

# TOWARDS A NATIONAL SURVEY ON VIOLENCE AGAINST CHILDREN

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# PHILIPPINE SITUATION

- Population : more than 92 million
- Annual population growth rate: 2.04
- Poverty incidence worsened: 24.4% (2003) to 26.5%  
(2009)
- High income inequality compared to Asian neighbors
- Off-track in meeting MDG targets for
  - Poverty
  - Education
  - Maternal health
  - Malnutrition

# Philippine Situation

- 32.8million, 40% of the population in Philippines, live in slums

*Source: Homeless International, 2008*



# Philippine Situation

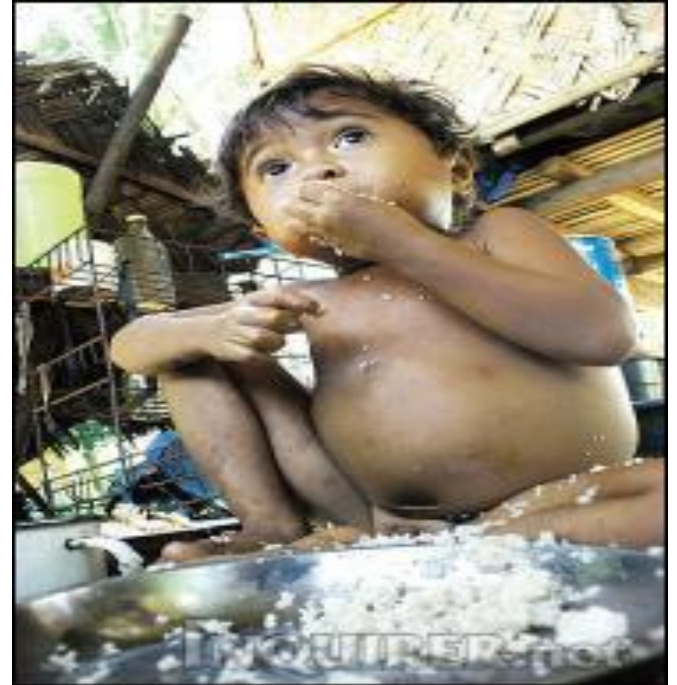
- An estimated 1,200,000 children live on the streets in the Philippines
- 35.1% of children live in poverty (2009) down from 32.7% in 2003.



# Malnourished Children

- The prevalence of underweight children aged 0-5 years increased from 24.6 percent to 26.2 percent, about 3.35 million children.

