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AN INTERDISCIPLINARY PUBLICATION

Editorial Board



Dr. Johnny B. Decatoria is a Clinical Psychologist, Educator, Psychotherapist, Clinical Social Worker and a Trauma Specialist. He finished his Liberal Arts degree in Psychology at the University of Negros Occidental-Recoletos in Bacolod City and completed his Master of Arts in Clinical Psychology at Far Eastern University-Manila. In 1994, he earned his Ph.D. in Clinical Social Work and Psychology at La Salle University in U.S.A. under the assistance of the United Nations Development Program (UNDP). He

has worked as Consultant for over 10 years with United Nations Agencies, particularly, UNDP/UNICEF and UNHCR. He assisted UNICEF in a number of Caribbean Government Countries as a Clinical Psychologist and Social Services Consultant in providing professional and technical assistance in developing child abuse management programs including CICL, and training social workers, counselors, health personnel, police and prison officers, corrections officers, particularly in the management of cases such as, victims of violence and trauma in many countries like Saint Lucia, Barbados, Antigua, and Commonwealth of Dominica. At the same time, he had lent his professional expertise with the Penal Reform International based in England and with offices in France and the Caribbean. Dr Decatoria has also worked for the UNHCR in Thailand where he was responsible for implementing psycho-social and mental health services for Vietnamese and Cambodian survivors of violence who were victims of rape and boat piracy attacks. His last two international work assignments are Kosovo and West Africa where he had served as Social Services Technical Adviser and Trainer, providing technical assistance to United Nations and international agencies in developing mental health programs and services to individuals and families who were victims of war. Dr. Decatoria is a Diplomate and Board Certified Expert in Traumatic Stress, awarded by the American Academy of Experts in Traumatic Stress in New York. Eight years ago, he founded the first ever Psychotrauma Clinic in the country, the University of Santo Tomas Graduate School Psychotrauma Clinic in Manila, a community service program of the UST Graduate School, where he served as Consultant and Director. He taught at the UST Graduate School a number of Counseling and psychology courses. At the same time, he served as consultant to a number of government agencies such as, the Department of Social Welfare and Development, Bureau of Corrections, and Department of Justice.

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Dr. Emma Porio is Professor and Chair of the Department of Sociology and Anthropology at the Ateneo de Manila University (ADMU). She directed the Global Urban Research Initiative for Southeast Asia (1994-1998), chaired the Technical Panel for Sociology and Anthropology in the Commission on Higher Education (CHED) of the Philippines (1997-2007) and of the Governing Council of the Philippine Social Science Council (2004-2006) and president of the Philippine Sociological Society (1999-2002). Currently, she is a

member of the Executive Committee of the Europe-based, International Sociological Association (ISA), Board of Directors of the Global Development Network (Washington, DC), and international advisor of the panel on climate change of the American Sociological Association. From 1994-1998 she served as regional coordinator for the Global Urban Research Initiative (GURI) in Southeast Asia. Under her leadership (1996-2002), the Department of Sociology of the Ateneo de Manila University became a CHED Center of Excellence. She sits as research advisor to several NGOs or civil society organizations (CSOs) specializing in urban/local governance, housing, children, poverty, and gender such as the Huairou Commission (New York), International Housing Cooperative Board (Washington, D.C.) and the Forum of Researchers for Human Settlements (Rome). She obtained her PhD (Sociology) from the University of Hawaii and the East-West Center (USA) and has been a recipient of several international research fellowships, the most recent being the Ash Institute Fellowship for Local Governance (Harvard University). For the past 15 years, Dr. Porio has done extensive research on children, women, poverty, development, and governance. She has served as consultant to the World Bank, United States Agency for International Development (USAID), Asian Development Bank, Ford Foundation, and UN agencies like the UNICEF, UNDP, UNFPA, ILO, and WHO. She has written several books including *Partnership with the Poor*, *Pathways to Decentralization*, *Children in Drugs in the Philippines*, *Children in Drugs in Southeast Asia*, and *Urban Governance and Poverty Alleviation in Southeast Asia*.



Dr. Lois Engelbrecht has all three degrees in social work. She was born and grew up in India and worked primarily in Asian countries, especially in the Philippines. She has written a variety of materials that are aimed at direct social work and community workers in the area of prevention and treatment of child sexual abuse. Her particular expertise is project development, and has been a part of developing new programs in Malaysia, China, Vietnam, Saudi Arabia, and India. She is a founder of the Center for the Prevention and Treatment of Child Sexual Abuse in Quezon City. Her work has been translated into Hindi, Tamil, Bahasa Malay, Tagalog, Arabic, Chinese, and Vietnamese.



Reynaldo J. Lesaca Jr., M.D is a privately practicing psychiatrist of 35 years. He recently retired from government after 17 years of service with the National Kidney and Transplant Institute in Quezon City. He is the only transplant psychiatrist in the country with extensive experience in organ donation and transplantation. He also does consultation-liaison work in the hospital. He was founding president of the Center for the Prevention and Treatment of Child Sexual Abuse in 1995 and served as such for ten years. In 2010 he was appointed as Emeritus President of the Center by the Board of Trustees. Dr. Lesaca offered his clinical services to child and adolescent clients who are victims of child sexual abuse. His influence was essential in getting Personal Safety Lessons incorporated in the curricula of public elementary and high schools with the Department of Education. Dr. Lesaca is also a staunch medical activist.



Dr. Jose Andres Sotto returned to the Philippines in January 2003, after more than 25 years abroad, to accept a call to join the Faculty of Asian Theological Seminary (ATS) and to serve as Consultant to the Department of Social Welfare and Development (DSWD). At ATS, he spearheaded the construction of the Counseling Center and served as Head of the Counseling Department. Dr. Sotto developed, and supervised, the Comprehensive Continuing Education for DSWD Psychologists, a three-year-intensive training program that featured a (live-in) four-week-grounding in theory and practice, as well as two years of one-on-one mentoring in the field. As a suicidologist and community activist, Dr. Sotto founded the South Essex Adolescent Crisis Services in Ontario, Canada, in response to the rising incidence of suicide attempts among teens in the area. This intervention program was the first of its kind in Southwestern Ontario, employing advanced case management approaches. He also served as a consultant to the Children's Aid Societies of Ontario and the Detroit Youth Home, Michigan, USA, on cross-cultural issues in child abuse prevention and treatment, juvenile justice, and adoption. Dr. Sotto's direct involvement in these programs led him to broader engagement in advanced case management, suicide prevention, trauma counseling, forensic social work, and psychological debriefing of disaster victims/workers around the world. In 1991, Dr. Sotto was appointed Director of the International Facilitating Committee of the United Nations Conference on Environment and Development (*Earth Summit*) held in Rio de Janeiro, Brazil. After his term, he joined the Immigration and Refugee Board of Canada as a refugee law judge, and continued his work as community-

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based pastoral counselor and therapist. Dr. Sotto earned his Ph.D. in Counseling and Special Education (minor in Social Work) from Wayne State University, Detroit, Michigan; his Master of Education from the University of Windsor, Canada; his Bachelor of Education from Wesleyan University-Philippines; and his *Certificate in Youth Ministry* from Princeton Theological Seminary, New Jersey. Dr. Sotto was the recipient of the *Governor General Medal of Honor for Community Development* on the occasion of Canada's 125th Anniversary. He has also been named *Most Outstanding Filipino-Canadian Leader* on seven different occasions. Dr. Sotto's current field of study is on male victims of sexual abuse.

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**The Juvenile Victimization Questionnaire in Mindanao:
An Exploratory Study page 3**
Gina Lompero, RSW and Lois J. Engelbrecht, PhD

Abstract

The prevalence of child sexual abuse in the Philippines has been based on reports made to the police and DSWD and some small research conducted by NGOs. This phenomenon of not having prevalence data is not unique to this country. Balanon (2011) cited the difficulty in determining prevalence because "...the data on reported child sexual abuse is not consistent among government agencies" (p.18). The CPTCSA is beginning to collect prevalence data for publication using the Juvenile Victimization Questionnaire developed by Finkelhor and Hamby (2005). Of interest to CPTCSA are those factors research indicates are related to sexual abuse and sexual offending. The data suggests that, a) girls are more likely to experience emotional abuse, b) boys and girls are equally likely to experience peer or sibling assault, witness domestic violence, have a family member or friend murdered, witness assault without a weapon, and be raped, and c) boys are more likely to experience neglect, pornography, sexual assault by a peer or a known adult, sexual exposure, exposure to war or ethnic conflict, physical abuse by a caregiver, witness murder or assault with or without a weapon, be kidnapped and

bullied. The data collected can be used together with other research to begin narratives to understand issues including young sexual offending and prevention education models.

**Working with Sexually Abusive Filipino Children:
The CPTCSA Experiencepage 24
Zenaida S. Rosales, RSW**

Abstract

The causes of sexual abusive behaviors are varied and include both victimization experience and learning from family and community behaviors and culture. Regardless of the cause, however, children abusing children is a reality today. If the public and communities remain reluctant to acknowledge the existence of children with abusive sexual behaviors, treatment options to stop the sexual offending of these children at early ages will also remain uncertain. This paper presents characteristics of the 40 young sexual offenders who have come to CPTCSA for treatment. Their behavior ranged from touching to penetration, giving reasons for their behavior that included boredom, pornography, lack of supervision, peer pressure, curiosity, victim's fault, and "trip lang". With this information, we can design and implement effective services for prevention and treatment that focus on the individual, family, community and culture.

BOOK REVIEWS

**Drisko, J.W. & Grady, M.D. (2012). *Evidence-Based Practice in Clinical Social Work*. NY: Springer. page 37
Reviewed by Lois J. Engelbrecht, PhD.**

Call for Papers

The research on and experience in child sexual abuse in the Philippines is increasing. In order to fill the gap in disseminating the research, the editorial team will make every effort to seek out that research for publication.

Our first several issues will thank its contributors with P4,000.

Refer to the back of this journal for the guidelines for submission. We seek academic as well as practical articles to increase our understanding of the multidisciplinary context of child sexual abuse. Researchers and practitioners in the field of social work, psychology, psychiatry, medicine, law, and education are all invited to contribute to filling in all pieces of the puzzle for effective services in the prevention and treatment of child sexual abuse.

AN EDITORIAL NOTE

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Research and social work in the Philippines appears a difficult combination. Our social workers shy away from anything with numbers, especially statistics. More worrisome is what appears the general lack of professional literature reviews we make. We attend training to be told what research says in bullet form with powerpoints. We prefer to talk about literature, even those amongst us with higher degrees, rather than search for and read it.

