PROTOCOL FOR CASE MANAGEMENT OF CHILD VICTIMS OF ABUSE, NEGLECT, AND EXPLOITATION

Committee for the Special Protection of Children

Contents

MESSAGES

Message from the Secretary of Justice	5
Message from the Secretary of Social Welfare and Development	6
Acknowledgment	7
CSPC Committee Resolution No. 1	8
THE CSPC PROTOCOL	
Introduction	10
Case Management	11
Who May Report and to Whom May One Report a Case of Child Abuse	14
The Mandatory Reporters	15
Reception of a Report	15
Reporting at the Barangay	15
Reporting to and Investigation by Law Enforcement Agency	17
Complementary Roles of DSWD and the LSWDO	19
Intake Interview and Assessment by Social Worker	20
Rescue of a Child Victim	22
Protective Custody and Involuntary Commitment	23
Medical Evaluation / Medico-Legal Examination	26
Joint Interview	27
Multi-disciplinary Case Conference	29
Inquest / Preliminary Investigation	32
The Role of the Social Worker and the LEO at Inquest or Preliminary Investigation	34
Trial	36

Contents

The Role of the Social Worker before and during Trial	36
The Role of the LEA during Trial	37
The Role of the Public Prosecutor before and during Trial	37
The Role of the Judge and the Court Staff	39
Healing, Recovery, and Reintegration	41
ANNEXES	
Annex A: Sample Interview Sheet	47
Annex B: Sample Consent Form for Medical Exam	49
Annex C: DOJ Circular No. 55	50
Annex C-1: DOJ Memo No. 87	52
Annex D: Guide for Media Practitioners in the Reporting and Coverage of Cases Involving Children	54
Annex E: DOJ Circular No. 70	61
Annex E-1: DOJ Circular No. 77	63
Annex F: DOJ Circular No. 54	64
Annex G: Sample application for victim's compensation or financial assistance	65
Annex H: List of NGOs Providing Services to Child Victims of Abuse, Neglect, and Exploitation	67
Annex I: Directory of Women and Child Protection Units	84
Annex J: Republic Act 7610	89
Annex K: Implementing Rules and Regulations of Republic Act 7610 on Reporting and Investigation of Child Abuse Cases	103
Annex L: UN General Comment No. 13 on UN CRC Article No. 19	109

Message

On June 17, 1992, a special legislation was created to further protect the Filipino children from all forms of abuse, neglect, and exploitation. Since then and because of Republic Act 7610, a lot of changes have taken place. The government and its different branches have issued laws, rules, resolutions, and guidelines championing rights of children. One such child-friendly measure is the creation of the Committee for the Special Protection of Children (CSPC).

As the Chairperson of CSPC, the launching of the Protocol on Case Management of Child Victims of Abuse, Neglect, and Exploitation is a definite step forward in the expansion of the protective net for our children. Its formulation not only manifests the Aquino administration's prioritization of children's issues and needs; it also highlights an ideal consultative and participative process as gleaned from the series of workshops and consultations undertaken with stakeholders.

The Protocol is also a platform for partnership. The DOJ continues to stand shoulder to shoulder with the Department of Social Welfare and Development and the Department of the Interior and Local Government and all its other partner in the advocacy for children. Let us continue to close ranks to ensure no child falls through the cracks of our system.

Unquestionably and unconditionally, we want all children, regardless of class, creed, or gender, to achieve their full potential, which is often curtailed and impeded by deficiencies in education, status, or circumstance. More so, we do not wish that our children's development be derailed by abuse, neglect, and violence. This has been among the advocacies close to my heart, being the former Chairperson of the Commission on Human Rights.

While the Case Management Protocol is an undeniable victory, it is only the beginning. Much needs to be done. The illness that is child abuse requires of us the social imagination, legal innovation, and above all, political will, particularly in the development and implementation of standards, institutional mechanisms, investigative and prosecutorial protocols, and a monitoring system that will not allow any child to be invisible. Our multi-disciplinary approach should exude a spirit showcasing the caring hands of the Philippine society at work.

In this era of inclusive growth, we consider the prioritization of the children's welfare as one of the core components of our national growth, that when the Philippines moves forward to economic progress and stability, the children are also afforded the chance for upward mobility.

Kahlil Gibran puts it so eloquently, this challenge that is before us: we are the bows from which our children as living arrows are sent forth. In every step of this advocacy, we further strengthen that emblematic bow, so that in our collective effort to do right by our children, we set them off to a future that is promising, bright, and meaningful.

Congratulations to all those who labored and worked earnestly in the formulation of the Protocol! Mabuhay ang batang Pilipino!

LEILA M. DE LIMA

feeladeline

Chairperson, Committee for the Special Protection of Children

Secretary, Department of Justice

Message

Sunflower greetings!

I would like to congratulate the Committee for the Special Protection of Children for coming up with the Protocol on Case Management of Child Victims of Abuse, Neglect, and Exploitation. This effort manifests the Committee's commitment to its mandate under Executive Order No. 53 and Republic Act 7610 to ensure that children are protected from anything that can damage their normal growth and development.

The Protocol is highly relevant because it addresses long-standing challenges in responding to cases of abuse, neglect, and exploitation. Although not in all cases, it is still a common notion that the general public still experiences confusion relative to reporting child abuse cases; when duty-bearers fail to immediately respond to a case because of unclear delineation between and among government agencies, and non-observance of appropriate referral processes. These challenges undermine the overall effort of the government to ensure the protection of all Filipino children because they delay the immediate rescue of a child, the investigation and prosecution of a case, and the delivery of appropriate healing, recovery, and reintegration interventions.

With the Protocol, we can now immediately identify which agencies are responsible for the type of action, align our actions with existing laws, and improve our working relationship, thus resulting in better and faster responses.

May this Protocol be a sign of the strengthening of our commitment to provide the best future possible to the Filipino children.

CORAZON JULIANO-SOLIMAN

gold when

Co-chair, Committee for the Special Protection of Children Secretary, Department of Social Welfare and Development

Acknowledgment

The Committee for the Special Protection of Children (CSPC) wishes to thank those whose participation and inputs in the validation workshops on this Protocol held in Manila, Subic, Davao City, and Iloilo City have enriched this document. Their eagerness and enthusiasm to participate and be counted as contributors in this first-ever kind of a multi-disciplinary approach to effectively manage cases of child sexual and commercial exploitation and other abuses was really instrumental in its realization. Their insights on their experiential knowledge have indeed brought about a practical and fresh dimension to this work.

We are also grateful to Atty. Amy Avellano and former Social Welfare Undersecretary Lourdes Balanon for lending us their expertise and their vast experience in dealing with abuse and exploited children. They have, indeed, been very helpful in crafting this manual. They have successfully translated all stakeholders' visions and ideas into this tangible tool that will help the child cope with the most unfortunate and traumatic experience of a life when victimized by man's bestiality and insensitivity.

We also acknowledge the members of the CSPC who spent long hours in laying out the substance in this manual depriving themselves of what could have been a pleasurable backdrop in workshops held to put this Protocol together.

Most of all, we would like to thank the Almighty for revealing to us the inspiration of drawing up a most relevant instrument needed for the transformation in the manner of treating and mending the life of a broken child, through the attainment of justice. To Him be the glory and honor.

LEAH C. TANODRA-ARMAMENTO

Chair-designate, Committee for the Special Protection of Children

Undersecretary, Department of Justice

COMMITTEE FOR THE SPECIAL PROTECTION OF CHILDREN

Department of Justice, Padre Faura, Manila

COMMITTEE RESOLUTION NO. 1 Series of 2013

A RESOLUTION APPROVING THE PROTOCOL FOR CASE MANAGEMENT OF CHILD VICTIMS OF ABUSE, NEGLECT, AND EXPLOITATION

WHEREAS, the Committee for the Special Protection of Children (CSPC) was created by virtue of Executive Order 275 s. 1995, amended by Executive Order 53 s. 2011, chaired by the Department of Justice (DOJ) and co-chaired by the Department of Social Welfare and Development (DSWD);

WHEREAS, the major function of the Committee as amended is legal protection for children and pursuant thereto, a protocol was formulated for capability building of duty bearers and other stakeholders with emphasis on multi-disciplinary approach so as to synchronize and harmonize actions on legal protection;

WHEREAS, the CSPC led in the formulation of the Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation;

WHEREAS, cluster and national consultations were conducted especially with partners who have critical roles to ensure integration of their inputs especially those based from actual experiences;

WHEREAS, this Protocol will serve as a guide for all concerned government agencies, non-government organizations, and other stakeholders; highlight their roles and responsibilities from reporting or referral of a child abuse case until its termination, ensure that child victims are dealt with in a most child-sensitive and appropriate manner;

NOW THEREFORE, BE IT RESOLVED AS IT IS HEREBY RESOLVED, by the members, that the said Protocol be approved and adopted as an integral part of operational procedures, policies and rules of their respective agencies;

RESOLVED FURTHER, that all members of the CSPC shall issue corresponding issuances to implement the Protocol.

Adopted this 31st of May in the year of our Lord, Two Thousand and Thirteen, City of Manila.

SEC. LEILA M. DE LIMA

Chairperson
Department of Justice

SEC. CORAZON JULIANO SOLIMAN

Co-Chair

Department of Social Welfare and Development

CHAIRPERSON LORETA ANN ROSALES

Member

Commission on Human Rights

SEC. ROSALINDA DIMAPILIS-BALDOZ Member Member Department of Labor and Department of Foreign Affairs Employment SEC. RAMON R. JIMENEZ SEC. MANUEL A. Member + Member Department of Tourism Department of the Interior Local Government SEC. BRO. ARMIN A. LUISTRO SEC. ENRIQUE T. ONA Member Member Department of Health Department of Education DIRECTOR NONNATUS CAESAR R. ROJAS COMM. RICARDO A. DAVID JR. Member Member National Bureau of Investigation Bureau of Immigration 1. 11.1 POLICE DIRECTOR ALLAN LM PURISIMA PROS. GEN. CLARO A. ARELLANO Member / Member National Prosecution Service Philippine National Police EXECUTIVE DIRECTOR DOLORES SD. ALFORTE Member Member Child Protection Network Foundation, Inc. **ECPAT Philippines** BISHOP DANIEL ARICHEA, JR. Member Philippine Inter-Faith Network for Children

Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation

Introduction

The Committee for the Special Protection of Children (CSPC), pursuant to its mandate under Executive Order 53 dated 11 August 2011¹ issues these 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 is a set of standards to ensure the protection of the rights of child victims of abuse, neglect, and exploitation.

The Protocol is a product of CSPC's consultations and workshops with various stakeholders on the implementation of Republic Act 7610: An Act Providing for Stronger Deterrence and Special Protection against Child Abuse, Exploitation and Discrimination, Providing Penalties for its Violation and for Other Purposes and its Implementing Rules and Regulations.

The Protocol highlights the roles and responsibilities of government agencies and their partners, from reporting or referral of a child abuse case until its termination, ensuring that child victims are dealt with in a most child-sensitive and appropriate manner.

Child victims are those who are:

Abused – physical, sexual, emotional, and psychological abuse;

Neglected – abandoned and those deliberately unattended by their parent/s or guardians;

Exploited – commercial sexual exploitation (prostitution and pornography), economic exploitation (child labor), trafficked children and other exploitative situations.

The CSPC developed a Flowchart on Management of Child Abuse Cases (Figure I) to illustrate the different stages of a case. Using the algorithm as guide, the Protocol will show how the different government agencies and their partners can either work independently or in coordination with each other. The Protocol also provides guidelines to be observed when assisting a victim of child abuse, neglect, or exploitation.

¹ Strengthening the Committee for the Special Protection for Children Amending for this Purpose Executive Order 275 series of 1995

Case Management

Case management is a procedure to plan, seek, and monitor services from different social agencies and staff on behalf of a client. Usually, one agency takes primary responsibility for the client and assigns a case manager who coordinates services, advocates for the client, sometimes controls resources and purchases services for the client (Barker 2003).

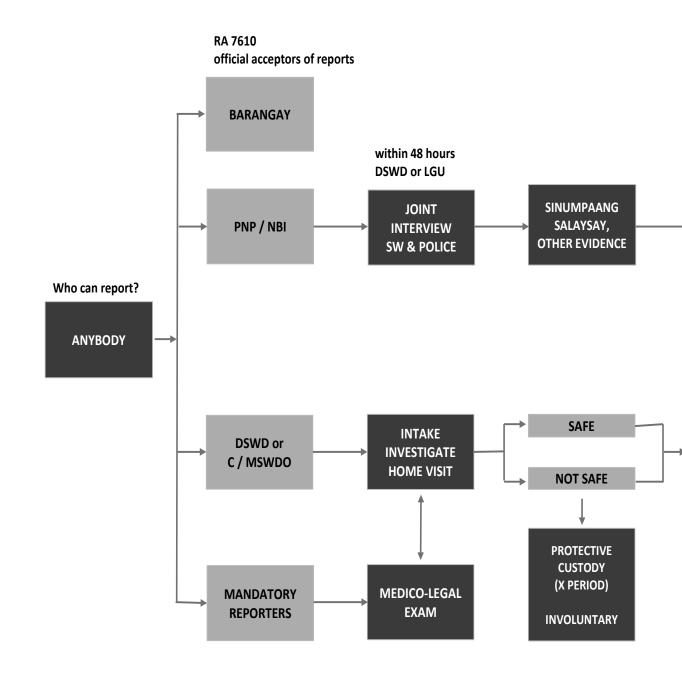
The following approaches are hereby adopted in the management of cases of child abuse, neglect, and exploitation:

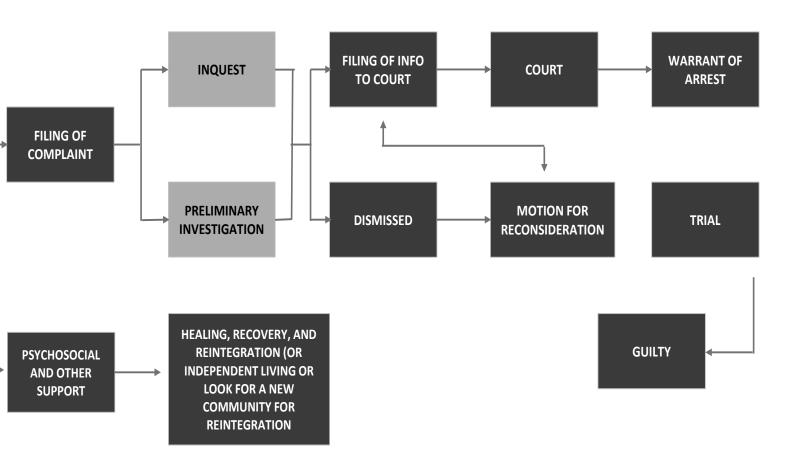
- Holistic care to ensure full or optimum development of the child: physical, social, emotional, cognitive, and spiritual development;
- Rights-based and life-cycle approach to ensure that the rights of the child are upheld throughout the different stages of the child's growth and development. Ensure the participation of the child in all processes;
- Family and community-based approaches recognize that families and communities are the first line of response in dealing with problems of children thus interventions should strengthen the capabilities of families and communities to care for them;
- Gender-sensitive approach the ability to recognize that girls and women's perceptions, experiences and interests may be different from those of boys and men, arising from an understanding of their different social position and gender roles. The provision of gender-sensitive services to abused children necessarily includes rights-based approach, i.e. responding to victims' peculiar needs at all times and in all stages, affording them respect, and promoting dignity as their inherent right; and
- Multi-disciplinary approach recognizes that children, particularly those in need of special
 protection, need access to an array of services due to the multi-faceted nature of their needs.
 Many agencies and professionals need to work together with mutual responsibilities and joint
 accountability for managing different aspects of helping a child within the context of the family,
 community, and society.

The management of child abuse cases is multi-sectoral (national and local government agencies, non-government and faith-based organizations, civic and private sectors) and multi-disciplinary (police, prosecutor, judge, lawyer, social worker, medical doctor, psychiatrist, psychologist, barangay officials, among others) working together as a team to provide appropriate protection, legal and social services to the child victims of abuse, neglect, and exploitation.

Due to devolution of social services and accessibility to the community, the local government unit's social worker (referred to as local social welfare and development office or LSWDO social worker) is often the case manager. As case manager, the social worker coordinates the provision of needed services in cooperation with partner agencies.

The Flowchart on the Management of Cases of Child Abuse, Neglect and Exploitation





Who May Report & To Whom May One Report a Case of Child Abuse?

- 1. Any person may report, either orally or in writing, a case of child abuse, neglect, or exploitation. The report may be made to any of the following:
 - Department of Social Welfare and Development (DSWD),
 - Commission on Human Rights,
 - Local Social Welfare and Development Office (LSWDO) of the municipality, city, or province,
 - Philippine National Police,
 - National Bureau of Investigation,
 - Other law enforcement agencies,
 - · Punong barangay or tribal leader,
 - · Barangay kagawad,
 - Any member of the Barangay Council for the Protection of Children (BCPC), or
 - Barangay help desk person or violence against women (VAW) help desk officer.
- 2. The following government workers have the duty to report all incidents of possible child abuse:
 - Teachers and administrators in public schools,
 - Probation officers,
 - Government lawyers,
 - Law enforcement officers,
 - Barangay officials,
 - Corrections officers, and
 - Other government officials and employees whose work involves dealing with children.
- 3. Any person who, acting in good faith, reports a child abuse case shall be free from any civil or administrative liability. As much as possible, the persons who report should give their names and contact details for further contacts, if necessary. Their protection and anonymity shall be assured.
- 4. Any person who reports must provide basic information on the child victim (name, age, address or whereabouts of child, the reasons that child may be at risk or in an abusive or exploitative situation) and the alleged perpetrator. However, any relevant information to suspect that a child is being abused or exploited shall suffice to initiate any action and investigation.
- 5. The person who reports need not be the complainant but has knowledge of the incident.
- 6. The child victim may or may not be with the person reporting the incident.

The Mandatory Reporters

- 1. The following are **mandated** to make a report, either orally or in writing, to DSWD/LSWDO within forty-eight (48) hours, the examination and/or treatment of a child who appears to have suffered from abuse:
 - Head of any public or private hospital, medical clinic and similar institutions, and
 - Attending physician and nurse.
- 2. Failure to report a child abuse case shall be punishable with a fine of not more than two thousand pesos (P2,000.00) or as may be determined in the future by a court with jurisdiction.

Reception of a Report

When a report is received, the concerned agencies shall undertake actions corresponding to their mandates and in cooperation with other agencies to effectively implement RA 7610 and other child-related laws.

Note that the duly authorized social worker and the assisting police officer and/or barangay official, if any, who shall take a child under protective custody shall be exempt from any civil, criminal, and administrative liability.

Reporting at the Barangay

The barangay is often the nearest place where a child victim or witness of child abuse may run to and seek assistance. The barangay must designate a child and gender-sensitive barangay kagawad or tanod, preferably female, who shall be in charge of its barangay help desk that shall receive and monitor all child abuse and VAW-related cases, and refer the child victim to the proper agency for appropriate intervention.

When receiving a report, the barangay must observe the following:

1. Enter the report in the barangay blotter exclusively for child abuse and domestic violence cases. This blotter must be kept confidential at all times.

- 2. If the reporter is not the victim, interview the reporting person about the incident.
- 3. If report is made by a child victim, do not interview the child EXCEPT to take the child's personal circumstances (e.g., name, address, date of birth) and to determine the necessity of referring the child for immediate medical attention. Only the designated barangay help desk person shall talk to the child. Attached is a sample interview sheet.

If the alleged offender is in the barangay hall, do not interview the child in the presence of the former.

- 4. Within 24 hours, contact LSWDO and refer the case to the social worker for validation of complaint and assessment.
 - If the LSWDO is unavailable (e.g., on an official business trip or cannot be reached on a weekend, official holiday, or beyond office hours) and the case seemed to be high risk (e.g., the alleged perpetrator lives under the same roof and no one in the household is protecting the child, there is threat to the safety of the child and her family) the child shall be directly endorsed to the punong barangay, a city/provincial crisis center, or a non-government organization (NGO) temporary shelter for an emergency overnight or weekend placement. Thereafter, a report stating such endorsement to a crisis center or temporary shelter shall be made by the barangay to LSWDO.
- 5. If the main request is assistance in filing a case, refer the child to the police for conduct of proper police investigation. Any arrest of the alleged perpetrator shall be made in coordination with the police.
- 6. Refer the child to the nearest women and children protection unit (WCPU), or, if none exists, to the medico-legal officer or the city or municipal health officer.
- 7. Contact the child's parents/legal guardians. However, if the alleged perpetrator is a member of the family, the barangay shall immediately refer the LSWDO and/or the law enforcement officer who shall decide whether or not to notify the parents or guardians.
- 8. Do not conduct any mediation or conciliation relative to the case. Instead, advise the parties that child abuse cases cannot be a subject of any compromise agreement.
- 9. Beyond the reporting stage, assistance may be extended to other parties directly involved in helping the child. The barangay may accompany the social worker during home visits and assist in monitoring the situation and safety of the child and the family.
- 10. The media shall not be allowed to have any access to the child, the child's family, and the barangay blotter.
- 11. Observe confidentiality at all times.

Reporting to and Investigation by Law Enforcement Agency

Victims and witnesses may report directly to the nearest law enforcement agency (LEA). They may either seek the assistance of any women and children protection desk of the PNP or of the NBI. For purposes of this protocol, the term "LEA" will be used to refer to any law enforcement agency that must do the following upon receipt of a child abuse complaint:

- 1. Enter into the police blotter the complaint made by any of the following:
 - Offended party;
 - Parent or legal guardian;
 - Ascendant or collateral relative of the child within the third degree of consanguinity;
 - Duly authorized officer or social worker of the DSWD or LSWDO;
 - Officer, social worker or representative of a licensed child-caring institution;
 - Punong barangay;
 - At least three (3) concerned responsible citizens of the community where the abuse took place who have personal knowledge of the offense committed.

In some cases, e.g., death of a child under suspicious and abuse-related circumstances, the police must file the case and act as complainant in the case before the Prosecutors' Office, on the basis of the police investigation.

Reports received from people other than any of the above must also be entered in the separate and confidential women and children protection desk (WCPD) logbook which will be the basis for further validation and investigation. Proceed with an investigation

2. Joint interview of the child victim shall be conducted by the LSWDO and the LEA as much as possible. In case the social worker is not available, a trained law enforcement officer (LEO) shall conduct the interview when the child has rested and is prepared to give a statement. For joint interview, see page 27.

If the child appears to have special needs, suspend the interview and secure the presence of an appropriate and trained professional (e.g., special education teacher, sign language expert, social worker, psychologist, or developmental pediatrician,) who can assist in interviewing the child.

If the child does not speak the local dialect, secure the assistance of an individual who understands and speaks the dialect of the child.

If the child appears to be exhibiting trauma, shows extreme emotions, or becomes violent, preterminate the interview and immediately refer the child to a psychologist or a counselor for proper intervention. 3. The police blotter, the child's sworn statement, police investigation report, and the endorsement letter to the Prosecutors' Office shall indicate the alias used to protect the identity of the child (e.g., Minor AAA versus Juan de la Cruz).

The necessity of using an alias shall be explained to the child to avoid his/her confusion.

- 4. Before finalizing the sworn statement, the statement must first be shown to, explained, and reviewed by the victim. If the child victim is blind or has hearing disability, the statement shall be taken using a videotape camera. The assistance of a sign language expert shall be secured for any interview of a child victim who is hearing impaired.
- 5. If there is a women and child protection unit (WCPU) with a trained social worker, a forensic interview of the child victim shall be conducted by the trained social worker.
- 6. If the alleged perpetrator is in the police station, the interview of the child victim must be conducted in a safe and separate room. No contact between the two should be allowed at any time.
- 7. Take the sworn statements of other witnesses and gather other relevant evidence.
- 8. If report is made within 72 hours after the commission of the act complained of, immediately refer the child victim to the nearest WCPU or public hospital for medico-legal examination as well as other medical interventions.
- 9. In case of suspicious death of a child, submit a written request for conduct of mandatory autopsy to the crime laboratory consonant with Section 95 of the Sanitation Code of the Philippines (PD 856). In the alternative, request any of the following to issue an order for the conduct of an autopsy:
 - Competent court
 - Mayor
 - Provincial or city prosecutor

Attached is the pertinent provision of PD 856.

Pursuant to Department of Justice Circular No. 55, the Prosecutors' Office has the authority to order the conduct of autopsy on the body of a child who died under suspicious or abuse-related circumstances. Annexed are copies of DOJ Circular No. 55 and DOJ Memo No. 87.

10. Prepare a police's affidavit and include therein the demeanor and behavior of the child victim during the investigation and interview. If a social worker assisted the child victim, the police investigation report shall also indicate the name of the assisting social worker.

11. Prepare the investigation report and endorse to the Prosecutors' Office for conduct of inquest or preliminary investigation.

No law enforcement agency shall conduct any proceedings similar to preliminary investigation to avoid multiple interviews of the child.

- 12. Immediately contact LSWDO for further assessment and management and provision of other interventions such as temporary shelter and other services, as may be needed and appropriate.
- 13. Do not release any information to the media. Do not allow the media to interview the child and the child's family.
- 14. Respect the privacy of the child victim and the family and keep the police blotter and other information and evidence confidential.

Complementary Roles of DSWD and the LSWDO

The DSWD or the LSWDO social worker plays a crucial role in the management of cases of child abuse. The social worker's intervention is required from the beginning and for as long as may be necessary to monitor the child's safety and situation.

Case management shall be the primary responsibility of the LSWDO social worker. As such, the LSWDO social worker shall conduct the intake interview, safety and risk assessments, home visits, collateral interviews; prepare social case study; convene case conferences; plan the comprehensive healing and reintegration program; and regularly monitor the safety and condition of the child victim. As may be necessary and appropriate, the LSWDO social worker shall also decide the issue of rescue, protective custody, and petitioning the court for involuntary commitment.

On the other hand, the DSWD, thru its field offices, shall provide technical support; augment resources; and accredit social workers.

Case management, however, shall be the primary responsibility of DSWD if the concerned local government unit does not have a licensed social worker in its LSWDO. In the latter case, the social welfare and development (SWAD) team detailed to the province or the social worker officer II (SWO II) shall be the case manager and shall perform the functions of the LSWDO social worker.

When a case involves a child victim and a minor perpetrator, the social worker to whom the child victim was first referred to shall be the case manager. The other social worker shall be the case manager of the minor perpetrator. In the absence of a licensed LSWDO social worker, the SWAD team member or SWO II shall act as case manager of the child who had the first contact with the latter. The case management of the other child shall be endorsed to a social worker of a WCPU or an NGO operating in the community.

Intake Interview and Assessment by Social Worker

At the intake interview and safety assessment, the LSWDO social worker or, in the absence of a licensed LGU social worker, the SWAD team member or SWO II must do the following:

- 1. If a rescue operation is not necessary, conduct, within 48 hours from the complaint, a visit to the child's home, school, workplace, or where the abusive/exploitative situation is allegedly taking place.
- 2. If the report is made by a person who witnessed the abuse or exploitation, interview that person to gather information about the situation, who is involved, how it happened, and what actions have been done relative to the child's situation. Get contact details of the reporting party and assure that person's protection and anonymity.
- 3. If the child victim is accompanied by a parent, a guardian, or any adult, conduct separate interviews of the child victim and the accompanying adult.
 - Address the accompanying adult's fears and concerns regarding the child's safety and situation.
- 4. Immediately attend to the child's needs such as food, rest, sleep and others to stabilize the child's physical and psychological state. Make an immediate referral to a psychologist or a psychiatrist or bring the child to the nearest hospital if the child is suicidal or exhibiting bizarre behavior.
- 5. Immediately assess the child's safety and risks in the child's current environment. Initial actions by the social worker, depending on the child's situation, are:
 - Contact child's parents/legal guardians, assess their parenting capability and the risks on child's safety;
 - If initial assessment shows that the parents are able to protect the child, particularly if they are not the perpetrator, child may be released to them or the child continues to stay with them under the supervision of the social worker and monitoring by the barangay;
 - If parents are incapable of protecting the child or cannot be contacted or unavailable, contact child's relatives and other significant persons, for possible temporary care of child under the supervision of the social worker and monitoring by the barangay;
 - If there are no alternative carers, refer child for temporary care to a child-caring institution or foster home duly licensed and accredited or managed by DSWD.
- 6. If medical attention is needed, immediately refer to a WCPU or a hospital or clinic.

- 7. If the alleged perpetrator is the child's parent or a family member, caution must be exercised when notifying the family. A decision not to notify the child's parents or guardians shall be reached only after consultation with the police and the examining physician, and should be based on:
 - Further risk or danger to the child
 - Flight risk of the alleged perpetrator
 - Compromising police investigation
- 8. Conduct collateral interviews and gather other evidence that will either corroborate or negate the allegation of abuse. If corroborated, schedule a thorough assessment of the case to determine the child's need for continuing protection.
- 9. Immediately convene a case conference with the other disciplines and agencies directly involved with the case.
- 10. Document result of the assessment plan and the intervention process.

Rescue of a Child Victim

If, based on the report received either by DSWD or LSWDO or LEA, a rescue operation is necessary, the social worker and the police shall immediately meet to plan the rescue and determine the action necessary to protect the child. The planning and conduct of rescue operations shall proceed as follows:

- 1. The agency that received the initial report shall immediately verify the matter and gather more information.
- 2. Such agency shall contact the other team members: DSWD/LSWDO, LEA, and the concerned barangay officials to map out the rescue operations, identify tasks and responsibilities, and identify support agencies or services.
- 3. Confidential information may be shared only with those directly involved in the planning and conduct so as not to preempt the rescue operation.
- 4. The LEA shall lead the rescue operation. The social worker, at a safe distance, shall take custody of the child victim. The barangay shall assist in securing the family and the community as a whole.
 - Depending on the nature of the case, the composition of the rescue team shall vary (e.g., a trafficking case involving a child worker shall require the presence of a DOLE representative). The composite team shall, however, properly observe role delineation with the police as lead agency in rescuing the child and apprehending the alleged perpetrator.
- 5. The barangay or the LEA, however, may immediately rescue a child if coordinating the rescue operations with the nearest available social worker would compromise the safety of the child (e.g., if child is in a far-flung area and it would entail unnecessary delay to contact the nearest DSWD or LSWDO). As soon as the child is rescued, the child shall be immediately endorsed to LSWDO and the rescue operations entered in the barangay and/or LEA blotter.
- 6. If media supplied the information, the rescue team shall prohibit it from taking part in or to cover the rescue operations.
 - The media shall not be allowed to interview or take photos of the child victim before, during, or after the rescue operations. Attached are the media guidelines.
- 7. Immediately bring the rescued child to a WCPU or a hospital to be examined by a doctor or if injured, provided with medical treatment.

Protective Custody and Involuntary Commitment

When investigation discloses sexual abuse, serious physical injury, or life-threatening neglect, the LSWDO social worker, with the assistance of the LEA and/or barangay, shall immediately remove the child from the home or the establishment where the child was found and must place the child under protective custody to ensure the child's safety.

Protective custody shall be exercised by DSWD, thru its SWAD team or SWO II, when there is no functional LSWDO; no licensed LSWDO social worker; or when the local political climate threatens the life and security of the licensed LSWDO social worker.

When taking protective custody of a child victim, the following shall be observed:

- 1. The child shall be placed with a relative who is competent and willing to keep the child safe and protected.
- 2. In the absence of a relative, the child may be placed in a DSWD-managed facility, an accredited child-caring institution, or a foster home.
- 3. When report of sexual abuse, serious injuries or life-threatening neglect is made to a WCPU doctor or social worker or to an NGO social worker, the latter shall immediately inform the LSWDO of the area where the subject child victim resides or may be found.
- 4. The LSWDO social worker who received the report shall immediately arrange overnight placement for the child while finalizing transfer of physical custody to a nearest kin or to a temporary shelter. When the LSWDO social worker cannot act or is unavailable to act; or when the complainant goes directly to DSWD; the DSWD, thru its SWAD team or SWO II, shall act on the matter.
- 5. When LSWDO social worker or SWO II is unavailable to personally work out the details of protective custody and another person (e.g., WCPU or NGO social worker, barangay help desk person, guidance counselor, etc.) endorses the child to a temporary shelter, the LSWDO social worker or SWO II who received the report shall immediately issue a written document evidencing the taking of protective custody and authorizing the latter to effect the placement of the child in a temporary facility. This written authorization, along with the initial intake form and other relevant documents, will be submitted by the person endorsing the child to the temporary shelter.
- 6. The LSWDO social worker who issues the written authorization for protective custody enjoys the presumption of good faith and regularity in the performance of duty and shall be free from any civil, criminal, or administrative liability. Annexed are copies of DOJ Circulars 70 and 77.

- 7. Lack of a social case study shall not be a ground to decline admission of a child victim in a temporary shelter. A completed initial intake form shall suffice. The social case study, however, along with other additional documentary evidence required by the placement institution must be prepared, completed, and submitted by the LSWDO social worker or SWO II within five (5) working days from the time of the child's placement.
- 8. If the child was rescued or transferred to a temporary shelter without the assistance of the LEA, the LSWDO must immediately inform the police that the child is placed under protective custody.
 - If the child was rescued by the LEA without LSWDO (or SWAD team or SWO II) assistance, the former must inform the latter that the child was rescued. Upon receipt of such information, the LSWDO social worker shall immediately arrange the overnight placement of the child victim with a next of kin or in a temporary facility pending determination by the multidisciplinary team the duration of protective custody and the identification of the person/facility with whom the child will be placed.
- 9. The decision to place a child under protective custody must be reviewed every three (3) months in a multidisciplinary case conference to determine whether extending or shortening the period will redound to the best interest of the child. If deemed necessary, the protective custody will be extended or terminated.
 - The multidisciplinary case conference will also determine to whom the child will be eventually released for community integration.
- 10. When the social worker's assessment report calls for a continuing protection of the child victim in view of the abusive or exploitative environment in the home, or the inability of parents/guardians to protect child, and the high risks of the child to be harmed in said situation, the LSWDO social worker shall immediately, with the assistance of the DSWD SWO II or SWAD team member, file the Petition for Involuntary Commitment.
 - In cases where the LSWDO does not have the capacity to file the Petition for Involuntary Commitment, the DSWD Field Office Director shall temporarily assume this responsibility. To address the former's lack of capacity, the DSWD Field Office shall extend technical assistance by accrediting social workers to handle court-related cases. Thereafter, the filing of the Petition for Involuntary Commitment shall be the responsibility of the LSWDO.
- 11. The Petition for Involuntary Commitment shall be supported by the social case study, police investigation report, medico-legal report, initial psychological assessment, and other relevant documents.

- 12. The Petition for Involuntary Commitment shall be filed in the Family Court or, if there is none, in the Regional Trial Court, of the province or city in which the DWSD Field Office is located or where the child is found, within one (1) week after the receipt of the assessment report.
- 13. The social worker's assessment report shall be the basis of discussion in a case conference with the LEA, barangay, child protection specialist, and other individuals and agencies involved in the handling of the case so that a comprehensive plan of action may be taken, particularly if a case will be pursued in court.
- 14. Efforts shall be exerted to facilitate the continuity of the child's education. Upon request of the LSWDO social worker (or SWAD team or SWO II), the child's school of origin shall immediately release the school records and clearance and observe confidentiality on the reason for the child's transfer.

