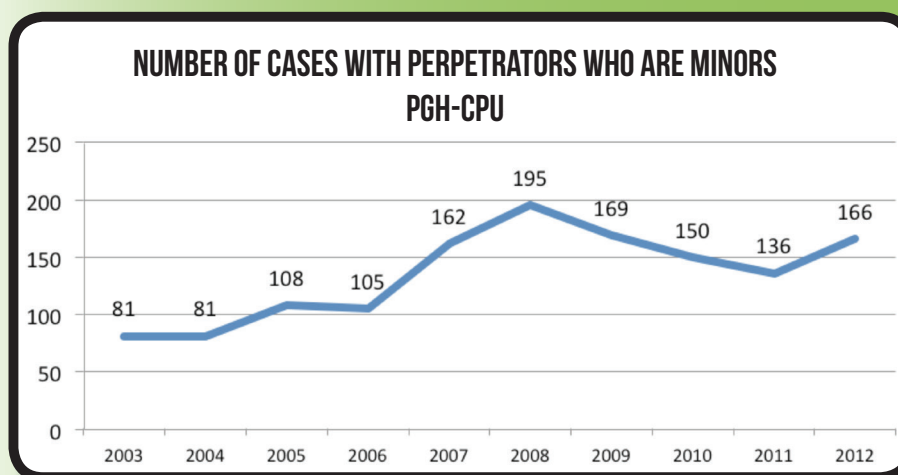


CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS/JUVENILE SEXUAL OFFENDERS

A study of 515 children who sexually abused other children who were seen at the child protection unit of a tertiary government hospital from January 2003-January 2007 showed:

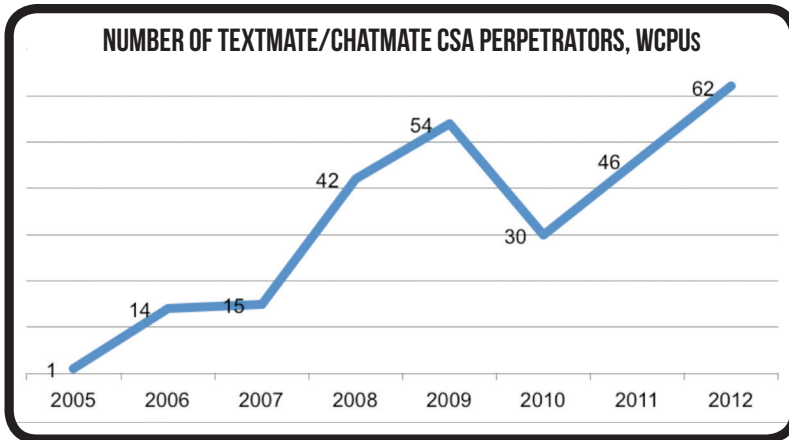
- The youngest children with sexual behavior problems were 4 years old (6/515)
- Most common relationship to victim
 - neighbor (42%)
 - cousin (15%)
 - friend (12%)
 - acquaintance (11%)
- One (1) out of ten experienced physical abuse while some were exposed to pornography and other sexual acts (8%), family violence (2%), and sexually abused (3%)
- Almost half (45%) are out of school
- Several have conduct disorder (6%)
- Substance use among the offenders
 - alcohol (20%)
 - rugby (10%)
 - marijuana (1%)
 - shabu (0.5%)
- Other crimes:
 - theft and robbery (2.1%)
 - unspecified crime (3.6%)

Aro, SV (2007)



The number of perpetrators who are minors doubled over the past decade.

PERPETRATORS



CHILD SEXUAL ABUSE THROUGH MOBILE PHONES

Of 2,912 cases of child sexual abuse (CSA) seen at PGH-CPU from January 2003 to August 2008, there were 68 cases involving the use of mobile phones.