One of the hopes of this journal is to increase understanding of child sexual abuse in the Philippines. It is my personal hope that social workers in particular will aspire to be a part of the research needed to understand the issue. As the director of Center for the Prevention and Treatment of Child Sexual Abuse I am pleased to note that both articles in this issue of the Philippine Journal of Child Sexual Abuse are written from our work. I hope the work we're doing can motivate and model for other social workers how to use research to develop our profession; especially that research need not be something that is feared.

A common sentiment amongst our social workers is that we as a profession fall at the bottom of a professional hierarchy. Much of this is our own low self-esteem; yet, much is also due to our own lack of personal professional study that decreases our ability to dialogue with other professions. We all have computers and access to the internet. We can all increase our professional standing by increasing our literature review and understanding of research-based practice. I hope this issue can begin that journey for all our readers.

Zenaida S. Rosales, RSW
Center for the Prevention and Treatment of Child Sexual Abuse

The Juvenile Victimization Questionnaire in Mindanao:
An Exploratory Study
Gina Lompero, RSW and Lois J. Engelbrecht, PhD

Abstract

The prevalence of child sexual abuse in the Philippines has been based on reports made to the police and DSWD and some small research conducted by NGOs. This phenomenon of not having prevalence data is not unique to this country. Balanon (2011) cited the difficulty in determining prevalence because "...the data on reported child sexual abuse is not consistent among government agencies" (p.18). The CPTCSA is beginning to collect prevalence data for publication using the Juvenile Victimization Questionnaire developed by Finkelhor and Hamby (2005). Of interest to CPTCSA are those factors research indicates are related to sexual abuse and sexual offending. The data suggests that, a) girls are more likely to experience emotional abuse, b) boys and girls are equally likely to experience peer or sibling assault, witness domestic violence, have a family member or friend murdered, witness assault without a weapon, and be raped, and c) boys are more likely to experience neglect, pornography, sexual assault by a peer or a known adult, sexual exposure, exposure to war or ethnic conflict, physical abuse by a caregiver, witness murder or assault with a weapon, be kidnapped and bullied. The data collected can be used together with other research to begin narratives to understand issues including young sexual offending and prevention education models.

Introduction

The prevalence of child sexual abuse (CSA) in the Philippines has been based on reports made to the police and Department of Social Welfare and Development (DSWD) and some small research conducted by NGOs in the field. This phenomenon of not having prevalence data is not unique to this country. Even in the United States, from where much of our research on CSA comes, statements of prevalence are based in synthesizing the different research data and experiences of front-line professionals.

During the early planning stages of CPTCSA in the mid-1990s, data on CSA was mostly focused on exploitation and victims of the foreign sex trade. The belief and attitude at that time about CSA can be reflected in the exploratory conversations with Filipino professionals. A teacher, for example, stated that CSA cases are low because we are a Catholic country. A professor of social work agreed that it was low but added it was because we have extended families that protect our children. Both agreed that CSA did exist, but because of these cultural and social inhibitors, the prevalence

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could not be more than 5% of our children. Research since that time have proved these professionals wrong.

Balanon (2011) cited the difficulty in stating a prevalence rate because "...the data on reported child sexual abuse are not consistent among government agencies" (p.18). Of most importance is that prevalence is based solely on reports, cases that tend to be severe, usually involving some form of penetration. But CSA runs on a continuum from peeping to verbal jokes to touching to penetration. This definition is not always understood, thinking that abuse is only among girls and only related to penetration, and therefore only those cases get reported. Reasons for not reporting lesser or moderate cases include the lack of understanding of the law or the effects of the behavior. Reasons for not reporting severe cases include protecting the family name, based on the religious sanctity of the family. Another reason is the fear of being reoffended by other male members of the extended family, as once a girl is no longer a virgin it is not uncommon for others to feel having sex with her is no longer a problem. But the most common reason for not reporting is perhaps related to the most common impact of victimization, stigmatization of the child (Rabanillo, 2011).

Professionals working with children know that CSA exists, with representation from both sexes and all socio-economic, religious, and ethnic groups. There are those that state there is no need to determine prevalence; what is important, instead, is to respond. While reporting and intervening is certainly more important than using equal resources to determine prevalence, prevalence remains important. Prevalence helps us understand where to respond. For example, are girls victimized more than boys, or is that an assumption? Prevalence can also help us design relevant materials and determine if prevention efforts are effective.

In the early years when CPTCSA began to teach personal safety in schools, on the last day of the classes each student was given a piece of paper that stated, "I have a touching problem that I want to talk about". The purpose was to help children who felt uncomfortable to speak out for help, but also to help determine the impact of the lessons. On these sheets of paper the students gave their name and address and how the CPTCSA staff could contact them. This resulted in an average of 12-16% of the students that requested help. At one time, nearly half of the students requested help, all of them followed up. Most cases were not serious, however, and could be resolved by getting the parent involved and beginning a child protection dialogue. An important learning here was that teachers were not the only resources to train; perhaps more important was to help parents know how to develop a protective relationship with their child.

During the early years of developing the personal safety lessons (PSL) and advocating in schools, teachers at times felt the need to convince us that no student in their class was experiencing victimization. In a country where empathy is important, teachers wanted to believe that they knew

their students well. Disclosures were considered as something negative about the teacher. This attitude has changed, however, with teachers now understanding that students don't disclose because they don't feel safe with the system, not just the teachers. Teachers now appear to brag about their cases, realizing they have helped their student feel safe with them.

Juvenile Victimization Questionnaire

CPTCSA wanted to begin to collect prevalence data. We went to the Crimes Against Children Research Center (CCRC) at University of New Hampshire. Dr. David Finkelhor, the Director, and Dr. Sherry Hamby developed the JVQ (<http://www.unh.edu/ccrc/pdf/jvq/JVQOverview.pdf>). The purpose of the JVQ is to have one instrument that could be used internationally to collect and measure victimization experiences of children: conventional crime, peer and sibling victimization, child maltreatment, sexual victimization, and witnessing and indirect victimization. Among the reasons for not being able to understand the differences between countries is because the definition tends to differ. The JVQ, therefore, does not use any professional language; instead, behaviors are described and not labeled. For example, the JVQ does not ask children if they had been abused; instead the instrument asks, "Did someone use force to take something away from you that you were carrying or wearing? Like a school bag, necklace, earrings, money, or cell phone?"

In 2003 the JVQ was piloted in Manila with permission from the authors. The process to pilot the JVQ was first to translate the instrument with guidance from mental health and social work professionals. The questions were also slightly revised to fit the Filipino population, such as adding specific examples in the questions, including smoking, cybersex, sexting, and use of the internet in general. The translated version was sent to the authors for their use, as they collect how their instrument is being used around the world.

Following the pilot for relevance, a second pilot questionnaire was administered in 6 Quezon City high schools to 1202 students on the last day of PSL classes in 2005. Completed questionnaires were sent to CPTCSA for coding and analysis. Among the results were that in some classes all students stated NO to all forms of victimization experiences; this tended to be from the classes whose teachers insisted that they knew their students and knew that none of them experienced any form of abuse. While this result has never been repeated, CPTCSA has had to take this into account when preparing teachers to conduct personal safety as well as when administering the JVQ.

The early results were not discouraging to CPTCSA. Nor did it indicate a problem with the teachers or the schools. Instead, CPTCSA interpreted these results as students not yet feeling safe enough to disclose such a sensitive problem for which they might be the ones getting into trouble and being punished. This has changed over the years. Students

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are slowly learning to trust their teachers, who likewise better understand their role in creating a safe school environment and system as they are better prepared to handle the cases with sensitivity and confidentiality.

JVQ in Zamboanga Peninsula PSL Schools

The need to understand prevalence and some of the dynamics of abuse experienced by our population remains. The CPTCSA therefore is beginning to collect responses to the JVQ in as many of its PSL schools as possible. The instrument is given on the last day of class. We chose grades 6 and HSIV to limit the number of responses for analysis. The questions are not developmentally appropriate for young elementary students, so early grades were not an option. We felt by grade 6 the students would have a number of years from which to remember experiences. We felt that the experiences from elementary would be different from those in high school, so chose to give the questionnaire also to high school IV students.

We delivered the questionnaire on the last day of the classes because we hoped by that time the students would feel comfortable with the topic. More importantly, the students will have already been given support contacts.

CPTCSA is beginning work in Mindanao to respond to the high incidence of reported abuse in Region 9. The PSL schools in that region were tasked to be the first to administer the JVQ. The purpose was to explore the prevalence and types of victimization that our students experience from which to build further research and effective services.

All teachers who delivered personal safety lessons were trained by CPTCSA. They were also trained how to administer the JVQ. Their instructions were to protect confidentiality and maintain objectivity. They all had the same orientation and the same instructions to give prior to handing out the questionnaire to each student. The CPTCSA Prevention Manager administered to one section of grade 6. She and the teachers gave the same introduction:

“You have the chance to help us improve the way we talk to children about upsetting and hurtful situations. We need to better understand about things that might have happened to you, like having things stolen, being hit or attacked, getting molested, or seeing a crime in your neighborhood. We would like to better understand, to help us be able to better listen and help you. We would like you to take approximately 10 minutes to answer a number of questions about things that have happened, including things that have happened to you and things you might have seen happen to others. We would like you to clearly check a YES or NO for each question. Please only look at your own paper and not at what your neighbors answer, as these are personal and private questions. Do NOT put your name on the paper

because these questions are private. You will not be identified by name. We only want you to tell us if you are a male or female. The results of the interview will be sent to Lois, a researcher in Seattle who is collecting this survey from several schools in the Philippines. Nobody from your school or who knows you will see these questionnaires. Your questionnaire will only be one of many, so your honest answers are needed to help us and other students. We have tried to prevent any risk to you, although you may feel uncomfortable because we will be talking about crime. You don't have to answer any questions that you don't want to, and you can stop answering the questions at any time if you don't want to finish the questionnaire. To protect confidentiality, we will not put your name or school anywhere with your answers. In general we won't tell anyone about your answers, unless you tell us that you are in danger of getting badly hurt, in which case, we will need to get you help. We will do this by telling your counselor or another adult about anything dangerous, and we will take steps to keep you safe. All other information in the questionnaire will be private and confidential — no one will be told what you say. For example, we would not tell anyone about small problems between you and your classmates.”