Medical Evaluation/Medico-Legal Examination

In all cases, the child shall be immediately referred to a WCPU or hospital for medical evaluation and/ or medico-legal examination. The following guidelines shall be observed:

- 1. The examination must be conducted by a WCPU trained child protection specialist. In the absence of a WCPU in the area, the medico-legal officer or the city or municipal health officer shall conduct the examination.
- 2. Before the conduct of the examination, a consent form must be signed by the child and/or the accompanying parent, legal guardian, or relative. Attached is sample consent form.
- 3. In the absence of a parent, legal guardian, or relative, the required consent form shall be signed by a licensed LSWDO social worker. In the absence of a licensed LSWDO social worker, the consent form shall be signed by DSWD, thru its SWAD team member or SWO II in the province.
- 4. Properly and accurately document the child's age, physical condition including any disability, injuries and other conditions, signs of abuse, and other medical impressions.
- 5. Immediately release the medico-legal examination to the investigating LEA. If several work-ups are necessary and the medico-legal report cannot be issued right away, the examining doctor shall issue a written certification to the effect that the child is still undergoing several laboratory tests and the medico-legal report will be released as soon as it is available.
- 6. In case of a child's suspicious and/or abuse-related death, immediately inform the LEA and the LSWDO. Mandatory autopsy must be conducted upon the verbal request of the child's parents, written request by the LEA, or order of a competent court, mayor, or provincial/city prosecutor.
- 7. The concerned LEA shall designate an evidence custodian who shall properly store evidence taken during the examination, including colposcopic pictures and a rape kit. The rape kit and medical evidence shall be sealed, dated, and signed by the examining physician before the turn over to LEA. The transfer of evidence shall be properly logged and documented by the evidence custodian to show chain of custody; facilitate tracking; and protect the integrity and admissibility of evidence.
- 8. If the child needs other specialized medical care and management, the examining physician shall refer the child to other specialists (e.g., surgery, orthopedic, psychiatry).

Joint Interview

A joint interview by the social worker and the LEO is advisable to avoid repeated interviews that would re-traumatize the child. If a complaint has already been made, it is advisable for the social worker and the LEO to conduct a joint interview. Joint interview shall be necessary in any of the following circumstances:

- Absence of parent(s), guardian, or family member is accompanying the child;
- The child is accompanied by unsupportive parent(s), guardian, or family member;
- There is a concern for the safety of the child; or
- There is a probability of desistance.

Preferably, the social worker in the joint interview must be of the same gender as the child victim. When conducting a joint interview, the following guidelines shall be observed:

- 1. It must be conducted in an area where there are investigative services such as a WCPU. Otherwise, it must be conducted in a child-friendly interview room.
- 2. When investigating a child abuse-related case, the LEO shall conduct the interview. The social worker shall be present during the interview. Before the interview, the social worker shall submit a list of questions to be asked by the LEO interviewer. Before terminating the interview, the LEO shall ask the social worker if there are additional or follow-up questions to be propounded.
- 3. Minimize the number of interviews by audio- or videotaping the same. The audio or videotape shall be sealed and kept in the place where the interview took place to preserve its integrity and observe the proper chain of custody of evidence. (Refer to forensic interview protocol)
 - If a criminal complaint has been filed, and upon the request of the investigating prosecutor, the LEA shall comply with the request to listen or view the audio or videotape evidence ensuring the confidentiality of the contents thereof and observing the proper chain of custody.
- 4. The interviewer shall secure the following data:
 - Information about the child: age, address, health and educational status, as appropriate, description of the child upon initial contact (physical, social and emotional condition) and effect/impact of the abusive, neglectful or exploitative experience/s including the child's feelings, behavior and other reactions;

- Information about the child's family: background, social and economic situation, family
 relationships and parenting practices, extended family support system, role, if any, in the
 abusive/exploitative experience of the child, and their reactions/plans relative to such
 experience and how they can provide a nurturing and protective environment for the
 child; and
- Information on the abusive, neglectful or exploitative situation of the child: the perpetrator and others who are involved, their relationship, if any, with the child, the factors that led to the abuse and how it occurred, including time and place where it occurred, duration and frequency and other relevant information.
- 5. As much as possible, the testimony of the victim shall be taken conducted through audio or videotaping in order to avoid multiple interviews, prevent re-victimization, and preserve the testimony of the child victim.
- 6. Before interviewing a child victim with disability/ies, the police and social worker shall coordinate with a psychologist, a developmental pediatrician, a special education teacher, a sign language expert, or other appropriate professional with specialized training on handling and communicating with children with special needs or disabilities.

Multi-Disciplinary Case Conference

A multi-disciplinary case conference is a good venue to gather all professionals such as the social worker, doctor, police, and representatives of the temporary shelter or foster home directly involved in handing a child who is, or is believed to be, a victim of child abuse and the child's family. Other disciplines such as a mental health professional and a lawyer, if available and involved, may also be invited. This is a good opportunity to analyze issues pertinent to a child victim and come up with an inter-agency plan and recommendation for the child and the family. The following must be observed in multi-disciplinary case conferences:

- 1. It should be convened by the social worker, acting as case manager, at the earliest possible time, specifically as follows:
 - Before placing the child under protective custody;
 - Immediately after investigation of serious physical abuse, sexual abuse or life threatening neglect to determine suspension or termination of parental authority;
 - Three months after granting of petition of involuntary commitment by the court; and
 - For periodic assessment of the case and planning and monitoring of interventions and progress.
- 2. If the case is handled and shared by at least two (2) of the following:
 - LSWDO social worker (or SWAD team member or SWO II);
 - WCPU social worker:
 - NGO social worker; or
 - social worker of the temporary shelter or foster home

The social worker with the main responsibility over the case will call the conference. As may be deemed necessary, the other social worker may also call a case conference.

The case manager shall only be one in reference to the child abuse case. There may be another social worker in the case for another purpose e.g., residential care (healing and recovery services) or for foster care or adoption.

The supervisor of the managing case worker shall chair of the case conference. The managing case worker shall not chair the conference as she is also presenting the assessment and recommendations.

3. The case manager shall only invite those who directly work with the child or have relevant knowledge about the child and family. Other professionals who may likely be involved in any follow-up action may be invited.

Any professional who is personally involved in the case (e.g., the person alleged to be the perpetrator or related by consanguinity or affinity to the alleged perpetrator) shall be excluded from the case management team and in any case conference pertinent to the subject child victim.

- 4. In any context other than that of child protection, information given and shared during the case conference is confidential and shall not be disclosed to any other person or agency without the permission of the contributor and the case manager.
- 5. The focus of the case conference is not only the prosecution of the abuser but primarily for the protection of the child.
- 6. It is not only the subject child who shall be the sole focus of intervention but all the other children in the household. There must be risk and needs assessment of all the children in the household.
- 7. The members shall consider the following:
 - The level of risk to the child and other children in the household;
 - Welfare planning to protect the child, such as,
 - to return the child to live with parents/guardian
 - to live with relatives
 - to remove from home and be placed in a temporary shelter or at a foster home
 - Parenting capability;
 - The opinion of the subject child; and
 - The need to involve other members of the family.
- 8. The members shall perform the following tasks:
 - Examine the cause for concerns and analyze the available information;
 - Share, if available, the results of the joint investigation/interview and the decision of the immediate case assessment;
 - Assess the level of risk and whether the child and siblings should be placed under protective custody;
 - Agree and record clearly an inter-agency plan to protect the child(ren);
 - Identify other professionals and/or agencies who may be necessary to implement welfare plan and follow-up interventions to protect the child; and
 - Decide how the child and the child's parents will be informed of the case conference outcome and decisions, if they are not present in the conference.

- 9. The case manager shall exercise the following roles and responsibilities:
 - Oversee the development of the case;
 - Ensure and monitor the implementation of decisions arrived at the case conference;
 - Inform all individuals and agencies involved in the treatment or care of the child or parents of all relevant aspects concerning the case;
 - Discuss the need to call for subsequent case conference, as circumstances may require;
 - Ensure that before a child is removed from temporary placement, all relevant personnel and/or organizations are informed of the impending change;
 - Ensure that in the event of a change of case manager, all relevant information and documents are endorsed to the next case manager; and
 - Prepare the child of any decisions affecting the child victim.
- 10. If, subsequently, any individual or agency is unable to implement an agreed plan of action, the concerned individual or agency must inform the case manager as soon as possible.
- 11. Whenever appropriate and considering the evolving capacity of the child, his/her views must be heard and considered in all decisions affecting or involving him/her.
 - The child may be invited to attend the case conference subject to his/her readiness and capacity. If appearing in the conference will pose emotional or psychological harm or risk to the child, such appearance should not be required.
- 12. Parents or guardians may be required to appear in the case conference especially in cases as follows:
 - When their views on the child's custody is necessary particularly when suspension or termination of parental authority would be the likely recommendation;
 - When their views are necessary for planning appropriate interventions for the child's best interest; and
 - When monitoring actions taken or progress of actions taken in relation to the intervention plan.

Inquest/Preliminary Investigation

The Prosecutor General, Provincial Prosecutor, or City Prosecutor exercises a quasi-judicial role in the conduct of inquest or preliminary investigation of child abuse, neglect, or exploitation cases. Whether it is an inquest or a preliminary investigation, the Investigating Prosecutor shall exert best efforts to make the investigation process as child-appropriate and sensitive and observe the following:

1. Child abuse cases shall be prioritized, over and above all other cases.

If the case is under inquest investigation, upon receipt of the accomplished preliminary investigation (PI) form, affidavit of arrest, investigation report, sworn statements of complainant/s and witness/es, and other supporting evidence, commence and terminate the inquest investigation and file the criminal information with the appropriate court/s within the 12, 18, or 36-hour reglementary period stated under Article 125 (delay in the delivery of detained persons to the proper judicial authorities) of the Revised Penal Code.

If the case is under preliminary investigation, issue a notice of preliminary investigation to all parties upon receipt of a complaint or referral form with attached sworn statements and other supporting evidence endorsed by the LEA. Set the case for preliminary investigation and resolve the matter within 60 days from receipt of the same.

The CSPC Chairperson may assign a prosecutor to assist the LEA in case build up.

- 2. Send all preliminary investigation subpoena and processes to the child's given address. Furnish the LEA that conducted the investigation (e.g., for Minor AAA c/o RIDMD IV-A, et. al.) of all subpoena and other processes.
- 3. Observe color-coding of case folders (e.g., pink for child abuse-related cases, violet for VAW-related cases).
- 4. A trained prosecutor shall conduct the investigation in a language or dialect understood by the child. Legal jargon must not be used in the presence of a child.

The investigating prosecutor must explain to the child legal terminologies uttered during the proceedings.

As much as possible, the investigating prosecutor shall require the presence of a social worker in all stages of the preliminary investigation.

- 5. The calendar of cases for preliminary investigation must not indicate the name of the child to protect his/her identity and privacy. Instead, the calendar of cases shall use the child's alias as indicated in the LEA endorsement letter and in the child's sworn statement.
- 6. During preliminary investigation, the presence of the child shall only be required when:
 - Taking his/her oath before an administering officer when subscribing his/her sworn statement and/or reply-affidavit; and
 - Answering clarificatory questioning by the Investigating Prosecutor

On any other preliminary investigation settings, the child need not be present and may be represented by his/her parents, guardian, social worker, or counsel.

- 7. Before administering the oath, explain to the child the nature and obligation of an oath and ascertain that he/she understands it.
- 8. If the affidavit of the child is clear and sufficient, no clarificatory questions shall be propounded to avoid multiple interviews that could re-traumatize the child.
- 9. If clarificatory hearing is necessary it must be conducted at the earliest time possible.

If parties are represented by respective counsels, send notices to counsels directing them to submit their list of questions for the child three (3) working days before the scheduled preliminary investigation. Only the investigating prosecutor shall talk to the child and propound clarificatory questions using simple, developmentally-appropriate, and non-threatening words.

- 10. Face-to-face confrontation between the child and the alleged perpetrator must be avoided at all times. Screens, one-way mirror, and other devices that could shield the child from the perpetrator shall be used. To avoid threatening the child, the identification of the perpetrator shall be done after clarificatory hearing is completed.
- 11. Before requesting the child to affix his/her signature or thumb mark in any minutes or record of the proceedings, the Investigating prosecutor must take time to explain to the child the contents of any documents he/she is about to sign.
- 12. Direct all parties and their counsels, if there are any, not to discuss the case and the proceedings with anyone who is not directly involved therein.
- 13. The media must not be allowed to cover any part of the investigation, interview or take photos of the child and other parties involved in the case. Refer to media guidelines.

- 14. No complaint shall be dismissed on the mere basis of an affidavit of desistance or recantation submitted by the child and his/her family or guardian. The Investigating prosecutor shall exert all efforts to find out the real cause for the submission of the affidavit of desistance. Attached is DOJ Circular No. 54.
- 15. The criminal information shall not indicate the name of the child. The alias as indicated in the child's affidavit shall be used to protect the child's identity.

The real name of the child shall be typewritten at the back page of the resolution and the criminal information.

The Role of the Social Worker and the LEO at Inquest or Preliminary Investigation

The LSWDO social worker (or SWAD team or SWO II, in the absence of a licensed LSWDO social worker) or NGO social worker and the LEO shall work with the child and the child's family in the case build-up against the alleged perpetrator. Without compromising the Investigating prosecutor's impartiality and the integrity of the proceedings, the social worker and the LEO shall continue to assist the child and endeavor to make the proceedings child and gender-sensitive.

During inquest or preliminary investigation, the social worker shall do any of the following:

- 1. If the child and the child's family are not assisted by counsel, the LSWDO or NGO social worker shall accompany them to the preliminary investigation to lend moral support.
- 2. If the child is under protective custody or in a child-caring facility or a foster home, the LSWDO or NGO social worker shall make necessary arrangements with the house parent, the foster parent, or the LEO who conducted the investigation to accompany the child during the preliminary investigation at the Prosecutors' Office. If the attendance of any of the foregoing cannot be secured, the LSWDO or the NGO social worker shall accompany the child.
- 3. If the family is pressuring the child to withdraw or desist from the case, the social worker shall inform the Investigating prosecutor. A family assessment report explaining the effect of family pressure on the child shall be submitted to the Investigating prosecutor.

- 4. If necessary, the social worker shall refer the child for free legal counseling and representation to any of the following:
 - Integrated Bar of the Philippines' Legal Aid
 - NGO with pro bono services to victims of violence against women and children
 - Office of Legal Aid of any law school
 - Volunteer lawyers
 - Public Attorneys Office
- 5. Once the resolution and criminal information are released and the case of the subject child involved a violent crime (e.g., rape), the social worker shall assist in filing the application for financial assistance at the Department of Justice's Board of Claims within six (6) months from the commission of the incident. The social worker shall help the child and family fill up the application form; secure certified true copies of the resolution and criminal information; and gather the NSO-certified copy of the birth certificate, police report; and medico-legal report.

The social worker shall also assist the child and family claim financial assistance at the Commission on Human Rights. Annexed is a sample application for victim's compensation / financial assistance.

On the other hand, the investigating LEO shall help expedite the inquest or preliminary investigation by doing the following:

- 1. Facilitate the immediate disposition of the investigation by locating the witnesses and securing their attendance at the inquest investigation or preliminary investigation.
 - In inquest investigation, the LEO must strictly observe the 12, 18, or 36-hour reglementary period stated under Article 125 (delay in the delivery of detained persons to the proper judicial authorities) under the Revised Penal Code.
- 2. Attend the inquest or preliminary investigation.
- 3. Upon receipt of any subpoena or notice of preliminary investigation, notify the child and case manager. If the child is staying in a temporary shelter, coordinate with the LSWDO or NGO social worker to accompany the child whose attendance in the preliminary investigation is required by the Investigating prosecutor.
- 4. Upon verification and confirmation of any information about possible flight by the alleged perpetrator, assist the child and her family in informing the Investigating prosecutor and submitting a letter-request to the Secretary of Justice to file the necessary written request to the Bureau of Immigration (BI) for respondent's inclusion in the alert list.

Trial

A courtroom is an adult-dominated and controlled environment. It can be threatening to any witness, whether child or adult. Effective coordination among the Prosecutors' Office, the social worker, and the LEO can set a positive tone for the child who will enter and participate in a court proceeding. With their help, the child can prepare for the court testimony and communicate effectively with the Court and follow up the expeditious resolution of cases.

The Role of the Social Worker Before and During Trial

- 1. Enroll the child in a "Kids Court Program," if one is available in the area. In the absence of such program, bring the child to court before his/her appearance to ensure the child is familiar with the physical set-up, the characters (i.e., judge, prosecutor, defense counsel, court interpreter, and other court staff), and the procedure.
 - Enroll the child's parents or guardian in a similar program so they, too, will understand the court process and appreciate how they can help the child prepare for the court testimony.
- 2. Several days before the scheduled hearing, arrange a meeting between the child and the Public Prosecutor for rapport building and orientation for court testimony.
- 3. Act as guardian ad litem (GAL) or support person who will accompany the child to court.
- 4. If the child is not a resident of the area where the court sits, arrange temporary accommodation for the child before the child testifies.
- 5. Coordinate with the court social worker, if there is any, and/or the public prosecutor and provide information requiring immediate court intervention (e.g., issuance of protection or provisional orders).
- 6. If the social case study has not been submitted yet, furnish the Court, thru the Public Prosecutor, Private Prosecutor, if there is one, or the court social worker, a copy to help the latter determine and order other interventions that the child needs. If the social case study is not yet completed, submit the accomplished intake interview form and preliminary assessment report to the Court.

- 7. If subpoenaed by the prosecution, testify and give the assessment and recommendation. Otherwise, share relevant and crucial information and issues that affect the child's willingness to participate in the court process with the Public Prosecutor and Court, if necessary.
- 8. Periodically communicate with the Public Prosecutor to monitor the status of the case filed.
- 9. Help the child and family understand court process and procedures.

The Role of the LEA During Trial

- 1. Upon receipt of subpoena duces tecum ad tesificandum, appear and bring to court the evidence gathered.
- 2. Help the Public Prosecutor identify relevant evidence and locate missing witnesses.
- 3. When information about alleged perpetrator's possible flight is verified and confirmed, inform the Public Prosecutor who shall request the Court to issue a hold departure order.
- 4. Help enforce provisional or protection orders issued by the Court.
- 5. Attend multi-disciplinary case conferences, if requested by the case manager.

The Role of the Public Prosecutor Before and During Trial

- 1. Prepare the child and other witnesses before their court testimony.
- 2. On a case-to-case basis, identify the sequence of witnesses that will best help and facilitate the child's testimony. If the child has post-traumatic stress disorder (PTSD), present first other witnesses or seek continuance of proceedings until the child is able to testify.
- 3. With the help and in the presence of the parent, legal guardian, or social worker, interview the child and prepare the child for court.
- 4. Arrange with the Court a one-day trial or marathon hearing to reduce time in court, minimize child's school absence, and disruption of the child's daily routine.

- 5. Move for exclusion of the public or conduct of hearing in chambers to protect the identity of the child and ensure the confidentiality of proceedings.
- 6. Ensure that there is no direct confrontation between the child and the alleged perpetrator. Screens, one-way mirrors, and other devices such as live-link monitors to shield the child from the accused must be used.
- 7. If the child is hearing impaired or differently-abled, move for an appointment of a sign language expert or other professionals (e.g., special education teacher) who may help him/her effectively communicate with the Court.
- 8. If there is danger to the safety of the child, file a motion for reception of child's testimony through alternative means, e.g., Skype or video conferencing, or motion for change of venue of the case.
- 9. If the child has developmental delay, and such delay incapacitates the child to competently testify in court, present the testimony of a developmental pediatrician to explain to the Court the reason why the child cannot testify.
 - If the child is suffering from PTSD, present a psychiatrist to explain the condition of the child; the adverse effects of the abuse on him/her; and share recommendations to hasten or facilitate the child's healing and recovery.
- 10. After the child has testified, de-brief the child with the help of the parent, legal guardian, or social worker; explain what will happen next; and give the child the opportunity to ask questions about the process, the case, and articulate other related issues.
- 11. If the child is unavailable, prosecute the case by presenting other witnesses and evidence deemed sufficient to prove the alleged perpetrator's guilt. The child is unavailable in any of the following:
 - Deceased, suffers from physical infirmity, lack of memory, mental illness, or will be exposed to severe psychological injury; or
 - Absent from the hearing and attendance in court by the child cannot be procured by process or other reasonable means.
 - The child's hearsay evidence (e.g., audio-taped or videotaped interview) shall be admissible if corroborated by other admissible evidence such as the testimony of the forensic interviewer and the person who recorded, preserved, and observed the chain of custody of the audio or video interview.
- 12. Upon the recommendation of the social worker, request the Court to issue provisional and/or protection orders for the child.

- 13. Tap the assistance of PNP and NBI to locate missing witnesses.
- 14. Upon receipt of verified and confirmed information about alleged perpetrator's possible flight, request the Court to issue a hold departure order.
- 15. Communicate with the Court the child's immediate and long-term concerns and issues.
- 16. Keep the child informed about the development of the case.
- 17. If requested by the case manager, attend a case conference to help thresh out child's issues and concerns that also impact the case.

The Role of the Judge and the Court Staff

- 1. Except for election and habeas corpus cases, trial of child abuse cases must take precedence over all other cases.
- 2. Dismissal of a child abuse case is prohibited solely on the basis of an affidavit of desistance or recantation submitted by the child and/or the child's family.
- 3. Any record regarding the child shall be confidential and kept under seal. The name of the child must not be indicated in the calendar of cases and in the Court decision. During the arraignment, the name of the child must not be publicly read in open court. The child's alias as indicated in the sworn statement, resolution, and criminal information shall be used to protect the child's identity.
- 4. Set the schedule of the child's testimony at the time most appropriate and sensitive to the child's age and condition. The child should testify only when well rested. Long delays and waiting time must be avoided.
- 5. The child shall not be exposed to the public. The Court shall prepare a waiting room for child victims separate from the waiting room used by children in conflict with the law, other witnesses, and litigants.
- 6. The child may testify in open court only after the public has been excluded. Alternatively, hearing in chamber can be conducted to prevent exposing the child to the public.
- 7. Before the child testifies, the Court must, in simple language, introduce the main characters (judge, prosecutor, defense counsel) and their roles; explain the basic rules in a Court proceeding; and give the child an opportunity to ask questions.

- 8. Without violating the alleged perpetrator's right to confront the witness face to face, the Court shall use screens, one-way mirrors, other devices, or live-link monitors to receive the testimony of the child and to prevent direct confrontation with the alleged perpetrator.
- 9. The use of testimonial aids (e.g., dolls, anatomically-correct dolls, puppets, anatomical drawings, and other appropriate demonstrative device) shall be permitted to facilitate child's testimony.
- 10. The Court shall ensure that examination of the child be conducted with the use of simple, developmentally appropriate, non-threatening, and non-victim blaming words.
- 11. Proper court decorum must be maintained. Badgering and other oppressive behavior towards the child is prohibited.
- 12. Whenever necessary and to facilitate the child's testimony, the Court shall appoint any of the following:
 - *Support person* preferably, a person chosen by the child who can accompany the child during Court testimony to lend the child moral support.
 - *Facilitator* person who can pose questions to the child if unable to understand or respond to questions asked. A facilitator may be a child psychologist, psychiatrist, social worker, guidance counselor, teacher, religious or tribal leader, parent, or relative.
 - *Interpreter* a person whom the child understands and who understands a child who does not understand English or Filipino language or is unable to communicate due to developmental level, fear, shyness, disability, condition, or other similar reason. The interpreter shall take an oath or affirmation to make a true and accurate interpretation.
 - Guardian ad Litem (GAL) a person who shall explain legal proceedings to the child; advice the Court regarding the child's ability to understand the proceedings and questions propounded; advise the Public Prosecutor concerning the ability of the child to cooperate as a witness for the prosecution; attend the trial; and monitor and coordinate child's concerns and needs with the Court.
- 13. In controversial child abuse cases, a gag order shall be issued to protect the identity of the child and the confidentiality of the proceedings.
- 14. On its own or upon motion by any party, the Court may issue protection orders to protect the privacy and safety of the child and/or to order other appropriate intervention (e.g., immediate medical attention, referral to mental health professional, placement in a temporary shelter, and such like).
- 15. After the child has testified, the Court must order the DSWD, the LSWDO, or the NGO social worker to continue monitoring the child's safety and requirements for other intervention.

Healing, Recovery and Reintegration

The child can be further protected and the adverse effects of the abuse may be reduced through programs and services designed for the child victim's recovery and reintegration with the family and the community. The social worker, with the help of the other team members, plays a crucial role in determining other psychosocial interventions geared towards healing, recovery and reintegration. These psychosocial interventions, however, must be commenced right after the first contact with the child and not when the child is about to be reintegrated to the community.

The social worker must consider the following:

- 1. Convene the multidisciplinary team and discuss the case plan based on the comprehensive assessment made with specific goals and interventions for the protection, recovery and reintegration of the child victim.
- 2. Actively involve the participation of the child, the child's family, and the barangay in the development of the recovery and reintegration plan.
 - Tap the barangay help desk person as focal person with whom the monitoring of the child and family's shall be coordinated with.
- 3. If the child is in the custody of the family, the social worker shall continue providing the interventions as agreed upon with the child, family, and the barangay.
 - The parenting capability of parents or guardians must be fully assessed. If found to be lacking or poor, the parents and guardians must be enrolled in parenting capability enhancement program. Other interventions for the family such as family case conferencing and therapy shall also be explored and extended, if necessary.
- 4. If the child is under protective custody, determine the time line and duration of the child's stay in the temporary shelter or foster home.
 - If the child is under protective custody in a child-caring agency/facility or foster home, identify appropriate interventions to address the needs of the child victim such as individual and group counseling, therapeutic activities, life skills education, vocational training, etc.

The interventions must prepare the child for reintegration with the family, if they are found capable to care, nurture and protect their child. Otherwise, placement in other parental arrangements or adoption shall be explored.

The child, who is nearing 18 years old and who expressed a desire for independent living after discharge from the temporary shelter, shall be given assistance and sufficient information to help him/her make such transition.

In close coordination with LSWDO social worker (or SWAD team or SWO II), the temporary shelter or foster home's social worker will be responsible for the implementation of these interventions.

5. The LSWDO/NGO social worker shall assist the child's family to address their identified problems such inadequate income to meet basic needs, poor health, out-of-school children, lack of knowledge on proper parenting, and rights of children, etc. Interventions may be in the form of parent education, self-employment assistance, vocational/skills training, educational assistance for the children, family counseling/therapy, etc.

Before any reintegration is done, the case manager must ensure that the parents and other family members are able to provide a safe, protective and nurturing environment for the child. The case manager shall conduct an evaluation conference with the multidisciplinary team to assess the readiness of the child and the family for the eventual reintegration.

6. Once the child is discharged from the child-caring agency or foster home, the social worker must facilitate the provision of after-care services to sustain the gains and achieve healing and recovery process.

If the parents are found to be unfit and incompetent, the child shall be placed under an alternative family care.

Arrangements for the child's continuing education and medical services, etc. shall be made by the social worker before discharge.

7. In close coordination with the social worker, the barangay help desk person shall constantly monitor the child's progress in the community.

- 8. If both the child victim and the minor perpetrator live in the same community, the LSWDO social worker shall ensure that there are two (2) social workers who are separately handling and monitoring each child.
- 9. The child and the family should be prepared by the social worker before the transfer to address fears, apprehension, doubts, among others to build and sustain the child's and family's trust on the receiving social worker.

Aside for the submission of transfer summary to the new social worker in case of transfer of case, the following should also be accomplished:

- Submit pertinent reports and records to the agency receiving the case
- Call a case conference for the transfer.

The conference will be called by either the agency that will transfer the case or the agency that will receive the case. The case conference shall be convened after the receiving agency received the pertinent reports/records; the social worker that will transfer the case shall accompany the child to the receiving agency at which the conference may be conducted.

Other reasons for closure can be transfer of residence of the child and family outside the jurisdiction of the social worker. In such case, arrangement for the transfer of the case to the social worker of the area shall be made by sending a transfer summary for the guidance of the new social worker.

Annexes

Annex A: Sample Interview Sheet

	Sample Interview Sheet	
Case Number		
Date Filed		
VICTIM'S PROFILE		
Name of victim :Family Name	T' (N	V(-111-)
		Middle Name
Nickname / Alias :		
Address : No. and Street Barangay	Municipality City	Province
Telephone / cellphone no		
Date of Birth :		
Age (at the time of the incident):		
Place of birth :		
Gender:	?	
Civil status : Single Married	☐ Live-in	
Nationality : Filipino Foreigner, I	please specify:	
☐ No nationality		
Religion: Catholic Islam	☐ Protestant ☐ Baptist	□ INC
Others, please specify:		
Sector:		
Current status of schooling :		
Highest educational attainment		
☐ College undergraduate	☐ Elementary graduate	☐ No formal Education
☐ Technical/Vocational education	☐ Elementary undergraduate	
☐ High school graduate	☐ Pre-school	
☐ High school undergraduate	☐ Alternative (SPED, Home Scho	poling, Day Care)

Annex A: Sample Interview Sheet

Is the victim a member of indige	ficate?	
If yes, please specify ethnic g	group:	
Is the victim a person with disab	ility? \square Yes, physically \square Yes, mentally	□ No
Is the victim an internally displa	ced person?	
☐ Yes, due to natural calamity☐ Yes, due to armed conflict d☐ Yes, due to climate change as☐ Yes, due to man-made☐ Yes, due to reason☐		
Please specify place of temporal	orary shelter / evacuation center	
□No		
Victim is under the custody of:		
☐ Parent/s ☐ Relative/s ☐ Legal guardian/s ☐ DSWD / Social Worker ☐ NGO ☐ Barangay	☐ Faith-based organization ☐ Reputable person in the community ☐ Private child-caring institution ☐ Public child-caring institution ☐ Private individual ☐ Others, please specify:	_
Name:		
Address:		
Telephone number:		
1		
Victim living alone without adul	t supervision?	

Annex B: Sample Consent Form for Medical Exam

CONSENT - PAHINTULOT²

By signing this form, you authorize CPU physicians to perform the medical exam requested by the patient, parent, and/or guardian. Parental consent for an evidential examination is not legally required in cases of known or suspected child abuse. A social worker, or other adult acting as the child's guardian, may authorize the exam in place of the child's parent(s). If you have questions, please contact your local Department of Social Welfare and Development office.

Ang paglagda sa papel na ito ay nangangahulugang pinahihintulutan ang mga doktor ng CPU na magsagawa ng pagsisiyasat pangmedikal ayon sa kahilingan ng pasyente, magulang, at/o tagapag-alaga. Hindi kinakailangan ang pahintulot mula sa magulang sa
mga kasong tinitiyak o pinaghihinalaan na may naganap na pang-aabuso. Maaaring magbigay ng pahintulot ang isang social worker
o sino mang nakatatanda na tumatayong tagapag-alaga sa bata. Kung may mga katanungan, maaari pong makipag-ugnayan sa
DSWD sa inyong lugar.

	nt for injuries. I understand that collection of evidence may include	sexual and/or physical abuse and treatme
	hs may include the genital area. All such photographs are part of the	
	ther understand that hospitals and physicians are required by law to about the incident	patient's confidential medical record. I fur notify child protective agencies (e.g, DSWD)
		o) oa procedure agencies (erg, 2011)
	karampatang lunas si,	Hinihiling kong masiyasat at mahigyan ng
	pang matugunan ang anumang hinala hinggil sa anumang anyo ng	
	alap ng katibayan ay may pangangailangang kunan ng mga larawan	
	uitalia" o maseselang bahagi. Ang lahat ng larawan ay mananatiling na kompidensyal (confidential). Batid ko rin na tungkulin ng mga	0 0 0 0
	ia kompiaensyai (conjiaeniiai). Daiia ko rin na iungkuiin ng mga	
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	
		pagamutan/ospital at/o dalubhasa/dokto
		pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari.
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata)
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata) nted name of guardian (pangalan ng tagapag-alaga)
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata)
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata) nted name of guardian (pangalan ng tagapag-alaga)
	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata) nted name of guardian (pangalan ng tagapag-alaga) gnature of guardian (lagda ng tagapag-alaga) elation to child (kaugnayan sa bata)
Patient's right	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata) nted name of guardian (pangalan ng tagapag-alaga) gnature of guardian (lagda ng tagapag-alaga) elation to child (kaugnayan sa bata)
Patient's right	r na ipaghigay-alam sa mga ahensiya para sa pangangalaga ng mga	pagamutan/ospital at/o dalubhasa/dokto bata, tulad ng DSWD, ang pangyayari. ild's name (pangalan ng bata) nted name of guardian (pangalan ng tagapag-alaga) gnature of guardian (lagda ng tagapag-alaga) elation to child (kaugnayan sa bata)

 $^{^{2}}$ This consent form is from the Philippine General Hospital - Child Protection Unit (PGH - CPU).

Annex C: DOJ Circular No. 55



Republika ng Pilipinas KAGAWARAN NG KATARUNGAN Department of Justice Manila

1 1 SEP 2002

DEPARTMENT CIRCULAR NO. _ 5

TO : ALL REGIONAL STATE PROSECUTORS,

PROVINCIAL AND CITY PROSECUTORS AND THEIR

ASSISTANTS, STATE PROSECUTORS AND

PROSECUTION ATTORNEYS

SUBJECT : Authority to order the conduct of autopsy on the body of

a child who may have died under suspicious or abuse-

related circumstances

It has come to the attention of the Special Committee for the Protection of Children under the Department that there are cases where children die under suspicious and abuse-related circumstances (i.e. shaken baby syndrome) that would need further medico-legal examination or autopsy, a procedure that will trigger an investigation on the cause of death of the child-victims. In most instances, the relatives of the victims refuse to consent for the conduct of such examination or autopsy. It cannot be ruled out, however, that the perpetrator may have been a relative or a close member of the family.

Presidential Decree No. 856(Sanitation Code of the Philippines), insofar as pertinent, provides:

"Sec. 95. Autopsy and Dissection of Remains.- The autopsy and dissection of remains are subject to the following requirements:

"a. xxx xxx xxx

"b. Autopsies shall be performed in the following cases:

1. xxx xxx

 Upon orders of a competent court, a mayor and a provincial or city fiscal;

XXX XXXX XXX".

Annex C: DOJ Circular No. 55

Pursuant to the above-quoted provision of law and In pursuit of the government's policy of protecting children from all forms of abuse, cruelty, neglect and discrimination, Provincial and City Prosecutors are hereby directed to order the conduct of autopsy on the body of child-victims, upon the request of any interested party, and upon proper showing that the child may have died under suspicious or abuse-related circumstances, there being no external signs to readily conclude that the child died as a result of violence or crime. "Any interested party" shall include but be not limited to a law enforcement officer. parent or legal guardian, or authorized physicians of the UP-PGH Child Protection Unit (CPU) and other government hospitals. Strict compliance herewith is enjoined. HERNANDO B. PEREZ Secretary Copy furnished: All concerned.

Annex C-1: DOJ Memo No. 87



Republika ng Pilipinas KAGAWARAN NG KATARUNGAN Department of Justice Manila

5 SEP 2003

OFFICE ORDER NO. 87

SUBJECT: APPROVED "ORDER TO CONDUCT AUTOPSY FORM" RE IMPLEMENTATION OF DEPARTMENT CIRCULAR NO. 55 DATED SEPTEMBER 11, 2002

In the interest of public service and pursuant to the provisions of existing laws, all Regional State Prosecutors, Provincial and City Prosecutors and their assistants, State Prosecutors and Prosecution Attorneys, are hereby directed to adopt the attached "Order of Autopsy" form in compliance and in the implementation of Department Circular No. 55 dated September 11, 2002 relative to the authority of the foregoing to order the conduct of the autopsy on the body of a child who may have died under suspicious or abuse-related circumstances.