- Age of victims: Mean 15.04 years, median 16 years, mode 16 years
 - There was only one male victim
- Age of perpetrators ranged from 16 to 38 years with a mean of 23 years
 - There was only one female perpetrator
- Relationship of alleged perpetrators to victims
 - Boyfriend/girlfriend through text messaging (27.9%)
 - Textmates (23.5%)
 - Neighbors (8.8%)
 - Acquaintances (7.4%)
 - Friends (5.9%), suitors (5.9%)
- Victims were related or at least acquainted with their alleged perpetrators for as short as a few hours to two years
- Mobile phone as a tool for commission of CSA
 - Through exchange of text messages (87%)
 - Used as a bribe in exchange for a sexual favor (7%)
 - In one case, used as a device to record a video of a naked victim

Fresco KM, Castillo MS, Baluyut ID, Tan MP (2008)

RISKY ONLINE BEHAVIOR OF 3RD TO 4TH YEAR HIGH SCHOOL STUDENTS

A survey of 224 public and private junior and senior high school students in Metro Manila showed:

- 23% are victims of internet harassment, 50% experienced sexual solicitation, and 28% experienced both
- Factors associated with internet harassment and sexual solicitation include:
 - Those who send personal information online, chat with unknown people and have many unknown people in friends list are 2 times more likely to experience internet harassment and sexual solicitation
 - Those who visit X-rated web sites are 4 times more likely to be victims of internet harassment and sexual solicitation

Flores MA, Tan MP (2009)



PREVALENCE

ADVERSE CHILDHOOD EXPERIENCES (ACE) AND HEALTH-RISK BEHAVIORS AMONG ADULTS IN A DEVELOPING COUNTRY SETTING

PREVALENCE OF ACE DURING THE FIRST 18 YEARS OF LIFE	
CHILDHOOD ABUSE	PERCENTAGE (N=1068)
Emotional	22.8
Physical	1.3
Sexual	5.2
Physical neglect	22.5
Psychological neglect	43.6

PREVALENCE OF EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES	
CHILDHOOD ABUSE	PERCENTAGE (N=1068)
0	26.8
1	24.7
2	18.8
3	13.8
4 or more	9.2

75% had at least one ACE

PREVALENCE OF HOUSEHOLD DYSFUNCTIONS	
CHILDHOOD ABUSE	PERCENTAGE (N=1068)
Illicit drug use	7.5
Alcohol abuse	36.2
Mental illness	6.2
Mother treated violently	17.7
Incarcerated household member	4.8
Parental separation or divorce	10.0

RESULTS OF THE METRO MANILA ACE STUDY

- Those who were sexually abused are:
 - 12 times more likely to engage in early sex;
 - 9 times more likely to have early pregnancy; and
 - 5 times more likely to commit suicide.
- Individuals who felt that they were not loved during childhood are:
 - Twice as likely to smoke, use illicit drugs, have early sex and multiple sex partners; and
 - 5 times more likely to commit suicide.
- Strong graded response between number of ACEs and poor health
 - Bronchitis/emphysema
 - Asthma
 - Ischemic heart disease
 - Hypertension
 - Tuberculosis
 - Skin problems
 - UTI
 - Liver problems
 - Gastrointestinal problems: Ulcers, constipation, indigestion
 - Depression

RISK FACTORS

RISK FACTORS OF RE-ABUSE

A case-control study of 114 patients seen at PGH-CPU from 2004 to 2008 to determine the rate and factors that increase risk for maltreatment recurrence showed:

- Rate of re-abuse at 1.1%
- On chi-square test, four factors were found to be significantly associated with re-abuse:
 1. Non-nuclear family structure (children with single parents, extended families, and adoptive families)
 2. Non-traditional living arrangement (children left under the care of guardians/relatives or placed in foster homes/orphanages)
 3. Presence of child disability or behavioral problem (children with mental delay and conduct disorders)
 4. Non-imprisonment of the perpetrator
- After logistic regression analysis, prior history of maltreatment is the only significant factor contributing to re-abuse ($p=0.001$)

Roxas MM (2008)

DRUG-FACILITATED SEXUAL ASSAULT

A review of 474 cases of sexual abuse involving females aged 11 to 18 years seen at the PGH-CPU in 2009 showed:

- Drug-facilitated sexual assault prevalence rate of 13.9%
- Majority are 14 to 16 years old (68.18%)
- Most are enrolled (59%), the rest are out of school
- Alcoholic beverages are the most common substance taken immediately prior to the assault (59 out of 66 cases)
 - Includes beer, brandy, vodka, tequila
 - Usually during parties and drinking sessions
- Some patients recalled substances placed in their drinks including Valium, MSG, and unknown tablet
- Only 8 out of 66 were aware that their drink was drugged
- Mean number of assailants was 2
- Assailants were mostly related to their victims
 - Includes friend, neighbor, classmate, boyfriend (with no previous sexual relation), and ex-boyfriend
 - Assailants “met for the first time” included textmates and chatmates (3.04%)

Madriñan SL (2011)



THERAPY

VISUAL ARTS AND POETRY AS THERAPEUTIC INTERVENTIONS WITH ABUSED ADOLESCENTS

Among adolescents with history of abuse who underwent eight sessions of visual arts or poetry interventions:

- Visual arts interventions was significantly effective in alleviating symptoms of post-traumatic stress disorder (PTSD) but not of depression
- Poetry intervention was significantly effective in alleviating symptoms of depression but less so in treating PTSD

Evangelista GB (2013)



PREVENTION

CHILD MALTREATMENT IN THE PHILIPPINES: A SITUATIONER

- The Philippines has sufficient laws, policies, and programs on child protection but with limited funds and trained personnel.
- With the devolution of health and social services, the implementation and support for programs focused on prevention of child abuse and neglect are lacking.

Madrid BJ, Ramiro LS, Hernandez SS, Go JJ, Basilio JA (2012)

TRAINING NEEDS

KNOWLEDGE, ATTITUDES AND EXPERIENCE IN CHILD ABUSE AND NEGLECT AMONG PEDIATRIC RESIDENTS

In a survey of 148 Pediatrics residents from 52 Phase I-III Philippine Pediatrics Society (PPS)-accredited hospitals:

- 26% acknowledged a CPU in their hospital
- 71% acknowledged a child abuse and neglect management team
- Most performed history taking but only 82% performed physical exam and only 30% performed gynaecologic exam
- Nine out of 10 respondents felt that their training in evaluation and management of child abuse and neglect is lacking
- Almost all wanted more training in evaluation and management

Dumbrique LB, Tan MP, Abad LR (2009)

CHILD ABUSE AND NEGLECT CURRICULA IN PEDIATRIC RESIDENCY TRAINING PROGRAMS

In a survey of 21 chief residents of PPS-accredited Pediatrics residency training programs in National Capital Region:

- 95% reported no existing curricula on child abuse and neglect
- Mandatory rotations in child abuse and neglect are not routinely offered
- 48% of chief residents perceived their residents were somewhat well prepared and 33% perceived them as not well prepared in identifying and evaluating patients for child abuse and neglect
- Most common aspect of training needing improvement was time schedule for training and expertise of the child abuse and neglect providers

De la Paz AM, Tan MP, Madrid BJ (2007)

NEW DEVELOPMENT

A "Problem-Based Training Manual on the Protection of Women and Children from Domestic Violence for Resident Physicians in Pediatrics and OB-Gynecology" was created through a partnership among the Department of Health, UP Manila National Teachers Training Center, and Child Protection Network Foundation.

PUBLISHED RESEARCH

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RESEARCH BY UP-PGH PEDIATRICS RESIDENTS AND FELLOWS

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Hernandez SS, Madrid BJ, Castillo MS. (2012). Disclosure patterns of sexually abused Filipino children evaluated in a multidisciplinary unit for child abuse and neglect in a tertiary hospital. Unpublished manuscript, University of the Philippines Manila-Philippine General Hospital, Manila, Philippines.

Herrin JC. (2007). Five years of abuse: A clinical profile of the male sexual abuse victim seen at the child protection unit of a tertiary hospital between 2003 and 2007. Unpublished manuscript, University of the Philippines Manila-Philippine General Hospital, Manila, Philippines.

Madrinan, SL. (2011). Clinical profile of drug-facilitated sexually assaulted female adolescents at the Child Protection Unit of the Philippine General Hospital from January 1, 2009 to December 31, 2009. Unpublished manuscript, University of the Philippines Manila-Philippine General Hospital, Manila, Philippines.

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Roxas MM. (2008). Identifying risk factors of re-abuse in children and adolescents seen in Philippine General Hospital-Child Protection Unit from 2004-2008. Unpublished manuscript, University of the Philippines Manila-Philippine General Hospital, Manila, Philippines.