The CPTCSA Prevention Manager felt the excitement of the children when she handed them the questionnaires. They fell silent when they started reading and answering the questions. There was one student who really covered his paper with both hands so that no one would see his answers. There were students who finished immediately, and there were those who took their time to read and review their answers. When the students submitted the completed form, the Prevention Manager asked all of them to fold their paper and put it inside the envelope. She sealed the envelope in front of the students when everybody submitted the completed questionnaire. After that, she thanked the children for their cooperation in completing the JVQ. On each envelope she indicated the date, the name of the school, and the number of completed surveys based on the number of students in the class that day.

Table 1 shows that 362 females and 327 males completed the survey. For analytical purposes, only the female and male responses were noted; those not indicating a sex were removed. The total number of students completing the survey was 698, but only 689 responses were used for analysis.

Table 1: JVQ RESPONDENTS (N698)

	Grade 6	High School IV	Number of schools = 4	Total
Female	262	100		362
Male	227	100		327
No Sex Indicated	4	5		9
			Student total:	698

Analysis

The JVQ was analyzed only for two purposes, prevalence and gender risk difference using odds ratio. No correlation studies were conducted at this time.

These data do not represent the entire country. They are merely the beginning of collecting national data. There are certain factors in different regions that impact child and youth victimization; for example, in some parts of Mindanao there is ongoing ethnic and political violent conflict, so questions related to those factors are likely different than in other regions.

The JVQ is divided into modules based on type of crime. Tables 2 – 6 group the questions into the different modules to facilitate discussion.

The module on conventional crime, Table 2, includes robbery, personal theft, vandalism, attempted assault, assault without a weapon, assault with a weapon, kidnapping, and bias attack. The average percentage of students responding yes to these questions is 27%. The highest is robbery, and the lowest is kidnapping.

The module on child maltreatment, Table 3, includes physical abuse by a caregiver, emotional abuse, neglect, custodial interference, and general environment. The average percentage of students responding yes to these questions is 28%. The highest is emotional abuse and the lowest is custodial interference.

The module on peer and sibling victimization, Table 4, includes peer or sibling assault, gang or group assault, dating violence, nonsexual genital assault, bullying, and emotional bullying. The average percentage of students responding yes to these questions is 26%. The highest is peer or sibling assault and the lowest is dating violence.

The module on witnessing and indirect victimization, Table 5, includes witness to assault without a weapon, witness to assault with a weapon, witness to domestic violence, witness to parent assault of sibling, burglary of family household, murder of family member or friend, witness to murder, exposure to random shootings, terrorism or riots, and exposure to war or ethnic conflict. The average percentage of students responding yes to these questions is 26%. The highest is witness to assault without a weapon and the lowest is exposure to war or ethnic conflict.

Table 2: PERCENT DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED CONVENTIONAL CRIME WITH CORRESPONDING ODDS RATIO (N689)

Question		G6	HS
1. Robbery	73%	1.85	82% 1.22
2. Personal theft	20%	.07	28% 0.78
3. Vandalism	34%	1.3	30% 0.68
4. Assault without a weapon	30%	0.48	27% 0.63
5. Assault with a weapon	13%	0.46	12% 0.49
6. Attempted assault	30%	0.51	24% 0.57
30. Kidnapping	4%	0.18	6% 0.31
33. Bias attack	10%	0.75	13% 0.69
Total average students that experienced conventional crime: 27%			

Table 3: PERCENT DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED CHILD MALTREATMENT WITH CORRESPONDING ODDS RATIO (N689)

Question		G6	HS
8. Physical abuse by caregiver	40%	0.6	45% 0.54
9. Psychological/emotional abuse	41%	1.38	53% 1.22
10. Neglect	8%	0.86	24% 0.51
12. Custodial interference/ Family abandonment.....	7%	0.76	7% 0.17
36. General environment.....	26%	0.65	28% 0.37
Total average students that experienced child maltreatment: 28%			

Table 4: PERCENT DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED PEER AND SIBLING VICTIMIZATION WITH CORRESPONDING ODDS RATIO (N689)

Question		G6	HS
13. Peer or sibling assault	53%	1.04	47% 1.17
14. Gang or group assault	12%	0.54	14% 0.42
15. Dating violence	7%	0.35	11% 0.58
16. Nonsexual genital assault	13%	1.39	7% 0.61
17. Bullying	13%	0.38	10% 0.55
18. Emotional bullying	33%	0.88	31% 1.27
Total average students that experienced peer or sibling victimization:20%			

Table 5: PERCENT DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED WITNESSING AND INDIRECT VICTIMIZATION WITH CORRESPONDING ODDS RATIO (N689)

Question		G6	HS
25. Witness to assault without weapon	39%	0.93	58% 0.85
26. Witness to assault with weapon	2%	0.47	48% 0.67
27. Witness to domestic violence	21%	0.88	24% 1.25
28. Witness parent assault of sibling	31%	1.22	40% 1.4
29. Burglary of family household	25%	1.13	32% 0.49
31. Murder of family member or friend.....	18%	1.02	21% 1
32. Witness to murder	15%	0.59	19% 0.47
34. Exposure to random shootings, terrorism or riots	13%	0.51	13% 0.48
35. Exposure to war or ethnic conflict....	8%	0.96	8% 0.23
Total average students witnessed, experienced indirect victimization:26%			

Table 6: PERCENT DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED SEXUAL VICTIMIZATION WITH CORRESPONDING ODDS RATIO (N689)

Question		G6	HS
7. Nonspecific sexual assault	15%	0.38	16% 0.74
11. Sexual assault by known adult	9%	0.67	12% 0.4
19. Sexual assault by peer	18%	0.53	13% 0.77
20. Rape	15%	0.56	12% 1.1
21. Pornography	4%	0.32	3% 1
22. Sexual exposure.....	18%	0.64	28% 0.42
23. Verbal sexual harassment	8%	0.65	8% 0.87
24. Statutory rape and sexual misconduct	5%	0.66	9% 0.18
Total average students experienced sexual victimization: 12%			

The module on sexual victimization, Table 6, includes nonspecific sexual assault, sexual assault by a known adult, sexual assault by a peer, rape, pornography, sexual exposure, verbal sexual harassment, and statutory rape, and sexual misconduct. The average percentage of students responding yes to these questions is 12%. The highest is sexual exposure and the lowest is pornography.

Prevalence. Prevalence helps build deeper questions to seek narrative. Any victimization of children and youth is of concern, with different services looking at different questions. For example, Center for the Prevention and Treatment of Child Sexual Abuse is most interested in

prevalence of sexual behavior and those victimization experiences that research suggests play a role in creating sexual offenders (domestic violence and physical abuse).

Table 7 shows prevalence rankings for grade 6 yes responses. Most elementary students experienced robbery. About half experienced peer and sibling victimization. About 40% of elementary students experienced maltreatment in the family. Almost 40% witnessed assault without a weapon, 32% witnessed assault with a weapon, and 30% experienced assault themselves. About the same percentage of elementary students, 18%, have been neglected as have had someone in their family murdered. The highest rate of sexual victimization is at 18% of the students who experienced a peer forcing them to have sex and 15% experienced attempted or completed rape.

Table 8 shows prevalence ranking for high school IV. Most of them experienced robbery. About half of the high school respondents witnessed assault with or without a weapon, been verbally abused, and experienced parental and sibling maltreatment. About 40% witnessed family maltreatment. The same percentage, 24%, are students who have been neglected and those who witnessed one of their parents hit by the other parent. 28% of the high school respondents experienced sexual exposure. 16% of the high school respondents experienced nonspecific sexual assault.

The highest prevalence from both groups was having something stolen, 82% of grade 6 and 73% of high school respondents. The least prevalent was also shared by both groups, having pictures taken while naked, 4% of grade 6 and 3% of high school respondents.

Prevalence ranking between the two age groups based on the total yes responses are not very different. Only a few are of some interest, differing in 5 and 6 rankings. Further statistical analysis would determine significance. For now, the data merely begin discussion.

The question asked the respondent, "Since you started schooling...", which assumes that those in high school would be referring to the same time frame as the grade 6 respondents but plus four years. Possible discussion points for these differences then could be around how the experiences changed for high schoolers from elementary school. However, there is no way to know if the respondent was referring to an experience in elementary or high school. Further studies could specify timeframes, such as, "Since you started high school..."

The Center for the Prevention and Treatment of Child Sexual Abuse is most interested in questions about sexual behavior. Further studies could group patterns of individual respondents, which would also give a total percentage of students experiencing any form of sexual victimization. Instead, we can only look at individual questions and state that the lowest percentage of students that experienced some form of sexual victimization is about 3.5% of our students who had someone take photos/videos of them when naked. The highest percentage of students that

Table 7: RANKING OF TOTAL WITH PERCENT DISTRIBUTION OF GRADE 6 RESPONDENTS OF ALL SURVEY QUESTIONS (N489)

Question	Total Yes - %
1. Robbery	357 - 73%
13. Peer or Sibling Assault	261 - 53%
9. Emotional Abuse	201 - 41%
8. Physical Abuse by Caregiver	194 - 40%
25. Witness to Assault Without a Weapon	193 - 39%
3. Vandalism	166 - 34%
18. Emotional Bullying	160 - 33%
26. Witness to Assault With Weapon	157 - 32%
28. Witness to Parent Assault of Sibling	151 - 31%
4. Assault	149 - 30%
6. Attempted Assault	146 - 30%
36. General Environment	127 - 26%
29. Burglary of Family Household	122 - 25%
27. Witness to Domestic Violence	104 - 21%
2. Personal Theft	100 - 20%
10. Neglect	89 - 18%
31. Murder of Family Member or Friend	89 - 18%
19. Sexual Assault by Peer	86 - 18%
22. Flashing/Sexual Exposure	86 - 18%
20. Rape, Attempted or Completed	73 - 15%
32. Witness to Murder	73 - 15%
7. Nonspecific Sexual Assault	72 - 15%
16. Nonsexual Genital Assault	66 - 13%
17. Bullying.....	66 - 13%
5. Assault With a Weapon	65 - 13%
34. Exposure to Random Shootings, Terrorism, or Riots	64 - 13%
14. Gang or Group Attack	60 - 12%
33. Bias Attack	51 - 10%
11. Sexual Assault by Known Adult	45 - 9%
23. Verbal Sexual Harassment	41 - 8%
35. Exposure to War or Ethnic Conflict	38 - 8%
12. Custodial Interference	36 - 7%
15. Dating Violence	33 - 7%
24. Statutory Rape and Sexual Misconduct	23 - 5%
30. Kidnapping	22 - 4%
21. Pornography	18 - 4%

Table 8: RANKING OF TOTAL WITH PERCENT DISTRIBUTION OF HIGH SCHOOL IV RESPONDENTS OF ALL SURVEY QUESTIONS (N200).