*NNS 2008*





## More and more Pinoy kids dropping out of school to work - ILO

05-Apr-11, 6:56 PM | Joseph Holandes Ubalde, InterAksyon.com

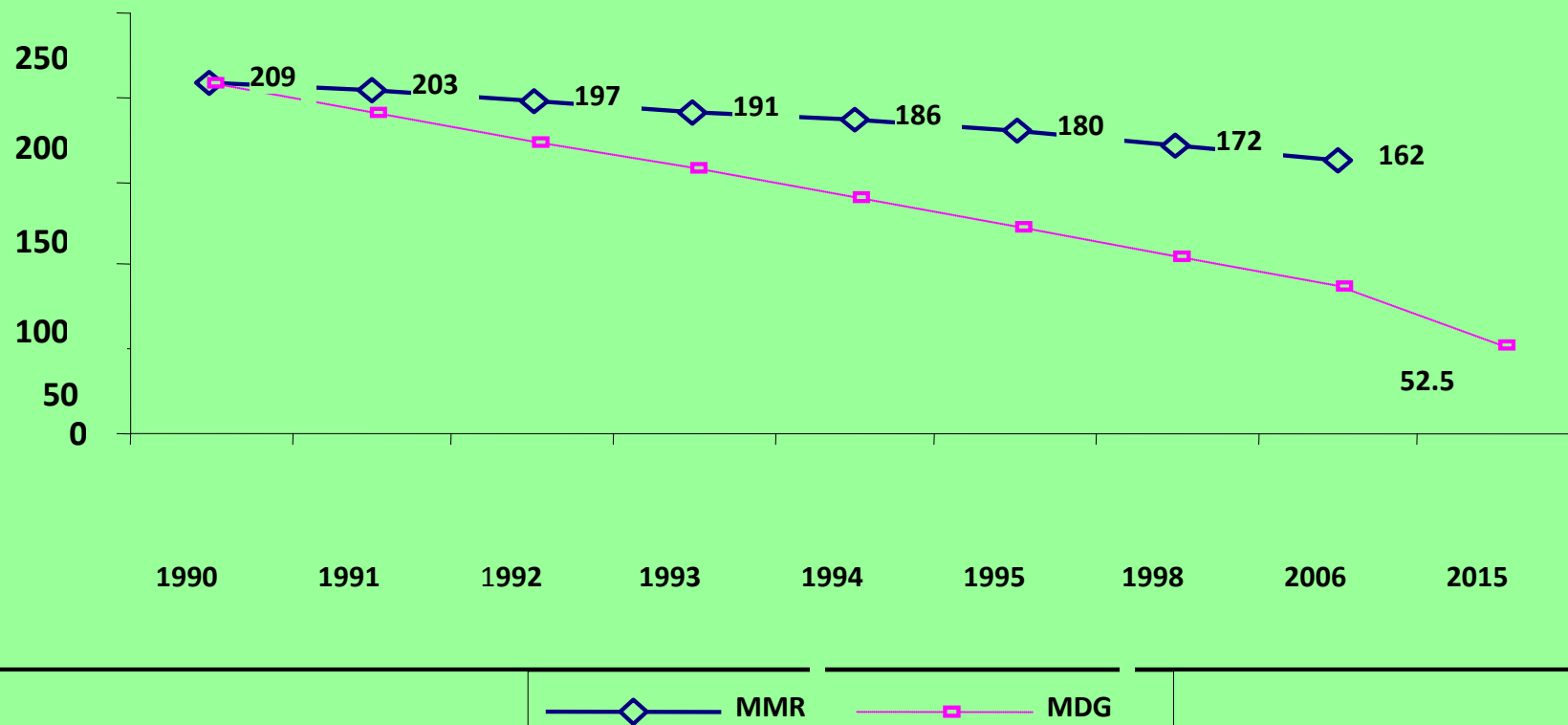
- Over the last three years, the dropout rate for elementary students (aged 6 to 15) has increased from 5.99 percent (school year 2007-2008) to 6.28 percent (2009-2010), the ILO said. The group found out that one of the main reasons children quit school is that they are forced to work.



*Primary education completion  
Rate = 73.1%*

# Philippine Graph on the Reduction of MMR

Trend in Maternal Mortality Ratio, 1990-2006



# How are data on child maltreatment reported in the Philippines?

## One-off researches/survey

- Number of street children (DLSU & UNICEF, 2002)  
246,000 street children
- Number of prostituted children (ECPAT, 1997)  
60,000 to 100,000
- Master list of CNSP in UNICEF CPC6 Disparity areas (2007)  
Identified 38,967 children



# How are data on child maltreatment reported in the Philippines?

One-off survey: Department of Health

Baseline Surveys for the National Objectives of Health, 2000

Adolescent (N=2704)	Total in Percent	% Males (N=1348)	% Females (N=1356)
Lifetime abuse	85.9	86.6	85.2
History of child abuse			
Psychological	59.7	65.7	54.5
Physical	82.9	73.7	81.0
Sexual Molestation	11.9	12.8	11.2
Forced sex	1.8	3.5	0.2
Neglect	5.4	3.3	7.3

# How are data on child maltreatment reported in the Philippines?

One-off survey National Statistics Office

Survey on Children (2001)

Working boys and girls = 4.2

Child working in hazardous  
conditions = 2.4 M

# How are data on child maltreatment reported in the Philippines?

Child Development Index –every 3 years  
by the National Statistical Coordination Board  
(Health, education, income; up to the regional level)

National CDI (2006)= 0.729

- ☐ CDI deteriorating since 2003
- ☐ Consistent bottom 2: ARMM and Caraga

# How are data on child maltreatment reported in the Philippines?

Surveys done every 5 years

- ☐ NSO: National Demographic & Health Survey (2008)
- ☐ FNRI: National Nutrition Survey (2008)
- ☐ Young Adult Fertility & Sexuality Survey (2002)