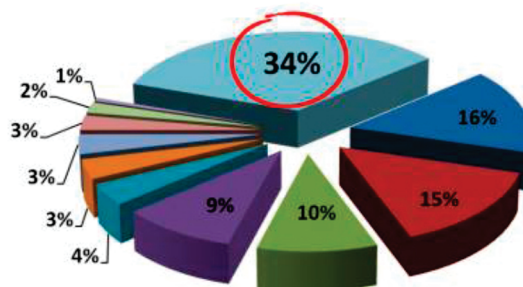
DCS John Carnochan shares the Story of David.

The 4th Ako Para sa Bata Manila Conference was held at the SMX Convention Center on December 5-7, 2012. In partnership with UK Embassy-Manila, Detective Chief Superintendent John Carnochan, Head of the Violence Reduction Unit of Scotland, gave the Keynote Plenary Lecture. *"David's Story: Born to Fail, The Perfect Storm"* illustrates how a 15-year-old boy can commit homicide. It provided a public health framework in the prevention of children coming in conflict with the law and reducing violence.

The participants rated as "excellent" the plenary lectures given by Dr. Cornello Banaag, Dr. Alexis Reyes, and Prof. Lourdes "Honey" Carandang. They tackled the developmental issues of children and adolescents and the effects of family and the environment on behavior outcomes. Adrian Nerja, a street educator of Child Hope Philippines, was the inspirational speaker. He embodied the message of the conference that it is possible to be transformed with the help of caring adults.

DELEGATES' PROFILE

34% of the delegation are social workers



- Social Workers
- Government Officials / Employees
- Guidance Counselors
- Law Enforcers
- Psychologists
- Others
- Non-government organizations
- Medical Practitioners
- Academics
- Judges / Prosecutors / Lawyers
- Clergy people

2012 MANILA CONFERENCE



Dr. Florenzo Tienzo receives the 2012 Most Valuable Partner Award for WHO from CPN Board Member, British Ambassador Stephen Lillie.

The World Health Organization (WHO): Philippine Country Office and the Department of Violence and Injury Prevention and Disability in Geneva, is the 2012 CPN Most Valuable Partner Awardee. WHO was cited for its work in the primary prevention of child maltreatment.

On December 7, 2012, CPN's partner organizations held intensive post-conference workshops to impart specific skills to participants. These partners were Philippines Society for Child and Adolescent Psychiatry (PSCAP), Society of Adolescent Medicine of the Philippines, Inc. (SAMPI), Medical City Center for Developmental Pediatrics, UP-PGH Section for Developmental Pediatrics, Philippine Society for Developmental and Behavioral Pediatrics (PSDBP), MLAC Institute for Families, PsychConsult, Inc., and Juvenile Justice and Welfare Council (JJWC).

MVP Awardees

2005 - The British Embassy
2006 - UNICEF Manila
2007 - Plan Philippines
2008 - Philippine Judicial Academy
2010 - Consuelo Foundation
2011 - Philippine National Police
2012 - World Health Organization

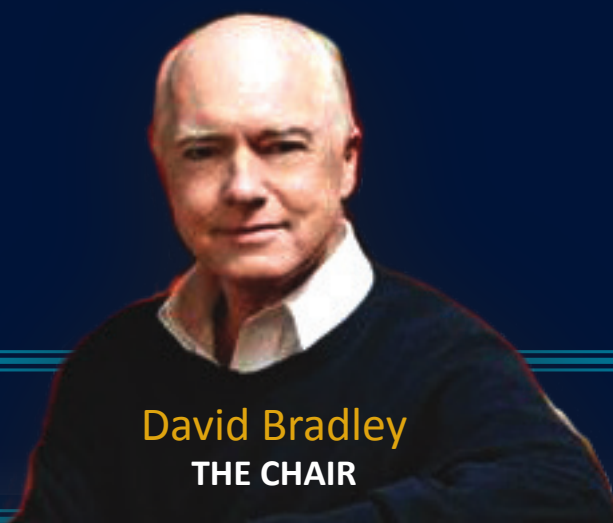


The Manila Conference organizing committee members and volunteers pledge to protect the child. Kami para sa bata!