Question	Total Yes - %
1. Robbery	163 – 82%
25. Witness to Assault Without a Weapon	116 – 58%
9. Emotional Abuse	105 – 53%
26. Witness to Assault With a Weapon	96 – 48%
13. Peer or Sibling Assault	94 – 47%
8. Physical Abuse by Caregiver	89 – 45%
28. Witness to Parent Assault of Sibling	80 – 40%
29. Burglary of Family Household	63 – 32%
18. Emotional Bullying	61 – 31%
3. Vandalism	60 – 30%
2. Personal Theft	55 – 28%
22. Flashing/Sexual Exposure	55 – 28%
36. General Environment	55 – 28%
4. Assault Without a Weapon	53 – 27%
6. Attempted Assault	48 – 24%
10. Neglect	48 – 24%
27. Witness to Domestic Violence	48 – 24%
31. Murder of Family Member of Friend	42 – 21%
32. Witness to Murder	37 – 19%
7. Nonspecific Sexual Assault	32 – 16%
14. Gang or Group Assault	28 – 14%
33. Bias Attack	6 – 13%
34. Exposure to Random Shootings, Terrorism, Riots	26 – 13%
19. Sexual Assault by Peer	25 – 13%
5. Assault with a Weapon	23 – 12%
11. Sexual Assault by a Known Adult	23 – 12%
20. Rape, Attempted or Completed	23 – 12%
15. Dating Violence	21 – 11%
17. Bullying	19 – 10%
24. Statutory Rape and Sexual Misconduct	18 – 9%
23. Verbal Sexual Harassment	15 – 8%
35. Exposure to War or Ethnic Conflict	15 – 8%
12. Custodial Intewrference	13 – 7%
16. Nonsexual Genital Assault	13 – 7%
30. Kidnapping	12 – 6%
21. Pornography	6 – 3%

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experienced some form of sexual victimization was nearly 23% who had someone make them look at their private parts by using force or surprise, flashing, and watching pornography.

Referring to Table 9, some data for serious discussion are that nearly 13% (#19) of the high school students have had another child or teenager make them do sexual things. The discussion would focus on the young sexual offender and how to prevent our children from becoming adult sexual offenders. However, while nearly 13% of the high schoolers experienced some form of abuse from peers, an average of nearly 7% (#24) of our students had “consensual” sex with older adolescents or adults; 15% of the high school males stated yes to this question. Nearly 23% (#22) of the students had someone make them look at their private parts by using force or surprise, flashing, or watching pornographic materials.

Table 9: QUESTIONS RELATED TO CSA : PERCENT DISTRIBUTION BY SEX, GRADE AND TOTAL AVERAGE (N689) YES RESPONSES

Question number	Grade 6		High school IV		Total Average
	F Y%	M Y%	F Y%	M Y%	
21. Pornography	2.00%	5.80%	3.00%	3.00%	3.45%
24. Statutory Rape and Sexual Misconduct	3.80%	5.70%	3.00%	15.00%	6.88%
23. Verbal Sexual Harassment	6.90%	10.10%	7.00%	8.00%	8.00%
15. Dating Violence	3.90%	10.10%	8.00%	13.00%	8.75%
16. Nonsexual Genital	15.30%	11.50%	5.00%	8.00%	9.45%
11. Sexual Assault by a Known Adult	7.60%	11.00%	7.00%	16.00%	10.40%
19. Sexual Assault by Peer	13.40%	22.50%	11.00%	14.00%	15.25%
20. Rape, Attempted or Completed	11.50%	19.00%	12.00%	11.00%	13.38%
7. Nonspecific Sexual Assault	9.20%	21.20%	14.00%	18.00%	15.60%
22. Flashing/Sexual Exposure	14.50%	21.20%	19.00%	36.00%	22.68%

Odds ratio. A common assumption when working in the field of child sexual abuse is that girls need more protection than boys. A great deal of discussion is possible based on the odds ratio of the boys versus girls for each of the sexual victimization questions.

The odds ratio is the ratio of the odds of an event occurring in one group to the odds of its occurring in another group. This study groups were male and female calculated:

female yes

female no

male yes

male no

An odds ratio of 1 indicates that the condition or event under study is equally likely to occur in both groups. An odds ratio greater than 1 indicates that the condition or event is more likely to occur in the female group and less likely in the male group. An odds ratio less than 1 indicates that the condition or event is less likely to occur in the female group and more in the male group. The further away from 1 the more likely or less likely to occur for a specific group.

For example, question #31 would be considered a gender neutral question. "When someone is murdered, it means they were killed on purpose by someone else. Has someone close to you, like a family member, friend or neighbor, ever been murdered?" The odds ratio in grade 6 is 1.02 and in HSIV is 1.00, indicating that this is correct because both genders are equally likely to experience this question.

Question 21 would be considered a gender sensitive question. "Since you started schooling, did someone take photos or videos of you when you were naked?" The odds ratio in grade 6 is 0.32 indicates that more boys are likely to be victims of pornography. But in HSIV the odds ratio is 1.00, indicating that boys and girls are equally likely to be victims of pornography.

Referring to Table 10, in elementary school, only #16 (any kids try to hurt you on purpose in your private parts?) indicates that girls are more likely than boys to have their private body parts touched or hurt. All the other questions indicate that boys are more likely to experience that victimization. The highest difference between boys and girls in elementary is #7 (touch your private parts when you didn't want it, make you touch their private parts, or force you to have sex?), #15 (a boyfriend or girlfriend or someone you went on a date with slap or hit you?) and #21 (someone take photos/videos of you when naked?).

There is about an equal chance of high school boys and girls in question #20 (someone try force you to have sexual intercourse?), #21 (someone take photos/videos of you when naked?), and #23 (someone try to hurt your feelings by saying or writing something sexual about you?). All other questions indicate that boys are more at risk than girls. The highest difference between boys and girls in high school is #24 (you do something with someone 19 or older including things that you both wanted to do?), #11 (did a grown-up in your life touch your private parts when you didn't want it, make you touch their private parts or force you to have sex?), and #22 (someone make you look at their private parts by using force or surprise, flashing, watching porno?).

Table 10 lists only questions related to child sexual abuse and the

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odds ratio. For example, girls are more likely to have their private parts hurt on purpose (#16) in elementary school and boys are more at likely in high school. High school females and males have the same likelihood of pornography victimization (#21) but boys are far more likely in the elementary years. High school females and males have the same likelihood of forceful intercourse (#20), but boys are more likely to be raped in elementary years.

Table 10: ODDS RATIO DISTRIBUTION OF RESPONDENTS WHO EXPERIENCED SOME FORM OF SEXUAL ASSAULT (N689)

Question	G6	HSIV
7. Nonspecific Sexual Assault	0.38	0.74
11. Sexual Assault by a Known Adult	0.67	0.4
15. Dating Violence	0.35	0.58
16. Nonsexual Genital Assault	1.39	0.61
19. Sexual Assault by Peer	0.53	0.77
20. Rape, Attempted or Completed	0.56	1.1
21. Pornography	0.32	1
22. Flashing/Sexual Exposure	0.64	0.42
23. Verbal Sexual Harassment	0.65	0.87
24. Statutory Rape and Sexual Misconduct	0.66	0.18

Table 11 lists grade 6 odds ratio ascending, and Table 12 lists high school IV odds ratio ascending. Placing the data based on the odds ratio indicates that more boys are likely to be victims of assault and abuse. We randomly chose 0.75 – 1.25 to indicate that females are about equal to males. These portions are shaded. The items before the shaded items indicate that boys are more likely to be abused; the items after the shaded items indicate that girls appear more likely to be abused.

Of interest to CPTCSA are those factors research indicates are related to sexual abuse and sexual offending: severe victimization, sexual victimization, domestic violence, and physical abuse. Table 13 chose those questions indicating these elements and ranked their odds ratio. Girls are more likely to experience emotional abuse. Boys and girls are equally likely to experience peer or sibling assault, witness domestic violence, have a family member or friend murdered, witness assault without a weapon, and be raped. Boys are more likely to experience neglect, pornography, sexual assault by a peer or a known adult, sexual exposure, exposure to war or ethnic conflict, physical abuse by a caregiver, witness murder or assault with or without a weapon, be kidnapped and bullied. Of note is that, while boys are more likely to experience victimization, they are also more likely to be neglected.

Table 11: GRADE 6 ODDS RATIO RANKING ASCENDING (N489)

Question	Odds Ratio
30. Kidnapping	0.18
21. Pornography	0.32
15. Dating Violence	0.35
7. Nonspecific Sexual Assault	0.38
17. Bullying	0.38
5. Assault With a Weapon	0.46
26. Witness to Assault with a Weapon	0.47
4. Assault Without a Weapon	0.48
6. Attempted Assault	0.51
34. Exposure to Random Shootings, Terrorism, or Riots	0.51
19. Sexual Assault by Peer	0.53
14. Gang or Group Assault	0.54
20. Rape, Attempted or Completed	0.56
32. Witness to Murder	0.59
8. Physical Abuse by Caregiver	0.6
22. Flashing/Sexual Exposure	0.64
23. Verbal Sexual Harassment	0.65
36. General Environment	0.65
24. Statutory Rape and Sexual Misconduct	0.66
11. Sexual Assault by Known Adult	0.67
33. Bias Attack	0.75
12. Custodial Interference	0.76
10. Neglect	0.86
18. Emotional Bullying	0.88
27. Witness to Domestic Violence	0.88
25. Witness to Assault Without Weapon	0.93
35. Exposure to War or Ethnic Conflict	0.96
31. Murder of Family Member or Friend	1.02
13. Peer or Sibling Assault	1.04
2. Personal Theft	1.07
29. Burglary of Family Household	1.13
28. Witness to Parent Assault of Sibling.....	1.22
3. Vandalism	1.3
9. Emotional Abuse	1.38
16. Nonsexual Genital Assault	1.39
1. Robbery	1.85

Table 12: HIGH SCHOOL IV ODDS RATIO RANKING ASCENDING
(N200)