For strict compliance.

JOVENCITO R. ZUN Chief State Prosecutor

Copy furnished:

All concerned.

Annex C-1: DOJ Memo No. 87

ORDER OF AUTOPSY

By virtue of Section 95 of the Sanitation Code of the Philippines (P.D. No. 856), pursuant to Department Circular No. 55 authorizing all prosecutors to order the conduct of autopsy on the body of a child who may have died under suspicious or abuse-related circumstances, to perform autopsy based on the suspicious death of:

Name
Age
Sex
Date of Birth
Date of Death
Place of Death
Possible cause of Death
Location of Cadaver
Person in custody of cadaver

Pursuant to this order, the person or institution in custody of the cadaver is hereby restrained from releasing the said cadaver prior to the performance of the said autopsy.

This order is issued in the City of _____, Republic of the Philippines on _____.

Strict compliance herewith is enjoined.

NAME & SIGNATURE PROSECUTOR

Guide for Media Practitioners on the Reporting and coverage of Children

This Guide was prepared by the Special Committee on the Protection of Children headed by the Department of Justice. KBP represented the broadcast media in the Committee.

RATIONALE

One of the landmarks of a democratic society is the access to information on matters of public concern. Thus, Article III, Section 7 of the Philippine Constitution provides:

"The right of the people to information on matters of public concern shall be recognized. Access to official records, and to documents, and papers pertaining to official acts, transactions or decisions, as well as to government research data used as basis for policy development, shall be afforded the citizen, subject to such limitations as may be provided by law".

As a cornerstone in a democratic society, Media provides the means for a free market of ideas. Access by media to information is given wide latitude most especially when it comes to matters of governance, public and political affairs.

However, it must be noted that the very Constitutional provision recognizing the right to access to information likewise states that the right is not without limitations.

Access to information is "subject to limitations as may be provided by law". One such limitation is the access to information, and the publication thereof, on matters pertaining to children.

The challenge to media practitioners is to carry out their duty of informing the public effectively and at the same time being aware of the need to protect and enhance the rights of the child without in any way compromising the freedom of expression or undermining their independence as journalists. They are in the position to assess the efforts along this line and challenge everyone to comply with domestic laws and international commitments on the rights of the child.

This guide is intended to raise media awareness on issues concerning the rights of the child and at the same time reinforce journalistic standards, through selfregulation, and contribute to the protection and promotion of these rights.

Existing laws passed protecting the child provides for confidentiality. The confidentiality clauses are meant to protect the child's right to privacy and to prevent the child from trauma, social stigma, and further suffering arising from inappropriate publicity or approaches to media coverage.

With the passage of new laws relating to children, the Special Committee for the Protection of Children saw the need to update the guidelines it formulated in 2000, consistent with the provisions provided in the laws.

DECLARATION OF STATE POLICY

The 1987 Constitution declares that the State recognizes the sanctity of family life and shall protect and strengthen the family as a basic institution. The natural and 1 primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government.

The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism, nationalism, and encourage involvement in public and civil affairs.

The State, in the exercise of parens patriae, has the inherent duty to defend and care for its citizens, children included, considering the special care they need vis-à-vis the right to press freedom and the right to expression.

Children need special safeguards and care due to their size, vulnerability and young age. Every effort must be exerted to ensure that children are accorded special protection to enable them to grow and develop in an atmosphere of peace, dignity, tolerance, freedom, equality and solidarity. The best interest of the child shall be the primordial and paramount concern of everyone.

The United Nations has recognized that children need special care and protection.

The Convention on the Rights of the Child, to which the Philippines is a state party, recognizes that a child's rights need to be protected and enhanced, among these, the right to privacy, honor and reputation either as a victim or in conflict with the law.

There are groups of children who need special protection. Children as victims of abuse and those who are in conflict with the law need to be shielded from inappropriate media coverage and unwarranted publicity. Reporting of their cases should be done in a manner that would promote their best interest.

LEGAL BASES

- Presidential Decree No. 603 (Child and Youth Welfare Code) provides for the destruction
 of the records of the case such as files of the National Bureau of Investigation, any police
 department and any other government agency, after the charges have been dropped.
- Republic Act No. 7610 (Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act) requires "strict confidentiality" on the identity of child abuse victims and to all records pertaining to the case.
- Republic Act No. 8369 (Family Courts Act of 1997) provides that all hearings and
 conciliation of the child and family cases shall be treated in a manner consistent with the
 promotion of the child's and family's dignity and worth, and shall respect their privacy at
 all stages of the proceedings. It further provides for the confidentiality of all records of
 cases and the identity of the parties involved therein unless necessary and with court
 authority.

- Republic Act 9165 (Comprehensive Drugs Act of 2002) provides for the confidentiality
 of records of children under both the voluntary and compulsory submission program or
 those of children discharged after compliance with conditions of suspended sentence. It
 further provides for confidentiality of records of probation and community service of the
 child
- Republic Act No. 9208 (Anti-Trafficking in Persons Act of 2003) provides for confidentiality of proceedings at any stage of the investigation. It shall be unlawful to cause publicity of any case of trafficked persons when prosecution or trial is conducted behind closed-doors.
- Republic Act No. 9262 (Anti-Violence Against Women and Their Children Act of 2004) provides that all records pertaining to cases of violence against women and their children shall be confidential... and the right to privacy of the victim shall be respected. Whoever publishes or causes to be published, in any format, the name, address, telephone number, school, business address, employer, or other identifying information of a victim or an immediate family member, without the latter's consent shall be liable to the contempt power of the court.
- Republic Act No. 9344 (Juvenile Justice and Welfare Act of 2006) mandates that all records and proceedings involving children in conflict with the law from initial contact until final disposition of the case shall be considered privileged and confidential.
- Rule on Examination of Child Witnesses as promulgated by the Supreme Court The said laws/rule provides for penal sanctions for any violation of the abovementioned confidentiality provisions.

COVERAGE & DEFINITIONS

This guide is primarily intended for media practitioners in the reporting and coverage of cases involving children.

- A. For purposes of this guide, the term "media practitioners" refer to all persons who are involved in any form of mass media, including internet, and are not limited to editors, publishers, reporters, columnists, writers, photo journalists, cameramen, announcers, program hosts, program content producers and directors and film content producers and directors.
- B. The child refers to a person below eighteen (18) years of age or one who is eighteen (18) years of age or over but is unable to fully take care of or protect himself/herself from abuse, neglect, cruelty, exploitation, or discrimination because of a physical or mental disability or condition. In particular are the following:
 - a. Child Victim is a child who suffered from abuse, exploitation, neglect and discrimination (e.g. sexual, physical, emotional, verbal, psychological, economic). The term includes Children Involved in Armed Conflict (CIAC).
 - b. Child in Conflict with the Law (CICL) refers to a child who is alleged as, accused of, or adjudged as, having committed an offense under Philippine laws
 - c. Child Witness is any person who at the time of giving testimony is below the age of eighteen (18) years

PRINCIPLES & GUIDE

Principle 1

Children have an absolute right to privacy. The highest ethical and professional standards in reporting and covering cases of children must be observed such that in all publicity concerning children, the best interests of the child shall be the primary concern.

Guide

1. In the best interest of the child, the identity of a child victim of abuse, child witness, CIAC or a CICL shall not be disclosed whether directly or indirectly.

No information that would lead to the identity of the child or any member of his/her family shall be published or broadcast.

Photographs, images, or video footage of the face or any distinguishing feature or information of a child victim of abuse, child witness, CIAC or a child in conflict with the law including his or her family members shall not be taken, published, or shown to the public in any manner.

Exception to this are missing children, children looking for their parents or relatives or any other similar cases where revealing the identify, is for the best interest of the child.

- 3. The disclosure of any private or graphic detail of the case, including the medico-legal findings, in public, is a violation of confidentiality provisions under the law.
- 4. The access, use or dissemination as well as the provision of records of a child shall be subject to sanctions under existing laws. Records, materials and other evidence recovered or confiscated during rescue operations of child victims are considered confidential when they form part of police, prosecution or court records.
- 5. In the best interest of the child, interview(s) of a child victim of abuse, child witness, child involved in armed conflict and a child in conflict with the law should be conducted only when the child interviewee is assisted by a psychologist or a social worker known to her or him. In this case, the media practitioner should take into consideration the level of comfort of the child when asking questions and the length of time spent in the interview. This is to prevent the child from further traumatisation or victimization.
- 6. In reporting or covering cases on abuse and exploitation involving children, media practitioners are encouraged to discuss the issues surrounding the case rather than the personal circumstances of the victim.

Principle 2

The child's dignity must be respected at all times.

Guide

- 1. The use of sexualized images of children is a violation of the child's rights. Obscene or pornographic materials, videos, photographs and other related media should not be subjects of circulation, publication or broadcast as it is a violation of the right of the child to dignity and self-worth.
- Crimes of violence by or against children must be reported factually and seriously without passing judgment, stereotyping, or sensationalism.
- 3. There should be a conscious effort to avoid sensationalism and exploitation of the child in need of any assistance. The release of the child's identity to elicit financial support or aid for the child's medical care is strongly discouraged.
- 4. The personal circumstance of the child which will tend to sensationalize the case must be avoided. The child's life should not be treated as a movie.

Principle 3

Children have the right to be heard. Access to media by children should be encouraged.

Guide

- Whenever possible, give children access to media for them to be able to express their own opinions without inducement of any kind, in any manner or procedure affecting them
- When the child is the source of crime-related news or information, his/her identity should be protected at all times.

Principle 4

The mass media is a partner in the promotion of child rights and the prevention of child delinquency, and is encouraged to relay consistent messages through a balanced approach.

Journalistic activity which touches on the lives and welfare of children must be carried out with sensitivity and appreciation of the vulnerable situation of children, so that children are not revictimized or re-traumatized.

<u>Guide</u>

- On media coverage of specific cases, the present as well as the long-term implications for the child's recovery, rehabilitation and reintegration shall be taken into consideration by all those involved in deciding on and implementing the said approaches to media coverage.
- 2. It is the responsibility of the media to verify the status of an organization which purports to speak or represent the child, before any airing, broadcasting or publication in behalf of the child. The organization must be duly accredited, registered or licensed by the Department of Social Welfare and Development (DSWD) or by any appropriate government agency.
- 3. Media is urged to undertake investigative journalism and to report on violations of children's rights, and other issues relating to children's safety, privacy, security, education, health and social welfare and all forms of exploitation and discrimination.

- 4. There are government agencies responsible for the care of children such as the Department of Social Welfare and Development (DSWD), or the local social welfare offices, Department of Labor and Employment (DOLE), Movie and Television Review and Classification Board (MTRCB), including private organizations or institutions which have adopted and are implementing guidelines on dealing with child sensitive coverage, reportage, and access to media. Media organizations are urged to develop their own internal policies and procedures aligned and consistent with these guidelines, including monitoring systems and protection mechanisms on the engagement of children in any media program to ensure that children are free from physical and psychological risks and that they are not exploited for commercial purposes.
- 5. Media organizations are encouraged to exercise self-regulation through responsibility in programming, publication or posting of any information affecting the physical, social, emotional, mental and moral development of the child. The publication of images or broadcast of programs containing information detrimental to child development should be shown or aired outside of the time slots allotted for children.

REFERENCES:

RA No. 8369, Sec. 12; RA No. 9165; RA No. 9208, Sec. 7; RA No. 9262, Sec. 44; RA No. 9344, Sec. 23; Supreme Court Rule on the Examination of Child Witnesses and the UN Convention on the Rights of the Child.

ADDITIONAL REFERENCE

International Federation of Journalists' Draft Guidelines and Principles for Reporting on Issues Involving Children (Adopted at Recife, Brazil, 2nd May 1998)

All journalists and media professionals have a duty to maintain the highest ethical and professional standards and should promote within the industry the widest possible dissemination of information about the International Convention on the Rights of the Child and its implications for the exercise of independent journalism.

Media organizations should regard violations of the rights of children and issues related to children's safety, privacy, security, their education, health and social welfare and all forms of exploitation as important questions for investigation and public debate. Children have an absolute right to privacy, the only exceptions being those explicitly set out in these guidelines. Journalistic activity which touches on the lives and welfare of children should always be carried out with appreciation of the vulnerable situation of children.

Journalists and media organizations shall strive to maintain the highest standards of ethical conduct in reporting children's affairs and, in particular, they shall:

- Strive for standards of excellence in terms of accuracy and sensitivity when reporting on issues involving children;
- Avoid programming and publication of images which intrude upon the media space for children with information which is damaging to them;

- Avoid the use of stereotypes and sensational presentation to promote journalistic material involving children;
- Consider carefully the consequences of publication of any material concerning children and shall minimize harm to children;
- Guard against visually or otherwise identifying children unless it is demonstrably in the public interest;
- Give children, when possible, the right of access to media to express their own opinions without inducement of any kind;
- Ensure independent verification of information provided by children and take special care to ensure that verification takes place without putting child informants at risk;
- Avoid the use of sexualized images of children;
- Use fair, open and straight forward methods for obtaining pictures and whenever
 possible, obtain them with the knowledge and consent of children or a responsible adult,
 guardian or care giver;
- Verify the credentials of any organization purporting to speak for or represent the interest of children;
- Not make payment to children for material involving the welfare of children or to parents or guardians of children unless it is demonstrably in the interest of the child;

Journalists should put to critical examination the reports submitted and the claims made by Governments on implementation of the UN Convention on the Rights of the Child in their respective countries.

Media should not consider and report the conditions of children only as events but should continuously report the process likely to lead or leading to the occurrences of these events.

Annex E: DOJ Circular No. 70



Republika ng Pilipinas KAGAWARAN NG KATARUNGAN Department of Justice Manila

07 November 2006

DEPARTMENT CIRCULAR NO.

TO: All Regional State Prosecutors City/Provincial Prosecutors & Their Assistants

It has come to the attention of the undersigned that cases against social workers are being filed upon taking protective custody of physically/sexually abused children.

In this connection, attention is invited to Sec. 28, Article 11 of RA No. 7610, to wit:

"Sec. 28. Protective Custody of the Child. - The offended party shall be immediately placed under the protective custody of the Department of Social Welfare and Development pursuant to Executive Order No. 56, series of 1986. In the regular performance of this function, the officer of Welfare the Department of Social Development shall from be free administrative, civil or criminal liability. Custody proceedings shall be in accordance with the provisions of Presidential Decree No. 603"

and Sections 9 & 10 of the Rules and Regulations on the Reporting and Investigation of Child Abuse cases which provide:

"Sec. 9. <u>Protective Custody</u> – If the investigation discloses sexual abuse, serious physical injury or life-threatening neglect of the child, the duly authorized officer or social worker of the

Annex E: DOJ Circular No. 70

authorized officer or social worker Department shall immediately remove the child from his home or the establishment where he was found and place him under protective custody to ensure his safety." "Sec. 10.- Immunity of Officer Taking The Child Under Protective Custody.- The duly authorized officer or social worker of the Department and the assisting police officer or barangay official, if any, who shall take a child under protective custody shall be exempt from civil, criminal and administrative liability therefor." In view thereof, you are hereby directed to act on cases filed against social workers for taking protective custody of physically/sexually abused children pursuant to the above-cited provisions. For strict compliance. Secretary

Annex E-1: DOJ Circular No. 77



Republika ng Pilipinas KAGAWARAN NG KATARUNGAN Department of Justice Manila

16 January 2007

DEPARTMENT CIRCULAR NO.

Further to Department Circular No. 70 dated 7 November 2006 directing Regional State Prosecutors, City and Provincial Prosecutors and their Assistants to act on cases filed against social workers pursuant to Section 28 Article XI of R.A. No. 7610 "Protective Custody of the Child", and Sections 9 and 10 of the Rules and Regulations on the Reporting and Investigation on Child Abuse Cases "Protective Custody" and "The Immunity of Officers Taking the Child under Protective Custody", respectively, social workers taking protective custody of the child shall refer to all <u>Social Workers</u> whether that of the Department of Social and Welfare and Development or the Local Social Welfare and Development Officer or any authorized officer under the law.

For information and guidance.

Secretary

Copy furnished:

All concerned.

Annex F: DOJ Circular No. 54



Republika ng Pilipinas

KAGAWARAN NG KATARUNGAN

Department of Justice

Department of Justice Manila

0 9 SEP 2002

department circular no. 54

TO

ALL REGIONAL STATE PROSECUTORS,

PROVINCIAL AND CITY PROSECUTORS AND THEIR

ASSISTANTS, STATE PROSECUTORS AND

PROSECUTION ATTORNEYS

SUBJECT

Non-dismissal of cases involving violations of Republic Act No. 7610, as amended, (Special Protection of Children from Child Abuse, Exploitation and

Discrimination Act), despite desistance of victims

It has come to our attention that several cases involving violations of R.A. No 7610 were dismissed based on mere Affidavit of Desistance executed by the victims or by their parents or legal guardians during the preliminary investigation stage or during trial. However, it is not remote that the child-victims and/or their parents or legal guardians are being forced or harassed to execute such desistance.

In pursuit of the government's policy of protecting children from all forms of abuse, cruelty, neglect and discrimination and in order not to frustrate the ends of justice, you are hereby directed to relentlessly prosecute the offenders and vigorously oppose and/or manifest strong objection to motions for dismissal of cases involving violations of R.A. No. 7610 filed in court despite the desistance of the child-victims and/or the victims' parents or legal guardians; neither shall motion to dismiss on account of such said desistance be initiated by the prosecution.

Strict compliance herewith is enjoined.

HERNANDO B. PEREZ Secretary

Copy furnished:

All concerned.

Annex G: Sample application for victim's compensation or financial assistance

Revised D		RD OF CLAIM (R. A. No. 7309) partment of Justice Manila	IS
			Picture
	APP	LICATIO	N
1.	Name of Applicant :		
2.	Address (Residence) : Telephone :		
3.	Business Address : Telephone :		
4.	Date & Place of Birth:		
5.	Civil Status :	Nationality:	
6.	Name of Spouse :		
7.	Name of Child / Children:		
b	Name		
c			
8.	virtue o judgment of () Certified True Cop () Certified True Cop	onvicted and imprisoned bu	nt subsequently released by on of conviction; sion of acquittal; and
	confinement by the	jail warden or prison author	ority concerned.
	() Any proof to show t	that he was unjustly detained s of arrest; detention and re	ed without being charged.
	c. A victim of arbitrary	y or illegal detention by the code under final judgment of	e authorities and defined in

Annex G: Sample application for victim's compensation or financial assistance

	(2)
	d. Victims of Violent Crime:
	 () Certified True Copy of Police Report (Spot and Casualty Report in case of KIA); () Certified True Copy of Autopsy Report in case of Death; () Certified True Copy of Doctor's Medical Certificate (for Serious Physical Injuries/Rape); () Certified True Copy of Psychiatrist Certificate; if applicable; and () Certified True Copy of Death Certificate and () Medical Receipts, etc. (in case of Serious Physical Injuries) () Certified True Copy of Resolution / Information (in case of Rape) () For KIA, Certificate of Legal Beneficiaries / Declaration of Legal Beneficiaries (Authenticated Copy) () For WIA, Certificate (wounded) with journal (Authenticated Copy)
9.	If claimant is an heir, he/she shall submit the following:
	 () Certified True Copy of Marriage Certificate if claimant is the spouse; () Certified True Copy of Birth Certificate if claimant is a child/parent; or () Proof of relationship that the claimant is the mother/sister/grandparent. () Baranggay Certificate
10.	History of Claim: a. I.S. Crim. Case No.: b. Compainant: c. Respondent/Accused: d. Nature of Offense: Right thumb mark
	APPLICANT
2008,	(Signature over printed name) SUBSCRIBED AND SWORN to before me this day of in the City of Manila, Philippines.
	ADMINISTERING OFFICER

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery	Clientele	Area(s) of Operation
NATIONAL CAPITAL REGIO	N					Mode		
ASILO DE SAN VICENTE DE PAUL No. 1148 UN Avenue, Manila Tel. #: 523-3829/523-5264; 522- 6898/522-1643 Fax # 522-8696 e-mail add: asilomla@yahoo.com	Sr. Nieva C. Manzano Administrator	DSWD-NCR 201 July 16, 2010 201	0 to July 15,	DSWD-SB-A- 000409-2010 September 20, 2010 to September 19, 2013 (Residential care) DSWD-SB-A- 000410-2010 September 20, 2010 to September 19, 2013 (Community based)	temporary shelter, homelife services, social services, psychological services, primary health care services, educational services, supplemental feeding, vocational technology program (commercial cooking, food and beverage, transient home) emergency relief	Residential care and community-based	residential care -5-10 years old (upon admission) neglected, surrendered, abandoned, physically abused, streetchildren - vocational technology progrm - youth 18 years old above - transient home- financially hard	NCR
BAHAY TULUYAN, INC. 2218 Leveriza St., Malate, Manila Tel.# 353-3419 CP# 0918-9396140 E-mail address: info@bahaytuluyan.org	Ms. Lily Flordelis, DMD Executive Director	DSWD-SB-RL-00083- 2012 January 9, 2012 to January 8, 2015		June 19, 2003	Junior Educators Program; Participatory Research Team; Campaigns and Advocacy; Temporary Shelter	Residential care and community- based	Street children 4-14 yrs. old who are sexually/ physically abused, maltreated, abandoned, neglected,	Regions IV- A and NCR
CASA MIANI SOMASCON FATHERS FDN, INC. Office: Commerce Avenue, Ayala Alabang, Muntinlupa City, 1702 Metro Manila Tel. #: (056) 211-2705 Fax. #: 842-2923 e-mail: casamiani@hotmail.com/casamiani@yahoo.com Facility: CASA MIANI SAN JOSE St. Jude, San Jose Village, Alabang, Muntinlupa City Tel. #: 807-7893 e-mail: casamiani@hotmail.com/	Rev. Fr. Luigi Brenna, CRS Executive Director Fr. Romel Ermita Program Director	DSWD-SB- 20 ⁻ August 25 August 2	10 , 2010 to	DSWD-SB-A- 000439-2010 November 10, 2010 to November 9, 2013	Social Services, religious formation, educational program, Job and OJT assistance, Health Care, Advance & Phase-Out Program and summer Program	Residential Care	7-16 years old children and youth who are abandoned, neglected, orphaned and abused	NCR
casamiani@yahoo.com CRIBS FOUNDATION, INC. No. 15 Major S. Dizon Street, Industrial Valley, 1800 Marikina City Tel. #: 681-5921/681-8078/681-9705 Fax: 647-1329 email add: cribsnet@info.com.ph/marie_cribs@yaho o.com		DSWD-SB-RL-00075- 2011 October 17, 2011 to October 16, 2014 (Residential-based, Community-based and Child Placement (Foster Care) Programs and Services)		DSWD-SB-A- 000773-2012 September 5, 2012 to September 4, 2015 (Residential care and community- based (foster care)	Residential care, Foster Care, homelife, educational, psychological, spiritual, health, socio- cultural services, counseling, group therapy; skills training	Residential Care and Community- based	Abandoned, surrendered, neglected infants (0-2 yrs old) abused females (7-17 yrs.old)	Regions IV- A and NCR
GENTLE HANDS, INC. #27 F. Castillo St., Bagumbuhay Project 4, Quezon City Tel. #: 913-55-40 Fax #: 913-55-39 e-mail add:fawltytowers@surfshop.net.ph	Ms. Charity Graff Executive Director	DSWD-NCR 200 November 2 November	09 25, 2009 to	DSWD-SB-A- 000262-2009 November 25, 2009 to November 24, 2012	homelife services, health and nutrition, recreational activities, social services, foster care program, family reintegration, ECCD activities, educational assistance/sponsorship and counseling	Residential care	0-14 years old surrendered, abandoned/ foundling children, out-of-school youth, at risk of abuse (physically abuse, victims of incest or unwanted pregnance) and addiction	NCR

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
HOLY FAMILY HOME- MAKATI FOUNDATION, INC. Blk. 32 Lot 8 #21 Umbel St., Brgy. Umbel Pembo, Makati City Tel. #: 728-7092	Sr. Luz Maria C. Buitrago	DSWD-NCR 201 February 21 February 2	1 , 2011 to	DSWD-SB-A- 512-2011 March 23, 2011 to March 22, 2014	temporary shelter, homelife, social services, medical/dental, educational services, counseling	Residential Care	abandoned, neglected (physically abused) female children and youth	NCR
LAURA VICUÑA FOUNDATION INC. 3500 V. Mapa Extension, Sta. Mesa 1016 Manila Tel. #: 714-7793 Fax #: 714-7428 E-mail add: lauravicuna2004@yahoo.com	Sr. Ma. Victoria P. Sta. Ana, FMA Executive Director	DSWD-SB I 200 October 13 October 1	99 , 2009 to 2, 2012	DSWD-SB-A- 000249-2009 November 19, 2009 to November 18, 2012 (Community- based)	- Drop-In Center for streetchildren (located in Sta. Mesa and Tondo) - Technology Resource Center - conducts TESDA accredited vocational and technical courses like computer secretarial, basic electronics and garment trade - LINK Center (Launching to Industries Networking and Kick off Center) - undertakes survey of potential industrial and business establishments for referral services and job placements, intensified training input for HR Dev't., capital build-up assistance, small business enterprises - Group Home Independent Living	Community- based	-6-18 years old male and female streetchildren and urban youth at risk of abuse, exploitation and neglect '- 7-18 years old urban poor male and female youths including qualified streetchildren who are prepared to undertake vocational and technical courses '- discharged older children from the agency's Home for Girls in Cubao and graduates of	Regions VI and NCR
LAURA VICUÑA FOUNDATION INC. CENTER 55 F. Manalo Cubao, Quezon City Tel. #: 723-2342	Sr. Ma. Victoria P. Sta. Ana, FMA Executive Director	DSWD-SB I 200 October 13 October 1	9 , 2009 to	DSWD-SB-A- 000200-2009 October 13, 2009 to October 12, 2012 (NCR) Residential	- Residential care (Home for Girls)-homelife, health and nutrition, medical and dental services, sociorecreational services, psychiatric/psychologica I services, social services and after care services	Residential Care	7-17 years old homeless female street children, sexually- abused, youth at risk and child labor	NCR
LAURA VICUÑA FOUNDATION INC. DROP-IN Bo. Magsaysay, Tondo, Manila Tel. #: 252-8422	Sr. Ma. Victoria P. Sta. Ana, FMA Executive Director	DSWD-SB I 200 October 13 October 1	9 , 2009 to	DSWD-SB-A- 000249-2009 November 19, 2009 to November 18, 2012 (Community- based)	Drop-In Center for streetchildren (located in Sta. Mesa and Tondo) - educational assistance in the form of daily allowance and provision of educational needs, values and spiritual formation, skills development/livelihood, supplemental feeding, socio-cultural acitivities and family and community outreach/parents	Community- based	6-18 years old male and female streetchildren and urban youth at risk of abuse, exploitation and neglect	NCR

				<u> </u>			
Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration License #	Accred. #	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
MERITXELL CHILDREN'S WORLD FOUNDATION, INC. Office: #31 Bronze St., SSS Village, Barangay Concepcion 2, Marikina City Tel.# 475 - 0414 Fax# 472-0412 Facility: #24 Peach St., SSS Village, Barangay Concepcion 2, Marikina City Tel # 997-1479	ATTY. ERIC HENRY JOSEPH F. MALLONGA Executive Director	DSWD-NCR RL- 0000010-2009 June 23, 2009	DSWD-SB- A- 000056-2009 June 1, 2009 to May 31, 2012	Temporary shelter (Children's Home for Runaway girls); homelife services, educational services (provision of formal education) medical, health and dental services, legal and paralegal assistance, spiritual enhancement and livelihood skills training (paper making, beads making and soap making)	Residential Care	Female children (3-15 years old) victims of abused, incest, neglected and abandoned	NCR
OBLATE SISTERS OF THE MOST HOLY REDEEMER, INCORPORATED - SERRA'S CENTER FOR GIRLS Main office and novitiate home: #9 St. Jude Street, Multinational Village, Parañaque City Tel. #: 825-0582 Facility: No. 162 Sinciego Street, F.B. Harrison, Pasay City Tel. # 524-4083 Telefax #: 525-4705 email: serracenter@yahoo.com	Sr. Nida Viovicente, OSR Executive Director Sr. Araceli Ponce Project Officer	DSWD-SB-RL-00040- 2010 August 18, 2010 to August 17, 2013 (Residential care and Community-based)	23, 2014 (Residential care)	homelife, psychosocial, educational services, (elementary, high school and vocational or college), health services community-based services: advocacy program (child abuse laws and types of child abuse and its psychodynamics), provision of supplemental snacks, school supplies, individual and family counseling, educational exposures, values formation, child sexual abuse prevention, adolescent reproductive health	Residential Care and community- based	girls and women victims of abused and exploitation, sexually exploited street girls below 17 years old	NCR
ONESIMO BULILIT FOUNDATION, INC. #390 Fraternal St., Quiapo, Manila #33 C. Palanca St. Quiapo, Manila (drop-in center) Tel.# 735-1161/734-6830	Mr. Daniel Wartenweiler Executive Director	DSWD-NCR-RL-000012- 2009 September 14, 2009 to September 13, 2012	DSWD-SB-A- 000445-2010 November 17, 2010 to November 16, 2013 (Residential care services) DSWD-SB-A- 000446-2010 November 17, 2010 to November 16, 2013 (community-	temporary shelter, drop- in center for streetchildren, non- formal education, values and spiritual formation, sports and physical activity	Care and	neglected, abandoned and physically/sexua lly abused children and streetchildren	NCR
PANGARAP FOUNDATION INC. (Pangarap Shelter for Street Children) No. 2503 Taft Avenue, corner. Escobal Street, Pasay City Tel #: 834-1061/551-37-33 Fax #: 834-1061 e-mail add: pangrapfoundation@yahoo.com	Br. Francisco Tañega, MD, FMSI Program Director	DSWD-SB-RL-00070- 2011 June 30, 2011 to June 29, 2014	DSWD-SB-A- 000609-2011 October 10, 2011 to October 9, 2014	Caring -provision of basic needs such as food, clothing, medical and dental services Healing -individual, group and family counseling or therapy, psychological evaluation and psychiatric assessment, conduct of summer camp and family day, monthly socialization activities and spiritual or values formation Teaching - tutorial classes, educational assistance, art, music and theater workshops, sessions on life skills, reproductive health seminars and skills training such as revoiced and design and social candle services and spiritual or values formation.	Residential care and Community-based	8-17 years old abused, neglected abandoned and alcohol substance user or children in need of special protection	NCR

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
SILONG TANGLAW FOUNDATION, INC. No. 644 G. Araneta Avenue corner. Kaliraya Street, Quezon City Tel. #: 742-3099 e-mail add:	Rev. Fr. Edcel R. Silva, OSJ Administrator	DSWD-NCR- 201 February 27 February 2	2 7, 2012 to	SB-2004-0234 July 15, 2004	residential care, social services, health, education, recreational, psychological and spiritual services	Residential Care	orphaned, neglected, emotional and physically abused children	NCR
info silongtanglaw@yahoo.com THE SALVATION ARMY SOCIAL SERVICE, INC. (PHILIPPINE TERRITORIAL HQTRS.) - CENTRAL PHILIPPINE DIVISION AND BETHANY CHILDREN'S HOME 20 Senatorial Drive, Congressional Village, Project 8, Bahay Toro, Quezon City Tel. #: 927-1568/453-8208 e-mail add: samy_bethanychildrenshome@yahoo.co m	Major Susan Sandayas Territorial Social Service Secretary	DSWD-SB- December 2 December	3, 2010 to	DSWD-SB-A- 0000524-2011 April 15, 2011 to April 14, 2014	temporary shelter, homelife, medical and dental, educational, recreational and cultural services, counseling, psychological, spiritual, groupwork/group dynamics, music, art therapy, skills development and livelihood training	Residential Care	9-18 years old sexually abused children and youth	NCR
TULOY FOUNDATION INCORPORATED (formerly Pugad Bosco, Inc.) Tuloy sa Don Bosco Streetchildren Village Alabang-Zapote Rd., cor. San Jose Village, Alabang, Muntinlupa City 1770 Philippines Tel. #: (632) 775-0683/ 775-0484/85 Fax Number: (632) 775-0483 Email: fr_rocky@yahoo.com URL: http://tuloy.org	Fr. Marciano Evangelista, SDB President and Project Director	DSWD-NCR- 201 April 20, 2010 201	to April 19,	DSWD-SB-A- 000384-2010 July 30, 2010 to July 29, 2013	homelife services, counseling, casework and groupwork activities, psychological evaluation, medical services, vocational technology education (automotive technology, refrigeration and airconditioning technology, electrical/electronics technology, computer technician technology	Residential Care	7-17 years old abandoned/foun dling, orphaned, neglected, abused and streetchildren and youth	Region IV & NCR
TULAY NG KABATAAN FOUNDATION, INC. (Drop-in Center for Boys) 108 Kalayaan Ave., Diliman, Quezon City Main office: 94 Kalayaan Ave., Diliman, Quezon City Tel. #: 922-2745 Fax #: 763-0120 e-mail add: father.matthieu@dauchez.ch	Fr. Mattieu Dauchez Executive Director	DSWD-SB- 200 November 2 November	09 26, 2009 to	DSWD-SB-A- 000282-2009 December 9, 2009 to December 8, 2012	homelife services, non- formal education, psychological testing and evaluation, medical/dental, spiritual formation, home visits and counseling to parents/relatives to assess possibility of family reunification	Residential Care	7-27 years old male street children and 5-17 years old abandoned, neglected physically abused children	Regions III and NCR
CENTER FOR THE PREVENTION AND TREATMENT OF CHILD SEXUAL ABUSE, INC. #122-C Matahimik St., UP Village, Diliman, Quezon City Tel# 434-7528/36 Fax # 426-7839 e-mail add: cptcsa@mydestiny.net	MS. ZENAIDA S. ROSALES Executive Director	DSWD-SB 20° August 30 August 2 (NCR - Soci Agei Regions III, IV IX, CAR ar	12 , 2012 to 9, 2015 al Welfare ncy /-A, IV-B, V-	DSWD-SB-A- 000768-2012 August 30, 2012 to August 29, 2015	advocacy and training material development, policy advocacy, prevention education, healing/treatment, counseling and resource development	Community- based	children victims of sexual abuse and their families and communities	Regions III, IV-A, IV-B, V-IX, CAR and NCR
HOPE WORLDWIDE INCORPORATED 1. Center of Hope - Acorda St. Phase 3 Lupang Pangako, Area B, Brgy. Payatas, Q.C. CP# 0917-5107869 2. Center of Hope -Brgy. 649 Port Area, Baseco Manila	Mr. Melchor Vipinosa, Jr. Program manager	DSWD-SB- 200 December 1 December	09 5, 2009 to	DSWD-SB-A- 000682-2012 March 22, 2012 to March 21, 2015	day care services, PES seminar and child's rights awareness orientation to parents of day care children, community-based treatment and recovery center for physically and sexually abused children (counseling and play therapy)	Community- based	children and parents of day care children, 7-17 years old physically and sexually abused children	NCR