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IN HONOR OF

Jessie Lichauco



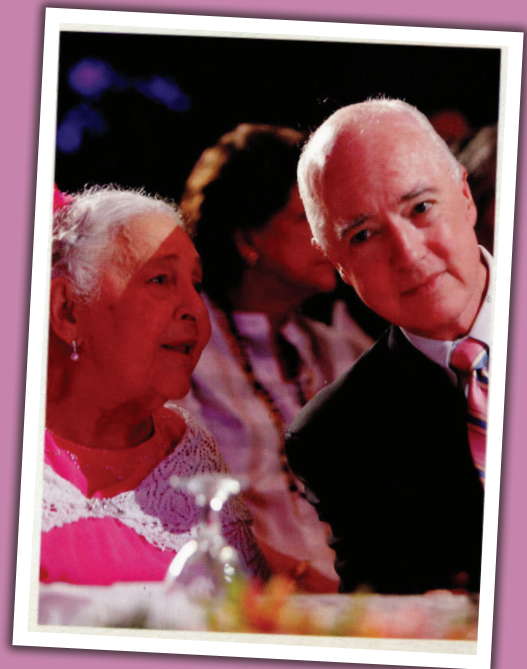
Tita Jessie is 100 years old.

Japanese occupation, 1943, Jessie takes in as her own seven children whose various parents were killed or interned in Santo Tomas. Six of the seven live with her through the war. American liberation, 1945, Jessie and her family convert their house and grounds into a refugee hospital for those in flight from Paco, Ermita and Malate. February 11- 113 refugees in residence. February 19- 200. February 24- 800. For the next 35 years, Jessie serves Manila's settlement house for abused, abandoned and distressed children. Across 50 years, Jessie shelters, funds or educates in Manila, London, and Boston, over 100 students, I was one of these fortunate students.

There is no forethought in Jessie's kindness. No broad plan or tethering to a larger purpose. This is charity in the instant. One thousand good deeds across 84 years. All in the moment. It is the private charity of a deeply good woman.

This Child Protection Unit and the Professional Chair awarded to its director are in Jessie's honor."

"In candor, I was better off than the rest when taken under this good woman's charge. American. Twenty-four. Posted to the Philippines on a year's scholarship and armed with my father's American Express card. I arrived in the Philippines without introduction. For no reason, save she knows no other course, Jessie Lichauco added me to her family that first night. I left a year later. I was neither the first nor last. I stood, in 1977, midway and inconsequential in a life's work of astonishing charity. I recount here only the fraction of the story I know.



Tita Jessie and David Bradley

David G. Bradley

October 1, 1998

2012 FINANCIAL REPORT

CHILD PROTECTION NETWORK FOUNDATION, INC.
(Formerly Child Protection Unit Network Organization, Inc.)
(A Non-Stock, Non-Profit Organization)
STATEMENTS OF INCOME AND FUND BALANCE
 For the Years Ended December 31, 2012 and 2011
 (In Philippine Peso)

	NOTES	2012	2011
INCOME			
Donations	14	17,643,327	21,578,146
Other income	16	1,312,354	1,780,878
		18,955,681	23,359,024
EXPENSES			
Program expenses	15	17,797,624	16,421,810
Administrative expenses	17	2,036,061	1,664,050
		19,833,685	18,085,860
EXCESS(DEFICIENCY) OF INCOME OVER EXPENSES		(878,004)	5,273,164
FUND BALANCE AT BEGINNING OF YEAR		21,364,653	16,091,489
FUND BALANCE AT END OF YEAR		20,486,649	21,364,653

CHILD PROTECTION NETWORK FOUNDATION, INC.
(Formerly Child Protection Unit Network Organization, Inc.)
(A Non-Stock, Non-Profit Organization)
STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCE
 December 31, 2012 and 2011
 (In Philippine Peso)

	NOTES	2012	2011
A S S E T S			
Current Assets			
Cash	7	20,969,023	22,345,955
Prepayments and Other Current Assets	8	719,451	377,035
		21,688,474	22,722,990
Non-current Assets			
Property and equipment - net	9	21,760	39,116
Intangible assets - net	10	54,000	67,500
		75,760	106,616
TOTAL ASSETS		21,764,234	22,829,606
LIABILITIES AND FUND BALANCE			
LIABILITIES			
Current Liability			
Trade and other payables	11	777,885	1,464,953
Non-current Liability			
Deferred revenue	12	500,000	-
TOTAL LIABILITIES		1,277,885	1,464,953
FUND BALANCE		20,486,349	21,364,653
TOTAL LIABILITIES AND FUND BALANCE		21,764,234	22,829,606

DONORS

As of December 31, 2012

Child Protection Network recognizes and appreciates the following individuals and institutions for their generosity.