Question	Odds Ratio
12. Custodial Interference	0.17
24. Statutory Rape and Sexual Misconduct	0.18
35. Exposure of War or Ethnic Conflict	0.23
30. Kidnapping	0.31
36. General Environment	0.37
11. Sexual Assault by Known Adult	0.4
14. Gang or Group Assault	0.42
22. Flashing/Sexual Exposure	0.42
32. Witness to Murder	0.47
34. Exposure to Random Shootings, Terrorism, or Riots	0.48
5. Assault With a Weapon	0.49
29. Burglary of Family Household	0.49
10. Neglect	0.51
8. Physixal Abuse by Caregiver	0.54
17. Bullying	0.55
6. Attmpted Assault	0.57
15. Dating Violence	0.58
16. Nonsexual Genital Assault	0.61
4. Assault Without a Weapon	0.63
26. Witness to Assault With a Weapon	0.67
3. Vandalism	0.68
33. Bias Attack	0.69
7. Nonspecific Sexual Assault74
19. Sexual Assault by Peer	0.77
2. Personal Theft	0.78
25. Witness to Assault Without Weapon	0.85
23. Verbal Sexual Harassment	0.87
21. Pornography	1
31. Murder of Family Member or Friend	1
20. Rape, Attempted or Completed	1.1
13. Peer or Sibling Assault	1.17
1. Robbery	1.22
9. Emotional Abuse	1.22
27. Witness to Domestic Violence	1.25
18. Emotional Bullying	1.27
28. Witness to Parent Assault of Sibling	1.4

Table 13: ODDS RATIO AVERAGE RANKING OF ALL RESPONDENTS WHO EXPERIENCED SEVERE VICTIMIZATION

Question	Odds Ratio
9. Emotional Abuse	1.3
13. Peer or Sibling Assault	1.1
27. Witness to Domestic Violence	1.07
31. Murder of Family or Friend	1.01
25. Witness to Assault Without a Weapon	0.89
20. Rape	0.83
10. Neglect	0.69
21. Pornography	0.66
19. Sexual Assault by a Peer	0.65
35. Exposure to War or Ethnic onflict	0.6
8. Phycial Abuse by Caregiver	0.57
26. Witness to Assault With a Weapon.....	0.57
4. Assault Without a Weapon	0.56
11. Sexual Assault by a Known Adult	0.54
22. Sexual Exposure	0.53
32. Witness to Murder	0.53
34. Exposure to Random Shootings, Terrorism, or Riots....	0.5
5. Assault with a Weapon	0.48
14. Gang or Group Assault	0.48
17. Bullying	0.47
30. Kidnapping	0.29

While this study is both exploratory and in its early collection phase, there are certain points that deserve attention.

One, is that clearly the data from the early collection of JVQ responses show that present official statistics from DSWD, PNP and other sources do not reflect an accurate understanding of the prevalence and consequences of the sexual abuse of our children.

Two, is that the present popular statements that girls are more at-risk than boys requires further study because of certain gender-specific policies, practices and expectations we place on our children that are based in child protection. The data indicating that young boys are more at-risk for abuse that includes some form or rape is especially alarming. The concern that abuse causes abuse points to the need to increase protective measures of all our children, but especially our boys.

Three, is in reference to the environment in which our children live, an environment that teaches behavior through modeling and responding. The number of children that experience family violence or community violence should cause concern for those working to prevent child abuse

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and build a safe world for our children. Prevention must include the individual child, the family, the community, and the entire nation.

Recommendations

The Juvenile Victimization Questionnaire is an important first step to better understand narratives of what our children and youth experience. The beginning of patterns could give us insights to help design effective protection policies and practices. For example, the data thus far collected indicates the possibility of boys abused more than girls, which could be the result of another piece of datum indicating boys tend to be more neglected than girls. Therefore, we make the following recommendations:

1. Continue gathering more JVQ data through the CPTCSA PSL project or any other means possible.
2. Expand analysis of the data beyond prevalence and odds ratio to include correlations to seek possible patterns, such as neglect and kinds of victimization, age and sex of respondent groups, and geographical differences.
3. Use these data for further narrative questioning, such as, frequency, relationship to offenders of victimization, length of victimization, place of victimization, pre- and post-victimization factors, and subsequent sexual misbehavior or offending by respondents (especially boys).
4. Use these data with other major research, such as the ongoing Young Adult Fertility and Sexuality Study to fill in gaps and develop greater insight into the experiences of our children and youth, and possible relationship to subsequent sexual behaviors.

As the data increases with the distribution and administration of the JVQ, different patterns may emerge that will help us in our goal to build a safe world for all children.

Resources

Hamby, S., Finkelhor, D., Ormrod, R., and Turner. H. (2012). *The Juvenile Victimization Questionnaire*, http://www.unh.edu/ccrc/juvenile_victimization_questionnaire.html (downloaded 3 July 2012).

Balanon, F. (2012). *Building Safe Communities for Children*. Quezon City: Terre des Hommes.

Rabanillo, R. (2011). Traumagenic dynamics framework in Filipino clients. *Philippine Journal of Child Sexual Abuse*, 1(1)19-31.

Juvenile Victimization Questionnaire

Grade/Year Level _____ Sex/Gender _____

CONVENTIONAL CRIME

1. ROBBERY: Since you started schooling, did someone steal something from you and never give it back? Things like school bag, pencils/pens, money, watch, clothing, bike, stereo, cell phone or slipper?
 2. PERSONAL THEFT: Since you started schooling, did someone use force to take something away from you that you were carrying or wearing? Like school bag, necklace, earrings, money or cell phone?
 3. VANDALISM: Since you started schooling, did someone break or ruin any of your things on purpose? Ruin your homework, bike?
 4. ASSAULT WITHOUT A WEAPON: Since you started schooling, did someone hit or attack you? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?
 5. ASSAULT WITH A WEAPON: Since you started schooling, did someone hit or attach you on purpose with something that would hurt, like a stick, rock, gun, knife, or any other thing?
 6. ATTEMPTED ASSAULT: Since you started schooling, did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away ?
 30. KIDNAPPING: When someone is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought was going to hurt them. Has someone ever tried to kidnap you?
 33. BIAS ATTACK: Have you ever been hit or attacked because of your skin color, religion, or where your family comes from? How about because of some physical problem you have, the way you look, because of clothes you are wearing or because of someone said you were gay?
-
-

CHILD MALTREATMENT

8. PHYSICAL ABUSE BY CAREGIVER: Since you start schooling, did a grown-up in your life hit, spanked, beat, kick, or physically abuse you in some other way?
9. PSYCHOLOGICAL/EMOTIONAL ABUSE: Since you start schooling, did you get scared or feel really bad because grown-ups in your life were calling you names, saying mean things about you, or telling you that they didn't want you anymore?
10. NEGLECT: When someone is neglected, it means that the grown-ups in their life didn't take care of them the way they should. Like not getting them enough food, taking them to the doctor when they are sick, or making sure they have a safe place to stay. Since you start schooling, did you ever been neglected? Left alone without adult supervision?
12. CUSTODIAL INTERFERENCE/FAMILY ABANDONMENT: Sometimes families fight over where children should live. Since you start

schooling, did a parent or someone in your family take you, keep you, or hide you to stop you from being with another parent?

36. GENERAL ENVIRONMENT: Have you ever been in the same room with an adult who is smoking?

PEER AND SIBLING VICTIMIZATION

13. PEER OR SIBLING ASSAULT: Since you start schooling, have any kids including your brothers and sisters, hit you? Somewhere like: at home, at schools, out playing, in a store, or anywhere else?

14. GANG OR GROUP ASSAULT: Sometimes groups of kids or gangs attack people. Since you start schooling, did a group of kids or gang hit, jump, or attack you?

15. DATING VIOLENCE: Since you start schooling, did a boyfriend or girlfriend or someone you went on a date with slap or hit you?

16. NONSEXUAL GENITAL ASSAULT: Since you start schooling, did any kids try to hurt you on purpose in your private parts (for girls, including your breast), like by hitting or kicking you there?

17. BULLYING: Since you start schooling, did any kids, including your brothers and sister, pick on you? They may pick on you by chasing you, trying to scare you, grabbing your hair or clothes, or making you go somewhere or do something you did not want to do?

18. EMOTIONAL BULLYING: Since you start schooling, did you get scared or feel really bad because other kids were picking on you? They might pick on you by calling names, saying mean things about you, or telling you that they didn't want you around anymore?

SEXUAL VICTIMIZATION:

7. NONSPECIFIC SEXUAL ASSAULT: Since you started schooling, did someone do any of these things to you? Touch your private parts when you didn't want it, make you touch their private parts, or force you to have sex? This could be someone you don't know, or someone you know well?

11. SEXUAL ASSAULT BY KNOWN ADULT: Since you start schooling, did a grown-up in your life do any of these things to you? Touch your private parts when you didn't want it, make you touch their private parts or force you to have sex?

19. SEXUAL ASSAULT BY PEER: Now think about kids or teenagers who are close to your own age, like a friend, someone from school, a boyfriend or girl friend, or even a brother or sister. Since you start schooling, has another child or teenager made you do sexual things?

20. RAPE: Since you start schooling, did someone try to force you to have sex that is sexual intercourse of any kind?

21. PORNOGRAPHY: Since you started schooling, did someone take photos or videos of you when you were naked?
22. SEXUAL EXPOSURE: Since you start schooling, did someone make you look at their private parts by using force or surprise, or by “flashing “you? And watching pornographic materials.
23. VERBAL SEXUAL HARASSMENT: Since you start schooling, did someone try to hurt your feelings by saying or writing something sexual about you or your body thru text messages, emails, face book
24. STATUTORY RAPE AND SEXUAL MISCONDUCT: Since you start schooling, did you do something with someone who was 19 or older including things that you both wanted to do?
-

WITNESSING AND INDIRECT VICTIMIZATION

25. WITNESS TO ASSAULT WITHOUT WEAPON: Since you start schooling, in real life did you see someone else get attacked or hit on purpose? Somewhere like: at home, at school, at a store, in a car, jeepney, bus, on the street or anywhere?
26. WITNESS TO ASSAULT WITH WEAPON: Since you start schooling, in real life did you see someone else get attacked or hit on purpose with something that would hurt, like a stick, rock, gun, knife or other thing?
27. WITNESS TO DOMESTIC VIOLENCE: Since you start schooling, did you see one of your parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?
28. WITNESS TO PARENT ASSAULT OF SIBLING: Since you start schooling, did you see your brothers or sisters get hit, beat, kicked or burned with cigarette, spanked by your parents?
29. BURGLARY OF FAMILY HOUSEHOLD: Since you start schooling, did someone steal something from your house that belonged to your family or someone you live with? Things like furniture, clothing, TV stereo, car or anything else?
31. MURDER OF FAMILY MEMBER OR FRIEND: When someone is murdered, it means they were killed on purpose by someone else. Has someone close to you, like a family member, friend or neighbor, ever been murdered?
32. WITNESS TO MURDER: Have you ever seen someone murdered in real life, not on TV, video games, or in the movies?
34. EXPOSURE TO RANDOM SHOOTINGS, TERRORISM OR RIOTS: Have you ever been in any place in real life where you could see or hear people being shot, bombs going off, or violent street riots?
35. EXPOSURE TO WAR OR ETHNIC CONFLICT: Have you ever been in the middle of a war where you could hear real fighting with guns or bombs?