# National Demographic & Health Survey (2008)

- Basic indicators on fertility, childhood mortality, contraceptive knowledge & use, maternal & child health, nutritional status of mothers & children, KAB regarding HIV/AIDS & TB.
- For the first time in 2008- included Violence Against Women
- Respondents: 14,000 women aged 15-49 years from 794 clusters nationwide

# National Demographic & Health Survey (2008)

- Violence Against Women survey results

Over-all percentage of VAW= 23%

First sexual intercourse was forced = 4%

Percentage who had ever experienced  
sexual violence= 9% (range from 3% to  
18%)



# Nonconsensual Sexual Experiences of Filipino Youth aged 15-24 yrs (Maria Paz Marquez & Grace Cruz)

- Unwanted First Sex
  - 61% of females
  - 53% of males
- Coercive First Sex
  - 5% of females
  - 0.7% of males

*Based on the Youth Sex and Risk Behaviors in the Philippines: A report on a nationwide study 2002 Young Adult Fertility and Sexuality Study (YAFS 3) by Corazon Raymundo and Grace Cruz.*

# How are data on child maltreatment NOT reported in the Philippines?

- Annual report on health indicators by DOH  
(note: Does not report child abuse statistics)
- Annual reports by Professional Medical Societies  
(note: Does not report child abuse statistics)

# Philippine Pediatric Society

- A review of the Philippine Pediatric Society, ICD-10 Registry from January 1, 2006 to December 1, 2009 on the number of children who were abused or maltreated showed only a total of 15 cases in 4 years: 4 Physical abuse, 4 sexual abuse and other maltreatment syndromes 7.

# Philippine Pediatric Society

- On the other hand there were 32 infants (Under 12 months) with multiple fractures of the extremities, fractures of the skull and facial bones and 1,351 children under 3 years with head injuries

## Important to note:

- Health sector still does not fully believe that child maltreatment is a health problem.
- ACES study done in the Philippines is helping change this perception

# Problems in gathering data on child maltreatment data in the Philippines

- There is no centralized database.
- There are 5 official acceptors of reports of child abuse (RA 7610) and each one keeps its own records:  
DSWD, PNP, NBI, CHR, (Barangay)
- There is no registry of names so it is not possible to check how many times a child has been reported before ( type of abuse, date, place, etc.).



# STAGES OF COMMUNITY READINESS

1. No Awareness

2. Denial / Resistance

3. Vague Awareness

4. Preplanning

5. Preparation

6. Initiation

7. Stabilization

8. Confirmation /  
Expansion

9. High Level of  
Community Ownership



# Important to note:

- Most people think that child abuse is only a problem of Metro Manila and at most the metro cities.
- Majority of the population still believe that a child is one who is below 12 years of age.
- Programs cited by key leaders as primary child maltreatment prevention programs were established not specifically to prevent child maltreatment but to improve the health, education and social status of the child.

# Interesting Development with the Aquino government

1. Conditional Cash Transfer for the poorest families
  - 3 Million households currently benefit
  - Target is 4.8 M
  
2. Universal Health Initiative

# Violence Against Children in the School Study (2009)

- A survey of selected public schools.
- 4 out of 10 children in Grade 1 -3 and 7 out of 10 Grade 4- 6 and High School have experienced some form of violence.
- Most common form is verbal abuse at 65%.
- Most common perpetrator over-all is peers.

# National Prevalence Study on Violence Against Children

- Partnership between: UNICEF, CDC, Philippine Government represented by the Council for the Welfare of Children
- National Steering committee: Government agencies and NGOs
- All Forms of abuse are included in the study (girls and boys)

# PHILIPPINE VAC PROGRAMME

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graph TD; A[PHILIPPINE VAC PROGRAMME] --> B[Phase I: National Baseline Studies]; A --> C[Phase II: Multi-level Advocacy Campaign]; A --> D[Phase III: Pilot Implementation]; A --> E[Phase IV: Impact Analysis];
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**Phase I:**

**National  
Baseline  
Studies**

**Phase II:**

**Multi-level  
Advocacy  
Campaign**

**Phase III:**

**Pilot  
Implementa-  
tion**

**Phase IV:**

**Impact  
Analysis**



# Objectives:

- To determine the prevalence of violence against children (VAC) / Child Maltreatment in the Philippines;
- To identify potential risk and protective factors for violence against children (VAC) / Child Maltreatment ;

# Objectives

- To assess the knowledge and utilization of health, legal and welfare services available for violence against children (VAC) / Child Maltreatment victims of violence;
- To make recommendations on improving and enhancing interventions to better identify, prevent and respond to violence against children (VAC) / Child Maltreatment;

# Objectives

- To advocate for and disseminate the evidence based analysis of the proposed models in support of a systems-building approach to child protection policies and reforms.