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred. #	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
SAKLOLO AT GABAY NG INA AT PAMILYA (SAGIP) 2nd Fir. Contessa Bidg., National Highway, cor. Rizal Street, Poblacion, Muntinlupa City Tel. #: 862-0061 to 63 Fax #: 862-0062 Email: sagipcenter@yahoo.com		DSWD-NCR-F 2011 August 8, 2011 7, 201	1 I to August 14	DSWD-SB-A- 000622-2011 November 22, 2011 to November 21, 2014 (Residential care) DSWD-SB-A- 000623 November 22, 2011 to November 21, 2014	residential care, homelife services, crisis intervention, 24 hour hotline service, emergency shelter, legal assistance, medico-legal assistance, psychological services, advocacy on Anti-VAWC, capability building, PES and barangay orientation seminars	residential care and community- based	abused children and women, their families and communities	NCR
END CHILD PROSTITUTION, CHILD PORNOGRAPHY, AND THE TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES (ECPAT-PHILIPPINES, INC.) 143 Anonas Extension, Sikatuna Village, Diliman, Quezon City Tel. #: 441-5108/920-8151 fax #: 441-5108/920-8151 loc. 103/929-9642 E-mail: ed.ecpathipworld@i-manila.com.ph	Ms. Dolores SD. Alforte Executive Director	DSWD-NCR-F 2011 May 31, 2011 2014	1 to May 30,		temporary shelter, educational, livelihood, health services, recreational activities and community participation, policy legislative and networking, children and youth empowerment program, monitoring and casework program, anti-trafficking campaign and anti-	Residential Care and Community- based	children and youth who are abused, exploited and at risk of becoming victims of commercial sexual exploitation	NCR
HOUSE OF LIGHT CHILDREN'S FOUNDATION, INC. #30B J. Macuja St., DBP Village, Las Pñas City Tel. #: 809-2560/772-1088 Tel. #: 809-2560/772-1088 enail add: ryslrds@yahoo.com website: www.holkids.org	Mr.Ronaldo de Guzman President	DSWD-FO-RI 2009 March 6, 2009 15, 20	9 9 to March	2	temporary shelter, homelife, social, educational, health, recreational, sports and other socio-cultural and spiritual services	Residential Care	7-14 years old abandoned, orphaned, neglected, surrendered and abused children	NCR
SAINT MARK COPTIC ORTHODOX FOUNDATION, INC. #96 Maningning St. Teacher's Village East, Quezon City Tel.# 922-1852	Ms. Shelley Joy Cruz President	DSWD-NCR-F 2011 June 1, 2011 t 2012	1 to May 31, 2		temporary shelter, homelife, social, educational, health, recreational, sports and other socio-cultural and spiritual services	Residential care	abandoned, neglected and abused children	NCR
CHILDHOPE ASIA PHILIPPINES INC. No. 1210 Penafrancia Street, Paco, Manila Tel. #: 563-4647; 561-7118 Fax #: 563-2242 E-mail Address: chap@childhope.org.ph	Ms. Teresita L. Silva President/ Executive Director	DSWD-NCR-F 201* March 31, 201 30. 20 as resource DSWD-SB-R 201* March 23, 201 22, 20 (nationw	1 to March 014 agency: <-000048-1 1 to March 014 vide)		- street education program - alternative education, provision of health services, psychosocial counseling and intervention, legal protection, development of leadership among streetchildren, training and development of junior health workers and junior advocates among streetchildren '- as resource agency-	Community-based	streetchildren, abused and sexually exploited children NGOs and LGUs	Regions I- XII, CAR, CARAGA and NCR
COMPASSION INTERNATIONAL, INC. 2nd Floor E and L Bldg., 99 Roces Ave., Quezon City Tel. #: 373-3021 to 23/410-6972	Mr. Noel Soponias P. Pabiona Country Director	DSWD-SB-R 201: December 1E December (NCR - direc Regions I, III, CAR and CAI resource a	1 5, 2011 to 14, 2014 ct service IV-A to XI, RAGA as		direct resource provision program to CNSP through educational assistance to the client of member agencies - educational sponsorship to children - counseling, values formation and vocational skills training - advocacy activities on child's rights and protection -micro-finance/livelihood and family enterprise - capacity building of member agencies	Community- based	children needing special protection (CNSP)/ abused children with court related cases, youth, women and families	Regions I, III, IV-A, IV- B, V, VI, VII, VIII, IX, X, XI, CAR, CARAGA and NCR

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
INTERNATIONAL JUSTICE MISSION, INC. 5/F Emerald Building, Emerald Avenue, Pasig City Tel. No. 637-3983 Fax #: 633-7707	Mr. Samson R. Innocencio Field Office Director	DSWD-SB F 200 March 2, 200 1, 20	99 9 to March 112	-	advocates and works for the release of children and youth from detention cellswith adults and refer them to partner agencies, after care services like counseling, educational, medical	Community- based	children and youth victims of sexual abuse, trafficking, commercial/sex ual exploitation and children in conflict with the law (CICL)	Regions VII, VIII and NCR
SPECS FOUNDATION, INC. Sunset View Tower, Pasay City Tel. # 552-7030	Ms. Sandra Camesa Executive Director	DSWD-NCR- 201 September 9 September	1 9, 2011 to		residential care services, educational sponsorship, alternative learning system and learning center	Community- based	abused, neglected, foundling, abandoned, child laborers and street children	NCR
REGION I								
CARING FOR THE FUTURE FOUNDATION, (CFF) INC. Brgy. Baquisen, Sual, Pangasinan Cellphone # 0905-3483021/0920- 9098196 E-mail Add.: pcff@usatv1.net	Ms. Violeta P. Paraganas Center Administrator Atty. Clarence Decano President	DSWD-FOI-F 200 November	9 11, 2009	DSWD-SB-A- 000220-2009 October 28, 2009 to October 27, 2012	Temporary Shelter, Spiritual Development; Educational Assistance; Vocational Training;; Physical / Reacreational Activities; Health	Residential Care	4-15 years old abandoned, orphaned, physically/menta lly abused children	Region I
LIFE AND MORE ABUNDANT MINISTRIES, INC. (LAMA House) Brgy. Pugo, Bauang, La Union Tel. # (072) 700-1045 E-mail Address: Lesley_lama@eudoramail.com	Ptr. Peter S. Gomez Director	DSWD-FOI-F 200 November	9	DSWD-SB-A- 000695-2012 April 16, 2012 to April 15, 2015	Social Services; Homelife & Group Living; Medical & Health Services; Spiritual; Recreation; Education; Cultural; Life Skills & Vocational	Residential Care	Boys ages 10- 18 years old abused, abandoned and neglected children	Region I
TAHANANG CARMELA D' AMORE INC. Diego Silang St., Brgy. 28, Laoag City, Ilocos Norte Tel. #: (077) 770-4469 e-mail add:daughtersdivinezeal@yahoo.com	Elna Casimsiman Mother Superior Sr. Alma Creta, FDZ Local Superior	DSWD-FOI-F 200 December	09	DSWD-SB-A- 000394-2010 August 24, 2010 to August 23, 2013	temporary shelter, homelife services, educational services, health care and wellness services, psychological services, livelihood preparation services, cultural and recreational services and religious and values education	Residential Care	3-24 years old girls abandoned,negl ected, abused and orphaned	Region I
SHEKINAH HOME DINGRAS, ILOCOS NORTE Brgy. Cali, Dingras, Ilocos Norte Tel. # (077) 784-0467 CP# 0910-5641773 e-mail add: shekinah@yahoo.com	Pastor Brian Whittle Executive Director	DSWD-FOI-F 200 October 1	09	DSWD-SB-A- 000331-2010 April 22, 2010 to April 21, 2013	provides substitute home to abandoned babies and street children	Residential Care	0-5 years old abandoned, victim of neglect, poverty and exploitation	Region I
KALINGA NG AMA SHELTER FOR CHILDREN, INC. 07 Beverly Hills, Bonuan Gueset, Dagupan City, Pangasinan Tel. # (075) 515-3710	Rev. Rolando E. Santiago President and CEO	DSWD-FOI-F 200 December	09		Residential Care, skills devt. Trng., language and speech, informal education, foundational trng., values formation, feeding and clothing, youth development	Residential Care	13-18 years old (boys) street children, orphans, neglected, abandoned, abused and exploited children/youth	Region I
REGION II		I = a: · · ·			I=	-	1	
SEFTON VILLAGE CHILDREN'S HOME, INC. formerly HELGA MOSEY CHILDREN'S HOME Sefton Village, National Highway, Divisoria, 311 Santiago City Tel. No. (078) 682-3785 Cell #: (0908)2877548/(0919) 229-7504/ (0912) 384-0356 e-mail add: seftonvillage@yahoo.com.uk	Ms. Mary Ritchie Executive Director	DSWD FO2- 200 November 2 November	09 0, 2009 to	SB-A-000494- 2011 January 11, 2011 to January 10, 2014	Residential Day Care; Spiritual/ Moral/ ValueFormation; Medical Health Care	Residential Care	0-6 yrs. Old abandoned, neglected, maltreated, abused, orphaned chilren; children from broken homes or with	Region II

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
LA SALETTE WOMEN'S FOUNDATION, INC. (Sr. Marthe Marie Center) 17 Padua St., Plaridel, Santiago City, Isabela Tel. # (078) 682-2415	Sr. Marliyn J. Antonio, SNDS Chairman	DSWD FO2-I 200 November 2 November	09 5, 2009 to	SB-2006-024 April 25, 2006	Education Apostolate (advocacy & prevention prog., spiritual & education service, talent dev't/ vocational program Social Service Apostolate (residential home care program, case management, crisis intervention/emergency relief services and health care program	community- based	14 years old and above abused/battered /sexually abused/un-wed pregnant/runaw ay/abandoned women	Isabela prov. And neighboring prov. Of Isabela
REGION III								
ASSOCIATION COMPASSION ASIAN YOUTH, INC. No. 441 Sunflower St., Brgy. Dona Francisca Subd., Balanga, Bataan Tel.# (047) 337-9589 CP# 0917-5290151 e-mail add: info@acaymission.org	Sr. Sophie Renoux Resident Agent	DSWD-SB-I 201 June 14, 2012 201	11 2 to July 13, 5	DSWD-SB-A- 000688-2012 March 29, 2012 to March 28, 2015	shelter, education (formal schooling until college or vocational course, innovative education and practical education) medical assistance, human personality development/formation, spiritual, case mgt that includes psychological assistance and family interventions, networking/coordination	Residential care	female youth who suffered abuse, violence, neglect and extreme poverty	Region III
BAHAY AT YAMAN NI SAN MARTIN DE PORRES, INC. Bunga Menor, Bustos, Bulacan	Fr. Florentino S. Concepcion Chairman of the Board	DSWD-SB F 201 April 8, 2010 201	to April 7,	DSWD-SB-A- 00325-2010 April 8, 2010 to April 7, 2013 (Region III)	Residential care services for children and youth	Residential care	homeless, abandoned, neglected, orphaned, physically and mentally abused children and youth aged 6-18 years old and willing to pursue their	Region III
JIREH CHILDREN'S HOME, INC. (formerly PHILIPPINE FAITH MISSION, INC.) Magsaysay, Castillejos, Zambales Tel. #: (047) 623-2410 Cell. #: (0927) 404-2213 e-mail: office@pfmonline.org	Rev. Joel Alviar Executive Director	DSWD FO F 201 June 24, 20 ⁻ 23, 2 ⁰	I1 11 to June	BSR-99-0075 June 2, 1999 to June 1, 2002	Residential care, homelife, social, psychological, educational, health, socio- cultural and spiritual	Residential Care	3-17 years old abandoned, neglected, abused and orphaned children	Region III
KING'S GARDEN CHILDREN'S HOME Palonatin Road, Upper Sabatan, Orion, Bataan PO Box 1405, Balanga, Bataan Tel. #: (047) 244-6025 Email kgch01@pldtvibe.net	Rev. Monica Jarvis Executive Director Rev. Deborah L. Miller Interim Director	FO RL-000 February 2 February	, 2011 to	SB-A-000624- 2011 November 22, 2011 to November 21, 2014	residential and group living services, basic health and medical services, access to formal and non-formal education, value orientation and character building program and personality development, individual and group counseling services, honing of innate talents and skills, sports program and physical activities,	Residential Care	3-10 years old children orphaned, abandoned, neglected, abused and in crisis situation	Region III

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	#		Accred. #	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
PEOPLE'S RECOVERY EMPOWERMENT AND DEVELOPMENT ASSISTANCE (PREDA) FOUNDATION, INC. Upper Kalaklan, 2200 Olongapo City Tel. #: (044) 222-4964/222-5373/223- 9628 (047) 223-9629 to 30 Fax #: (044) 222-96-28 CP# 0917-5324453/0917-7932274 Email: Predair@info.com.ph Childhood for Children Therapeutic Center for CICL Brgy. Nagbayan, Castillejos, Zambales	Mr. Alex C. Hermoso Executive Director	DSWD-FO-R 200 June 30, 200 29, 20	9 9 to June	DSWD-SB-A-000588-2011 September 19, 2011 to September 18, 2014 (Home for Boys) DSWD-SB-A-000540-2011 June 1, 2011 to May 31, 2014 (Therapeutic Center for Sexually Abused Children (Home for Girls)	Home for Girls and Therapeutic Center for Children in conflict with the law (CICL) - residental care services, socio-cultural. physical and medical services, formal and non-formal education, therapeutic services such as individual and group counseling, primal therapy, personality development and values formation, moral	Residential Care	- 3-20 years old physically and sexually abused, prostituted, trafficked and exploited children and young women	Region III
				,	and spiritual services and recreational activities, after care services include legal assistance and family		in conflict with the law (CICL)	
TAHANAN MAPAGKALINGA NI MADRE RITA, INC. Topaz St., Rosaryville subd., Phase II, Brgy. Sta Cruz, Guiguinto, Bulacan Telefax:(044) 794-33-30 NCR Office: La Consolacion Convent, 273 Santolan Road, San Juan Tel. #: 725-2727	Sr. Teresita Azanes, OSA Executive Director	FO III-RL-00 June 30, 200 29, 20	9 to June	DSWD-SB-A- 000772-2012 September 5, 2012 to September 4, 2015	residential care, informal education, homelife, psychological, medical and dental services and values formation	Residential Care	5-12 years old abused and neglected children	Region III
Fax #: 721-5445 BAHAY PANGARAP WOMEN'S CENTER FOUNDATION, INC. 649 Mercado St., Tabe, Guiguinto, Bulacan Tel.# (044) 690-4376 CP# 0918-9019099	Rev. Fr. Rogelio R. Cruz Executive Director Fortunata O. Santos President	DSWD-FO-F 201 201 July 1, 2010 t 201	0 to June 30, 3	DSWD-SB-A- 000563-2011 July 28, 2011 to July 27, 2014	residential care, alternative family life services, medical and dental services, appropriate food and nutrition, indoor and outdoor physical activities, formal education and functional literacy program, counseling and other therapeutic services, spiritual services, legal services and family integration and after care services	Residential Care and community based	15-45 years old women who are abused, maltreated, exploited and in crisis situation	Region III
BAHAY TULUYAN, INC (Kibo Children's House) Purok II, Masapang, Victoria, Laguna Tel. #: (049) 248-2021 e-mail add:info@bahaytuluyan.org	Ms. Lily Flordelis, DMD Executive Director	DSWD-SB-F 201 January 9, January 8	2 2012 to	27, 2008 to June 11, 2011	Junior Educators Program; Participatory Research Team; Campaigns and Advocacy; Temporary	Residential care	Street children 4-14 yrs. old who are sexually/ physically	Regions IV- A and NCR
DUYAN NI MARIA CHILDREN'S HOME OF ANGELES CITY, INC. 359 Leticia St., Josefa Subd., Malabanas, Angeles City CP# 0919-4769625	Sr. Ma. Alessandrina Casas Administrator	FO III-RL-00 July 26, 2011 201	to July 25, 4		temporary shelter, homelife, social services, educational, psychosocial and spiritual services	Residential Care	abandoned, neglected, abused, exploited and orphaned children	Region III
FRESH HOPE FOR FAMILIES PHILIPPINES, INC. 2192 New York St., Villa Sol Subd. Brgy. Anonas, Angeles, Pampanga Tel. # (02) 254-1819 CP# 0918-963803/0915-5457663	Ms. Ruth S. Callanta President	FO III-RL-000 August 13, August 13	2010 to		temporary shelter, homelife, social services, educational, psychosocial services, community outreach programs for streetchildren and families	Residential Care and community- based	7-18 years old young women and children, sexually abused, commercially exploited and streetchildren	Angeles City, Porac, Mabalacat and San Fernando, Pampanga
FRESH HOPE REFUGE SHELTER, INC. #13-7 Colorado St., Villa Sol Subd., Anonas, Angeles City, Pampanga CP# 0915-9718788/0920-8779808	Mrs. Benia Fajemolin Executive Director	FO III-RL-000 November 1 November	0, 2010 to		temporary shelter, homelife, social services, psychosocial services	Residential Care	abused, orphaned, abandoned and neglected children	Region III

	0 = = = 0	,	·, ·· ·-	Apioitatio			
Name of Agency/ Address /Tel-Fax Nos.		Registration License #		Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
LIFEHOUSE VILLAGE MINISTRIES, INC. 2047 National Highway, Old Cabalan, Olongapo City Tel. # (047) 222-0109	Mr. Ronald Homenuke Executive Director	FO RL-000002-2011 June 22, 2011 to June 21, 2014		temporary shelter, homelife, social, psychological, educational, medical/dental services	Residential care	neglected, abused, orphaned and streetchildren	Region III
ING MAKABABAYING AKSYON (IMA) FOUNDATION, INC. Women's Dev't. and Resource Center Bldg. Misael St., Diamond Park, Diamond Subd., Balibago, Angeles City Tel.# (045) 323-4750/625-8199/624-6050 CP# 0999-4671981 Fax# 624-6050 e-mail add: imafound96@yahoo.com	Ms. Susan T. Pineda Executive Director	DSWD-FO RL-000007- 2011 October 10, 2011 to October 9, 2014		provides temporary shelter not exceeding three (3) days and crisis intervention services such as counseling,legal and medical assistance, community organizing, education and training	Community- based	women and children in difficult situations and victims of abuse	Region III
REGION IV-A							
FAITH, HOPE AND LOVE KIDS RANCH, INC. Sitio Marilag, Brgy. Montecillo, Sariaya, Quezon CP# 0920-2449832/0919-8058793	Mr. Calestino Lamar Executive Director	DSWD-IV-A-RL-000018- 2009 August 12, 2009	DSWD-SB-A- 000509-2011 March 18, 2011 to March 17, 2014	residential facility, homelife program, non formal education, medical/dental services, foster care/adoption	Residential Care	2-9 years old abandoned, orphaned, neglected and physically abused children	Quezon Province
HELP INTERNATIONAL MINISTRIES, INC. (The Little Children's Home) No. 06 Liwayway St., Blooming Hills Subdivision, Kaytikling, Taytay, Rizal Tel # 658-4706/ 658-4503/413-8053 e-mail	Ms.Deborah Anne J. Gustafson Executive Director	DSWDFOIVA-RL- 000024-2009 October 8, 2009	038 May 16, 1994 to May 15, 1997	social services, homelife and medical services	Residential Care	0-4 years old abandoned, malnourished, surrendered, abused children	region IV
add:deborahannegustafson@gmail.com HOPE WORLDWIDE PHILIPPINES, INCORPORATED Coastal Road, Brgy. Dela Paz, Biñan, Laguna Tel. #: (049) 511-3596 Cell. #: (0917) 510-7875 E-mail: velascojun@yahoo.com URL: ph.hopeww.org	Mr. Moises G. Velasco Jr. Executive Director	DSWD-SB-RL-00024- 2009 December 15, 2009 to December 14, 2012	DSWD-SB-A- 000373-2010 July 12, 2010 to July 11, 2013	temporary shelter	Residential care	5-17 sexually and physically abused girls and boys who are 4-8 years old	Region IV-A
OBLATE SISTERS OF THE MOST HOLY REDEEMER, INCORPORATED - ST. MARY'S HOUSE Barangay San Jose, National Road, Tagaytay City Tel. #: (046) 413-1284	Ma. Thelma Balbon, OSR, RSW Project Officer	DSWD-SB-RL-00040- 2010 August 18, 2010 to August 17, 2013 (Residential care and Community-based)	DSWD-SB-A- 000500-2011 February 15, 2011 to February 14, 2014 (Residential Care)	social, educational services, (elementary, high school and vocational or college), health services community-based services: advocacy program (child abuse laws and types of child abuse and its psychodynamics), provision of supplemental snacks, school supplies, individual and family counseling, educational exposures, values formation, child sexual abuse prevention, adolescent reproductive health	Residential Care and community- based	12-17 years old sexually and exploited children	Region IV-A
ST. MARY EUPHRASIA INTEGRATED DEVELOPMENT FOUNDATION, INC. BUKID KABATAAN CENTER Barrio del Fuego, Brgy. San Francisco, General Trias, Cavite Tel. #: (046) 509-3009 e-mail add: faprilily@yahoo.com	Sr. Ma. Gemma Dinglasan, RGS	DSWD-SB-RL-00090- 2012 April 13, 2012 to April 12 2015	SB-2008-144 December 4, 2008 to December 3, 2011	temporary shelter, psychological services, spiritual and values formation, medical and dental services, income generating activities (bead works, selling of junks), educational assistance, aftercare program and counseling services	Residential Care	children who are abused and exploited (physically and/or sexually) ages 7-12 years old, orphaned, abandoned, children with single parent whose lives at risk of	Region IV-A

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	#		Accred. # SB-2007-064	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
THE REDEEMER'S HOME FOUNDATION, INC. No. 441 Emerald Lane Street, Cristimar Village, Brgy. San Roque, Antipolo City Tel. # 697-09-60	Ms. Benilda L. Cruz President	000040 March 16, 20 15, 2	DSWD-FOIVA-RL- 000040-2010 March 16, 2010 to March 15, 2013		temporary shelter, homelife, social, health and spiritual services and community outreach program	Residential Care	0-3 yrs. old abandoned, surrendered, abused and neglected children	Rizal Province
THE SALVATION ARMY SOCIAL SERVICE, INC. (JOYVILLE CHILDREN'S HOME) Pantay Road, Sitio Bukal, Barangay Tandang Kutyo, Tanay, Rizal	Capt. Debbie Serojales Administrator	December 22, 2013		DSWD-SB-A- 000701-2012 April 19, 2012 to April 18, 2015	Children; Homelife Services; Health and Medical Care; Educational Services; Recreational and Cultural; Counseling; Psychological and Spiritual; Groupwork/Group Dynamics; Support System; Music, Art Therapy; Group Living and Skills Development;	Residential Care	Disadvantaged children, street children 6-15, yrs. Old, maltreated, physically abused children	Region IV-A
THE VALLEY CATHEDRAL CHILDREN's HOME Hulog Langit, Labac, Naic Cavite Tel # (046) 412-2239/807-4140 CP# 0920-2772218	Ms. Zelma A. Houser Executive Director	DSWD-FC 000090 November 2 November	-2011 2, 2011 to 1, 2014	SB-2004-0229 May 31, 2004 to May 30, 2007	homelife, social, medical/dental, health and nutrition services, formal and non-formal education and livelihood assistance	Residential Care	3-12 years old abandoned, neglected and abused children	Naic, Cavite
INSTITUTE FOR FOUNDATIONAL LEARNING, INC. Infarmco Rd., Brgy. San Isidro, Cabuyao, Laguna Tel.# (049) 531-7039/40	Rev. Patricia Capwell Executive Director	DSWD-IV-A- 201 November	0		temporary shelter, education program, health program, disaster operation and livelihood program, provision of training to other agencies on ECCD program	Residential Care	7-16 years old abandoned, neglected, surrendered, physically and sexually abused children, youth whose parents are economically incapable of	Region IV-A
MANGO HOUSE CHILDREN'S HOME, INC. 530 Mepripol St., General Aguinaldo Hi- way, Biga 2, Silang, Cavite Cell. #: (0906) 221-0389 e-mail add: ajensen430@yahoo.com	Rev. Ada D. Jensen Founder/ Executive Director	DSWD-FC 000063 August 1	-2010		residential facility - medical/dental and spiritual service, education for pre- school and elementary, foster care	Residential Care	2-7 years old children who are abandoned, neglected, surrendered and abused	Region IV-A
ST. MARTIN DE PORRES CHILDREN'S HOME Purok 3, Brgy. Concepcion, San Pablo City, Laguna Tel. #: (049) 562-25-48	Dr. John Eric G. Raymundo President	DSWDFC 000027 October 2	-2009		residential facility, medical/dental, formal education (day care, elementary/high school), institutional education, sports and recreation and	Residential Care	5-12 years old male streetchildren, abandoned, neglected and abused children	Region IV
SAVE OUR SOCIETY-SAVE OUR NEIGHBOR, INC. No. 1177 J.M. Loyola St., Carmona, Cavite CP# 0921-4962322	Mr. Irenias Anota President	04A-R-037- 09 February 24, 2009			provide humanitarian assistance in terms of disasters/calamities, protection of children and women against domestic violence, health programs, social services, community development and educational services	Community- based	disadvantaged families, OSYs, abused children and women	Region IV-A
REGION IV-B								
ALOHA HOUSE INC. Mitra Road, Sta. Monica, Puerto Princesa City, 5300 Palawan Telefax #: (048) 434-6011 e-mail add: mik@mozcom.com	Mr. Keith Mikkelson Executive Director	FO RL-000 June 27, 20 26, 2	11 to June	SB-2008-000625 November 22, 2011 to November 21, 2015 (Residential care-Level 2) SB-2008-000626 November 22, 2011 to November 21,	- adoption and foster care, homelife, social, medical/dental services, psychosocial services '- feeding program, educational assistance, skills training and employment, medical mission, trainings/orientations on organic farming and livestock animal raising	Residential Care and community- based	-0-6 years old abandoned, neglected and abused children - malnourished children, women, family and community	Palawan

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	#	License #	Accred. #	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
RUEL FOUNDATION PHILIPPINES, INC. Brgy. Masipit, Calapan City 5200 Oriental Mindoro Telefax Nos. (043) 288-2039 e-mail: curtissmith@ruelfoundation.com	Ms. Pauline Curtis-Smith Executive Director	DSWD-FO F 201 August 2, 201 1, 20	0 0 to August 113	DSWD-SB-A- 000 629-2011 December 1, 2011 to November 30, 2014	homelife, education, health and nutrition, social service, recreation and other cultural activities	Residential Care	0-5 years old who are orphaned, neglected, physically abused, surrendered, dependent, foundling children and with physical deformities like cleft lip and palate	Calapan City, Oriental Mindoro
STAIRWAY FDN. A RESORT FOR CHILDREN Brgy. Aninuan, Puerto Galera, Oriental Mindoro Cell #: (0917) 843-1922 Manila #: 897-7676 e-mail add: stairway@stairwayfoundation.org website: www.stairwayfoundation.org	Ms. Lars C. Jorgensen Project Director	FO RL-000 December 2 December	2, 2010 to 21, 2013	SB-2006-033 May 30, 2006 to May 29, 2009	temporary shelter, education, arts and skills training, advocacy and capacity building (child sexual abuse prevention campaign), community service and outreach program (scholarship, resource and recreational program and community crisis internvention) and	Residential Care and community- based	disadvantaged children and streetchildren	Region IV-E
CHILDREN'S CHANCE FOR TOMORROW FOUNDATION, INC. Brgy. 6, Poblacion Pali, Coron 5316 Palawan CP# 0928-5025739	Ms. Michelle Abayari-Ormido Executive Director	DSWD-FO-F 201 May 23, 2011 201	1 to May 22,	DSWD-SB-A- 000781-2012 September 21, 2012 to September 20, 2015	homelife, education, health and nutrition, social service, recreation and other cultural activities	Residential Care	0 to 8 years old children who are abused, orphaned, neglected and surrendered	Region IV-E
REGION V								
ST. MARY EUPHRASIA INTEGRATED DEVELOPMENT FOUNDATION, INC HABLONDAWANI INTEGRATED SERVICES FOR GIRLS & WOMEN IN CRISIS INCORPORATED Greenfields St., Zone IV Penafrancia, Naga City Tel. #: (054) 811-6621/ 811-7344	Sr. Mary Lea C. Comia Program Coordinator	SB-R 0247- 06 February 23, 2006	SB-2006-L 0105 February 23, 2006	DSWD-SB-A- 000517-2011 March 29, 2011 to March 28, 2014	Residential Care; Medical Services; Psychological Test and Evaluation; Networking and Linkages	Residential Care	sexually abused children	Region V
FOUNDATION OF OUR LADY OF FATIMA CENTER FOR HUMAN DEVELOPMENT, INC. Villa Felicisima, San Agustin, Iriga City Tel. #: (054) 655-0747/ 299-2289 e-mail: center_fatima@yahoo.com	Sr. Felicitas de Lima Administrator	05-007-02 February 17, 2003	FOV-2005- 48 March 9, 2005		homelife services, educational, skills training, medical, socio-cultural/recreational, spiritual enhancement, livelihood assistance (soap making, door mat making and animal fattening and provision of start-up capital venture in business)	Residential Care	3-18 years old orphaned and streetchildren and youth, abused children/ CSAC women and indegenous families	Iriga City and Camarines Sur
TIWALA KIDS AND COMMUNITIES, INC. Brgy. Barriada, Legazpi City Tel. # (052) 437-1015	Mr. Mike Narramore Chairperson	05-216-08 Jan. 21, 2008	FOV-2008- 73 June 20, 2008		residential care for homeless, orphaned, abandoned and abused children, day care	Residential care	children and families	Albay
JOSE PANGANIBAN SENTRONG KANLUNGAN FOR CHILDREN, YOUTH AND FAMILY, INC. Purok 2, South Poblacion, Jose Panganiban, Camarines Norte	Mr. William A. Lim President	05-214-08 January 21, 2008			temporary shelter to victims of abuse and exploitation, psychosocial intervention	Residential Care	children, youth and family of victims of abuse and exploitation	Panganiban, Camarines Norte
REGION VI BACOLOD GIRLS' HOME	Atty. Luz D.	DSWD-FO VI	RI -000007	DSWD-SB-A-	Educational,	Residential	6-12 years old,	Bacolod
FOUNDATION, INC. Alijis Rd., Brgy. Alijis, 6100 Bacolod City Tel. #: (034) 434-9327 Cell. #: (0916) 482-7414	Lacson President Ms. Ellen P. Lagtapon	20: April 7, 2010 20:	10) to April 6,	000365-2010 June 15, 2010 to June 14, 2013	Homelife/Group Living,	Care	orphaned, abandoned, neglected, sexually abused, maltreated	Dacolog

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	#		Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
CHAMELEON ASSOCIATION INCORPORATED Address 1: Brgy. Sablogon, Passi City Iloilo Address 2: 2/F Tiu-Gan Building, Arroyo Street, 5000, Iloilo City Tel. #: (033) 311-5575; 09197564443 Email Add: cameleon@philwebinc.com	Mr. Napoleon Almonter Executive Director	DSWD FC 0000044 March 8	I-2011 , 2011	26, 2011 (Residential) SB-2008- 20 April 16, 2008 to April 15, 2011 (community based)	Child Care & Protection Program; Child Rehabilitation and Development Program; Education & Training; Structured Household Responsibility; Counseling Psychosocial Development; Value Development; Recreational/Socialization Activities; Sports and Physical Development; EARN Activities (Skills	Residential Care and community based	abandoned, neglected, victims of abused and orphaned children and youth	Region VI
HERE'S HOPE MINISTRIES, INCORPORATED/ DORCAS HOUSE Brgy. Daga, Blanco St., Sta. Barbara, Iloilo Tel. #: (033) 523-9844 email: newson_don@yahoo.com	Rev. Donald Ray Newsom Executive Director	DSWD FOVI- 201 March 17	0	DSWD-SB-A- 000341-2010 April 29, 2010 to April 29, 2010 to April 28, 2013 (Residential care) DSWD-SB-A- 000581-2011 September 5, 2011 to September 4, 2014 (community- based)	temporary shelter, homelife, social, psycho-social, medical and dental services easy and immedicate access to their clinic for free, access to over the counter medicines, prenatal check up and vitamins to pregnant women and delivery of babies in their clinic, day care center services and provision of school supplies, values formation for	Residential Care and Community based	0-12 years old abandoned, neglected and abused children and youth	Region VI
HOLY FAMILY HOME BACOLOD FOUNDATION, INC. Purok Santan, Brgy.Cabug, 6100 Bacolod City Tel.# (034) 444-1383	Sr. Alma R. Alovera Directress	DSWD F6 0000028 July 21	3-2010 2010	SB-2005-045 September 9, 2005 to September 8, 2008	temporary shelter, homelife, social, medical/dental, psychological, educational and skills training	Residential Care	abandoned, neglected, victims of sexually abused and orphaned children and	Negros Occidental
MOST HOLY TRINITY HOME VICTORIAS FOUNDATION, INC. Lot 4 Block 6, Pandung Village, Brgy. VII, Victorias City, Negros Occidental Telefax # (034) 399-3618 e-mail add: sisterstrinitarian@yahoo.com	Sr. Marie Antoinette Rasoanasolonjan ahary, SMHT Directress	FOVI-RL-00 January 1	9, 2010	DSWD-SB-A- 000587-2011 September 9, 2011 to September 8, 2014 (Residential care)	temporary shelter, health and nutrition, spiritual, educational and training/cpapability building	Residential Care and community based	street children, abandoned, neglected and abused children	Region VI
ILOG KINDERHOME Foundation, Inc. Ilog Baptist Church, MH Del Pilar St., Brgy. II, Ilog, Negros Occidental Telefax: (034) 471-2644 e-mail add: ikfi_ilog1980@yahoo.com	Mrs. Gilda Cadagat Executive Director	FO6-RL-00 November 2 November	4, 2009 to	SB-2007-090 December 12, 2007 to December 11, 2010	health and nutrition service, educational, health, livelihood, community outreach and special project/community housing, family planning and	Community- based	children victims of abuse, less privileged families and communities	Region VI
ABOTLANGIT ASSOCIATION FOR GREEN DEVELOPMENT, INC. 286 Sto. Niño St., Brgy. 1, Bacolod City, Negros Occidental Tel.# (034) 707-7731 CP# 0915-2520781	Mr. Reuben Ledesma BOT President	DSWD-F0 0000068 March 18	3-2012		shelter, homelife,education, livelihood trainings, resource generation	Residential Care	female streetchildren ages 6-12 years old who are orphaned, abused, abandoned and neglected	Region VI
LET US CARE FOUNDATION, INC. Princessa St., Brgy. 4, Pantalan, San Jose de Buenavista, Antique Tel.# (036) 540-7515	Ms. Erna Vinkers Executive Director	DSWD-Fi 0000056 November	6-2011		temporary shelter, therapeutic and after care service and counseling	Residential Care and community- based	children and youth victims of abused (physically, sexually and emotionally)	Region VI
ST. JOSEPH BOYS HOME CENTER, INC. Barotac, Nuevo, Iloilo CP# 0928-6651045	Bro. Dominico Tacleon Chairman	FOVI-RL-000			protection, prevention and rehabilitation of street scavengers, progressive integration with family and community and counseling	Community- based	streetchildren, abandoned, neglected, abused children, families and communities	Province of Iloilo