THANK YOU

for helping us fulfill our mission.

Anna Timbol, UST Architecture Batch '86 and SYAMRA
Boy Abunda
Carmen Carlos
Charlemagne Yu
Cynthia Bernabe
David Bradley
David Cuyukiat
Dee Ann Hora Zobel
Divina and Uy Law
DMCI Project Development
Department of Social Welfare and Development
Eva Lichauco
Sen. Francis "Kiko" Pangilinan
Gabby Millar
Atty. Gisela "Ging" Montinola
Government Service Insurance System
Janssen
JC Concepcion Law
Jessie Lichauco
J.E. Manalo & Co., Inc.
John & Ann Hawkin
Johnny Velasquez
Jun & Pia Sy
Juvenile Justice and Welfare Council
Letty Tan
Lizzy Razon

Lourdes Carlos
Lourdes Ledesma
Lydia Sague
Malu & Mylu Lichauco
Mario Jose
Marivic Rufino
Mary de Leon Rufino
Michael & Papat Escaler
Otsuka
PGH Medical Social Services
Philippine Development Foundation
RCBC
Ricardo F. Sison
Ricky Lo
Rogelio Singson
SEC. Chair Teresita Herbosa
Atty. Sigfrid Fortun
SM Foundation, Inc.
The British Embassy-Manila
The Medical City
Tess Galoso
Time Frame Media
Tito & Patis Tesoro
Tridharma Marketing Corporation
Tower Club, Inc.
Zephyrus, Inc.

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.

A collage of children's drawings and messages. At the top left, the text "CHILDREN'S MESSAGES" is written in large, bold, white letters. Below it, there are several drawings and messages. One drawing features a yellow background with a green border, a central circle containing the word "ME", and various geometric shapes with names like "Bibay", "Nana", "Papa", "Mama", "Kuya", and "Ate". Another drawing shows a blue bird wearing a mask and a pink heart. A central drawing depicts a house with stick figures inside and outside, with the text "One Big Happy Family" written above it. To the right, there are handwritten messages in Tagalog, such as "Sana, mabigyan ng karampatang panalo sa taong gumawa ng hindi maganda sa akin." and "Sana, maging madyas na ang lahat at maging panatag ang isipan ko." Below these, there is a drawing of a person with a large, colorful, and expressive face. At the bottom, there is a drawing of a family of stick figures holding hands, with the word "FAMILY" written in large letters. To the right of this, there is a drawing of a person with a large, colorful, and expressive face, and a message in English: "Even though we don't see each other, But I know, that we love each other." The bottom left corner of the page features the number "36" in a large, white font.

115 Niddbat ko na ang diting pangarap.

...aring pangorap.

One Big
Happy
family

ing din akong
gkaibigan,
akong
sa
ruon

M
Mahi
Makul
Mahili
Hong- O
Friend

Ganyan Tin
Ga Akin! "

Kahit moarin
Bano

3rd-4th
Ft. Caldeken High School.

kari na di panin korana
 di papa dite, kome ay stay strong
 mama
 the
 Jachne
 Wala
 Jomalia Jaymin
 at Pangarap ko, maging successful sa buhay. Di lomag liyan, someday makata uwi na di papa dite, at kome na mag-atalaga samula.

malayo ri papo, nag-daral
mabuti.
mama at papa.

Even though we don't see each other,
But I know, that we love each
other.

kanit si Pape
Noglatrahane
Jhang Bansa
sa Amin

kahet na um
si Papa va pi
I know, ~~the~~ may
ndan

MAJOR PARTNERS IN TRAINING

As of December 31, 2012



PROTECTING THE CHILD FROM THE MANY FACES OF ABUSE 2012



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