# Components

- Phase 1 - National Baseline Study on VAC
- Phase 2 – Multi-level Advocacy Campaign
- Phase 3 – Country Implementation
  - ☐ **Prevention model design and planning**
  - ☐ **Local implementation**
- Phase 4 - Impact Analysis

# Timeline

- **Phase I - National Baseline Study on VAC,  
2011 - 2012**
- **Phase 2 – Multi-level Advocacy Campaign  
2011- 2015**
- **Phase 3 – Country Implementation  
2012 – 2014**
- **Phase 4 - Impact Analysis  
2015**

# What is the CPMIS?

**Child Protection Unit**  
**Update Profile:**

Last Name: ELLO First Name: ERICA Middle Name: J.

Birthdate: 01/15/1994 13 years old Gender: ☒ Male ☒ Female

Consent Signed on: 05/24/2007 03:00pm Date Initiated: 05/24/2007

Guardian... Name: ABELLO, EMILIA Relationship: Mother

Informant... Name: ABELLO, EMILIA Relationship: Mother

Hospital No.: 3160667 Inpatient? ☐ Yes ☒ No

Other Companion: Leonile Mendoza (desk officer Brgy.128):

Referral Source: Self Services Sought: Full Evaluation

Primary Diagnosis: Sexual Abuse ☐ Reabuse?

Comorbid Abuse: ☐ Child Trafficking ☐ Emotional/ Psychological/ Verbal Abuse ☐ Neglect ☐ None ☐ Physical Abuse ☐ Physical and Sexual Abuse ☐ Sexual Abuse

Intake Social Worker: SAN BUENAVENTURA, FE

Assigned Social Worker: SAN BUENAVENTURA, FE

Assigned Physician: BALUYUT, IRENE D.

Trainee: Add Delete

Find Delete Save Discard

The CPMIS is a database system piloted at the PGH-CPU to facilitate child protection case management and research in the unit as well as in other CPU's across the Philippines.



# Basic Features

1. Format – reflects current practice in CPU
2. User-friendly
3. Data accuracy – mandatory fields and safeguards built in
4. Research
  1. built-in queries, query wizard
  2. ability to export data for use in other analytical software (e.g., SPSS)
5. Security -user access limited to pertinent module

# Additional Features

## 6. Replication

- ☐ Easy to install / can be deployed to other CPU's
- ☐ Data from other CPU's can be put together

## 7. Tracking common patients and perpetrators

## 8. Confidentiality

- ☐ Protected at all levels
- ☐ Ensured at data aggregation

# Users

1. Physicians
2. Mental Health Professionals
3. Social workers
4. Lawyers
5. Police

# Modules

1. Masterfiles
2. Reception
3. Patient information
4. Case Profile
5. Interview
6. Medical exam
7. Developmental assessment
8. Psychiatric evaluation
9. Safety and Risk Assessment
10. Legal module
11. Police Module
12. Reports
13. Research
14. Security
15. Replication
16. Scheduler/Calendar

# Purpose

## 1. Case management

a. Day-to-day operations

b. Official forms

- ☐ Court Testimony
- ☐ Legal Mandates (RA 7610)

# Most Commonly Generated Reports

1. Provisional & Final Medical Certificates
2. Suspected Child Abuse Report Form (SCAR)
3. Annual Report Statistics
  - a. Number of new patients, follow-up patients
  - b. Number of patients by type of abuse
  - c. Number of patients by referral source
  - d. Number of patients by gender and age
  - e. Number of patients by city of incident
4. Case management reports

# Queries & Reports

Queries can be programmed to answer specific research questions.