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration I	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
REGION VII			er.					
ASILO DELA MILAGROSA, INC. Gorordo Avenue, Lahug, 6000 Cebu City Tel. #: (032) 232-2443; 231-5883 Fax #: (032) 233-2236 e-mail add: smae_dc@yahoo.com or asilo_cebu@yahoo.com.ph	Sr. Leticia Derilo Administrator	DSWD-FOVII 2011 August 15, 2 August 14,	2011 to	to October 2, 2014	Children and youth residential care, temporary shelter, social services, formal and non-formal education, medical and dental services, child placement and adoption Older Persons - health and medical, recreational and cultural, spiritual, vocational services,	Residential Care community- based	- 7-29 years orphaned, abandoned, abused and trafficked children and youth '- female older persons and people living with HIV	Region VII
CASA CITTADINI FOUNDATION, INC. Jawa, Valencia, Negros Oriental Telefax: (035) 226-1160/225-0318 e-mail :ursuline@cruznet.ph	Sis. Celina Joseph Superior/ Directress	DSWD-FOVII- 2009 August 20, 2 August 19,	2009 to	DSWD-SB-A- 000148-2009 August 25, 2009 to August 24, 2012	cccupational therapy temporary shelter, homelife, medical/dental, educational, psycho- social services, socio- cultural activities and	Residential Care	abused, abandoned and neglected children	Region VII
CFIC BROTHERS FOUNDATION, INC. (Sto. Niño Center, Home of the Children of Fr. Monti) J. Pitogo St., Catarman, Liloan, Cebu Tel. #: 424-9892 e-mail add: arthur_abacahan@yahoo.com/arthur_cfic @yahoo.com	Bro. Arthur I. Abacahan, Jr. Local Superior	DSWD-FOVII 2009 November 16 November 1	, 2009 to	DSWD-SB-A- 000756-2012 August 2, 2012 to August 1, 2015	residential care, homelife, education, medical and health, sports and recreation, socio-cultural, spiritual enhancement	Residential Care	orphaned, neglected, abandoned and abused male children	Region VII
CHRIST FOR ASIA ASSOCIATION, INC. (NEHEMIAH CENTER) a. Center for Street Children -Boys NBH Compd., Don Gervacio Quijada Street, Fatima Hills, Guadalupe, Cebu City PO Box 1061, 6000 Cebu City b. Center for Victims of Sexually- Abused Girls No. 3 Limkakeng Compound, Andres Abellana Street, Cebu City P.O. Box 1061, 6000 Cebu City Tel. #: 255-2304; 341-0552 Fax #: 253-3906	Mr. Vincent Ozaraga President Ms. Florilyn U. Abis Center Director	DSWD FOVII 2010 March 15, 2010 14, 20) O to March 13	DSWD-SB-A- 000324-2010 April 6, 2010 to April 5, 2013 (boy's home) SB-2006-088 December 28, 2006 to December 27, 2009 (girl's home)	Residential Care Services; Spiritual Inculcation; Social, Health, Group Living; Psychological, Socio- Cultural & Recreational, Counseling Services; Productivity Program; Functional Literacy; Educational Assistance; Temporary Shelter	Residential Care	Abandoned, exploited, dependent, abused, orphaned, mendicant, pre- delinquent males 6-20 years old	Region VII
DON BOSCO BOYS HOME, INC. Brgy. Cotcot, Liloan, Cebu Tel #: 511-6272 e-mail add: padsjp@yahoo.com	Fr. Ronald G. Guiao, SDB Rector Fr. Lamberto Paradiang, Jr. Administrator	DSWD-FOVII 2009 September 2, September) , 2009 to	DSWD-SB-A- 000777-2012 September 18, 2012 to September 17, 2015	homelife, educational assistance (elementary to college), psychosocial care, referral for medical/hospitalization, socio-cultural and recreational, spiritual enhancement/value formation, technical/vocational training and referral services for	Residential Care	substance abuser, CICL, abandoned and street children and youth	FO VII
FORGE - FELLOWSHIP FOR ORGANIZING ENDEAVORS, INC. Door # 4 Queensroad, Middle Road, Brgy. Kamputahaw, Cebu City Tel#: 412-6328 Telefax: 412-6862 email: forge_cebu@yahoo.com	Ms. Evelyn Espinosa Chairman of the Board Mr. Invictus Paradela Executive Director	DSWD-FOVII 2009 November 16 November 1	, 2009 to	DSWD-SB-A- 000 522-2011 April 6, 2011 to April 5, 2014	homelife, social, psychological services, rescue of sexually abused children, livelihood, housing/ resettlements, disaster preparedness,family development, computer literacy and participatory	Residential care and Community- based	13-17 years old sexually abused children, women and urban poor communities	Region VII

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
LITTLE CHILDREN OF THE PHILIPPINES INC. Claytown, Daro, Dumaguete City Tel. #: (035) 225-0766/422-8321 Fax No. 226-2773 E-mail add: filchild@mozcom.com Website: www.littlechildren.org	Carmenia J. Benosa LCPI Administrator	DSWD-FOV 200 May 6, 2009 201	9 to May 5,	DSWD-SB-A- 00099-2009 June 29, 2009 to June 28, 2012	health service, housing, educational and livelihood assistance	Residential and Community- based	neglected, abused and children victims of extreme poverty	Region VII
OBLATE SISTERS OF THE MOST HOLY REDEEMER, INCORPORATED - ANTONIO DE OVIEDO CENTER Add 1: 2006-A Limbong St. Mabolo Proper, Cebu City Tel# 2319756 e-mail add: antoniacenter@yahoo.com Add 2: 88-A Buena Hills Subdivision, Guadalajara Village, Guadalupe, Cebu City Telefax No: (032) 256-3974 CP# 0928-3372021	Sister Nida Viovicente, OSR Project Director	DSWD-SB-I 201 August 18, August 1: (Residential Communit	2010 to 7, 2013 care and y-based)	(residential care) DSWD-SB-A- 000414-2010 October 5, 2010 to October 4, 2013 (drop-in center)	social, educational services, (elementary, high school and vocational or college), health services community-based services: advocacy program (child abuse laws and types of child abuse and its psychodynamics), provision of supplemental snacks, school supplies, individual and family counseling, educational exposures, values formation, child sexual abuse prevention, adolescent reproductive health	Residential Care and community- based	girls and women victims of abused and exploitation, sexually exploited street girls below 17 years old	Region VII
THE CHILDREN OF CEBU FOUNDATION, INC. Pari-an Drop-In Center, Sikatuna St., 6000 Cebu City Tel.# 255-7937/414-9004 e-mail add: moloy_06@yahoo.com	Ms. Margarita V. Osmeña Chairperson	DSWD-FOV 201 December 1 December	10 3, 2010 to	SB-2004-0219 April 12, 2004 to April 11, 2007	temporarty shelter, basic medical care, counseling, referral, basic literacy, values formation and skills training	Residential Care	5-18 years old abandoned, orphaned, neglected and sexually/physica lly abused children	Region VII
THE LINGAP CHILDREN'S DEVELOPMENT CENTER, INC. Brgy. Ilihan, Toledo City, Cebu Tel.	Ms. Gina Gadiano Center Head	DSWD-FOVI 201 September 2 September	0 1, 2010 to	DSWD-SB-A- 000476-2010 December 6, 2010 to December 5,	residential facility for children/social services; homelife services; volunteer programs and services	Residential Care	abandoned, orphaned, abused, neglected and street children	Toledo City and nearby municipalitie s
KINGDOM ADVENTURES: VILLAGE OF HOPE, INC. Balisong Rizal, Talibon, Bohol CP# 0910-864-5509	Ms. Jeanette Propp Director	DSWD-FOVI 201 June 9, 2011 201	1 to June 8,		temporary shelter, homelife, social, educational, medical and dental, psycho- social services and yalues formation	Residential care	orphaned, abandoned, neglected and abused children	Region VII
MY REFUGE HOUSE MINISTRY, INC. Brgy. Inuboran, Naga City, Cebu Tel. # (032) 261-6574	Mr. Esekias Malaza Executive Director Ms. Nicole M.	DSWD-FOVI 200 December 1 December	9 7, 2009 to		residential care, homelife, medical, psychological, socio- cultural, skills training and spiritual enhancement	Residential care	physically, sexually, emotionally, abused and exploited girls	Region VII
CHILDREN PROTECTION FRONT INTERNATIONAL, INC. Bulacao, Talisay City Tel. # 4918773	Mr. Nwoji Chukwuma International Coordinator	DSWD-FO V 200 May 6, 2009 201	9 to May 5, 2		monitor, report and investigate child abuse cases, lobby legislation	community- based	abused children and youth	Region VII
INTERNATIONAL JUSTICE MISSION, INC. 3rd Floor, GMC Plaza Building. M.J. Cuenco Ave., cor Legaspi Extn. Cebu City Tel. No (032) 256-2867	Atty. Andry Sawchenco National Director	DSWD-SB F 200 March 2, 200 1, 20	9 to March		advocates and works for the release of children and youth from detention cellswith adults and refer them to partner agencies, after care services like counseling, educational, medical	Community- based	children and youth victims of sexual abuse, trafficking, commercial/sex ual exploitation and children in conflict with the law (CICL)	Region VII
REGION VIII WESTERN SAMAR DEVELOPMENT FOUNDATION, INC. (WESADEF)	Emma T. Elardo Executive	DSWD-FO-F		DSWD-SB-A- 000073-2009	homelife services, spiritual and values	Residential Care	7-18 years old sexually	Western Samar
BALAY AYUPANAN Magsaysay Blvd., Ext. Brgy. Rawis, Calbayog City	Director	October	2, 2011		inculcation, education, medical and dental services	Cale	abused children and youth	Galilai

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred. #	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
INTERNATIONAL JUSTICE MISSION, INC. Unit 211 CJ Building, Purok 4, Maharlika Hi-way, Brgy. Capoocan, Calbayog City 6710 Tel. No. (055) 209-2662 to 63	Ms. Janette Borac Project Coordinator	DSWD-SB I 200 March 2, 200 1, 20	9 to March		advocates and works for the release of children and youth from detention cellswith adults and refer them to partner agencies, after care services like counseling, educational, medical	Community- based	children and youth victims of sexual abuse, trafficking, commercial/sex ual exploitation and children in conflict with the law (CICL)	Region VIII
REGION IX								
SABAKAN/MINISTRY TO WOMEN AD CHILDREN'S CONCERN, INC. 235 Mercedes St., San Jose District, Pagadian City Tel.# 215-3364/925-0116 e-mail add: sabakan_97@yahoo.com	Ms. Jocelyn Palomares Program Coordinator	DSWD-F0 000030 January 13 January 1	-2011 , 2011 to		center for healing of abused women and children, free legal assistance to indigent	Community- based	disadvantaged women and children	Pagadian City
REGION X								
BETHANY CHRISTIAN HOME FOR CHILDREN, INCORPORATED Talakag, 8708 Bukidnon CP#: 0919-2750643/(0919) 8807228 e-mail add: llynip50th@yahoo.com	Mr. Gregorio Longcob Chief Executive Officer	DSWD FO-R 201 December 2 December	11 0, 2011 to	SB-2003-0261 December 29, 2003 to December 28, 2006	homelife, educational, medical, day care, social and spiritual services	Residential Care	abandoned, neglected, surrendered and abused children	Region X
CALABRIAN CHILDREN'S FOUNDATION, INC. Zone 3 Bayabas, Cagayan de Oro City Tel.# (08822) 710166 CP# 0908-3906951	Bro. Nilo Monsanto,PSDP Administrator Fr. Luciano Gervasoni Executive Director	DSWD FO-R- October		DSWD-SB-A- 000652-2011 December 14, 2011 to December 13, 2014	Homelife, education, spiritual, psycho-social, medical and dental services	Residential Care	8-12 years old streetchildren, victims of violence and abused	CDO
ST. JOSEPH ORPHANAGE OF	Sr. Aida S.	DSWD-FO-F	R-0000-09-	SB-2008-002	temporary shelter,	Residential	abandoned,	Misamis
OZAMIS CITY, INC. Gango, Ozamis City, Misamis Occidental Tel. #: (088) 521-1779	Bano, SSJW Administrator	201 December 2 December	0, 2011 to 19, 2014	January 11, 2008 to January 10, 2011	homelife, social, medical,education, psychological and spiritual services	Care	orphaned, neglected, surrendered and sexually abused children	Occidental
YOUTH WITH A MISSION NEHEMIAH HOUSE Illaya, Balulang, Cagayan de Oro City P.O. Box 46 9000 Cagayan de Oro City Tel. #: (063) 08822-72-52-58/ 725258 Cel. #: (0919) 450-2220 Email: ywamnhi@yahoo.com	Mr. Michael P. Casey Director	DSWD-FO F 200 May 8,	9	DSWD-SB-A- 000142-2009 August 3, 2009 to August 2, 2012	temporary shelter, health, education, sports	Residential Care	sexually abused girls	Cagayan de Oro City and other areas of Region X
MCAULEY CENTER FOR WOMEN AND CHILDREN, INC. Sisters of Mercy Rd., Camague, Tubod, Iligan City Tel.# (063) 221-1154	Sr. Rose A. Palacio, RSM Center Director	DSWD-FO-I 201 June 21, 201 21, 20	1 11 to June		homelife, social, psycho-social, medical/dental, educational and spiritual services	Residential Care	abused, neglected, exploited and abandoned female children and young women	Region X
ST. MARY EUPHRASIA INTEGRATED DEVELOPMENT FOUNDATION, INC. GOOD SHEPHERD SISTERS 200 Blas Chaves-Velez St., APOVEL Bulua 9000 Cagayan de Oro City Tel.# (088) 858-4418	Sr. M. Regina Pil, RGS	DSWD-SB-I 201 April 13, 2012 201	2 to April 12,		temporary shelter, counseling and therapy, values formation and spiritual nourishment, educational assistance, dental/medical assistance, sports and	Residential Care	sexually abused girls	Region X
KASANAG DAUGHTERS FOUNDATION, INC. Acebedo Compound, Iponan Highway, Cagayan de Oro City Tel. # 857-4816; 72-76-34; 737030	Fr. Arthur P. Guevarra, SCJ	DSWD-FO-F 200 May 19,	9		temporary shelter, educational, spiritual and value formation	Residential Care	Sexually, physically and emotionally abused girls and women	Regionwide
REGION XI						•		
AMBASSADORS FOR CHRIST HELPING HANDS ASSISTANCE DEVELOPMENT, INC. (Palm Haven Christian Children's Home) PO Box 80714, 8000 Davao City Purok 4, Ambassador for Christ Drive, Communal, Buhangin, Davao City Tel. #: 301-2542/304-2238 Cell. #: (0920) 448-4364 e-mail add: palmhavenafc@yahoo.com	Mr. Gervacio Igloria, Jr. Executive Director	DSWD-FO XI 201 October 25 October 2	0 , 2010 to	DSWD-SB-A- 000436-2010 November 9, 2010 to November 8, 2013 (Residential and Community- based services)	social services, homelife services, non- formal and formal education, health services, recreational, socio-cultural services, spiritual and values enrichment	Residential and Community- based	0-5 years old children who are dependent/negl ected, abused, foundling and abandoned, orphaned and voluntary surrendered by	Region XI

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	Registration #	License #	Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
ANGEL HOUSE ORPHANAGE FOUNDATION, INC. Bato-bato, San Isidro, Davao Oriental CP# 0919-8194142	Mr. David Donaldson Director	DSWD FOXI- 201 September	10		temporary shelter, homelife services, medical and dental services, psychosocial services	Residential Care	0-6 years old abandoned, neglected, abused and orphaned children	Region XI
REGION XII								
MARIA GORETTI HOME FOR GIRLS, INC. (PASSIONIST SISTERS OF ST. PAUL OF THE CROSS, PHILS) No. 8 Marin Village, General Santos City Tel. #: 552-2468	Sr. Socorro Delmonte Directress Sr. Florabel Sudaria Social Worker	DSWD-FO F 200 October 29 October 2	9 , 2009 to	DSWD-SB-A- 000479-2010 December 23, 2010 to December 22, 2013	temporary shelter, homelife, social, educational, spiritual services, sports and recreational activities, skills training and livelihood	Residential Care	Orphaned, abused and abandoned, street children (5-18 years old)	SOCSARGE N
OBLATES OF NOTRE DAME WOMEN ECOLOGICAL SANCTUARY ((OND- WES) Purok Langka, Brgy. Kalaisan, Kidapawan City CP# 0921-2131049	Sr. Lalyn C. Macahilo, OND Ministry Head	DSWD-FO-F 201 January 2	11	DSWD-SB-A- 000606-2011 October 10, 2011 to October 9, 2014	temporary shelter, basic services, social and psychosocial services,education and formation program, capacity building/skills training	Residential Care	physically, sexually abused and exploited female children and women	Region XII
	Mr. Danile Z.	DSWD-CAR	-RI -00009-	DSWD-SR-A-	24 hrs residential	Residential	-Street children	CAR
CHILD AND FAMILY SERVICES PHILIPPINES, INC. No. 11 Manzanillo Subdivision, Easter Road, Guisad, Baguio City Tel. # (074) 442-61-56/443-6762 Telefax: (074) 445-3800 E-mail Address: info@cfspi.org.ph Consuelo Home Terry Court, Suello Village, Sto. Tomas Proper, Marcos Highway, Baguio City Tel. No. 446-9438/442-1107 Consuelo Life Skills Center for Children Tip top, Ambuclao Road, Baguio City	Urquico President Ms. Milicent Juloya Director for Protective Services	201 April 30, 2010 201	10 l to April 20, 3	to August 30, 2013 (Consuelo Home) DSWD-SB-A- 000469-2010 November 19, 2010 to November 18, 2013	facility, youth development program, juvenile justice program, advocacy, livelihood enterprise development program, therapeutic temporary shelter, drop-in center, livelihood, nursery and aprary, training and dispersal projects, volunteer community outreach programs, medical assistance to indigent children and families Nurturing Great Families Program parenting education, provision of medical and feeding assistance, healthy start project and provision of livelihood trainings Restorative Program -	Care and Community- based	-Street children and youth abused children, youth orphans, abandoned, neglected, families of the street children, families with dysfunctional family relationship '-teenage parents and their families '- CICL	CAR
BAGUIO CENTER FOR YOUNG ADULTS, INC. No. 33 Assumption Road, Baguio City Tel. # 445-0622 E-mail: bcya@hi-world.ph	Ms. Marlene B. de Castro Executive Director	DSWD-CAR 200 July 10, 2009 201	09 9 to July 9,	DSWD-SB-A- 000173-2009 September 17, 2009 to September 16, 2012	Educational and Training; Life Planning Educational Training; Sexuality and Fertility Training; Peer Counseling; Advocacy; Community Development and Community Resource Generation; Community Youth Empowerment	Community- based	out of school youth, Young women, working child, disadvantaged and abuse children, parents with adolescent children, youth serving organization	CAR

Name of Agency/ Address /Tel-Fax Nos.	Contact Person	#		Accred.#	Programs and Services	Service Delivery Mode	Clientele	Area(s) of Operation
SAINT LOUIS UNIVERSITY(SLU) INC Centennial Halfway Home for Boys (formerly SLU Sunflower Children's Center)	Fr. Geraldo Costa Director	DSWD-CAF 201 December 2 December	1 9, 2011 to		homelife, social, psychological, medical and dental, socio- cultural and spiritual	Residential care	abandoned, neglected and abused boys	CAR
A. Bonifacio St. Baguio City Tel. # (074) 442-2793/443-2001/444-		Documber	00, 2011		services			
REGION-CARAGA								
BETHANY HOME OF THE MISSIONARY SISTERS OF MARY, INC. Brgy. Baan, Km 4 Butuan City, Agusan del Norte Tel. No. (085) 341-1623 e-mail: bethany_msm@yahoo.com.ph	Sr. Pamela May R. Lonoy, MSM Program Coordinator	DSWD-FO R March 29	9, 2012	DSWD-SB-A- 000202-209 October 14, 2009 to October 13, 2012	Residential care - Temporary shelter, counseling, legal, referral, medical, educational, values formation and skills training community-based - after care, community organizing, livelihood, advocacy and capability building	Residential Care and community- based	physically, sexually abused and neglected children	CARAGA
GESU EUCARISTICO CHILDREN'S, INC. Purok 5, Km. 12, Brgy. Manapa, Buenavista, Agusan del Norte CP# 0949-5083100	Sr. Marilou E. Besere, DGE President	DSWD-FO-RI June 28			temporary shelter, homelife, social and psycho social services, guidance and therapeutic healing, referrals	Residential care	5-17 years old female children physically,emoti onally and sexually abused	CARAGA

Province	WCPU	Members
CAR (Cordille	era Autonomous Region)	
Benguet	Benguet General Hospital, La Trinidad	Dr. Mary Jane Paloy Carrido
		Cristina Valdez - Anioay, RSW PO3 Edith
		Mangawa Baday-Odao
Baguio City	Baguio General Hospital	Dr. Asuncion Ogues
	Gov. Park Road, Baguio City	
	(074) 442-4216 loc.427 / 443-8342	April Lippi Sudango, RSW
Mt. Province	Luis Hora Memorial Regional Hospital, Bauko,	Dr. Shamae Emengga Ofo-Ob
	Mt. Province	Delia Akilit - Ligligen, RSW
		SPO1 Norma Ket-Eng Tuaca
Region 1		
Ilocos Norte	Mariano Marcos Memorial Hospital & Medical	Dr. Ernella Agulay
	Center Brgy. 6 San Julian, Batac City, Ilocos	Dr. Mona Lisa Pastrana
	Norte	Mrs. Marilyn Ramirez
	(077) 7923133	Mrs. Elma Solmerin
La Union	Bacnotan District Hospital	Dr. Jennifer C. Gamiao
		Zenaida U. Javar, RSW
		PO1 Mary Jane N. Rulloda
	Agoo, La Union	PO3 Lilian A. Miro, PNP
Pangasinan	Region I Medical Center –	Dr. Brenda Tumacder
-	Arellano St., Dagupan City	Dr. Gwendolyn M. Luna
	(072) 5234103/ 5158916 loc. 139	Michelle Dominica D. Palma, MD
		Cristita T. Larioza
		Fe Maramba
	LGU-Bani	Dr. Ivy S. Paragas
	Poblacion Bani, Pangasinan	Grace A. Taganap
	(075) 5695219/5532176	Alma C. Mabanglo
		Haydee R. Insigne
REGION 2 (C	agayan Valley)	
Isabela	Gov. Faustino Dy Memorial Hospital	Loren Loren Batoon, RSW
	Capitol Compound, Alibagu, Ilagan, Isabela	
	(078) 6223172	
Nueva	Veterans Regional Hospital Magsaysay,	Dr. Evelyn G. Nacionales
Vizcaya	Bayombong, Nueva Viscaya	Dr. Marietta Ann Balbas
	(078) 8053560 to 64	Mrs. Gliceria B. Alava
REGION 3 (C	entral Luzon)	
Bulacan	Bulacan Medical Center - WCPU, Malolos City	Dr. Jose Emiliano T. Gatchalian
		Dr. Violeta M. De Guzman
		Leah Jean S. Fernando
		Pinky Valeriano
		PO2 Epamela M. Sarsaba
Nueva Ecija	Dr. Paulino J. Garcia Memorial & Medical	Dr. Cynthia Daniel
	Center 571 Mabini St., Cabanatuan City,	August Joy Dela Cruz, RSW
	Nueva Ecija 3100	
	(044) 4638888/60000927	
Pampanga	Jose B. Lingad Memorial General Hospital,	Dr. Cynthia G. Gueco
	San Fernando	Jovita S. Baybayan, RSW
	CAPIN - Angeles City	Dr. Irene Alacar Flores
	(Romana Pangan District Hospital)	Nora Gorbat Verwasa, RSW
	Angeles City, Pampanga	PO2 Christina Paguirigan Ramos
	Rafael Lazatin Memorial Medical Center	Dr. K atherine Cadiz Tuazon
	Visitacion St., Angeles City, Pampanga	Ma. Cielo L. Sarion, RSW
		PI Cherry P Tirasol
Bataan	Bataan General Hospital	Dr. Almira Kiat
**	Balanga City, Bataan	Gloria Canta, RSW
	(047) 2373635	
	1	1

Province	WCPU	Members
Zambales	James L. Gordon Memorial Hospital	Dr. Ana Verlita R. Figuerres
	Rizal Avenue, Olongapo City	Genia R. Eclarino
		Rowena Fabay, RSW
		PO2 Lolita G. Dela Cruz
REGION 4-A	(CALABARZON)	
Laguna	Ospital ng Biñan - CPU Canlalay, Biñan City	Dr. Leila C. Bondoc
	(049) 5114119/5113872	Divino Andal, RSW
		Canlalay, Biñan City Laguna
Cavite	General Emilio Aguinaldo Memorial Hospital	Dr. Michael Thomas Montesa
	(GEAMH), Trece Martires City, Cavite	Jennifer M. Sierra, RSW
		Joneth A. Onrubia
Quezon	Quezon Medical Center, Lucena	Dr. Ramon Baldovino
	Quezon Ave. St. Lucena City, Quezon	Dr. Ma. Teresita B. Lajara
	(042) 373-5627	Aireen Hernandez, RSW
		Leyden R. Adaya
	LGU – Infanta	Dr. Abelardo Jose
	Infanta, Quezon	Melanie G. Virrey, RSW
	042-535-2151	PO3 Meldie C. Gatdula
REGION 4-B	(MIMAROPA)	
Occidental	Purple Hearts – WCPU	Dr. Eleonor B. Fajardo
Mindoro	MSWDO Municipal Compound, San Jose,	Dr. Meldie D. Soriano
	Occidental Mindoro	Alicia M. Cajayon, RSW
	(043) 4912679/4911316	Marie Joi S. Angway, RSW
	(****) = = = = = = = = = = = = = = = = =	Lucybeth C. Collado
		SPO4 Analyn Pacaul-Loja
Palawan	Ospital ng Palawan	Dr. Alma Rivera
1 414 // 411	220 Malvar St., Puerto Princesa City, Palawan	Tajmahal Goalcantara, RSW
	220 Hally all Stiff I delice I interest Stiff, I diameter	SPO1 Lorelyn M. Bolos
REGION 5 (E	Bicol Region)	
Albay	LGU – Oas WCPU	Dr. Marie Jane Reveranza
11104)	Municipal Health Office, OaS Albay, 4504	Purita Redito, RSW
	052-4885765	
	032-4003/03	
		Dr. Rosa Maria Cantes
	LGU – Tiwi WCPU	Dr. Rosa Maria Cantes Anita C. Rev. RSW
		Anita C. Rey, RSW
	LGU – Tiwi WCPU Tiwi, Albay	Anita C. Rey, RSW PO3 Rebecca N. Arcega
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital,	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW
	LGU - Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department,	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW
Camarines	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP
Camarines Sur	LGU - Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena,	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW.
	LGU - Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW
Sur	LGU - Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal
	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña Ruth M. Azupardo, RSW
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña Ruth M. Azupardo, RSW PO2 Arlene T. Capsa
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña Ruth M. Azupardo, RSW
Sur	LGU – Tiwi WCPU Tiwi, Albay LGU- Legaspi City WCPU Legaspi City, Albay (052) 480 2121 Bicol Regional Training and Teaching Hospital, Legaspi City VAWC Office, Emergency Department, BRTTH, Legazpi City (052) 4830014 loc.4246 Bicol Medical Center, Conception Requena, Naga City 4400 LGU - Camarines Sur Provincial Health Office, Camarines Sur Masbate Provincial Hospital Hospital Road, Provincial Health Office, Masbate City	Anita C. Rey, RSW PO3 Rebecca N. Arcega Dr. Joy Andes David Marilyn Apodaca Tan PO1 Girlie Legaspino Nasol Dr. Ana Ma. Corazon B. Grutas Maria Jezebel F. De Mesa, RSW PO3 Perla D. Lazarte, PNP Dr. Michelle Taup-Tolentino Dr. Aileen Bislumbre Mrs. Corazon Aguilar, RSW. Dr. Wilfredo Baniqued Marites R. Morte, RSW SPO3 Vilma O. Furiscal Dr. Cynthia V. Llacer Dr. Amelita R. Reyes Ma. Carlota A. Dela Peña Ruth M. Azupardo, RSW PO2 Arlene T. Capsa

Province	WCPU	Members
Masbate	LGU - Milagros, Masbate	Dr. Irene Grace G. Calucin
	Municipal Health Office, Foster St. Poblacion	Ruth Rosero-Sia, RSW
	Milagros, Masbate	PO2 Analiza Cario-Arsenio
	LGU - Cawayan, Masbate	Dr. Virginia T. Noynay
	Cawayan District Hospital, Cawayan, Masbate	Mary Ann B. Radones
		PO1 Maricel Galarido
Sorsogon	LGU-Irosin, Sorsogon	Dr. Ma. Nerissa Balmes-Tagum
-	128 San Agustin, Irosin, Sorsogon	Oliver Gabriel E. Franche, RSW
		SPO1 Margie Gabito-Dones
REGION 6 (W	Vestern Visayas)	
Aklan	Dr. Rafael S. Tumbokon Memorial Hospital,	Dr. Glenmar R. Martinez
	Mabini St., Kalibo, Aklan	Marichu R. Dantes, RSW
		PO1 Marilyn M. Rello
Iloilo	Western Visayas Medical Center	Dr. Maria Teresa Guzman-Dy
	Q. Abeto St., Mandurriao, Iloilo City 5000	Ma. Elena B. Wendam, RSW
	(033) 5080388	
Negros	Corazon Locsin Montelibano Memorial	Dr. Crisalito Inventado
Occidental	Regional Hospital Lacson St., Bacolod City	Zenaida Valenzuela, RSW
	(034) 7070280/4332697	Grace Minerales, RN
	Teresita L. Jalandoni Provincial Hospital	Dr. Evelyn G. Geraldoy
	Brgy. Lantad, Silay City, Negros Occidental	Dr. Larny Joy A. Paez
	(034) 4951705/7148485	Teresa S. Oscianas, RSW
Antique	Angel Salazar Memorial General Hospital	Dr. Cecilia Mingote-Balensoy
-	Tobias A. Fornier St., San Jose de Buenavista	Careen Fortaleza-Panaguiton, RSW
	Antique	SPO1 Cheryl Ruelo-Sapinos
	(036) 5408830	
	(000) 0 100000	
REGION 7 (C	entral Visayas)	
REGION 7 (C	entral Visayas) Gov. Celestino Gallares Memorial Hospital	Dr. Maria Azucena Redillas
	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City	Nilo L. Madjus, RSW
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181	Nilo L. Madjus, RSW Ms. Lorelei Flores
	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center,	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City	Nilo L. Madjus, RSW Ms. Lorelei Flores
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW
Bohol	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas
Bohol Cebu REGION 8 (E.	entral Visayas) Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas)	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez
Bohol Cebu REGION 8 (E.	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega,	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman,	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman,	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega
REGION 8 (E. Northern	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega Edna S. Meregildo
REGION 8 (E. Northern Samar	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU - San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU - Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU - Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU - Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400 LGU - San Roque, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega Edna S. Meregildo PO1 Ma. Edlyn O. Encina
REGION 8 (E. Northern Samar	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400 LGU – San Roque, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega Edna S. Meregildo PO1 Ma. Edlyn O. Encina Dr. Ma. Teresa E. Tabungar
REGION 8 (E. Northern Samar	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU - San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU - Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU - Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU - Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400 LGU - San Roque, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega Edna S. Meregildo PO1 Ma. Edlyn O. Encina
REGION 8 (E. Northern Samar	Gov. Celestino Gallares Memorial Hospital M. Parras St., Tagbilaran City (038) 5017531/4123181 Vicente Sotto Memorial Medical Center, Cebu City (032) 2661946 LGU – San Francisco San Francisco, Camotes Is. Cebu 6050 (032) 2676779/4970334 LGU – Pilar Municipal Health Office, Pilar Cebu (032) 4004023 astern Visayas) LGU – Lope de Vega Purok 7, Brgy. Poblacion, Lope de Vega, Northern Samar LGU – Palangga, Northern Samar Anunciation St., Brgy. Acacia, Catarman, Northern Samar 6400 LGU – San Roque, Northern Samar	Nilo L. Madjus, RSW Ms. Lorelei Flores Dr. Marianne Naomi N. Poca Dr. Maria Consuelo B. Malaga Dr. Emmanuel L. Almadin Mariter P. Galindo, RSW PO2 Caren Arcelo Dr. Eufemia P. Maratas Dolita N. Dales, RSW PO1 Caren P. Arcelo Dr. Jocelyn C. Galvez Agnes B. Martino, RSW PO1 Myla B. Escareal Dr. Myrna Trongcoso Salvacion Mondigo, RSW PO3 Regina Dente Dr. Rowell Deniega Edna S. Meregildo PO1 Ma. Edlyn O. Encina Dr. Ma. Teresa E. Tabungar

Province	WCPU	Members
Eastern	LGU - Balangkayan	Dr. Nelsie Labro
Samar	Municipal Bldg., Abrigo St., Balangkayan,	Wilda Contada, RSW
	Eastern Samar	PO1 Daisy E. Rosaldo
	LGU – Salcedo	Dr. Ma. Socorro S. Campo
	Salcedo Local GovernmentUnit, Brgy 3,	Ma. Amelita Macasa, RSW
	Salcedo, Eastern Samar	PO3 Jean M. Sumook
	RHU – Oras	Dr. Marilyn Uy-Umil
	Brgy. Butnga, Oras, Eastern Samar	Leah P. Oculam, RSW
		Christine G. Redona
C	(055) 5650027	
Samar	LGU - Sta. Margarita Municipal Health Office,	Dr. Nestor A. Cailo
	Maharlika Highway Sta. Margarita, Calbayog City, Samar 6709	Marietta A. Verdeflor, RSW
	(055) 2098090	SPO1 Lorna Q. Advincula
	LGU – Tarangnan	Aldwin F. Collamar, MD
	Rural Health Unit, Brgy. B. Tarangan, Samar	Nonita A. Caguring, RSW
	C. C	PO1 Grace N. Tonel, PNP
Leyte	Eastern Visayas Regional Medical Center –	Dr. Maria Remegia A. Manalo
	WCPU, Tacloban City	Dr. Rufina Lynor Barrot-Gier
	(053) 3256497/5203137/ 3222200/3218724	Mrs. Janet Galangue, RSW
Southern	LGU – Libagon	Dr. Dolorosa D. Branzuela
Leyte	Libagon, Southern Leyte	Elvira C. Arado, RSW
Leyte	(053) 5781085	SPO4 Elena S. Ganosa
	Salvacion Oppus Ynigues Memorial Provincial	Dr. Lea Catan
	Hospital Mantahan, Maasin City, Liloan, Leyte	Glendora Jale, RSW
	(053) 5709142	SPO3 Teresita Maitem
	LGU-San Ricardo, Southern Leyte	Corazon Kasayan Gloria, MD
		Jojie G. Bonita, RSW
		PO1 Aracilee L. Estillore, PNP
	amboanga Peninsula)	Da Maria Dinas Wissas Bariñas
Zamboanga del Norte	Dr. Jose Rizal Memorial Hospital, Lawaan,	Dr. Maria Dinna Viray-Pariñas
del Norte	Dapitan City, Zamboanga del Norte (065) 2136421	Ms. Hazel g. Paler, RSW Charlene D. Hamoy
Zamboanga	Zamboanga City Medical Center,	Dr. Leila Nelia Estrella
City	Dr. Evangelista St., Sta. Catalina,	Dr. Ma. Fatima C. Conception
Sity	Zamboanga City	Myrna M. Lanuza, RSW
	(062) 9912934 loc. 126	PO1 Floramae Pablo
REGION 10 (Northern Mindanao)	
Bukidnon	Bukidnon Provincial Medical Center, Casisang,	Dr. Cosette S. Galve
	Malaybalay City, Bukidnon 8700	Dr. Dina Hernandez
	(088) 2212190	Dahlia Jabeñar, RSW
		Leo Villahermosa, RSW
Micamic	Mayor Hilarian Pamiro Cr. Dorianal Training	PO1 Junelyn Flores
Misamis Occidental	Mayor Hilarion Ramiro Sr., Regional Training & Teaching Hospital	Dr. Loreta Tamada
Occidental	Mindog-Maningol, Ozamiz City,	Dr. Mercy Senados
	Misamis Occidental 7200	Odette L. Caguindanga
	1110milio Occidental / 200	Charita O. Alunan, RSW
		Phoebe G. Pangilinan, RN

Province	WCPU	Members
REGION 11 (I	Davao Region)	
Davao del	Davao Regional Hospital Apokon, Tagum City,	Dr. Emilie Debil-Ugdang
Norte	Davao del Norte	Felipa Banate, RSW
	(084) 4003144	
Davao City	Southern Philippines Medical Center	Dr. Maria Aimeee Hyacinth Bretaña
	J.P. Laurel St. Bajada, Davao City	Dr. Regina P. Ingente
	(082) 2272731 loc 4205/ (082) 2221347	Louella S. Young, RSW
		Janice S. Pamplona, RSW
		Imelda Mallorca
REGION 12 (S	OCCSKSARGEN)	
North	Cotababo Regional Medical Center	Dr. Teresita Mansilla (Res.)
Cotabato	Sinsuat Avenue, Cotabato City	Dr. Nurlinda Arumpac
		Shirley Salik, RSW
		Amera Anong Marandacan, RSW
Saranggani	General Santos City Hospital,	Dr. Ma. Delilah P. Arpas
	General Santos City	Ester Pardilla, RSW
		PO1 Mary Lou Hicban
South	South Cotabato Provincial Hospital	Dr. Angeles V. Malaluan
Cotabato	Koronodal City, South Cotabato	Nenita Baroquillo, RSW
	(083) 2282919	SPO1 Merce Margarette Dema-Ala
REGION 13 (C	CARAGA)	
Surigao del	Adella Serra Ty Memorial Hospital	Dr. Sherwin V. Josol
Sur	Capitol Hills, Telaje, Tandag City,	Luchie Montero, RSW
	Surigo del Sur	SPO1 Mary Ann G. Dahang
	(086) 2114306	
ARMM (Auto	nomous Region of Muslim Mindanao)	
Maguindanao	Maguindao Provincial Hospital	Dr. Norben Gevieso
	Sharif Aguak, Maguindanao	Shalimar Saribo, RSW
NCR (Nationa	l Capital Region)	
Manila	Ambulatory CPU Lingap Bata	Dr. Rosalia Buzon
	Medical Social Service Department, Clinical	
	Division, University of Sto. Tomas Hospital,	
	Lacson Ave., Sampaloc, Manila	
	Dr. Jose Fabella Memorial Hospital	Dr. Mary Anne Ilao
	Lope de Vega St., Sta. Cruz, Manila	Dr. Rhea De Guzman
		Dr. Teresita Beronilla
	Philippine General Hospital –	Dr. Bernadette J. Madrid
	Child Protection Unit	,
	Taft Avenue, Manila	
	3530667, 5548400 loc. 2535	
	Philippine National Police –WCPC	PSSupt. Tereasa Ann B. Cid
	Philippine National Police – W.C.P.C.	
		-
	2 nd Floor, Kiangan Bldg., Camp Crame,	SPO2 Evangeline Villano
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City	-
Pasio City	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213	SPO2 Evangeline Villano SPO1 Marsha Agustin
Pasig City	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center	SPO2 Evangeline Villano
Pasig City	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City	SPO2 Evangeline Villano SPO1 Marsha Agustin
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum
Pasig City Quezon City	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City (02) 9246601 loc. 234	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan Dr. Renee Neri Dr. Elsie Callos
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City (02) 9246601 loc. 234 Quezon City General Hospital – Quezon City Protection Center	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan Dr. Renee Neri Dr. Elsie Callos Dr. Marivic Bigornia
	2nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City (02) 9246601 loc. 234 Quezon City General Hospital – Quezon City Protection Center Seminary Road, EDSA, Quezon City	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan Dr. Renee Neri Dr. Elsie Callos Dr. Marivic Bigornia Nida Angayon, RSW
	2 nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City (02) 9246601 loc. 234 Quezon City General Hospital – Quezon City Protection Center Seminary Road, EDSA, Quezon City (02) 929 7224/920 7081	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan Dr. Renee Neri Dr. Elsie Callos Dr. Marivic Bigornia Nida Angayon, RSW PO3 Ma. Leonora Eclipse
	2nd Floor, Kiangan Bldg., Camp Crame, Quezon City (02) 4103213 Rizal Medical Center Pasig Blvd., Pasig City (02) 6719740 Philippine Children's Medical Center – CPU Quezon Avenue Extension, Quezon City (02) 9246601 loc. 234 Quezon City General Hospital – Quezon City Protection Center Seminary Road, EDSA, Quezon City	SPO2 Evangeline Villano SPO1 Marsha Agustin Dr. Carmencita Solidum Dr. Cecilia Gan Dr. Renee Neri Dr. Elsie Callos Dr. Marivic Bigornia Nida Angayon, RSW

Republic of the Philippines Congress of the Philippines Metro Manila

Tifth Regular Session

Begun and held in Metro Manila, on Monday, the twenty-second day of July, nineteen hundred and ninety-one.