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Working with Sexually Abusive Filipino Children:
The CPTCSA Experience
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Abstract

The causes of sexual abusive behaviors are varied and include both victimization experience and learning from family and community behaviors and culture. Regardless of the cause, however, children abusing children is a reality today. If the public and communities remain reluctant to acknowledge the existence of children with abusive sexual behaviors, treatment options to stop the sexual offending of these children at early ages will also remain uncertain. This paper presents characteristics of the 40 young sexual offenders who have come to CPTCSA for treatment. Their behavior ranged from touching to penetration, giving reasons for their behavior that included boredom, pornography, lack of supervision, peer pressure, curiosity, victim's fault, and "trip *lang*". With this information, we can design and implement effective services for prevention and treatment that focus on the individual, family, community and culture.

Introduction

The Center for the Prevention and Treatment of Child Sexual Abuse (CPTCSA) was conceived in 1994 with the primary goal of protecting children from all forms of sexual abuse through prevention and treatment. As a new organization then, CPTCSA had to spend a lot of effort to understand child sex abuse, a problem that had been felt but was hardly openly discussed. The first residential shelter solely for sexually abused girls opened in the mid-80's, CRIBS-New Beginnings, recognizing that sexual abuse of children was undeniably increasing, a reality that paved the birth of CPTCSA to begin prevention services.

During the course of providing prevention and counseling services to individuals, families, schools, and communities CPTCSA observed that perpetrators of sexual abuse were not only adults but also minors, usually boys. Of the four cases referred to CPTCSA in 1995, one of the perpetrators was a 16-year old boy with a history of sexual molestation by the grandfather. Reported sexual behaviors of this minor were exhibitionism and sexual touching of classmates. This, our first case, challenged us to deal with children and youth displaying inappropriate sexual behaviors combined with early sexual victimization. Then especially, and even today, one could hardly find an organization in the Philippines that provided sex offense-focused intervention for sex abusers.

CPTCSA met this challenge, with funding support by Terres des Hommes-Netherlands, by developing interventions for sexually abusive

Filipino children and youth in conjunction with its prevention program. After all, the only real way to stop sexual abuse is to prevent the development of children into sex abusers.

To date CPTCSA has received 40 cases of children and youth with sexually abusive behaviors. 24 children were referrals from institutions and 16 children came from different communities in Metro Manila. More than half of the sexual offenses took place in child-caring institutions, such as street children facilities and orphanages. The purpose of this paper is to share our cases of children with sexually abusive behaviors to initiate formal discussion towards the development of comprehensive offense-specific treatment interventions for children and youth with sexual offending behaviors in the Philippines.

What is sexually abusive behavior?

Sexually abusive behavior is defined as any sexual interaction with person(s) of any age that is perpetrated, (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative, or threatening manner (Ryan, 1997). Children in the Philippines refer to persons below 18 years of age, or those over 18 but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of physical and mental disability or conditions (Article 1, Section 3 of Republic Act 7610 of 1991)

CPTCSA cases of sexually abusive children

It is hard to estimate prevalence of children with sexually abusive behaviors because of the lack of research, as well as lack of specific programs to this group of children. Table 1 does not suggest prevalence, but the beginning of data collection towards better understanding for prevention and treatment.

The majority of the identified children with sexually abusive behaviors were males. They had an average age of 14.4 years, with 10 years as the youngest and 19 years the oldest. Of the 40 cases, 19 children nearly half were 10-14 years old, 13 (about one-third) were 16 to 17 years old, 7 were 18 years old, and 1 was 19.

The number of female sexual abuse perpetrators was 1.

The average age of male victims was 9.7 years old, with 5 years as the youngest victim and 14 years as the oldest victim. For female victims, the average age was 9 with 3 years as the youngest and 21 years as the oldest. The age range of female victims appears wider than the age range of male victims. In the CPTCSA population of children who sexually abuse other children, it appears that a male minor sex abuser has the capacity to abuse a person 3-4 years older than him.

Of the 40 cases of sexually abusive children and youth, the young sex offender recorded a total of 58 victims, or 1.4 victims per child. Of the 58 victims, 20 were male, and 38 were female. 21 of the children abused

Table 1: PROFILE OF 40 CASES OF SEXUALLY ABUSIVE CHILDREN REFERRED TO CPTCSA 1995-2012.

Variables	Description
1) Sex (Aggressor)	
Male	39 (98%)
Female	1 (2%)
2) Age	
Age of offender	Ave 14.4 (oldest 19, youngest 10)
Age of victims	Ave 8.3 (oldest 21, youngest 3)
Age difference	Ave 6.1 years
3) Gender / number of victims	
Male	20 (34%) (oldest 14, youngest 5)
Female	38 (66%) (oldest 21, youngest 3)
Total number of victims	58, ave 1.4 victims per perpetrator (4 boys had 1 (same) victim and 2 boys victimized the same 3 girls)
4) Relationship between molester and victim	
Co-ward	21 (52.5%) - 14 females, 7 males
Incest	10 (27.5%)
- Sibling	6 (10%) 5 biological siblings, 1 foster sibling, (5 girls, 1 boy)
- Cousin	3 (7.5%) 3 girls, 1 boy victims
- Niece	1 (.25%) female
Neighbour	5 (12.5%) 3 females, 3 males
Alaga	1 (25%) - females, 1 male
Other	3 (7.5%) classmate, sales lady
5) Sexual abuse history	13 (32.5%) history early sex victimization 27 (67.5%) no history sex victimization, exposed to or experienced domestic, street or media violence
6) Living condition at the time of Intake	
Living in street child facility	20 (50%)
Living at home	16 (25%)
Living in a juvenile facility	4 (10%)
7) Place where the sex offense took place	
Institution	23 (57.5%)
Home or Community	17 (42.5%)

their co-wards. 10 cases were incestuous; 6 of these children abused their siblings, 3 abused their cousins, 1 abused his niece, 5 of the boys abused their neighbor, and 3 abused classmates and a sales lady. The only female abuser in this group abused her *alaga*. All of the abusers knew their victims.

It is generally perceived in the Philippines that most sexual abusers are themselves victims of sexual abuse. However, the data that CPTCSA has collected from its 40 cases shows that only 13 (33%) of the cases had a history of early sexual victimization. 27 (68%) declared no sexual victimization problems. However, 20 children disclosed other forms of victimization such as abandonment, exposure to street and domestic violence and substance abuse. 7 children did not mention any significant history of abuse.

At the time of intake, 20 of the cases were living in residential centers for street children and orphanages and 16 were living with their families. The remaining 4 children were living in a government rehabilitation facility. One of these 4 boys was convicted of incestuous rape, while the rest of the children were waiting for court decisions of their cases.

The sexual offense of 58% of the children took place inside the institutions. 42% of the children were victimized in the community and knew their offenders. The majority of the children were attending school; 16 reached secondary level, 21 were in elementary level, 1 was a college student and 2 were attending non-formal education.

Range of sexual behaviors of children

Information from CPTCSA's experience working with children with sexually abusive behaviors, ages 10-18, show 14 types of sexual behaviors that are generally abusive. The children in this population apparently had the capacity to commit more than one type of sexual behavior that we have divided into two major types, the hands-off and hands-on.

Hands-off behaviors include exhibitionism (exposing one's genitalia), peeping-tom, voyeurism (observing others without their knowledge or consent), frottage (rubbing against others), fetishism (stealing underwear, masturbating in another's garments), and obscene communication (obscene telephone calls and verbal or written sexual harassment or denigration and text messages, and exposure to sexual materials). Hands-on behaviors include molestation (touching, fondling/rubbing, sucking, masturbation,) rape (oral, anal, vaginal, digital, objectile penetration and penile penetration or attempts).

Table 2 is a description and percentage of these behaviors. Of the recorded hand-off offenses, pornography ranked the highest at 15%, and voyeurism and exhibitionism ranked second at 3.5%.

Behaviors related to pornography involve reading, watching and keeping pornographic materials (video and print materials). The children reported that their sexual behaviors were set off by pornography. The target

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victims of voyeurism were all girls. Exhibitionism usually happened inside the shelter and school where the children repeatedly reported co-wards of habitually exposing their genitalia in public. Victims of this behavior were both boys and girls. Fetishism is characterized by the habitual stealing of underwear and masturbation on another person's underwear and only 1 child stated this type of sexual abuse.

Table 2 - HANDS-OFF SEXUAL BEHAVIORS OF CHILDREN

Type of Sexual Abuse	Description
Pornography	6 (15%)
Voyeurism	3 (3.5%) female victims
Exhibitionism	3 (3.5%) female and male victims
Fetishism	1 (2.5%)

Table 3 shows the wide range of hands-on sexual behaviors of children from simple touching to vaginal, oral, anal, and digital penetration. Of the 10 recorded sexual behaviors of children, touching ranks the highest (40%), with all the victims being female. Masturbation, kissing and penile penetration attempts to the vagina rank second. Victims of masturbation were all male and victims of kissing all female. 7 cases were oral penetration, and 4 were anal penetration. Anal and oral penetration victims were all male. 3 of the reported penile penetrations to the vagina were denied by

Table 3 - HANDS-ON SEXUAL BEHAVIORS OF CHILDREN

Sexual Behaviors	Description
Touching & Fondling	16 (40%) all female victims
Penile penetration attempt to the vagina .	14 (35%)
Masturbation	8 (20%) all male
Oral penetration	7 (17.5%) male victims
Kissing	6 (15%) all female
Anal penetration	4 (10.%) all male victims
Alleged penile penetration vagina	3 (7.5%)
Digital penetration vagina	2 (5%) brother to sisters
Licking	2 (5 %)

the children while 2 of the vaginal penile penetrations were acknowledged by the children. Of the 2 vaginal penetrations, 1 child was convicted of incest by the court and sentenced to 2 years imprisonment in a government juvenile rehabilitation facility.