- To fill gaps in knowledge
- To improve practice
- To aid advocacy efforts

# Purpose


## 2. Research

- a. “Formal” Research
- b. Nationwide data
- c. Census/Annual Report/DOH Reports
- d. Process improvement
- e. Advocacy: policy changes, resource allocation

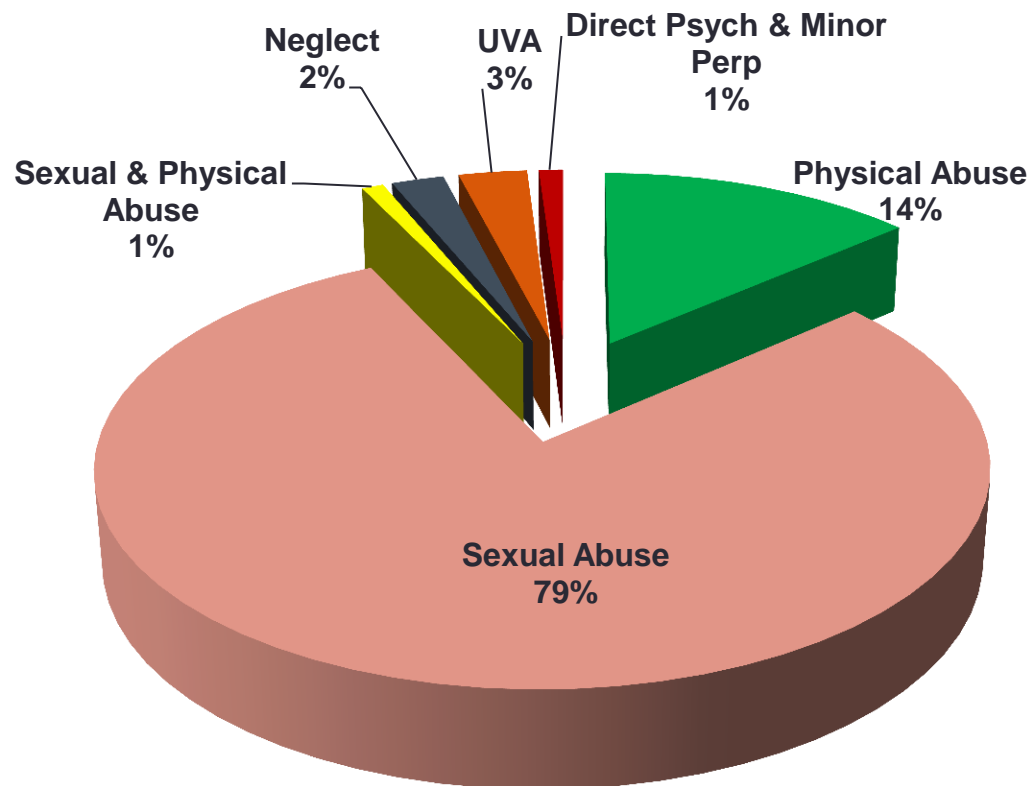


# Purpose

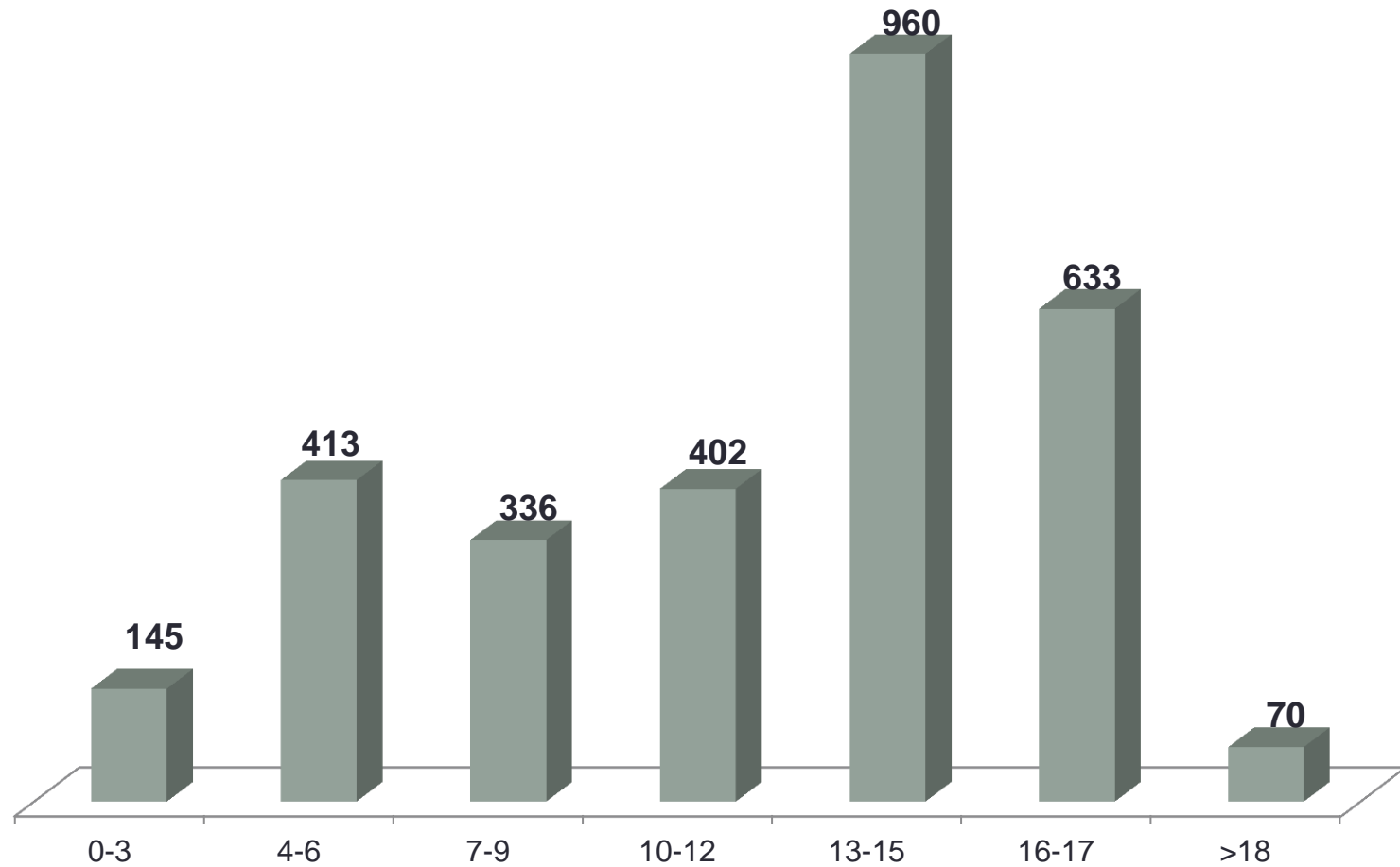
## 3. Standardization

Same forms  same  
procedures

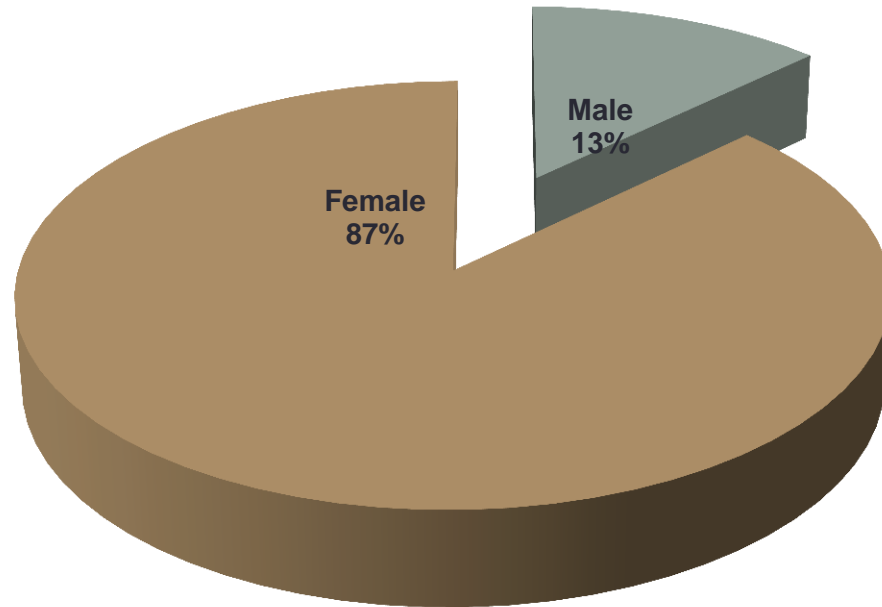
## Patients served: Breakdown of cases by type of abuse