[REPUBLIC ACT 7610]

AN ACT PROVIDING FOR STRONGER DETERRENCE AND SPECIAL PROTECTION AGAINST CHILD ABUSE, EXPLOITATION AND DISCRIMINATION, PROVIDING PENALTIES FOR ITS VIOLATION, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

ARTICLE I TITLE, POLICY, PRINCIPLES AND DEFINITION OF TERMS

SECTION 1. *Title*. - This Act shall be known as the "Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act."

SEC. 2. Declaration of State Policy and Principles. - It is hereby declared to be the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions prejudicial to their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination. The State shall intervene on behalf of the child when the parent, guardian, teacher or person having care or custody of the child fails or is unable to protect the child against abuse, exploitation and discrimination or when such acts against the child are committed by the said parent, guardian, teacher or person having care and custody of the same.

It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control.

The best interests of children shall be the paramount consideration in all actions concerning them, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, and legislative bodies, consistent with the principles of First Call for Children as enunciated in the United Nations Convention on the Rights of the Child. Every effort shall be exerted to promote the welfare of children and enhance their opportunities for a useful and happy life.

SEC. 3. Definition of Terms. -

- (a) "Children" refers to persons below eighteen (18) years of age or those over but are unable to fully take care of themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition;
- (b) "Child abuse" refers to the maltreatment, whether habitual or not, of the child which includes any of the following:
 - Psychological and physical abuse, neglect, cruelty, sexual abuse and emotional maltreatment;
 - Any act by deeds or words which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being;
 - (3) Unreasonable deprivation of his basic needs for survival, such as food and shelter; or
 - (4) Failure to immediately give medical treatment to an injured child resulting in serious impairment of his growth and development or in his permanent incapacity or death.
- (c) "Circumstances which gravely threaten or endanger the survival and normal development of children" include, but are not limited to, the following:
 - (1) Being in community where there is armed conflict or being affected by armed conflict-related activities;
 - (2) Working under conditions hazardous to life, safety and morals which unduly interfere with their normal development;
 - (3) Living in or fending for themselves in the streets of urban or rural areas without the care of parents or a guardian or any adult supervision needed for their welfare;

- (4) Being a member of an indigenous cultural community and/or living under conditions of extreme poverty or in an area which is underdeveloped and/or lacks or has inadequate access to basic services needed for a good quality of life;
- (5) Being a victim of man-made or natural disaster or calamity; or
- (6) Circumstances analogous to those abovestated which endanger the life, safety or normal development of children.
- (d) "Comprehensive program against child abuse, exploitation and discrimination" refers to the coordinated program of services and facilities to protect children against:
 - (1) Child prostitution and other sexual abuse;
 - (2) Child trafficking
 - (3) Obscene publications and indecent shows;
 - (4) Other acts of abuse; and
 - (5) Circumstances which threaten or endanger the survival and normal development of children.

ARTICLE II PROGRAM ON CHILD ABUSE, EXPLOITATION AND DISCRIMINATION

SEC. 4. Formulation of the Program. - There shall be a comprehensive program to be formulated by the Department of Justice and the Department of Social Welfare and Development in coordination with other government agencies and private sector concerned, within one (1) year from the effectivity of this Act, to protect children against child prostitution and other sexual abuse; child trafficking; obscene publications and indecent shows; other acts of abuse; and circumstances which endanger child survival and normal development.

ARTICLE III CHILD PROSTITUTION AND OTHER SEXUAL ABUSE

SEC. 5. Child Prostitution and Other Sexual Abuse. - Children, whether male or female, who for money, profit, or any other consideration or due to the coercion or influence of any adult, syndicate or group, indulge in sexual intercourse or lascivious conduct, are deemed to be children exploited in prostitution and other sexual abuse.

The penalty of *reclusion temporal* in its medium period to *reclusion perpetua* shall be imposed upon the following:

- (a) Those who engage in or promote, facilitate or induce child prostitution which include, but are not limited to, the following:
 - (1) Acting as a procurer of a child prostitute;
 - Inducing a person to be a client of a child prostitute by means of written or oral advertisements or other similar means;
 - (3) Taking advantage of influence or relationship to procure a child as a prostitute;
 - (4) Threatening or using violence towards a child to engage him as a prostitute;
 - (5) Giving monetary consideration, goods or other pecuniary benefit to a child with the intent to engage such child in prostitution.
- (b) Those who commit the act of sexual intercourse or lascivious conduct with a child exploited in prostitution or subjected to other sexual abuse: *Provided*, That when the victim is under twelve (12) years of age, the perpetrators shall be prosecuted under Article 335, paragraph 3, for rape and Article 336 of Act No. 3815, as amended, the Revised Penal Code, for rape or lascivious conduct, as the case may be: *Provided*, That the penalty for lascivious conduct when the victim is under twelve (12) years of age shall be *reclusion temporal* in its medium period; and
- (c) Those who derive profit or advantage therefrom, whether as manager or owner of the establishment where the prostitution takes place, or of the sauna, disco, bar, resort, place of entertainment or establishment serving as a cover or which engages in prostitution in addition to the activity for which the license has been issued to said establishment.
- SEC. 6. Attempt to Commit Child Prostitution. There is an attempt to commit child prostitution under Section 5, paragraph (a) hereof when any person who, not being a relative of a child, is found alone with the said child inside the room or cubicle of a house, an inn, hotel, motel, pension house, apartelle or other similar establishments, vessels, vehicle or any other hidden or secluded area under circumstances which would lead a reasonable person to believe that the child is about to be exploited in prostitution and other sexual abuse.

There is also an attempt to commit child prostitution, under paragraph (b) of Section 5 hereof when any person is receiving services from a child in a sauna parlor or bath, massage clinic, health club and other similar establishments. A penalty lower by two (2) degrees than that prescribed for the consummated felony under Section 5 hereof

shall be imposed upon the principals of the attempt to commit the crime of child prostitution under this Act, or, in the proper case, under the Revised Penal Code.

ARTICLE IV CHILD TRAFFICKING

- SEC. 7. *Child Trafficking*. Any person who shall engage in trading and dealing with children including, but not limited to, the act of buying and selling of a child for money, or for any other consideration, or barter, shall suffer the penalty of *reclusion temporal* to *reclusion perpetua*. The penalty shall be imposed in its maximum period when the victim is under twelve (12) years of age.
- SEC. 8. Attempt to Commit Child Trafficking. There is an attempt to commit child trafficking under Section 7 of this Act:
- (a) When a child travels alone to a foreign country without valid reason therefor and without clearance issued by the Department of Social Welfare and Development or written permit or justification from the child's parents or legal guardian;
- (b) When a pregnant mother executes an affidavit of consent for adoption for a consideration;
- (c) When a person, agency, establishment or child caring institution recruits women or couples to bear children for the purpose of child trafficking;
- (d) When a doctor, hospital or clinic official or employee, nurse, midwife, local civil registrar or any other person simulates birth for the purpose of child trafficking; or
- (e) When a person engages in the act of finding children among low-income families, hospitals, clinics, nurseries, day-care centers, or other child-caring institutions who can be offered for the purpose of child trafficking.

A penalty lower by two (2) degrees than that prescribed for the consummated felony under Section 7 hereof shall be imposed upon the principals of the attempt to commit child trafficking under this Act.

ARTICLE V OBSCENE PUBLICATIONS AND INDECENT SHOWS

SEC. 9. Obscene Publications and Indecent Shows. - Any person who shall hire, employ, use, persuade, induce or coerce a child to perform in obscene exhibitions and indecent shows, whether live or in video, pose, or model in obscene publications or

pornographic materials or to sell or distribute the said materials shall suffer the penalty of *prision mayor* in its medium period.

If the child used as a performer, subject or seller/distributor is below twelve (12) years of age, the penalty shall be imposed in its maximum period.

Any ascendant, guardian, or person entrusted in any capacity with the care of the child who shall cause and/or allows such child to be employed or to participate in an obscene play, scene, act, movie or show or in any other acts covered by this section shall suffer the penalty of *prision mayor* in its medium period.

ARTICLE VI OTHER ACTS OF ABUSE

SEC. 10. Other Acts of Neglect, Abuse, Cruelty or Exploitation and Other Conditions Prejudicial to the Child's Development. -

- (a) Any person who shall commit any other acts of child abuse, cruelty or exploitation or be responsible for other conditions prejudicial to the child's development including those covered by Article 59 of Presidential Decree No. 603, as amended, but not covered by the Revised Penal Code, as amended, shall suffer the penalty of *prision mayor* in its minimum period.
- (b) Any person who shall keep or have in his company a minor, twelve (12) years or under or who is ten (10) years or more his junior in any public or private place, hotel, motel, beer joint, discothèque, cabaret, pension house, sauna or massage parlor, beach and/or other tourist resort or similar places shall suffer the penalty of *prision mayor* in its maximum period and a fine of not less than fifty thousand pesos (P50,000): *Provided*, That this provision shall not apply to any person who is related within the fourth degree of consanguinity or affinity or any bond recognized by law, local custom and tradition, or acts in the performance of a social, moral or legal duty.
- (c) Any person who shall induce, deliver or offer a minor to any one prohibited by this Act to keep or have in his company a minor as provided in the preceding paragraph shall suffer the penalty of *prision mayor* in its medium period and fine of not less than Forty thousand pesos (P40,000): *Provided*, *however*, That should the perpetrator be an ascendant, stepparent or guardian of the minor, the penalty to be imposed shall be *prision mayor* in its maximum period, a fine of not less than Fifty thousand pesos (P50,000), and the loss or parental authority over the minor.
- (d) Any person, owner, manager or one entrusted with the operation of any public or private place of accommodation, whether for occupancy, food drink, or otherwise, including residential places, who allows any person to take along with him to such place or places any minor herein described shall be imposed a penalty of *prision*

mayor in its medium period and a fine of not less than Fifty thousand pesos (\$\P\$50,000.00) and the loss of the license to operate such a place or establishment.

- (e) Any person who shall use, coerce, force or intimidate a streetchild or any other child to:
 - (1) Beg or use begging as a means of living;
 - (2) Act as conduit or middlemen in drug trafficking or pushing; or
 - (3) Conduct any illegal activities, shall suffer the penalty of *prision* correctional in its medium period to reclusion perpetua.

For purposes of this Act, the penalty for the commission of acts punishable under Articles 248, 249, 262, paragraph 2, and 263, paragraph 1 of Act No. 3815, as amended, the Revised Penal Code, for the crimes of murder, homicide, other intentional mutilation, and serious physical injuries, respectively, shall be *reclusion perpetua* when the victim is under twelve (12) years of age. The penalty for the commission of acts punishable under Articles 337, 339, 340 and 341 of Act No. 3815, as amended, the Revised Penal Code, for the crimes of qualified seduction, acts of lasciviousness with the consent of the offended party, corruption of minors, and white slave trade, respectively, shall be one (1) degree higher than that imposed by law when the victim is under twelve (12) years of age.

The victim of the acts committed under this section shall be entrusted to the care of the Department of Social Welfare and Development.

ARTICLE VII SANCTIONS FOR ESTABLISHMENTS OR ENTERPRISES

SEC. 11. Sanctions for Establishments or Enterprises which Promote, Facilitate, or Conduct Activities Constituting Child Prostitution and Other Sexual Abuse, Child Trafficking, Obscene Publications and Indecent Shows, and Other Acts of Abuse. - All establishments and enterprises which promote or facilitate child prostitution and other sexual abuse, child trafficking, obscene publications and indecent shows, and other acts of abuse shall be immediately closed and their authority or license to operate cancelled, without prejudice to the owner or manager thereof being prosecuted under this Act and/or the Revised Penal Code, as amended, or special laws. A sign with the words "off limits" shall be conspicuously displayed outside the establishments or enterprises by the Department of Social Welfare and Development for such period which shall not be less than one (1) year, as the Department may determine. The unauthorized removal of such sign shall be punishable by prision correctional.

An establishment shall be deemed to promote or facilitate child prostitution and other sexual abuse, child trafficking, obscene publications and indecent shows, and other acts of abuse if the acts constituting the same occur in the premises of said establishment under this Act or in violation of the Revised Penal Code, as amended. An enterprise such as a sauna, travel agency, or recruitment agency which: promotes the aforementioned acts

as part of a tour for foreign tourists; exhibits children in a lewd or indecent show; provides child masseurs for adults of the same or opposite sex and said services include any lascivious conduct with the customer; or solicits children for activities constituting the aforementioned acts shall be deemed to have committed the acts penalized herein.

ARTICLE VIII WORKING CHILDREN

- SEC. 12. *Employment of Children*.* Children below fifteen (15) years of age may be employed: *Provided*, *That*, the following minimum requirements are present:
- (a) The employer shall secure for the child a work permit from the Department of Labor and Employment;
- (b) The employer shall ensure the protection, health, safety and morals of the child;
- (c) The employer shall institute measures to prevent exploitation or discrimination taking into account the system and level of remuneration, and the duration and arrangement of working time; and
- (d) The employer shall formulate and implement a continuous program for training and skills acquisition of the child.

The Department of Labor and Employment shall promulgate rules and regulations necessary for the effective implementation of this section.

- SEC. 13. Non-formal Education for Working Children. The Department of Education, Culture and Sports shall promulgate a course design under its non-formal education program aimed at promoting the intellectual, moral and vocational efficiency of working children who have not undergone or finished elementary or secondary education. Such course design shall integrate the learning process deemed most effective under given circumstances.
- SEC. 14. *Prohibition on the Employment of Children in Certain Advertisements.* No person shall employ child models in all commercials or advertisements, promoting alcoholic beverages, intoxicating drinks, tobacco and its byproducts, and violence.
- SEC. 15. *Duty of Employer*. Every employer shall comply with the duties provided for in Articles 108 and 109 of Presidential Decree No. 603.

SEC. 16. *Penalties.* - Any person who shall violate any provision of this Article shall suffer the penalty of a fine of not less than One Thousand Pesos (P1,000.00) but not more than Ten Thousand Pesos (P10,000.00) or imprisonment of not less than three (3) months but not more than three (3) years, or both at the discretion of the court: *Provided*, *that*, in case of repeated violations of the provisions of this Article, the offender's license to operate shall be revoked.

ARTICLE IX CHILDREN OF INDIGENOUS CULTURAL COMMUNITIES

- SEC. 17. Survival, Protection and Development. In addition to the rights guaranteed to children under this Act and other existing laws, children of indigenous cultural communities shall be entitled to protection, survival and development consistent with the customs and traditions of their respective communities.
- SEC. 18. System of and Access to Education. The Department of Education, Culture and Sports shall develop and institute an alternative system of education for children of indigenous cultural communities which is culture-specific and relevant to the needs and the existing situation in their communities. The Department of Education, Culture and Sports shall also accredit and support non-formal but functional indigenous educational programs conducted by nongovernmental organizations in said communities.
- SEC. 19. *Health and Nutrition.* The delivery of basic social services in health and nutrition to children of indigenous cultural communities shall be given priority by all government agencies concerned. Hospitals and other health institutions shall ensure that children of indigenous cultural communities are given equal attention. In the provision of health and nutrition services to children of indigenous cultural communities, indigenous health practices shall be respected and recognized.
- SEC. 20. *Discrimination*. Children of indigenous cultural communities shall not be subjected to any and all forms of discrimination.
- Any person who discriminates against children of indigenous cultural communities shall suffer a penalty of *arresto mayor* in its maximum period and a fine of not less than Five Thousand Pesos (P5,000) nor more than Ten Thousand Pesos (P10,000).
- SEC. 21. *Participation.* Indigenous cultural communities, through their duly-designated or appointed representatives shall be involved in planning, decision-making, implementation, and evaluation of all government programs affecting children of indigenous cultural communities. Indigenous institutions shall also be recognized and respected.

ARTICLE X CHILDREN IN SITUATIONS OF ARMED CONFLICT

- SEC. 22. *Children as Zones of Peace.* Children are hereby declared as Zones of Peace. It shall be the responsibility of the State and all other sectors concerned to resolve armed conflicts in order to promote the goal of children as zones of peace. To attain this objective, the following policies shall be observed:
- (a) Children shall not be the object of attack and shall be entitled to special respect. They shall be protected from any form of threat, assault, torture or other cruel, inhumane or degrading treatment;
- (b) Children shall not be recruited to become members of the Armed Forces of the Philippines or its civilian units or other armed groups, nor be allowed to take part in the fighting, or used as guides, couriers, or spies;
- (c) Delivery of basic social services such as education, primary health and emergency relief services shall be kept unhampered;
- (d) The safety and protection of those who provide services including those involved in fact-finding missions from both government and non-government institutions shall be ensured. They shall not be subjected to undue harassment in the performance of their work:
- (e) Public infrastructure such as schools, hospitals and rural health units shall not be utilized for military purposes such as command posts, barracks, detachments, and supply depots; and
- (f) All appropriate steps shall be taken to facilitate the reunion of families temporarily separated due to armed conflict.
- SEC. 23. Evacuation of Children During Armed Conflict. Children shall be given priority during evaluation as a result of armed conflict. Existing community organizations shall be tapped to look after the safety and well-being of children during evaluation operations. Measures shall be taken to ensure that children evacuated are accompanied by persons responsible for their safety and well-being.
- SEC. 24. Family Life and Temporary Shelter. Whenever possible, members of the same family shall be housed in the same premises and given separate accommodation from other evacuees and provided with facilities to lead a normal family life. In places of temporary shelter, expectant and nursing mothers and children shall be given additional food in proportion to their physiological needs. Whenever feasible, children shall be given opportunities for physical exercise, sports and outdoor games.

- SEC. 25. Rights of Children Arrested for Reasons Related to Armed Conflict. Any child who has been arrested for reasons related to armed conflict, either as combatant, courier, guide or spy is entitled to the following rights:
- (a) Separate detention from adults except where families are accommodated as family units;
 - (b) Immediate free legal assistance;
 - (c) Immediate notice of such arrest to the parents or guardian of the child; and
- (d) Release of the child on recognizance within twenty-four (24) hours to the custody of the Department of Social Welfare and Department or any responsible member of the community as determined by the court.

If after hearing the evidence in the proper proceeding the court should find that the aforesaid child has committed the acts charged against him, the court shall determine the imposable penalty, including any civil liability chargeable against him. However, instead of pronouncing judgment of conviction, the court shall suspend all further proceedings and shall commit such child to the custody or care of the Department of Social Welfare and Development or to any training institution operated by the Government, or duly-licensed agencies or to any other responsible person, until he has had reached eighteen (18) years of age or, for a shorter period as the court may deem proper, after considering the reports and recommendations of the Department of Social Welfare and Development or the agency or responsible individual under whose care he has been committed.

The aforesaid child shall be subject to visitation and supervision by a representative of the Department of Social Welfare and Development or any duly-licensed agency or such other officer as the court may designate subject to such conditions as it may prescribe.

The aforesaid child whose sentence is suspended can appeal from the order of the court in the same manner as appeals in criminal cases.

SEC. 26. Monitoring and Reporting of Children in Situations of Armed Conflict. - The chairman of the barangay affected by the armed conflict shall submit the names of children residing in said barangay to the municipal social welfare and development officer within twenty-four (24) hours from the occurrence of the armed conflict.

ARTICLE XI REMEDIAL PROCEDURES

SEC. 27. Who May File a Complaint. - Complaints on cases of unlawful acts committed against children as enumerated herein may be filed by the following:

- (a) Offended party;
- (b) Parents or guardians;
- (c) Ascendant or collateral relative within the third degree of consanguinity;
- (d) Officer, social worker or representative of a licensed child-caring institution;
- (e) Officer or social worker of the Department of Social Welfare and Development;
 - (f) Barangay chairman; or
 - (g) At least three (3) concerned, responsible citizens where the violation occurred.
- SEC. 28. Protective Custody of the Child. The offended party shall be immediately placed under the protective custody of the Department of Social Welfare and Development pursuant to Executive Order No. 56, series of 1986. In the regular performance of this function, the officer of the Department of Social Welfare and Development shall be free from any administrative, civil or criminal liability. Custody proceedings shall be in accordance with the provisions of Presidential Decree No. 603.
- SEC. 29. *Confidentiality.* At the instance of the offended party, his name may be withheld from the public until the court acquires jurisdiction over the case.

It shall be unlawful for any editor, publisher, and reporter or columnist in case of printed materials, announcer or producer in case of television and radio broadcasting, producer and director of the film in case of the movie industry, to cause undue and sensationalized publicity of any case of violation of this Act which results in the moral degradation and suffering of the offended party.

SEC. 30. *Special Court Proceedings*. - Cases involving violations of this Act shall be heard in the chambers of the judge of the Regional Trial Court duly designated as Juvenile and Domestic Relations Court.

Any provision of existing law to the contrary notwithstanding and with the exception of *habeas corpus*, election cases, and cases involving detention prisoners and persons covered by Republic Act No. 4908, all courts shall give preference to the hearing or disposition of cases involving violations of this Act.

ARTICLE XII COMMON PENAL PROVISIONS

SEC. 31. Common Penal Provisions. -

- (a) The penalty provided under this Act shall be imposed in its maximum period if the offender has been previously convicted under this Act;
- (b) When the offender is a corporation, partnership or association, the officer or employee thereof who is responsible for the violation of this Act shall suffer the penalty imposed in its maximum period;
- (c) The penalty provided herein shall be imposed in its maximum period when the perpetrator is an ascendant, parent, guardian, stepparent or collateral relative within the second degree of consanguinity or affinity, or a manager or owner of an establishment which has no license to operate or its license has expired or has been revoked;
- (d) When the offender is a foreigner, he shall be deported immediately after service of sentence and forever barred from entry to the country;
- (e) The penalty provided for in this Act shall be imposed in its maximum period if the offender is a public officer or employee: *Provided*, *however*, That if the penalty imposed is *reclusion perpetua* or *reclusion temporal*, then the penalty of perpetual or temporary absolute disqualification shall also be imposed: *Provided*, *finally*, That if the penalty imposed is *prision correctional* or *arresto mayor*, the penalty of suspension shall also be imposed; and
- (f) A fine to be determined by the court shall be imposed and administered as a cash fund by the Department of Social Welfare and Development and disbursed for the rehabilitation of each child victim, or any immediate member of his family if the latter is the perpetrator of the offense.

ARTICLE XIII FINAL PROVISIONS

SEC. 32. *Rules and Regulations*. - Unless otherwise provided in this Act, the Department of Justice, in coordination with the Department of Social Welfare and Development, shall promulgate rules and regulations for the effective implementation of this Act.

Such rules and regulations shall take effect upon their publication in two (2) national newspapers of general circulation.

SEC. 33. *Appropriations*. - The amount necessary to carry out the provisions of this Act is hereby authorized to be appropriated in the General Appropriations Act of the year following its enactment into law and thereafter.

SEC. 34. Separability Clause. - If any provision of this Act is declared invalid or unconstitutional, the remaining provisions not affected thereby shall continue into full force and effect.

SEC. 35. *Repealing Clause.* - All laws, decrees, or rules inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 36. *Effectivity Clause.* - This Act shall take effect upon completion of its publication in at least two (2) national newspapers of general circulation.

(Sgd.) NEPTALI A. GONZALES
President of the Senate

(Sgd.) RAMON V. MITRA Speaker of the House of Representatives

This Act which is a consolidation of House Bill Nos. 6946, 29431, 35354 and Senate Bill No. 1209 was finally passed by the House of Representatives and the Senate February 7, 1992.

(Sgd.) ANACLETO D. BADOY, JR. Secretary of the Senate

(Sgd.) CAMILO L. SABIO Secretary-General House of Representatives

Approved: June 17, 1992

(Sgd.) CORAZON C. AQUINO President of the Philippines

RULES AND REGULATIONS ON THE REPORTING AND INVESTIGATION OF CHILD ABUSE CASES

Pursuant to Section 32 of Republic Act No. 7610 ("An Act Providing For Stronger Deterrence and Special Protection Against Child Abuses, Exploitation and Discrimination, Providing Penalties for its Violation and for Other Purposes"), the following Rules and Regulations are hereby promulgated concerning the reporting and investigation of child abuses cases:

Section 1. <u>Objectives.</u> – These Rules and Regulations seek to encourage the reporting of cases of physical or psychological injury, sexual abuse or exploitation, or negligent treatment of children and to ensure the early and effective investigation of cases of child abuse towards the prosecution of the offender consistent with the need to promote the best interest of the child victim.

Sec. 2. <u>Definition of Terms</u> – As used in these Rules, unless the context requires otherwise –

- a.) "Child" shall refer to a person below eighteen (18) years of age or one over said age and who, upon evaluation of a qualified physician, psychologist or psychiatrist, is found to be incapable of taking care of himself fully because of a physical or mental disability or condition of protecting himself from abuse;
- b.) "Child abuse" refers to the infliction of physical or psychological injury, cruelty to, or neglect, sexual abuse or exploitation of a child;
- c.) "Cruelty" refers to any act by word or deed which debases, degrades or demeans the intrinsic worth and dignity of a child as human being. Discipline administered by a parent or legal guardian to a child does not constitute cruelty provided it is reasonable in manner and moderate in degree and does not constitute physical or psychological injury as defined herein;
- d.) "Physical injury" includes but is not limited to lacerations, fractured bones, burns, internal injuries, severe injury or serious bodily harm suffered by a child;
- e.) "Psychological injury" means harm to a child's psychological or intellectual functioning which may be exhibited by severe anxiety, depression, withdrawal or outward aggressive behaviour, or a combination of said behaviors, which may be demonstrated by a change in behavior, emotional response or cognition;

- f.) "Neglect" means failure to provide, for reason other than poverty, adequate food, clothing, shelter, basic education or medical care so as to seriously endanger the physical, mental, social and emotional growth and development of the child;
- g.) "Sexual abuse" includes the employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another person to engage in, sexual intercourse or lascivious conduct or the molestation, prostitution, or incest with children;
- h.) "Lascivious conduct" means the intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks, or the introduction of any object of the genetalia, anus or mouth, of any person, whether of the same or opposite sex, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person, bestiality, masturbation, lascivious exhibition of the genitals or pubic area of a person;
- i.) "Exploitation" means hiring, employment, persuasion, inducement, or coercion of a child to perform in obscene exhibitions and indecent shows, whether live or in video or film, or to pose or act as a model in an obscene publications or pornographic materials, or to sell or distribute said materials; and
- j.) "Department" shall refer to a duly authorized officer or social worker of the Department of Social Welfare and Development or similar agency of a local government unit.
- Sec. 3. **Reporting.** A person who learns of facts or circumstances that give rise to the belief that a child has suffered abuse may report the same, either orally or in writing, to the Department, to the police or the other law enforcement agency or to a Barangay Council for the Protection of Children.
- Sec. 4. <u>Mandatory Reporting.</u> The head of any public or private hospital, medical clinic and similar institution, as well as the attending physician and nurse, shall report, either orally or in writing, to the Department the examination and/or treatment of a child who appears to have suffered abuse within forty-eight (48) hours from knowledge of the same.
- Sec. 5. <u>Duty of Government Workers to Report</u>. It shall be the duty of all teachers and administrators in public schools, probation officers, government lawyers, law enforcement officers, barangay officials, corrections officers and other government of officials and employees whose work involves dealing with children to report all incidents of possible child abuse to the Department.

Sec.6. <u>Failure to Report</u>. – Failure of the individuals mentioned in Section 4 and the administrator or head of the hospital, clinic or similar institution concerned to report a possible case of child abuse shall be punishable with a fine of not more than two thousand pesos (P2,000.00).

Sec.7. *Immunity for Reporting.* – A person who, acting in good faith, reports a case of child abuse shall be free from any civil or administrative liability arising therefrom. There shall be presumption that any such person acted in good faith.

Sec.8. <u>Investigation.</u> – Not later than forty-eight (48) hours after receipt of a report on a possible incident of a child abuse, the Department shall immediately proceed to the home or establishment where the alleged child victims is found and interview said child to determine whether an abuse was committed, the identity of the perpetrator and the need or removing the child from his home or the establishment where he may be found or placing him under protective custody pursuant to Section 9 of these Rules.

Whenever practicable, the Department shall conduct the interview jointly with the police and /or barangay official.

To minimize the number of interviews of the child victim, his statement shall be transcribed or recorded on voice or video tape.

- Sec.9. <u>Protective Custody</u>. If the investigation discloses sexual abuse, serious physical injury or life-threatening neglect of the child, the duly authorized officer or social worker of the Department shall immediately remove the child from his home or the establishment where he was found and place him under protective custody to ensure his safety.
- Sec.10. <u>Immunity of Officer Taking The Child Under Protective Custody</u>. The duly authorized officer or social worker of the Department and the assisting police officer or barangay official, if any, who shall take a child under protective custody shall be exempt from any civil, criminal and administrative liability therefor.
- Sec.11. *Notification of Police*. The Department shall inform the police or other law enforcement agency whenever a child victim is placed under protective custody.
- Sec.12. <u>Physical Examination: Interview.</u> The Department shall refer the child who is placed under protective custody to a government medical or health officer for a physical/mental examination and/or medical treatment. Thereafter, the Department shall determine the rehabilitation or treatment program which the child may require and to gather data relevant to the filing of criminal charges against the abuser.

Sec.13. <u>Involuntary Commitment</u>. – The Department shall file a petition for the involuntary commitment of the child victim under the provisions of the Presidential Decree No. 603, as amended, if the investigation confirms the commission of child abuse.

Sec.14. <u>Suspension or Deprivation of Parental Authority</u>. – The Department shall ask the Court to suspend the parental authority of the parent or lawful guardian who abused the victim, Provided, that in cases of sexual abuse, the Department shall ask for the permanent deprivation of parental authority of the offending parent or lawful guardian.

Sec.15. <u>Transfer of Parental Authority</u>. – The Department shall, in case of suspension or deprivation of parental authority and if the child victim cannot be placed under care of a next of kin, ask the proper Court to transfer said authority over the child victim to the Department or to the head of a duly accredited children's home, orphanage or similar institution.

Sec.16. **Who May File A Complaint.** – A complaint against a person who abused a child may be filed by the –

- a. offended party
- b. parent or legal guardian;
- c. ascendant or collateral relative of the child within the third degree of consanguinity;
- d. duly authorized officer or social worker of the Department;
- e. officer, social worker or representative of licensed child caring institution;
- f. Barangay Chairman; or
- g. At least three (3) concerned responsible citizens of the community where the abuse took place who have personal knowledge of the offense committed.