Digital (using fingers) penetration ranked second to the last of the reported sexual behaviors. Digital sexual behavior is the children's alternative to penile penetration. Lastly, 1 female offender (babysitter) sexually abused 4 victims (age 4-8, 3 female and 1 male) by forcing them to lick and fondle her vagina. The female abuser was 17 years old at the time of intake. She had a history of sex abuse by a cousin and the sex offense was only discovered during her counseling sessions at CPTCSA as a victim.

All of the 12 cases served after the enactment of RA 9344 were children whose behavior involved hands-on contact that ranged from fondling of private body parts, oral and anal sex to rape. In this group of children, 19 were below 15 years old, but 15 of them had behaviors that involved physical contact. 21 children were above 15, and 17 of the 21 cases had behaviors that involved physical contact.

Table 4 - PERCEPTION OF CAUSES OF THEIR BEHAVIOR.

Perception	Description
1) Pornography	17(42.0%)
2) Boredom	8 (20%)
3) Victim's fault	8 (20%)
4) Sexual Curiosity	6 (15%)
5) Peer Pressure	6 (15%)
6) Early Victimization	5 (12.5%)
7) No Self Control /Sexual Desire	5 (12.5%)
8) Sexual Fantasy	5 (12.5%)
9) Supervision	3 (7.5%)
10) Drugs	2 (5%)
11) Sexually Permissive Home	2 (5%)
11) Media Violence	1 (2.5%)
12) Prostitution	1 (2.5%)
13) Trip Lang	1 (2.5%)

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Table 4 indicates the child's perception of what caused their abusive sexual behaviors. This information was collected during the assessment and counseling sessions of the children. The children perceived a total of 14 types of conditions or circumstance as precursors to their sexual behaviors.

Seventeen children (42%) directly linked their sexual behaviors to pornography, making pornography as the highest causal factor on the children's list. According to the children, their initiation to pornography was by their peers and or adults. Boredom is the second highest factor stated by 8 children (20%). Boredom is felt not only by the children inside the institutions but also by the children from the community who were idle (drop-outs) at the onset of their sexual behavior. When children get bored, they resort to pornography as their way of combating boredom or idleness. Children who have been in institutions for quite sometime resent or hate idleness because the end product of idleness, according to them, is loneliness (*lungkot*).

Eight (15%) of the children attributed the cause of their sexual behaviors to the victims. 6 boys blamed their victims for having suggestive sexual behaviors. They further claimed that the victims could have reported them immediately to the staff had they not liked the sex. The boys also perceived the victims as flirtatious and mean.

Early victimization is also perceived by 5 children (12.5%) as one of the factors of their sexual behaviors. Perpetrators of these children were all men where the sexual abuse happened outside their homes. Children claimed that they remember the sexual interaction between them and their abusers and that in the long run they learned to act it out with children younger than them. Victim selection is based on proximity and relationship. Generally, the offenders were holding the role of a big brother (*kuya*) to the victims.

Notably, during intake and assessment, children with sexual victimization history wanted to deal with their victimization issues rather than talk about the sexual offense; they would insist that their issues were more about the trauma of sexual victimization. Offending issues were less important to these children, claiming that they can readily stop without counseling.

No self-control or lack of it is another causal factor identified by 5 (12.5%) of the children. This was heightened by their frequent preoccupation with sexual thoughts, especially when idle. Sexual fantasy, sexual curiosity and peer pressure rank sixth on the list. Some of the boys reported that a lot of planning had to be done before they were able to actualize the sexual abuse against their target victim. Next in the rank are drugs and a sexually permissive environment. These children characterize a permissive sexual environment as being that adults are openly involved in pornography and illicit sexual affairs that were known even by the children.

Further listed as a causal factor is the lack of supervision, media

violence, prostitution and tripping. Along with pornography, children also pointed out that media must be regulated and adult supervision is needed to prevent their sexual behavior from occurring.

Common treatment issues

Generic vs. Offense-Specific Treatment. Treatment or rehabilitation of youthful offenders in the Philippines is clearly defined by law under *Presidential Decree 603 of 1965*, commonly known as the Youth Welfare Code and in 2006 by RA 9344, the Juvenile Justice Welfare Act. However, it appears that the programs that have been acted upon to implement this law are general to all types of juvenile offenses. Therefore, the interventions given to the children are generic and not offense-specific. The programs are typically geared towards value formation or character building, occupational therapy and income generating skills training. The need for these types of programs is of course essential. But considering the complexity of the problems and issues of children with sexually abusive behavior, successful interventions for this population requires specialized offense-specific treatment to alter specific problem behavior of sex abuse. Offense-specific treatment for children with abusive sexual behaviors refers to identifying treatment requirements based on analysis of the children's sexually abusive behavior pattern (Lane, 1997).

Offense-specific treatment begins by assessing and differentiating normal sexual behavior versus abusive sexual behaviors of children. Offense-specific treatment also enables clinicians to carefully define the whole process of intervention that includes specialized assessment, goal setting, treatment planning and treatment implementation.

The goals for sex offense intervention that are commonly identified are: (Lane, MacFarlane, Johnson, 1996)

- 1)** develop an accurate understanding of the antecedent and patterns of abusive sexual behaviors;
- 2)** build empathy for victims and reframe irrational cognitive beliefs (denial) about their sexual behaviors; and
- 3)** develop skills to manage internal and external triggers (events, thoughts and feelings) to prevent further sexual offending (relapse prevention).

Without offense-focused intervention, evaluating effectiveness of any intervention provided to a child and youth with sexually abusive behaviors is difficult.

Child's Level of Motivation for Treatment

Compliance to and motivation for counseling of sexually abusive behavior is an issue when working with these children. Generally, referral to CPTCSA for assessment and eventual counseling was initiated by the adults for protective and safety measures in order to:

- 1)** protect the victim and other potential victims from harm; and

2) to correct and stop child's inappropriate and/or abusive sexual behaviors without going through the court system.

The child's initial involvement in assessment and counseling is generally related to their fear of incarceration and to regain good self-image, and rarely from the awareness that their behaviors were abusive or offensive. Children rarely initially accept full responsibility for the sexual offense.

In order for children to get help, they must accept counseling. Attendance is thus a basic issue to success. No legal intervention, combined with the child's apparent self-centered motivation for counseling, greatly impacts attendance and thus treatment success. Of the 40 cases, 45% had good counseling attendance that ran from 3 months to 1 year; 55% of the children failed to return to even complete the assessment sessions. CPTCSA believes that a child's non-compliance to counseling could have been resolved if there had been legal intervention to pressure involuntary clients to remain in counseling. Without legal or other authority intervention for these children, neither a counselor nor parent could force the unmotivated child with sexually abusive behavior to get involved in counseling. Many of these children believe that they could readily alter their sexual behavior without outside intervention, a manifestation of these children's tendency to discount or not accept responsibility for abusive sexual behavior. The issues of cognitive distortions and denial are central to the children's treatment.

RA 9344 clearly states the concept of restorative justice. CPTCSA believes that complete implementation of this concept in the treatment of children with sexually abusive behaviors will help in correcting the behavior. However, none of the cases seen since the enactment of the law underwent the process that states that victims and community participation is required. Attendance to counseling remains a challenge as CPTCSA, being the counseling agency, cannot force the client to attend counseling when encouragement no longer works.

Denial, A Common Issue of Children (and Adults). Children with sexually abusive behaviors that CPTCSA worked with all initially denied responsibility and accountability for their behaviors by projecting the blame either to their victims or to circumstances in which they were before their sexual behaviors were discovered. Denial, according to Lane (1997) may exist to protect self-image, decrease anxiety, or avoid thinking about the offense. It may also serve as protection from external social consequences (retaliation, rejection, ridicule, isolation and stereotyping) and legal consequences (prosecution, severity of sentencing treatment or placement). CPTCSA supports this statement as related to our Filipino young offenders.

Common forms of denial of the children in our experience are:

1. Justification - "Boys won't get pregnant. I will only do it once."
2. Minimization - "I only touched her, there was no penetration."
3. Denial of sexual intent - "I did not plan it, it just happened."

4. Harm - "She did not cry or resist. She allowed the sex to happen."

5. Habituation - "I was only pressured by my peers; I could resist them next time."

6. Inability to recall details of the sexual behavior - "It was already long time ago, I could not remember them anymore."

Denial of habituation is the child's minimization of the intrusiveness or offensiveness of their sexual behavior. Hence they believe they could easily stop the behavior on their own. Cognitive distortion is another concept that is broader than denial that allows the children with sexually abusive behavior to see their behavior fit or acceptable. Denial and cognitive distortions are strong internal mechanisms that block the development of the child's empathy towards their victims. Without empathy, it isn't difficult for these children to hurt and take advantage of other children sexually.

Denial does not only belong to the child with sexually abusive behaviors. This issue is also common in adults, especially parents and guardians of both victims and abusers. At the discovery of the sexual abuse by a child of another child, parents' initial reactions were shock, disbelief, confusion and fear. Oftentimes, it is the confusion and fear that pushed the parents of the child victims to seek help. Parents of the boys or children who displayed abusive sexual behaviors remained passive, claiming that the children were just playing, or by defining the behaviors as normal sexual curiosity and experimentation.

As a result of denial and cognitive distortions, only the child victims received counseling. The reported children with sexually abusive behaviors have rarely been referred for assessment. According to the parents of the victims, parents of these boys verbally made a promise to keep these boys away from the child victims and to teach them proper behavior as their alternative to treatment. Furthermore, because of the tender age of the children and the hassle of reporting a case for legal intervention, the parents of the children opted to settle the problem by themselves with the hope that children would naturally forget what happened.

Taking into account the behaviors or capacity of the children to sexually abuse others, as reported by the children and youth who were referred to CPTCSA for treatment, the above attitudes and behaviors of the parents warrant attention. Parents must be educated that all types of sexually inappropriate behaviors of children should be assertively corrected in order to prevent these children from becoming sexually abusive and offensive; that is, these children need outside professional intervention.

Victimization Versus Abusive Sexual Behavior

The prioritization of issues for the focus of intervention is one of the dilemmas counselors face when working with children with sexually abusive behavior who have a history of sexual abuse. In the CPTCSA experience, 14% of the children presented themselves as victims rather than as abusers. These children perceived their sexual behavior problems

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as a result of their own sexual abuse experience. While this belief of the children holds some truth, CPTCSA's prioritization for children with sexually abusive behavior is the abusive behavior; only when relapse prevention is in place is the victimization issue addressed. The rationale behind this move is for the safety of the victims, potential victims, as well as the child offender. It is considered in the best interest of the sexually abusive child to stop them from re-offending.