## Breakdown of sexual abuse cases by age

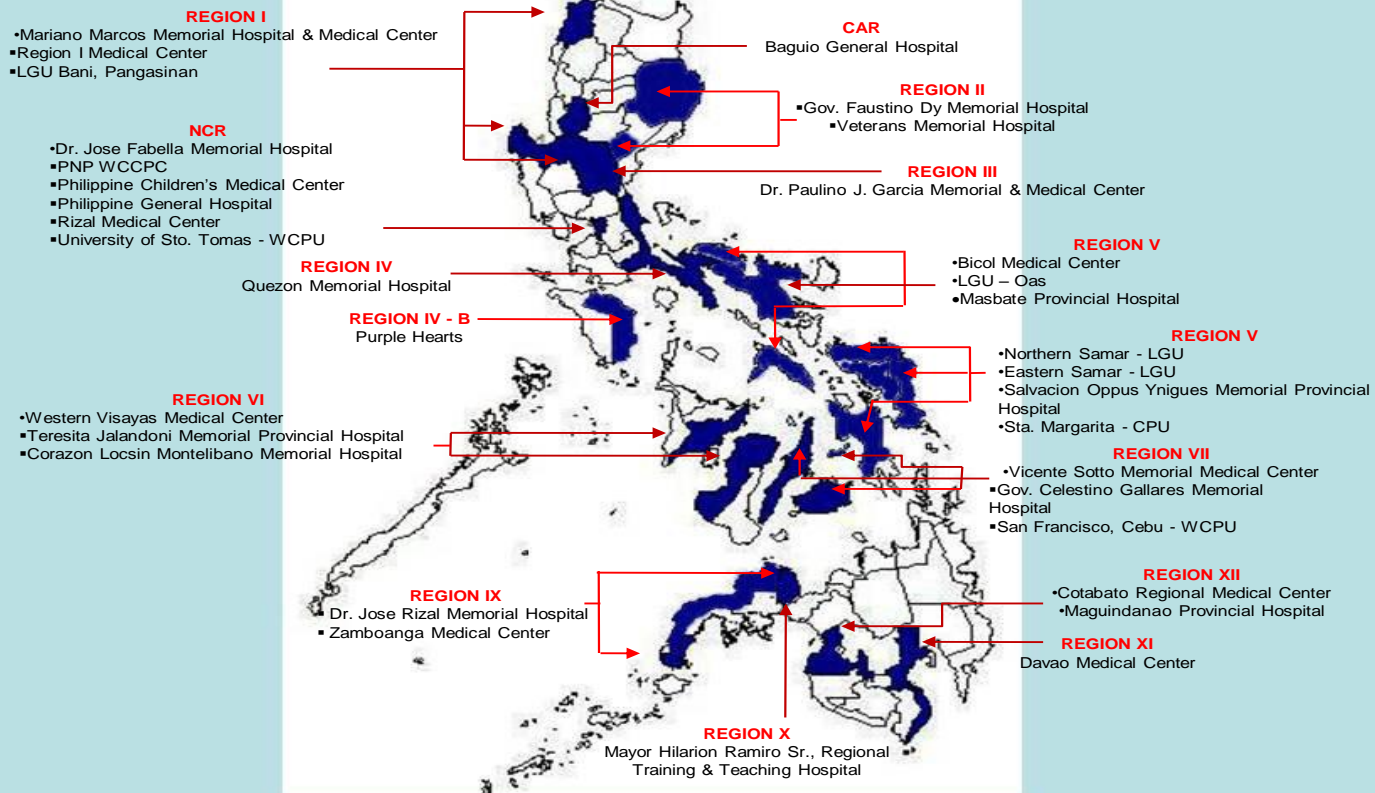


**Breakdown of cases by gender of victim**

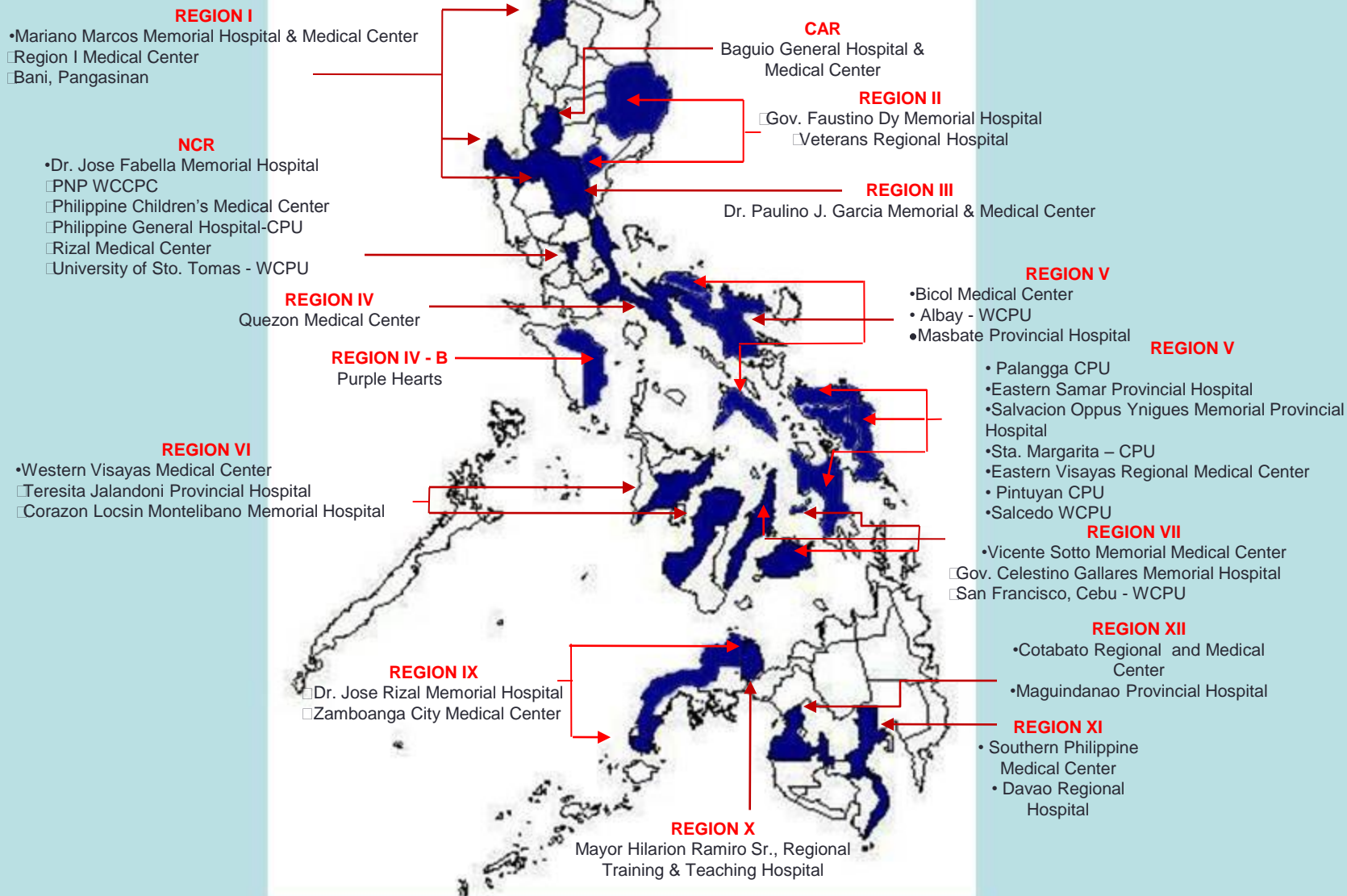


# CPMIS installed in 27 CPUs nationwide in partnership with UNICEF Manila

Total Member CPUs as of August 2010 = **34**



## Total Member CPUs as of JUNE 2012 = 50



# Child Protection Network Goal

- Every abused child in the country will have access to a CPU within 2 hours.
- 2011: 43% coverage
- 2014: 77% coverage

## Points to ponder

- CRC is really about nation building. Child Protection offers a unifying framework for health, social welfare, education, finance for generating societal benefits. The difficulty is that it seems so utopian and a “motherhood statement.”
- Child survival & development, protection and participation are indivisible & interdependent.



## Points to ponder

- What does one monitor to say that progress is being made knowing that these things take time and so many things have to be in place. I don't think the Philippines can do a national prevalence study again after 5 years.
- How to encourage government to invest in evidence-based programs?
- How to encourage donor nations to “consult” maybe the UN SRSG?

Thank You!