Sec. 17. <u>Filing of Criminal Case</u>. – The investigation report of the Department and/or of the police or other law enforcement agency on the abuse of a child, together with the results of the physical/mental examination and/or medical treatment and other relevant evidence, shall be immediately forwarded to the provincial or city prosecutor concerned for the preparation and filing of the appropriate criminal charge against the person who allegedly committed the abuse.

Sec. 18. <u>Closure of Establishment.</u> – The Department shall immediately close the establishment or enterprise found to have promoted, facilitated or conducted activities constituting child abuse. The closure shall be for a period of not less than one (1) year. Upon said closure, the Department shall post signs with the words "off limits" in conspicuous places outside the premises of the closed establishment or enterprise. The unauthorized removal of said sign shall be punishable *by prison correctional*.

The Department shall seek the assistance of the local government unit concerned or the police or other law enforcement agency in the closure of an offending establishment or enterprise.

The Department shall also file the appropriate criminal complaint against the owner or manager of the closed establishment or enterprise under the provisions of R.A. 7610, the Revised Penal Code, as amended, or special laws.

An establishment or enterprise shall be presumed to promote or facilitate child abuse if the acts constituting the same occur within its premises. An establishment such as sauna parlor, travel agency, or recruitment agency which promoted acts of child sexual abuse as part of a tour program; exhibits children in a lewd or indecent show; provides child masseurs or masseuses for adults of the same or opposite sex and includes any lascivious conduct as part of the services that are rendered; or solicits children for activities constituting sexual abuse shall be deemed to have promoted or facilitated child abuse.

Sec. 19. <u>Guardian Ad Litem</u> – Upon the filing of the criminal complaint for a child abuse, the Department shall ask the appropriate court to appoint a guardian ad litem to represent the best interest of the child.

The guardian ad litem shall -

- a) explain to the child the legal proceeding in which the child will be involved;
- b) advise the judge, when appropriate, and as a friend of the court, regarding the child's ability to understand the proceedings and questions propounded therein;
- c) advise the prosecutor concerning the ability of the child to cooperate as a witness for the prosecutions;
- d) attend all investigations, hearing and trial proceedings in which the child is a participant; and
- e) monitor and coordinate concurrent administrative and court actions.
- Sec. 20. <u>Confidentiality of Identity of Victim.</u> At the request of the victim or his representative, the name of the child shall be withheld by the Department until the court has acquired jurisdiction over his case.
- Sec. 21. <u>Speedy Trial of Child Abuse Cases</u>. The trial of child abuse shall take precedence over all cases before the courts, except election and habeas corpus cases. The trial in said cases shall commence within three (3) days from the date the accused is arraigned and

no postponement of the child initial hearing shall be granted except on account of the illness of the accused or other grounds beyond his control.

Sec. 22. <u>Protection of Victim from Undue Publicity</u>. – The prosecutor in a child abuse case shall, taking into consideration the age, psychological maturity and understanding of the child victim, the nature of the unlawful acts committed, the desire of the victim and the interest of the child's family, take the necessary steps to exclude the public during the giving the testimony of the child victim; to limit the publication of information, photographs or artistic rendering that may identify the victim; and to prevent the undue and sensationalized publicity of the case.

Sec. 23. <u>Confidentiality of Records</u>. – All records pertaining to cases of sexual abuse shall be strictly confidential and no information relating there to shall disclosed except in connection with any court or official proceeding based thereon.

The unauthorized disclosure of the aforementioned records shall be punishable by a fine of not more than two thousand four hundred pesos (P2,400.00) or by imprisonment of not more than (1) year or such fine and imprisonment.

Sec.24. *Effectivity*. – These Rules shall effect upon the approval of the Secretary of Justice and fifteen (15) days after its publication in two (2) national newspaper of general circulation.

Done in the City of Manila this ____ day of October 1993.

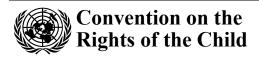
(Original Signed)
FRANKLIN M. DRILON
Secretary of Justice

CONFORME:

(Original Signed)
CORAZON ALMA DE LEON
Secretary of Social Welfare and Development

United Nations

 $CRC \hspace{-0.5mm}/\hspace{-0.1mm} \text{CRC} \hspace{-0.5mm}/\hspace{-0.1mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-0.5mm}/\hspace{-0.5mm} \text{C}\hspace{-0.5mm}/\hspace{-$



Distr.: General 18 April 2011

Original: English

Committee on the Rights of the Child

General comment No. 13 (2011)

The right of the child to freedom from all forms of violence

GE.11

Please recycle

CRC/C/GC/13

I. Introduction

- Article 19 states the following:
 - "1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
 - "2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement."
- 2. **Rationale for the present general comment.** The Committee on the Rights of the Child (hereinafter: the Committee) issues the present general comment on article 19 of the Convention on the Rights of the Child (hereinafter: the Convention), since the extent and intensity of violence exerted on children is alarming. Measures to end violence must be massively strengthened and expanded in order to effectively put an end to these practices which jeopardize children's development and societies' potential non-violent solutions for conflict resolution.
- 3. **Overview.** The general comment is based on the following fundamental assumptions and observations:
- (a) "No violence against children is justifiable; all violence against children is preventable"; $^{\rm I}$
- (b) A child rights-based approach to child caregiving and protection requires a paradigm shift towards respecting and promoting the human dignity and the physical and psychological integrity of children as rights-bearing individuals rather than perceiving them primarily as "victims";
- (c) The concept of dignity requires that every child is recognized, respected and protected as a rights holder and as a unique and valuable human being with an individual personality, distinct needs, interests and privacy;
- (d) The principle of the rule of law should apply fully to children as it does to adults;
- (e) Children's rights to be heard and to have their views given due weight must be respected systematically in all decision-making processes, and their empowerment and participation should be central to child caregiving and protection strategies and programmes;
- (f) The right of children to have their best interests be a primary consideration in all matters involving or affecting them must be respected, especially when they are victims of violence, as well as in all measures of prevention;

Report of the independent expert for the United Nations study on violence against children (A/61/299), para. 1.

- (g) Primary prevention, through public health, education, social services and other approaches, of all forms of violence is of paramount importance;
- (h) The Committee recognizes the primary position of families, including extended families, in child caregiving and protection and in the prevention of violence. Nevertheless, the Committee also recognizes that the majority of violence takes place in the context of families and that intervention and support are therefore required when children become the victims of hardship and distress imposed on, or generated in, families;
- (i) The Committee is also aware of widespread and intense violence applied against children in State institutions and by State actors including in schools, care centres, residential homes, police custody and justice institutions which may amount to torture and killing of children, as well as violence against children frequently used by armed groups and State military forces.
- 4. **Definition of violence.** For the purposes of the present general comment, "violence" is understood to mean "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" as listed in article 19, paragraph 1, of the Convention. The term violence has been chosen here to represent all forms of harm to children as listed in article 19, paragraph 1, in conformity with the terminology used in the 2006 United Nations study on violence against children, although the other terms used to describe types of harm (injury, abuse, neglect or negligent treatment, maltreatment and exploitation) carry equal weight. In common parlance the term violence is often understood to mean only physical harm and/or intentional harm. However, the Committee emphasizes most strongly that the choice of the term violence in the present general comment must not be interpreted in any way to minimize the impact of, and need to address, non-physical and/or non-intentional forms of harm (such as, inter alia, neglect and psychological maltreatment).
- 5. States' obligations and the responsibilities of family and other actors. References to "States parties" relate to the obligations of States parties to assume their responsibilities towards children not only at the national level, but also at the provincial and municipal levels. These special obligations are due diligence and the obligation to prevent violence or violations of human rights, the obligation to protect child victims and witnesses from human rights violations, the obligation to investigate and to punish those responsible, and the obligation to provide access to redress human rights violations. Regardless of whether violence takes place, States parties have a positive and active obligation to support and assist parents and other caregivers to secure, within their abilities and financial capacities and with respect for the evolving capacities of the child, the living conditions necessary for the child's optimal development (arts. 18 and 27). States parties, furthermore, shall ensure that all persons who, within the context of their work, are responsible for the prevention of, protection from, and reaction to violence and in the justice systems are addressing the needs and respecting the rights of children.
- 6. **Evolution of general comment No. 13.** The present general comment builds on the existing guidance provided by the Committee in its review of States parties' reports and the respective concluding observations, the recommendations of two days of general discussion on violence against children, held in 2000 and 2001, general comment No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment, and references in other general comments to the topic of violence. The present general comment draws attention to the recommendations of the 2006 report of

² Translations of the Convention into other languages do not necessarily include exact equivalents of the English term "violence".

CRC/C/GC/13

the independent expert for the United Nations study on violence against children (A/61/299) and calls on States parties to implement those recommendations without delay. It calls attention to the detailed guidance available in the Guidelines for the Alternative Care of Children.³ It also draws on the expertise and experience of United Nations agencies, Governments, non-governmental organizations (NGOs), community organizations, development agencies, and children themselves in seeking to implement article 19 in practice.⁴

7. **Article 19 in context.** The Committee recognizes that:

- (a) Article 19 is one of many provisions in the Convention directly relating to violence. The Committee also recognizes the direct relevance to article 19 of the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict. However, the Committee holds that article 19 forms the core provision for discussions and strategies to address and eliminate all forms of violence in the context of the Convention more broadly;
- (b) Article 19 is strongly linked to a broad range of provisions in the Convention beyond those relating directly to violence. In addition to the articles containing the rights identified as principles of the Convention (see section V of the present general comment), implementation of article 19 must be situated in the context of articles 5, 9, 18 and 27;
- (c) Children's rights to respect for their human dignity, physical and psychological integrity and to equal protection under the law are also recognized in other international and regional human rights instruments;
- (d) Implementation of article 19 requires cooperation within and between national, regional and international human rights bodies, mechanisms and United Nations agencies;
- (e) Cooperation is needed in particular with the Special Representative of the Secretary-General on Violence against Children, who has the mandate to promote the implementation of the recommendations of the United Nations study on violence against children in close collaboration with Member States and a wide range of partners, including United Nations agencies and organizations, civil society organizations and children, in order to safeguard the child's right to freedom from all forms of violence.
- 8. **Dissemination.** The Committee recommends that States parties widely disseminate the present general comment within government and administrative structures, to parents, other caregivers, children, professional organizations, communities and civil society at large. All channels of dissemination, including print media, the Internet and children's own communication means, should be used. This will necessitate translating it into relevant languages, including sign languages, Braille and easy-to-read formats for children with disabilities. It also requires making culturally appropriate and child-friendly versions available, holding workshops and seminars, implementing age- and disability-specific support to discuss its implications and how best to implement it, and incorporating it into the training of all professionals working for and with children.
- 9. **Reporting requirements under the Convention.** The Committee refers States parties to the reporting requirements outlined in the treaty-specific reporting guidelines (CRC/C/58/Rev.2 and Corr.1), in general comment No. 8 (para. 53), and in the concluding observations of the Committee adopted following the dialogues with representatives of

³ General Assembly resolution 64/142, annex.

⁴ See the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime (Economic and Social Council resolution 2005/20, annex).

CRC/C/GC/13

States parties. The current general comment consolidates and specifies the measures on which States parties are expected to give information in the reports to be submitted under article 44 of the Convention. The Committee also recommends that States parties include information on progress made towards implementing the recommendations of the United Nations study on violence against children (A/61/299, para. 116). Reporting should comprise laws and other regulations taken to prohibit violence and to intervene appropriately when violence occurs and also measures for the prevention of violence, awareness-raising activities and the promotion of positive, non-violent relationships. In the reports it should be furthermore specified who has responsibility for the child and family at each stage of intervention (including prevention), what those responsibilities are, at what stage and under what circumstances professionals can intervene, and how different sectors work together.

10. **Additional sources of information.** The Committee also encourages United Nations agencies, national human rights institutions, NGOs and other competent bodies to provide it with relevant information on the legal status and prevalence of all forms of violence and progress towards their elimination.

II. Objectives

- 11. The present general comment seeks:
- (a) To guide States parties in understanding their obligations under article 19 of the Convention to prohibit, prevent and respond to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation of children, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child, including State actors;
- (b) To outline the legislative, judicial, administrative, social and educational measures that States parties must take;
- (c) To overcome isolated, fragmented and reactive initiatives to address child caregiving and protection which have had limited impact on the prevention and elimination of all forms of violence:
- (d) To promote a holistic approach to implementing article 19 based on the Convention's overall perspective on securing children's rights to survival, dignity, wellbeing, health, development, participation and non-discrimination – the fulfilment of which are threatened by violence;
- (e) To provide States parties and other stakeholders with a basis on which to develop a coordinating framework for eliminating violence through comprehensive child rights-based caregiving and protection measures;
- (f) To highlight the need for all States parties to move quickly to fulfil their obligations under article 19.

III. Violence in children's lives

12. **Challenges.** The Committee acknowledges and welcomes the numerous initiatives developed by Governments and others to prevent and respond to violence against children. In spite of these efforts, existing initiatives are in general insufficient. Legal frameworks in a majority of States still fail to prohibit all forms of violence against children, and where laws are in place, their enforcement is often inadequate. Widespread social and cultural attitudes and practices condone violence. The impact of measures taken is limited by lack

CRC/C/GC/13

of knowledge, data and understanding of violence against children and its root causes, by reactive efforts focusing on symptoms and consequences rather than causes, and by strategies which are fragmented rather than integrated. Resources allocated to address the problem are inadequate.

- 13. **The human rights imperative.** Addressing and eliminating the widespread prevalence and incidence of violence against children is an obligation of States parties under the Convention. Securing and promoting children's fundamental rights to respect for their human dignity and physical and psychological integrity, through the prevention of all forms of violence, is essential for promoting the full set of child rights in the Convention. All other arguments presented here reinforce but do not replace this human rights imperative. Strategies and systems to prevent and respond to violence must therefore adopt a child rights rather than a welfare approach. (See para. 53 for more details).
- 14. **Societal development and children's contribution.** A respectful, supportive childrearing environment free from violence supports the realization of children's individual personalities and fosters the development of social, responsible and actively contributing citizens in the local community and larger society. Research shows that children who have not experienced violence and who develop in a healthy manner are less likely to act violently, both in childhood and when they become adults. Preventing violence in one generation reduces its likelihood in the next. Implementation of article 19 is therefore a key strategy for reducing and preventing all forms of violence in societies and for promoting "social progress and better standards of life" and "freedom, justice and peace in the world" for the "human family" in which children have a place and a value equal to that of adults (Convention preamble).
- 15. Survival and development the devastating impact of violence against children. Children's survival and their "physical, mental, spiritual, moral and social development" (art. 27, para. 1) are severely negatively impacted by violence, as described below:
- (a) The short- and long-term health consequences of violence against children and child maltreatment are widely recognized. They include: fatal injury; non-fatal injury (possibly leading to disability); physical health problems (including failure to thrive, later lung, heart and liver disease and sexually transmitted infections); cognitive impairment (including impaired school and work performance); psychological and emotional consequences (such as feelings of rejection and abandonment, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem); mental health problems (such as anxiety and depressive disorders, hallucinations, memory disturbances and suicide attempts); and health-risk behaviours (such as substance abuse and early initiation of sexual behaviour);
- (b) Developmental and behavioural consequences (such as school non-attendance and aggressive, antisocial, self-destructive and interpersonal destructive behaviours) can lead, inter alia, to deterioration of relationships, exclusion from school and coming into conflict with the law). There is evidence that exposure to violence increases a child's risk of further victimization and an accumulation of violent experiences, including later intimate partner violence.⁵
- (c) The impact on children, in particular adolescents, of high-handed or "zero tolerance" State policies in response to child violence is highly destructive as it is a punitive approach victimizing children by reacting to violence with more violence. Such policies are often shaped by public concerns over citizens' security and by the high profile given to these issues by mass media. State policies on public security must carefully consider the

⁵ See Paulo Sérgio Pinheiro, independent expert for the United Nations Secretary-General's study on violence against children, World Report on Violence against Children (Geneva, 2006), pp. 63-66.

CRC/C/GC/13

root causes of children's offences in order to provide a way out of a vicious circle of retaliating violence with violence.

16. The cost of violence against children. The human, social and economic costs of denying children's rights to protection are enormous and unacceptable. Direct costs may include medical care, legal and social welfare services and alternative care. Indirect costs may include possible lasting injury or disability, psychological costs or other impacts on a victim's quality of life, disruption or discontinuation of education, and productivity losses in the future life of the child. They also include costs associated with the criminal justice system as a result of crimes committed by children who have experienced violence. The social costs arising from a demographic imbalance due to the discriminatory elimination of girls before birth are high and have potential implications for increased violence against girls including abduction, early and forced marriage, trafficking for sexual purposes and sexual violence.

IV. Legal analysis of article 19

A. Article 19, paragraph 1

1. "... all forms of ..."

- 17. **No exceptions.** The Committee has consistently maintained the position that all forms of violence against children, however light, are unacceptable. "All forms of physical or mental violence" does not leave room for any level of legalized violence against children. Frequency, severity of harm and intent to harm are not prerequisites for the definitions of violence. States parties may refer to such factors in intervention strategies in order to allow proportional responses in the best interests of the child, but definitions must in no way erode the child's absolute right to human dignity and physical and psychological integrity by describing some forms of violence as legally and/or socially acceptable.
- 18. The need for child rights-based definitions. States parties need to establish national standards for child well-being, health and development as securing these conditions is the ultimate goal of child caregiving and protection. Clear operational legal definitions are required of the different forms of violence outlined in article 19 in order to ban all forms of violence in all settings. These definitions must take into account the guidance provided in the present general comment, must be sufficiently clear to be usable and should be applicable in different societies and cultures. Efforts to standardize definitions internationally (in order to facilitate data collection and cross-country exchange of experiences) should be encouraged.
- 19. **Forms of violence overview.** The following non-exhaustive lists outlining forms of violence apply to all children in all settings and in transit between settings. Children can experience violence at the hands of adults, and violence may also occur among children. Furthermore, some children harm themselves. The Committee recognizes that forms of violence often co-occur and that they can span the categories used here for convenience. Both girls and boys are at risk of all forms of violence, but violence often has a gender component. For example, girls may experience more sexual violence at home than boys whereas boys may be more likely to encounter and experience violence within the criminal justice system. (See also para. 72 (b) on the gender dimensions of violence).
- 20. **Neglect or negligent treatment.** Neglect means the failure to meet children's physical and psychological needs, protect them from danger, or obtain medical, birth registration or other services when those responsible for children's care have the means, knowledge and access to services to do so. It includes:

- (a) Physical neglect: failure to protect a child from harm,⁶ including through lack of supervision, or failure to provide the child with basic necessities including adequate food, shelter, clothing and basic medical care;
- (b) Psychological or emotional neglect: including lack of any emotional support and love, chronic inattention to the child, caregivers being "psychologically unavailable" by overlooking young children's cues and signals, and exposure to intimate partner violence, drug or alcohol abuse;
- $\mbox{(c)} \qquad \mbox{Neglect of children's physical or mental health: withholding essential medical care;}$
- (d) Educational neglect: failure to comply with laws requiring caregivers to secure their children's education through attendance at school or otherwise; and
- (e) Abandonment: a practice which is of great concern and which can disproportionately affect, inter alia, children out of wedlock and children with disabilities in some societies.⁷
- 21. **Mental violence.** "Mental violence", as referred to in the Convention, is often described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect and this can include:
- (a) All forms of persistent harmful interactions with the child, for example, conveying to children that they are worthless, unloved, unwanted, endangered or only of value in meeting another's needs;
- (b) Scaring, terrorizing and threatening; exploiting and corrupting; spurning and rejecting; isolating, ignoring and favouritism;
- (c) Denying emotional responsiveness; neglecting mental health, medical and educational needs;
- (d) Insults, name-calling, humiliation, belittling, ridiculing and hurting a child's feelings;
 - (e) Exposure to domestic violence;
- (f) Placement in solitary confinement, isolation or humiliating or degrading conditions of detention; and
- (g) Psychological bullying and hazing⁸ by adults or other children, including via information and communication technologies (ICTs) such as mobile phones and the Internet (known as "cyberbullying").
- 22. **Physical violence.** This includes fatal and non-fatal physical violence. The Committee is of the opinion that physical violence includes:
- (a) All corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment; and

⁶ States parties are also obliged to support caregivers to prevent accidents (art. 19 and art. 24, para 2 (e))

⁷ In many countries children are abandoned because parents and caregivers living in poverty do not have the means to support them. According to the definition, neglect is a failure of care when parents have the means to meet their children's needs. The Committee has often urged States parties to "render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities" (art. 18, para. 2 of the Convention).

^{8 &}quot;Hazing" refers to rituals and other activities involving harassment, violence or humiliation which are used as a way of initiating a person into a group.

- b) Physical bullying and hazing by adults and by other children.
- 23. Children with disabilities may be subject to particular forms of physical violence such as:
 - (a) Forced sterilization, particularly girls;
- (b) Violence in the guise of treatment (for example electroconvulsive treatment (ECT) and electric shocks used as "aversion treatment" to control children's behaviour); and
- (c) Deliberate infliction of disabilities on children for the purpose of exploiting them for begging in the streets or elsewhere.
- 24. **Corporal punishment.** In general comment No. 8 (para. 11), the Committee defined "corporal" or "physical" punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ("smacking", "slapping", "spanking") children, with the hand or with an implement a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding, or forced ingestion. In the view of the Committee, corporal punishment is invariably degrading. Other specific forms of corporal punishment are listed in the report of the independent expert for the United Nations study on violence against children (A/61/299, paras. 56, 60 and 62).
- 25. **Sexual abuse and exploitation.** Sexual abuse and exploitation includes:
- (a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity;9
 - (b) The use of children in commercial sexual exploitation; and
 - (c) The use of children in audio or visual images of child sexual abuse;
- (d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking (within and between countries) and sale of children for sexual purposes and forced marriage. Many children experience sexual victimization which is not accompanied by physical force or restraint but which is nonetheless psychologically intrusive, exploitive and traumatic.
- 26. **Torture and inhuman or degrading treatment or punishment.** This includes violence in all its forms against children in order to extract a confession, to extrajudicially punish children for unlawful or unwanted behaviours, or to force children to engage in activities against their will, typically applied by police and law-enforcement officers, staff of residential and other institutions and persons who have power over children, including non-State armed actors. Victims are often children who are marginalized, disadvantaged and discriminated against and who lack the protection of adults responsible for defending their rights and best interests. This includes children in conflict with the law, children in street situations, minorities and indigenous children, and unaccompanied children. The

⁹ Sexual abuse comprises any sexual activities imposed by an adult on a child, against which the child is entitled to protection by criminal law. Sexual activities are also considered as abuse when committed against a child by another child, if the child offender is significantly older than the child victim or uses power, threat or other means of pressure. Sexual activities between children are not considered as sexual abuse if the children are older than the age limit defined by the State party for consensual sexual activities.

CRC/C/GC/13

brutality of such acts often results in life-long physical and psychological harm and social stress.

- 27. **Violence among children**. This includes physical, psychological and sexual violence, often by bullying, exerted by children against other children, frequently by groups of children, which not only harms a child's physical and psychological integrity and wellbeing in the immediate term, but often has severe impact on his or her development, education and social integration in the medium and long term. Also, violence by youth gangs takes a severe toll on children, whether as victims or as participants. Although children are the actors, the role of adults responsible for these children is crucial in all attempts to appropriately react and prevent such violence, ensuring that measures do not exacerbate violence by taking a punitive approach and using violence against violence.
- 28. **Self-harm.** This includes eating disorders, substance use and abuse, self-inflicted injuries, suicidal thoughts, suicide attempts and actual suicide. Suicide among adolescents is of particular concern to the Committee.
- 29. **Harmful practices.** These include, but are not limited to:
 - (a) Corporal punishment and other cruel or degrading forms of punishment;
 - (b) Female genital mutilation;
 - (c) Amputations, binding, scarring, burning and branding;
- (d) Violent and degrading initiation rites; force-feeding of girls; fattening; virginity testing (inspecting girls' genitalia);
 - (e) Forced marriage and early marriage;
- (f) "Honour" crimes; "retribution" acts of violence (where disputes between different groups are taken out on children of the parties involved); dowry-related death and violence;
- (g) Accusations of "witchcraft" and related harmful practices such as "exorcism";
 - (h) Uvulectomy and teeth extraction.
- 30. Violence in the mass media. Mass media, especially tabloids and the yellow press, tend to highlight shocking occurrences and as a result create a biased and stereotyped image of children, in particular of disadvantaged children or adolescents, who are often portrayed as violent or delinquent just because they may behave or dress in a different way. Such stirred-up stereotypes pave the way for State policies based on a punitive approach, which may include violence as a reaction to assumed or factual misdemeanours of children and young persons.
- 31. **Violence through information and communications technologies.** Ohild protection risks in relation to ICT comprise the following overlapping areas:
- Sexual abuse of children to produce both visual and audio child abuse images facilitated by the Internet and other ICT;
- (b) The process of taking, making, permitting to take, distributing, showing, possessing or advertising indecent photographs or pseudophotographs ("morphing") and

Information technologies such as the Internet and mobile phones have great potential as positive tools to help keep children safe and as a way to report suspected or actual violence or maltreatment. A protective environment needs to be created through regulation and monitoring of information technologies including empowering children to safely use these technologies.

CRC/C/GC/13

videos of children and those making a mockery of an individual child or categories of children;

- (c) Children as users of ICT:
- (i) As recipients of information, children may be exposed to actually or potentially harmful advertisements, spam, sponsorship, personal information and content which is aggressive, violent, hateful, biased, racist, pornographic¹¹, unwelcome and/or misleading;
- (ii) As children in contact with others through ICT, children may be bullied, harassed or stalked (child "luring") and/or coerced, tricked or persuaded into meeting strangers off-line, being "groomed" for involvement in sexual activities and/or providing personal information;
- (iii) As actors, children may become involved in bullying or harassing others, playing games that negatively influence their psychological development, creating and uploading inappropriate sexual material, providing misleading information or advice, and/or illegal downloading, hacking, gambling, financial scams and/or terrorism. ¹²
- 32. **Institutional and system violations of child rights.** Authorities at all levels of the State responsible for the protection of children from all forms of violence may directly and indirectly cause harm by lacking effective means of implementation of obligations under the Convention. Such omissions include the failure to adopt or revise legislation and other provisions, inadequate implementation of laws and other regulations and insufficient provision of material, technical and human resources and capacities to identify, prevent and react to violence against children. It is also an omission when measures and programmes are not equipped with sufficient means to assess, monitor and evaluate progress or shortcomings of the activities to end violence against children. Also, in the commission of certain acts, professionals may abuse children's right to freedom from violence, for example, when they execute their responsibilities in a way that disregards the best interests, the views and the developmental objectives of the child.

2. "while in the care of..."

33. **Definition of "caregivers".** The Committee considers that, while respecting the evolving capacities and progressive autonomy of the child, all human beings below the age of 18 years are nonetheless "in the care of' someone, or should be. There are only three conditions for children: emancipated¹³, in the care of primary or proxy caregivers, or in the

Exposure to pornography can lead to an increase in child-on-child sexual abuse as children exposed to pornography "try out" what they have seen in practice with younger children or those to whom they have easy access and over whom they have control.

Adapted from a table developed by the EUKids Online project, cited in AUPs in Context: Establishing Safe and Responsible Online Behaviours (Becta, 2009), p. 6. See also the Rio de Janeiro Declaration and Call for Action to Prevent and Stop Sexual Exploitation of Children and Adolescents. Available from

http://iiicongressomundial.net/congresso/arquivos/Rio%20Declaration%20and%20Call%20for%20Action%20-%20FINAL%20Version.pdf.

In line with the Committee's previous recommendation to States parties to increase the age for marriage to 18 years for both girls and boys (general comment No. 4 (2003) on adolescent health and development in the context of the Convention of the Rights of the Child, para. 20), and given their specific vulnerability to maltreatment, the Committee considers that article 19 applies also to children under the age of 18 who have attained majority or emancipation through early marriage and/or forced marriage.

CRC/C/GC/13

de facto care of the State. The definition of "caregivers", referred to in article 19, paragraph 1, as "parent(s), legal guardian(s) or any other person who has the care of the child", covers those with clear, recognized legal, professional-ethical and/or cultural responsibility for the safety, health, development and well-being of the child, primarily: parents, foster parents, adoptive parents, caregivers in *kafalah* of Islamic law, guardians, extended family and community members; education, school and early childhood personnel; child caregivers employed by parents; recreational and sports coaches – including youth group supervisors; workplace employers or supervisors; and institutional personnel (governmental or nongovernmental) in the position of caregivers - for example responsible adults in health-care, juvenile-justice and drop-in and residential-care settings. In the case of unaccompanied children, the State is the de facto caregiver.

- Definition of care settings. Care settings are places where children spend time under the supervision of their "permanent" primary caregiver (such as a parent or guardian) or a proxy or "temporary" caregiver (such as a teacher or youth group leader) for periods of time which are short-term, long-term, repeated or once only. Children will often pass between caregiving settings with great frequency and flexibility but their safety in transit between these settings is still the responsibility of the primary caregiver - either directly, or via coordination and cooperation with a proxy caregiver (for example to and from school or when fetching water, fuel, food or fodder for animals). Children are also considered to be "in the care of" a primary or proxy caregiver while they are physically unsupervised within a care setting, for example while playing out of sight or surfing the Internet unsupervised. Usual care settings include family homes, schools and other educational institutions, early childhood care settings, after-school care centres, leisure, sports, cultural and recreational facilities, religious institutions and places of worship. In medical, rehabilitative and care facilities, at the workplace and in justice settings children are in the custody of professionals or State actors, who must observe the best interests of the child and ensure his or her rights to protection, well-being and development. A third type of setting in which children's protection, well-being and development also must be secured, are neighbourhoods, communities and camps or settlements for refugees and people displaced by conflict and/or natural disasters.14
- 35. Children without obvious primary or proxy caregivers. Article 19 also applies to children without a primary or proxy caregiver or another person who is entrusted with the protection and well-being of the child such as, for instance, children in child-headed households, children in street situations, children of migrating parents or unaccompanied children outside their country of origin. The State party is obliged to take responsibility as the de facto caregiver or the one "who has the care of the child", even if these children are not within the context of physical care settings such as foster homes, group homes or NGO facilities. The State party is under the obligation "to ensure the child such protection and care as is necessary for his or her well-being" (art. 3, para. 2) and to "ensure alternative care" to "a child temporarily or permanently deprived of his or her family environment" (art. 20). There are different ways to guarantee the rights of these children, preferably in family-like care arrangements, which must be carefully examined with respect to the risk of these children being exposed to violence.
- 36. **Perpetrators of violence.** Children may be subjected to violence by primary or proxy caregivers and/or by others against whom their caregiver does provide protection (for example neighbours, peers and strangers). Furthermore, children are at risk of being

¹⁴ The United Nations study on violence against children describes settings in which violence against children occurs; see also the detailed guidance available in the Guidelines for the Alternative Care of Children.

As defined in the Committee's general comment No. 6 (2005), para. 7.

CRC/C/GC/13

exposed to violence in many settings where professionals and State actors have often misused their power over children, such as schools, residential homes, police stations or justice institutions. All of these conditions fall under the scope of article 19, which is not limited to violence perpetrated solely by caregivers in a personal context.

3. "shall take ..."

37. "Shall take" is a term which leaves no leeway for the discretion of States parties. Accordingly, States parties are under strict obligation to undertake "all appropriate measures" to fully implement this right for all children.

4. "all appropriate legislative, administrative, social and educational measures"

- 38. **General measures of implementation and monitoring.** The Committee draws the attention of States parties to general comment No. 5 (2003) on general measures of implementation of the Convention on the Rights of the Child. ¹⁶ The Committee also refers States parties to its general comment No. 2 (2002) on the role of independent national human rights institutions in the promotion and protection of the rights of the child. These measures of implementation and monitoring are essential to bring article 19 into reality.
- 39. "All appropriate...measures". The term "appropriate" refers to the broad range of measures cutting across all sectors of Government, which must be used and be effective in order to prevent and respond to all forms of violence. "Appropriate" cannot be interpreted to mean acceptance of some forms of violence. An integrated, cohesive, interdisciplinary and coordinated system is required, which incorporates the full range of measures identified in article 19, paragraph 1, across the full range of interventions listed in paragraph 2. Isolated programmes and activities which are not integrated into sustainable and coordinated government policy and infrastructures will have limited effects. Child participation is essential in the development, monitoring and evaluation of the measures outlined here.
- 40. Legislative measures refer to both legislation, including the budget, and the implementing and enforcing measures. They comprise national, provincial and municipal laws and all relevant regulations, which define frameworks, systems, mechanisms and the roles and responsibilities of concerned agencies and competent officers.

41. State parties that have not yet done so must:

- (a) Ratify the two Optional Protocols to the Convention, and other international and regional human rights instruments that provide protection for children, including the Convention on the Rights of Persons with Disabilities and its Optional Protocol and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;
- (b) Review and withdraw declarations and reservations contrary to the object and purpose of the Convention or otherwise contrary to international law;
- (c) Strengthen cooperation with treaty bodies and other human rights mechanisms;
- (d) Review and amend domestic legislation in line with article 19 and its implementation within the holistic framework of the Convention, establishing a comprehensive policy on child rights and ensuring absolute prohibition of all forms of

¹⁶ See in particular paras. 9 (range of measures required), 13 and 15 (regarding withdrawal and eligibility of reservations), and 66 and 67 (dissemination of the Convention).

CRC/C/GC/13

violence against children in all settings and effective and appropriate sanctions against perpetrators;¹⁷

- (e) Provide adequate budget allocations for the implementation of legislation and all other measures adopted to end violence against children;
- (f) Ensure the protection of child victims and witnesses and effective access to redress and reparation;
- (g) Ensure that relevant legislation provides adequate protection of children in relation to media and ICT;
- (h) Establish and implement social programmes to promote optimal positive child-rearing by providing, through integrated services, necessary support for the child and for those who have the care of the child;
- (i) Enforce law and judicial procedures in a child-friendly way, including remedies available to children when rights are violated;
 - (j) Establish and support an independent national institution of children's rights.
- 42. Administrative measures should reflect governmental obligations to establish policies, programmes, monitoring and oversight systems required to protect the child from all forms of violence. These include:
 - (a) At the national and sub-national government levels:
 - Establishing a government focal point to coordinate child protection strategies and services;
 - (ii) Defining the roles, responsibilities and relationships between stakeholders on inter-agency steering committees with a view to their effectively managing, monitoring and holding accountable the implementing bodies at national and subnational levels;
 - (iii) Ensuring that the process of decentralizing services safeguards their quality, accountability and equitable distribution;
 - (iv) Implementing systematic and transparent budgeting processes in order to make the best use of allocated resources for child protection, including prevention;
 - (v) Establishing a comprehensive and reliable national data collection system in order to ensure systematic monitoring and evaluation of systems (impact analyses), services, programmes and outcomes based on indicators aligned with universal standards, and adjusted for and guided by locally established goals and objectives;
 - (vi) Providing independent national human rights institutions with support and promoting the establishment of specific child rights mandates such as child rights ombudsmen where these do not yet exist. 18
 - (b) At the levels of governmental, professional and civil society institutions:
 - (i) Developing and implementing (through participatory processes which encourage ownership and sustainability):
 - a. Intra- and inter-agency child protection policies;

¹⁷ In the context of "sanctions", the term "perpetrators" excludes children who harm themselves. The treatment of children who harm other children must be educational and therapeutic.

¹⁸ See general comment No. 2, in particular paras. 1, 2, 4 and 19.

- b. Professional ethics codes, protocols, memoranda of understanding and standards of care for all childcare services and settings (including daycare centres, schools, hospitals, sport clubs and residential institutions etc.);
- (ii) Involving academic teaching and training institutions with regard to child protection initiatives;
- (iii) Promoting good research programmes.
- 43. Social measures should reflect governmental commitment to fulfilling child protection rights and provide for basic and targeted services. They can be initiated and implemented by both State and civil society actors under the responsibility of the State. Such measures include:
- (a) Social policy measures to reduce risk and prevent violence against children, for example:
 - (i) Integration of child caregiving and protection measures into mainstream systems of social policy;
 - (ii) Identification and prevention of factors and circumstances which hinder vulnerable groups' access to services and full enjoyment of their rights (including indigenous and minority children and children with disabilities, among others);
 - (iii) Poverty reduction strategies, including financial and social support to families at risk;
 - (iv) Public health and safety, housing, employment and education policies;
 - (v) Improved access to health, social welfare and justice services;
 - (vi) "Child-friendly cities" planning;
 - (vii) Reduced demand for and access to alcohol, illegal drugs and weapons;
 - (viii) Collaboration with the mass media and the ICT industry to devise, promote and enforce global standards for child caregiving and protection;
 - (ix) Development of guidelines for protecting children from information and material produced by mass media disrespecting the human dignity and integrity of the child, abolishing stigmatizing language, refraining from the dissemination of revictimizing reports on events in family or elsewhere affecting a child and promoting professional methods of investigation based on the use of diverse sources which can be examined by all parties involved;
 - (x) Opportunities for children to express their view and expectations in the media and be not only engaged in children's programmes, but also involved in the production and transmission of all kinds of information, including as reporters, analysts and commentators in order to support an adequate image of children and childhood in the public.
- (b) Social programmes to support the child individually and to support the child's family and other caregivers to provide optimal positive child-rearing, for example:
 - (i) For children: childcare, early child development and after-school care programmes; child and youth groups and clubs; counselling support to children experiencing difficulties (including self-harm); 24-hour toll-free child helplines with trained personnel; foster family services which are subject to periodic review;
 - (ii) For families and other caregivers: community-based mutual-help groups to address psychosocial and economic challenges (for example parenting and microcredit groups); welfare programmes to support families' standard of living, including

CRC/C/GC/13

direct allowances to children at a certain age; counselling support to caregivers having difficulties with employment, housing and/or child-rearing; therapeutic programmes (including mutual help groups) to assist caregivers with challenges related to domestic violence, addictions to alcohol or drugs or with other mental health needs

- 44. Educational measures should address attitudes, traditions, customs and behavioural practices which condone and promote violence against children. They should encourage open discussion about violence, including the engagement of media and civil society. They should support children's life skills, knowledge and participation and enhance the capacities of caregivers and professionals in contact with children. They can be initiated and implemented by both State and civil society actors under the responsibility of the State. Specific examples include, but are not limited to:
- (a) For all stakeholders: public information programmes, including awareness campaigns, via opinion leaders and the media, to promote positive child-rearing and to combat negative societal attitudes and practices which condone or encourage violence; dissemination of the Convention, the present general comment and State party reports in child friendly and accessible formats; supporting measures to educate and advise on protection in the context of ICTs;
- (b) For children: provision of accurate, accessible and age-appropriate information and empowerment on life skills, self-protection and specific risks, including those relating to ICTs and how to develop positive peer relationships and combat bullying; empowerment regarding child rights in general and in particular on the right to be heard and to have their views taken seriously through the school curriculum and in other ways;
- (c) For families and communities: education on positive child-rearing for parents and caregivers; provision of accurate and accessible information on specific risks and how to listen to children and take their views seriously;
 - (d) For professionals and institutions (government and civil society):
 - (i) Providing initial and in-service general and role-specific training (including inter-sectoral where necessary) on a child rights approach to article 19 and its application in practice, for all professionals and non-professionals working with, and for, children (including teachers at all levels of the educational system, social workers, medical doctors, nurses and other health professionals, psychologists, lawyers, judges, police, probation and prison officers, journalists, community workers, residential caregivers, civil servants and public officials, asylum officers and traditional and religious leaders);
 - (ii) Developing officially recognized certification schemes in association with educational and training institutions and professional societies in order to regulate and acknowledge such training;
 - (iii) Ensuring that the Convention is part of the educational curriculum of all professionals expected to work with and for children;
 - (iv) Supporting "child-friendly schools" and other initiatives which include, inter alia, respect for children's participation;
 - (v) Promoting research on child caregiving and protection.

CRC/C/GC/13

B. Article 19, paragraph 2

"such protective measures should, as appropriate, include..."

- 45. **Range of interventions.** A holistic child protection system requires the provision of comprehensive and integrated measures across the full range of stages identified in article 19, paragraph 2, taking account of the socio-cultural traditions and legal system of the respective State party.¹⁹
- 46. **Prevention.** The Committee emphasizes in the strongest terms that child protection must begin with proactive prevention of all forms of violence as well as explicitly prohibit all forms of violence. States have the obligation to adopt all measures necessary to ensure that adults responsible for the care, guidance and upbringing of children will respect and protect children's rights. Prevention includes public health and other measures to positively promote respectful child-rearing, free from violence, for all children, and to target the root causes of violence at the levels of the child, family, perpetrator, community, institution and society. Emphasis on general (primary) and targeted (secondary) prevention must remain paramount at all times in the development and implementation of child protection systems. Preventive measures offer the greatest return in the long term. However, commitment to prevention does not lessen States' obligations to respond effectively to violence when it occurs.
- 47. Prevention measures include, but are not limited to:
 - (a) For all stakeholders:
 - (i) Challenging attitudes which perpetuate the tolerance and condoning of violence in all its forms, including gender, race, colour, religion, ethnic or social origin, disability and other power imbalances;
 - (ii) Disseminating information regarding the Convention's holistic and positive approach to child protection through creative public campaigns, schools and peer education, family, community and institutional educational initiatives, professionals and professional groups, NGOs and civil society;
 - (iii) Developing partnerships with all sectors of society, including children themselves. NGOs and the media:
 - (b) For children:
 - (i) Registering all children to facilitate their access to services and redress procedures;
 - (ii) Supporting children to protect themselves and their peers through awareness of their rights and development of social skills as well as age-appropriate empowerment strategies;
 - (iii) Implementing "mentoring" programmes that engage responsible and trusted adults in the lives of children identified as needing extra support beyond that provided by their caregivers;
 - (c) For families and communities:
 - (i) Supporting parents and caregivers to understand, embrace and implement good child-rearing, based on knowledge of child rights, child development and

¹⁹ The detailed guidance available in the Guidelines for the Alternative Care of Children should also be taken into account at each stage.

CRC/C/GC/13

techniques for positive discipline in order to support families' capacity to provide children with care in a safe environment;

- (ii) Providing pre- and post-natal services, home visitation programmes, quality early-childhood development programmes, and income-generation programmes for disadvantaged groups;
- (iii) Strengthening the links between mental health services, substance abuse treatment and child protection services;
- (iv) Providing respite programmes and family support centres for families facing especially difficult circumstances;
- (v) Providing shelters and crisis centres for parents (mostly women) who have experienced violence at home and their children;
- (vi) Providing assistance to the family by adopting measures that promote family unity and ensure for children the full exercise and enjoyment of their rights in private settings, abstaining from unduly interfering in children's private and family relations, depending on circumstances.²⁰
- (d) For professionals and institutions (Government and civil society):
- (i) Identifying prevention opportunities and informing policy and practice on the basis of research studies and data collection;
- (ii) Implementing, through a participatory process, rights-based child protection policies and procedures and professional ethics codes and standards of care;
- (iii) Preventing violence in care and justice settings by, inter alia, developing and implementing community-based services in order to make use of institutionalization and detention only as a last resort and only if in the best interest of the child.
- 48. **Identification.**²¹ This includes identifying risk factors for particular individuals or groups of children and caregivers (in order to trigger targeted prevention initiatives) and identifying signs of actual maltreatment (in order to trigger appropriate intervention as early as possible). This requires that all who come in contact with children are aware of risk factors and indicators of all forms of violence, have received guidance on how to interpret such indicators, and have the necessary knowledge, willingness and ability to take appropriate action (including the provision of emergency protection). Children must be provided with as many opportunities as possible to signal emerging problems before they reach a state of crisis, and for adults to recognize and act on such problems even if the child does not explicitly ask for help. Particular vigilance is needed when it comes to marginalized groups of children who are rendered particularly vulnerable due to their alternative methods of communicating, their immobility and/or the perceived view that they are incompetent, such as children with disabilities. Reasonable accomodation should be provided to ensure that they are able to communicate and signal problems on an equal basis with others.
- 49. **Reporting.**²² The Committee strongly recommends that all States parties develop safe, well-publicized, confidential and accessible support mechanisms for children, their

Human Rights Committee, general comment No. 17 (1989) on the rights of the child; European Court of Human Rights, Olsson vs. Sweden (No. 1), Judgement of 24 March 1988, Series A No. 130, para. 81; Inter-American Court of Human Rights, Velásquez Rodríguez vs. Honduras, Judgement on the Merits, 10 January 1989, Series C, No. 3, para. 172.

²¹ Paragraphs 48 ff can also be applied to processes in informal and customary systems of justice.

²² See also the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime.

CRC/C/GC/13

representatives and others to report violence against children, including through the use of 24-hour toll-free hotlines and other ICTs. The establishment of reporting mechanisms includes: (a) providing appropriate information to facilitate the making of complaints; (b) participation in investigations and court proceedings; (c) developing protocols which are appropriate for different circumstances and made widely known to children and the general public; (d) establishing related support services for children and families; and (e) training and providing ongoing support for personnel to receive and advance the information received through reporting systems. Reporting mechanisms must be coupled with, and should present themselves as help-oriented services offering public health and social support, rather than as triggering responses which are primarily punitive. Children's right to be heard and to have their views taken seriously must be respected. In every country, the reporting of instances, suspicion or risk of violence should, at a minimum, be required by professionals working directly with children. When reports are made in good faith, processes must be in place to ensure the protection of the professional making the report.

- 50. **Referral.** The person receiving the report should have clear guidance and training on when and how to refer the issue to whichever agency is responsible for coordinating the response. Following this, intersectoral referrals may be made by trained professionals and administrators when children are found to be in need of protection (immediate or longerterm) and specialized support services. Professionals working within the child protection system need to be trained in inter-agency cooperation and protocols for collaboration. The process will involve: (a) a participatory, multi-disciplinary assessment of the short- and long-term needs of the child, caregivers and family, which invites and gives due weight to the child's views as well as those of the caregivers and family; (b) sharing of the assessment results with the child, caregivers and family; (c) referral of the child and family to a range of services to meet those needs; and (d) follow-up and evaluation of the adequateness of the intervention.
- 51. **Investigation.** Investigation of instances of violence, whether reported by the child, a representative or an external party, must be undertaken by qualified professionals who have received role-specific and comprehensive training, and require a child rights-based and child-sensitive approach. Rigorous but child-sensitive investigation procedures will help to ensure that violence is correctly identified and help provide evidence for administrative, civil, child-protection and criminal proceedings. Extreme care must be taken to avoid subjecting the child to further harm through the process of the investigation. Towards this end, all parties are obliged to invite and give due weight to the child's views.
- Treatment. "Treatment" is one of the many services needed to "promote physical and psychological recovery and social reintegration" for children who have experienced violence, and must take place "in an environment which fosters the health, self-respect and dignity of the child" (art. 39). In this respect attention must be given to: (a) inviting and giving due weight to the child's views; (b) the safety of the child; (c) the possible need for her or his immediate safe placement; and (d) the predictable influences of potential interventions on the child's long-term well-being, health and development. Medical, mental health, social and legal services and support may be required for children upon identification of abuse, as well as longer-term follow-up services. A full range of services, including family group conferencing and other similar practices, should be made available. Services and treatment for perpetrators of violence, especially child perpetrators, are also needed. Children who are aggressive towards other children have often been deprived of a caring family and community environment. They must be regarded as victims of their child-rearing conditions, which imbue them with frustration, hatred and aggression. Educational measures must have priority and be directed to improve their pro-social attitudes, competencies and behaviours. Simultaneously, the life conditions of these children must be examined in order to promote their care and support and that of other children in the family and neighbourhood. In terms of children who harm themselves, it is

CRC/C/GC/13

recognized that this is a result of severe psychological distress and may be a result of violence by others. Self-harm should not be criminalized. Interventions must be supportive and not in any way punitive.

- 53. **Follow-up**. The following must always be clear: (a) who has responsibility for the child and family from reporting and referral all the way through to follow-up; (b) the aims of any course of action taken which must be fully discussed with the child and other relevant stakeholders; (c) the details, deadlines for implementation and proposed duration of any interventions; and (d) mechanisms and dates for the review, monitoring and evaluation of actions. Continuity between stages of intervention is essential and this may best be achieved through a case management process. Effective help requires that actions, once decided through a participatory process, must not be subject to undue delay. The follow-up must be understood in the context of article 39 (recovery and reintegration), article 25 (periodic review of treatment and placements), article 6, paragraph 2 (right to development) and article 29 (aims of education which present intentions and aspirations for development). Contact of the child with both parents should be ensured in accordance with article 9, paragraph 3, unless this is contrary to the best interests of the child.
- 54. **Judicial involvement.**²³ At all times and in all cases, due process must be respected. In particular, the protection and the further development of the child and his or her best interests (and the best interests of other children where there is a risk of a perpetrator reoffending) must form the primary purpose of decision-making, with regard given to the least intrusive intervention as warranted by the circumstances. Furthermore, the Committee recommends the respect of the following guarantees:
- (a) Children and their parents should be promptly and adequately informed by the justice system or other competent authorities (such as the police, immigration, or educational, social or health-care services);
- (b) Child victims of violence should be treated in a child-friendly and sensitive manner throughout the justice process, taking into account their personal situation, needs, age, gender, disability and level of maturity and fully respecting their physical, mental and moral integrity;
- (c) Judicial involvement should be preventive where possible, proactively encouraging positive behaviour as well as prohibiting negative behaviour. Judicial involvement should be an element of a coordinated and integrated approach across sectors, supporting and facilitating other professionals to work with children, caregivers, families and communities, and facilitating access to the full range of child caregiving and protection services available;
- (d) In all proceedings involving children victims of violence, the celerity principle must be applied, while respecting the rule of law.
- 55. Judicial involvement may consist of the following:
- (a) Differentiated and mediated responses such as family group conferencing, alternative dispute-resolution mechanisms, restorative justice and kith and kin agreements (where processes are human-rights respecting, accountable and managed by trained facilitators);
- (b) Juvenile or family court intervention leading to a specific measure of child protection;

²³ See also: Guidelines of the Committee of Ministers of the Council of Europe on child friendly justice, adopted on 17 November 2010; Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime; and General Assembly resolution 65/213.

- (c) Criminal law procedures, which must be strictly applied in order to abolish the widespread practice of de jure or de facto impunity, in particular of State actors;
- (d) Disciplinary or administrative proceedings against professionals for neglectful or inappropriate behaviour in dealing with suspected cases of child maltreatment (either internal proceedings in the context of professional bodies for breaches of codes of ethics or standards of care, or external proceedings);
- (e) Judicial orders to ensure compensation and rehabilitation for children who have suffered from violence in its various forms.
- When appropriate, juvenile or family specialized courts and criminal procedures should be established for child victims of violence. This could include the establishment of specialized units within the police, the judiciary and the prosecutor's office with the possibility of providing accomodations in the judicial process to ensure equal and fair participation of children with disabilities. All professionals working with and for children and involved in such cases should receive specific interdisciplinary training on the rights and needs of children of different age groups, as well as on proceedings that are adapted to them. While implementing a multidisciplinary approach, professional rules on confidentiality should be respected. The decision to separate a child from his or her parent(s) or family environment must be made only when it is in the child's best interests (art. 9 and art. 20, para. 1). However, in cases of violence where perpetrators are primary caregivers, within the child rights safeguards listed above, and depending on the severity and other factors, intervention measures focusing on social and educational treatment and a restaurative approach are often preferable to a purely punitive judicial involvement. Effective remedies should be available, including compensation to victims and access to redress mechanisms and appeal or independent complaint mechanisms.
- 57. **Effective procedures.** Such protective measures as mentioned in article 19, paragraphs 1 and 2, and as integrated into a systems-building approach (see para. 71), require "effective procedures" to ensure their enforcement, quality, relevance, accessibility, impact and efficiency. Such procedures should include:
- (a) Inter-sectoral coordination, mandated by protocols and memorandums of understanding as necessary;
- (b) The development and implementation of systematic and ongoing data collection and analysis;
 - (c) The development and implementation of a research agenda; and
- (d) The development of measurable objectives and indicators in relation to policies, processes and outcomes for children and families.
- 58. Outcome indicators should focus on the child's positive development and well-being as a rights-bearing person, beyond a purely narrow focus on incidence, prevalence and types or extent of violence. Child death reviews, critical injury reviews, inquests and systemic reviews must also be taken into account when identifying the underlying causes of violence and in recommending corrective courses of actions. Research must build on the existing body of international and national child protection knowledge and benefit from interdisciplinary and international collaboration in order to maximize complementarity. (See also para. 72 (j) on accountability in relation to national coordinating frameworks).

CRC/C/GC/13

V. Interpretation of article 19 in the broader context of the Convention

- **Definition of a child rights approach.** Respect for the dignity, life, survival, wellbeing, health, development, participation and non-discrimination of the child as a rightsbearing person should be established and championed as the pre-eminent goal of States parties' policies concerning children. This is best realized by respecting, protecting and fulfilling all of the rights in the Convention (and its Optional Protocols). It requires a paradigm shift away from child protection approaches in which children are perceived and treated as "objects" in need of assistance rather than as rights holders entitled to nonnegotiable rights to protection. A child rights approach is one which furthers the realization of the rights of all children as set out in the Convention by developing the capacity of duty bearers to meet their obligations to respect, protect and fulfil rights (art. 4) and the capacity of rights holders to claim their rights, guided at all times by the rights to non-discrimination (art. 2), consideration of the best interests of the child (art. 3, para. 1), life, survival and development (art. 6), and respect for the views of the child (art. 12). Children also have the right to be directed and guided in the exercise of their rights by caregivers, parents and community members, in line with children's evolving capacities (art. 5). This child rights approach is holistic and places emphasis on supporting the strengths and resources of the child him/herself and all social systems of which the child is a part: family, school, community, institutions, religious and cultural systems.
- 60. Article 2 (non-discrimination). The Committee stresses that States parties shall take adequate measures to assure to every child the right to protection from all forms of violence "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status." This includes discrimination based on prejudices towards commercially sexually exploited children, children in street situations or children in conflict with the law or based on children's clothing and behaviour. States parties must address discrimination against vulnerable or marginalized groups of children, such as outlined in paragraph 72 (g) of the present general comment, and make proactive efforts to ensure that such children are assured their right to protection on an equal basis with all other children.
- 61. Article 3 (best interests of the child). The Committee emphasizes that the interpretation of a child's best interests must be consistent with the whole Convention, including the obligation to protect children from all forms of violence. It cannot be used to justify practices, including corporal punishment and other forms of cruel or degrading punishment, which conflict with the child's human dignity and right to physical integrity. An adult's judgment of a child's best interests cannot override the obligation to respect all the child's rights under the Convention. In particular, the Committee maintains that the best interests of the child are best served through:
- (a) Prevention of all forms of violence and the promotion of positive childrearing, emphasizing the need for a focus on primary prevention in national coordinating frameworks:
- (b) Adequate investment in human, financial and technical resources dedicated to the implementation of a child rights-based and integrated child protection and support system.
- 62. **Article 6 (life, survival and development).** Protection from all forms of violence must be considered not only in terms of the child's right to "life" and "survival", but also in terms of their right to "development", which must be interpreted in line with the overall goal of child protection. Thus, the obligation of the State party includes comprehensive

CRC/C/GC/13

protection from violence and exploitation which would jeopardize a child's right to life, survival and development. The Committee expects States to interpret "development" in its broadest sense as a holistic concept, embracing the child's physical, mental, spiritual, moral, psychological and social development. Implementation measures should be aimed at achieving the optimal development for all children.

- Article 12 (right to be heard). The Committee is of the opinion that child participation promotes protection and child protection is key to participation. The child's right to be heard commences already with very young children who are particularly vulnerable to violence. Children's views must be invited and given due weight as a mandatory step at every point in a child protection process. The child's right to be heard has particular relevance in situations of violence (see the Committee's general comment No. 12 (2009), paras. 118 ff). With regard to family and child-rearing, the Committee expressed that this right plays a preventive role against all forms of violence in the home and family. The Committee furthermore underlines the importance of children's participation in the development of prevention strategies in general and in school, in particular in the elimination and prevention of bullying, and other forms of violence in school. Initiatives and programmes that are aimed at strengthening children's own capacities to eliminate violence should be supported. As the experience of violence is inherently disempowering, sensitive measures are needed to ensure that child protection interventions do not further disempower children but rather contribute positively to their recovery and reintegration via carefully facilitated participation. The Committee notes that barriers to participation are faced by particularly marginalized and/or discriminated groups. Addressing these barriers is especially relevant for child protection, as such children are often among those most affected by violence.
- 64. The following two articles of the Convention also have all-embracing relevance which gives them particular significance for the implementation of article 19.
- 65. **Article 4 (appropriate measures).** Article 4 obliges States parties to undertake all appropriate measures to implement all the rights in the Convention, including article 19. In applying article 4 of the Convention, it must be noted that the right to protection from all forms of violence outlined in article 19 is a civil right and freedom. Implementation of article 19 is therefore an immediate and unqualified obligation of States parties. In the light of article 4, whatever their economic circumstances, States are required to undertake all possible measures towards the realization of the rights of the child, paying special attention to the most disadvantaged groups (see the Committee's general comment No. 5, para. 8). The article stresses that available resources must be utilized to the maximum extent.
- 66. Article 5 (direction and guidance consistent with evolving capacities). Implementation of article 19 requires recognition of, and support for, the primary importance of parents, extended families, legal guardians and community members in the caregiving and protection of children and the prevention of violence. This approach is consistent with article 5, which promotes respect for the responsibilities, rights and duties of caregivers to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention (including in article 19). (See also para. 72 (d) on the primacy of familes in the context of national coordinating frameworks and other articles relevant to families).
- 67. Other relevant articles. The Convention contains numerous articles which relate explicitly or implicitly to violence and child protection. Article 19 should be read in conjunction with these articles. These comprehensive references demonstrate the need to take account of the pervasive threat to the implementation of child rights by violence in all its forms and to ensure the protection of children in all situations of life and development.

CRC/C/GC/13

VI. National coordinating framework on violence against children

- 68. **Beyond national plans of action.** The Committee recognizes that many national plans of action adopted by States parties to implement the rights of the child include measures to prohibit, prevent and eliminate all forms of violence against children. Such plans of action, while contributing to more enjoyment by children of their rights, have nevertheless faced many challenges in their implementation, monitoring, evaluation and follow-up. For example, they have often lacked links with the overall development policy, programmes, budget and coordinating mechanisms. In order to establish a more feasible and flexible instrument, the Committee is proposing a "coordinating framework on violence against children" for all child rights-based measures to protect children from violence in all its forms and to support a protective environment. Such a coordinating framework can be used in place of national plans of action where these do not yet exist or where they are proving unwieldy. Where national plans of action are being effectively implemented already, the coordinating framework can nonetheless complement those efforts, stimulate discussion and generate new ideas and resources to improve their functioning.
- 69. National coordinating framework on violence against children. This coordinating framework can provide a common frame of reference and a mechanism for communication among Government ministries and also for State and civil society actors at all levels with regard to needed measures, across the range of measures and at each stage of intervention identified in article 19. It can promote flexibility and creativity and allow for the development and implementation of initiatives led simultaneously by both Government and community, but which are nonetheless contained within an overall cohesive and coordinated framework. In previous reccommendations and general comments, including its general comment No. 5 on general measures of implementation, the Committee has already urged States parties to develop plans and strategies for specific aspects of the Convention (for example juvenile justice or early childhood). It is in this context that the Committee recommends the development of a national coordinating framework on protection against all forms of violence, including comprehensive prevention measures.
- 70. **Different starting points.** The Committee acknowledges that protecting children from all forms of violence is highly challenging in most countries and that States parties are designing and implementing measures from very different starting points, in terms of existing legal, institutional and service infrastructures, cultural customs and professional competencies, as well as levels of resources.
- 71. The process of developing a national coordinating framework. There is no single model for such coordinating frameworks for freedom from all forms of violence. Some countries have invested in a discrete system of protecting children whereas others prefer to integrate protection issues into mainstream systems of implementing the rights of children. Experience shows that the process of developing a system is essential to its successful implementation. Skilful facilitation is required to ensure the participation of and ownership by senior representatives of all stakeholder groups, possibly through a multidisciplinary working group which has appropriate decision-making power, which meets regularly and which is prepared to be ambitious. A system of prevention and protection against all forms of violence should build on the strengths in existing formal and informal structures, services and organizations. Gaps should be identified and filled, based on the obligations outlined in article 19 and the Convention more broadly, and in other international and

²⁴ See also the overarching recommendations of the independent expert for the United Nations study on violence against children (A/61/299), para. 96.

CRC/C/GC/13

regional human rights instruments, and supported by the guidance provided in the United Nations study on violence against children, the present general comment and additional implementation supports. National planning should be a transparent and inclusive process, with full disclosure to the general public and assurance of the involvement of Government, NGOs, research and professional practice experts, parents and children. It should be accessible and understandable to both children and adults. The national coordinating framework should be fully costed and financed, including human and technical resources, and presented, if possible, within the national child budget.

- 72. **Elements to be mainstreamed into national coordinating frameworks.** The following elements need to be mainstreamed across the measures (legislative, administrative, social and educational) and stages of intervention (from prevention through to recovery and reintegration):
- (a) Child rights approach. This approach is based on the declaration of the child as a rights holder and not a beneficiary of benevolent activities of adults. It includes respecting and encouraging consultation and cooperation with, and the agency of, children in the design, implementation, monitoring and evaluation of the coordinating framework and specific measures therein, taking account of the age and evolving capacities of the child or children;
- (b) The gender dimensions of violence against children. States parties should ensure that policies and measures take into account the different risks facing girls and boys in respect of various forms of violence in various settings. States should address all forms of gender discrimination as part of a comprehensive violence-prevention strategy. This includes addressing gender-based stereotypes, power imbalances, inequalities and discrimination which support and perpetuate the use of violence and coercion in the home, in school and educational settings, in communities, in the workplace, in institutions and in society more broadly. Men and boys must be actively encouraged as strategic partners and allies, and along with women and girls, must be provided with opportunities to increase their respect for one another and their understanding of how to stop gender discrimination and its violent manifestations:
- (c) Primary (general) prevention. See paragraph 42 of the present general comment for details;
- (d) The primary position of families in child caregiving and protection strategies. Families (including extended families and other forms of family-type care arrangements) have the greatest potential to protect children and to prevent violence. Families can also support and empower children to protect themselves. The need to strengthen family life, support families and work with families with challenges must therefore be a priority child protection activity at every stage of intervention, particularly prevention (through establishing good child caregiving) and in early intervention. However, the Committee also recognizes that much of the violence experienced by children, including sexual abuse, takes place within a family context and stresses the necessity of intervening in families if children are exposed to violence by family members;
- (e) Resilience and protective factors. It is of critical importance to understand resilience and protective factors, i.e. internal and external strengths and supports which promote personal security and reduce abuse and neglect and their negative impact. Protective factors include stable families; nurturing child-rearing by adults who meet the child's physical and psychosocial needs; positive non-violent discipline; secure attachment of the child to at least one adult; supportive relationships with peers and others (including

²⁵ See also the Guidelines for the Alternative Care of Children.

CRC/C/GC/13

teachers); a social environment that fosters pro-social, non-violent and non-discriminatory attitudes and behaviours; high levels of community social cohesion; and thriving social networks and neighbourhood connections;

- (f) Risk factors. Proactive, tailored measures need to be taken to reduce the risk factors to which individual children or groups of children may be exposed in general or in particular contexts. This includes parental risk factors such as substance abuse, mental health problems and social isolation as well as family risk factors such as poverty, unemployment, discrimination and marginalization. At a universal level all children aged 0-18 years are considered vulnerable until the completion of their neural, psychological, social and physical growth and development. Babies and young children are at higher risk due to the immaturity of their developing brain and their complete dependency on adults. Both girls and boys are at risk, but violence often has a gender component;
- Children in potentially vulnerable situations. Groups of children which are likely to be exposed to violence include, but are not limited to, children: not living with their biological parents, but in various forms of alternative care; not registered at birth; in street situations; in actual or perceived conflict with the law; with physical disabilities, sensory disabilities, learning disabilities, psychosocial disabilities and congenital, acquired and/or chronic illnesses or serious behavioural problems; who are indigenous²⁶ and from other ethnic minorities; from minority religious or linguistic groups; who are lesbian, gay, transgender or transsexual; at risk of harmful traditional practices; in early marriage (especially girls, and especially but not exclusively forced marriage); in hazardous child labour, including the worst forms; who are on the move as migrants or refugees, or who are displaced and/or trafficked; who have already experienced violence; who experience and witness violence in the home and in communities; in low socio-economic urban environments, where guns, weapons, drugs and alcohol may be easily available; living in accident- or disaster-prone areas or in toxic environments; affected by HIV/AIDS or who are themselves HIV infected; who are malnourished; looked after by other children; who are themselves carers and heads of households; born to parents who are themselves still under 18; who are unwanted, born prematurely or part of a multiple birth; hospitalized with inadequate supervision or contact with caregivers; or exposed to ICTs without adequate safeguards, supervision or empowerment to protect themselves. Children in emergencies are extremely vulnerable to violence when, as a consequence of social and armed conflicts, natural disasters and other complex and chronic emergencies, social systems collapse, children become separated from their caregivers and caregiving and safe environments are damaged or even destroyed;
- (h) Resource allocation. Human, financial and technical resources needed across different sectors must be allocated to the maximum extent of available resources. Robust monitoring mechanisms must be developed and implemented to ensure accountability regarding allocation of budgets and their efficient utilization;
- (i) Coordination mechanisms. Mechanisms must be explicitly outlined to ensure effective coordination at central, regional and local levels, between different sectors and with civil society, including the empirical research community. These mechanisms must be supported by the administrative measures outlined above;

In some societies, in contrast to non-indigenous families, "neglect" as distinct from "abuse" is the primary reason leading to the removal of indigenous children from their families. Non-punitive family support services and interventions directly addressing causes (such as poverty, housing and historical circumstances) are often more appropriate. Specific efforts are required to address discrimination in the provision of services and the range of intervention options available to indigenous and other minority communities.

CRC/C/GC/13

(j) Accountability. It must be ensured that States parties, national and local agencies and organizations, and relevant civil society stakeholders proactively and cooperatively establish and apply standards, indicators, tools, and systems of monitoring, measurement and evaluation to fulfil their obligations and commitments to protect children from violence. The Committee has consistently expressed its support for systems of accountability, including in particular through data collection and analysis, indicator construction, monitoring and evaluation as well as support for independent human rights institutions. The Committee recommends that States parties publish an annual report on progress made with regard to the prohibition, prevention and elimination of violence, submit it to parliament for consideration and discussion, and invite all relevant stakeholders to respond to the information contained therein.

VII. Resources for implementation and the need for international cooperation

- 73. **States parties' obligations.** In the light of States parties' obligations under articles 4 and 19, inter alia, the Committee considers that resource constraints cannot provide a justification for a State party's failure to take any, or enough, of the measures that are required for child protection. States parties are therefore urged to adopt comprehensive, strategic and time-bound coordinating frameworks for child caregiving and protection. In particular the Committee highlights the necessity to consult with children in the development of these strategies, frameworks and measures.
- Sources of support. Within the context of different starting points highlighted in paragraph 70, and on the understanding that budgets at national and decentralized levels should be the primary source of funds for child caregiving and protection strategies, the Committee draws the attention of States parties to the avenues of international cooperation and assistance outlined in articles 4 and 45 of the Convention. The Committee calls upon the following partners to support, both financially and technically, child protection programmes, including training, which take full account of the requirements stipulated in article 19 and the Convention more broadly:²⁷ States parties providing development cooperation; donor institutions (including the World Bank, private sources and foundations); United Nations agencies and organizations; and other international and regional bodies and organizations. This financial and technical support should be provided systematically through strong and equitable partnerships, at the national and international levels. Child rights-based protection programmes should be one of the main components in assisting sustainable development in countries receiving international assistance. The Committee also encourages such bodies to continue to work with the Committee, the Special Representative of the Secretary-General on Violence against Children and other international and regional human rights mechanisms to advance this goal.
- 75. **Resources needed at the international level.** Investment is also needed in the following areas at the international level to assist States parties to fulfil their obligations in relation to article 19:

²⁷ See general comment No. 5 (paras. 61, 62 and 64) on: the need for the mainstreaming of children's rights into international cooperation and technical assistance; the need for such cooperation and assistance to be guided by, and to fully promote implementation of, the Convention; the allocation of a substantive part of international aid and assistance specifically to children; and the need for Poverty Reduction Strategy Papers and sector-wide approaches to development to include a strong focus on children's rights.

- (a) Human resources: improved communication, cooperation and individual exchange within and between professional associations (for example medical, mental health, social work, legal, education, child maltreatment, academic/research, child rights and training organizations/institutions); improved communication and cooperation within and between civil society groups (for example research communities, NGOs, child-led organizations, faith-based organizations, organizations of persons with disabilities, community and youth groups, and individual experts involved in the development and exchange of knowledge and practice);
- (b) Financial resources: improved coordination, monitoring and evaluation of donor aid; further development of financial and human capital analyses in order for economists, researchers and States parties to fully measure the costs of implementing holistic child protection systems (with an emphasis on primary prevention) versus the costs of managing the direct and indirect (including intergenerational) impact of violence at the individual, community, national and even international levels; and reviews by international financial institutions of "their policies and activities to take account of the impact they may have on children";²⁸
- (c) Technical resources: evidence-based indicators, systems, models (including model legislation), tools, guidelines, protocols and practice standards for use by communities and professionals, with guidance on their adaptation to different contexts; a platform for systematic sharing and accessing of information (knowledge and practice); universally established clarity and transparency in budgeting for child rights and child protection, as well as in outcome monitoring of child protection during up and down cycles of economies and challenging circumstances (technical assistance should be established over time, through information, models and related training).
- 76. **Regional and international cross-border cooperation.** In addition to development assistance, cooperation is also needed to address child protection issues which cut across national borders such as: cross-border movement of children either unaccompanied or with their families either voluntarily or under duress (for example due to conflict, famine, natural disasters or epidemics) which can put children at risk of harm; cross-border trafficking of children for labour, sexual exploitation, adoption, removal of body parts or other purposes; conflict which cuts across borders and which may compromise a child's safety and access to protection systems, even if the child remains in the country of origin; and disasters that impact several countries simultaneously. Specific legislation, policies, programmes and partnerships may be required to protect children affected by cross-border child protection issues (for example cybercrime and extraterritorial prosecution of those who sexually abuse children through travel and tourism and traffickers of families and children), whether these children are in traditional caregiving situations or where the State is the de facto caregiver, as in the case of unaccompanied children.

²⁸ A/61/299, para. 117.