Counseling of victimization issues come into the picture only when all possible denial and cognitive distortions have already been worked out. Regardless of what the conditions were before the sexual offending, children must accept responsibility for their sexual behaviors. It is not safe to let children use early victimization to justify their abusive and offensive sexual behaviors, otherwise we will all be trapped within the sex offender's common tactics of manipulation, minimization, justification and rationalization that are counterproductive to the treatment of children with abusive sexual behaviors. Of equal importance is that allowing this perception decreases the effectiveness of all other work to eliminate sexual abuse.

Discussion

The causes of sexual abusive behaviors are varied and include both victimization experience and learning from family and community behaviors and culture. Regardless of the cause, however, children abusing children is a reality today. If the public and communities remain reluctant to acknowledge the existence of children with abusive sexual behaviors, treatment options to stop the sexual offending of these children at early ages will also remain uncertain. Children with beginning problematic sexual behaviors will receive no intervention at the most crucial stage of their development; instead, by responding to their behaviors as if they are normal (such as boys-will-be-boys) or due to curiosity, growing and maturing children and youth could be learning that these inappropriate behaviors are acceptable. Doing nothing as a response to the children and youth demonstrating inappropriate and abusive sexual behaviors is what is inappropriate; likewise, certain common responses, such as severe punishment (isolation, stigmatization and incarceration without treatment) are unacceptable and possibly counterproductive.

Specific programs and interventions for this group of children are not yet that well in place in the country. It is best to determine the prevalence of children and sex offenders while at the same time identify the steps to be taken for the development of comprehensive remedial interventions for these children at the national level.

Recommendations

The country is presently designing programs to confront child and youth sexual offenders. We have a long way to go and need to look at research to guide us. It would be wise for the country to look at how other

countries have responded to child and youth sex offenders. We seek best practices and evidence-based practice. We can learn from their successes as well as their failures. However, these theories and practices must be reviewed with a critical eye by those understanding the Filipino psychology and sociology. We cannot wait to begin to work with these children only after we claim to know everything. Instead, let us gather existing theories and practices and begin. Let us learn from each others successes and failures. Let us develop our own evidence-based practices.

Let us begin by trying to understand what factors in our culture, society, religion, and general practices actually help children to develop as sex offenders. Let us ask ourselves critical questions that include:

- 1) our values and attitudes about sexuality and sex roles (especially around homosexuality);
- 2) the pressures we place on our boys (we place a lot of attention on girls without understanding the impact of this on our boys);
- 3) understanding our families and expanding the concept of family away from the narrow male-headed or two-parent household; and
- 4) increase the conscientization of power and empowerment.

These are conceptual questions for discussion. However, today we must deal with the boys who are already offending with offense-specific treatment intervention. One of the leaders in developing programs for youthful offenders, Fay Honey Knopp (1985), makes the following suggestions, and our experience indicates that these are applicable to the Philippine setting:

- 1) Develop training specialists in the public and private sectors to assess, treat and evaluate adolescent sex abusers;
- 2) Develop specialized capability to assess all adolescent sex offenders prior to adjudication so that recommendations for appropriate placement and treatment can be offered before the court sentencing occurs;
- 3) Provide fiscal and staff support for networking among treatment providers, especially RRCY social workers who implement intervention programs, LGU social workers who implement diversion program, and those who work with CICL such as ALS and mobile teachers in accordance with DepEd Child Protection Policy for CICL in schools;
- 4) Develop public and private community-based outpatient services to all adolescent sex offenders who are evaluated as appropriate for community placement;
- 5) Special training of probation and parole officers in the issue involved with adolescent sex offenders patterns and treatment so that compliance with the specialized conditions of sentencing can be monitored;
- 6) Inclusion of a research component that standardizes the collection of data, establishes offenders typologies, and measures treatment outcome such as the Juvenile Victimization Survey;
- 7) Educate about the issue involved in these behaviors, since the public are not well informed about adolescent sex offender behaviors; and

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8) Develop a comprehensive prevention program strategy, integrating treatment as one of its components that includes life skills for violence prevention.

The above recommendations are all requirements for offense-specific programs for children and youth with sexually abusive behaviors. In addition to these recommendations, it is best to consider the development of programs that will assess young children displaying inappropriate sexual behaviors. Sex abuse prevention will be highly achieved when interventions are implemented at the onset of the problem. Prevention and treatment are certainly closely intertwined.

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BOOK REVIEW

**Drisko, J.W. & Grady, M.D. (2012).
Evidence-Based Practice in Clinical Social Work.
NY: Springer, 302 pages.**

I recently completed qualitative research on social worker empowerment in small NGO agencies in Manila. The result has led me to search resources that could help increase not only our social workers' sense of empowerment, but real empowerment. In Drisko and Grady's *Evidence-Based Practice*, the authors site the inadequacies of both social workers and how other professions negatively view social workers in terms of research and clinical skills. This deficit clearly plays a role in why the social work profession appears to fall at the bottom of the professional hierarchy in multidisciplinary teams. EBP could be a part of the solution to this concern.

EBP is a decision-making process based on large scale population level research, expanded from the social work traditional single-subject evaluation, such as case studies which is empirically-based practice. Best practices are interventions that consistently show better results than other intervention, often inferring a single best way. These three terms often get misused or used interchangeably. EBP can be used for decision-making in clinical practice, to increase accountability and improve service outcomes, and shape policy. The social work profession is at a cross-roads in the Philippines; EBP could aid in the direction setting of our policy makers and universities.

EBP involves 6 steps, which the authors describe in detail:

1. Drawing on client needs and circumstances learned in a thorough assessment, identify answerable practice questions and related research information need.
2. Efficiently locate relevant research knowledge
3. Critically appraise the quality and applicability of located knowledge to the client's needs and situation
4. Discuss the research results with the client to determine how likely effective options fit with the client's values and goals
5. Synthesizing the client's clinical needs and circumstances with the relevant research, develop a shared plan of intervention collaboratively with the client
6. Implement the intervention.

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EBP has many positive reasons to support implementation, including, the use of research evidence in treatment planning and diagnostic planning while emphasizing client need, helps keep practice up-to-date, helps build empowerment of social work clinicians, and can increase the research-base and thus credibility of the social work profession. However, there are difficulties in using EBP in social work settings including, that while EBP offers an objective viewpoint it often fails to address theory, the ecological validity is devalued, results may be very complex, and because the model is based on the medical model some social workers feel EBP devalues the core value of social justice.

In terms of our Filipino social workers, I see two major issues that EBP could help. One, is the importance of assessment, which requires a research-based framework, something many social work counselors do not have or use. Second, is the importance of research, another deficit in our social workers who appear not to read or even search for professional literature. While the authors cite as many problems with EBP in social work as merits, I don't feel this is a reason to ditch the entire concept.

This book could be an excellent textbook for BSW and MSW levels, finding a place for EBP in order to increase the profession's reputation and capability. I often hear of social workers in the Philippines who went into social work because they failed in math. The authors also cite that any aspect of numbers creates fear in social workers and thus often fear of EBP because of the need to understand research and statistics. With guiding supervision, requiring first the training of our academic leadership, all agencies could find a role for EBP in their work, clinical or otherwise.

Lois J. Engelbrecht, PhD

Center for the Prevention and Treatment of Child Sexual Abuse

GUIDELINES FOR SUBMISSION

The Philippines Journal of Child Sexual Abuse provides a multidisciplinary forum on all aspects of child sexual abuse. The Journal will have the two distinct parts of the dialogue on critical pluralism of child sexual abuse in the Philippines: research-based academic manuscripts and evidence-based practical manuscripts. The purpose of the journal is to enhance our understanding of child sexual abuse in the Philippines.

Types of contributions:

1. **Original, theoretical and empirical contributions:** type written in English, double-spaced, margins of at least one inch on all sides; number manuscript pages consecutively throughout the paper; clear of all errors; maximum 8,000 words (excluding references) in 12 Arial font; professional format of your university (such as APA6, <http://www2.yk.psu.edu/learncenter/apa-july-09.pdf>); accompanied by a statement that it has not been published or sent with hopes to be published elsewhere; permission has been obtained to reproduce copyrighted materials from other sources. All accepted manuscripts and parts within (such as artwork) become the property of the publisher. Submit a cover page with the manuscript, indicating only the article title, and summarized in an abstract of not more than 100 words; avoid abbreviations, diagrams, and reference to the text in the abstract.
2. **Articles on clinical or community practice:** such as case studies, process and program descriptions, outcome studies, original clinical practice ideas for debate and argument; typewritten in English or Tagalog, double-spaced, margins of at least one inch on all sides, numbered manuscript pages consecutively throughout the paper; clear of all errors; maximum 4,000 words (excluding references) in 12 Arial font. The article must have a clear purpose, be evidence-based and practical, state the framework, and conclusion for learning; accompanied by a statement that it has not been published or sent with hopes to be published elsewhere; permission has been obtained to reproduce copyrighted materials from other sources. All accepted manuscripts and parts within (such as artwork) become the property of the publisher. Submit a cover page with the manuscript, indicating only the article title, and summarized in an abstract of not more than 100 words; avoid abbreviations, diagrams, and reference to the text in the abstract.
3. **Brief communication:** shorter articles, commentaries.
4. **Invited reviews:** the editors will commission reviews on specific topics, including book reviews.

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295. **Letters to the editor:** letters and responses pertaining to articles published in the Philippines Journal of Child Sexual Abuse or on issues relevant to the field and to the point, should be prepared in the same style as other manuscripts.

6. **Announcements/Notices:** events of national or international multidisciplinary interests are subject to editorial approval and must be submitted at least 6 months before they are to appear.

Review process - All articles will go through a peer-review process by the editors or reviewers chosen by the editorial board using the following criteria:

1. significance of the contribution
2. appropriateness of the literature review
3. clarity of research problem/framework, methodological rigor, quality of analysis and adherence to APA format (academic manuscripts)
4. quality of the possible discussion and interpretation of the results
5. quality of the overall writing

Authors will be given feedback and manuscripts with potential to publish will be returned for reworking or retyping to conform to requirements.

The author will receive a copy of the journal that includes the article.

Submissions should be sent via the internet to Dr. Lois Engelbrecht, ljengelbrecht@hotmail.com

ANNOUNCEMENT

Every second week of February is National Awareness Week for the Prevention of Child Sexual Abuse and Exploitation (Presidential Proclamation 71).

Please contact Council for the Welfare of Children or Center for the Prevention and Treatment of Child Sexual Abuse if you are interested in helping set the theme, design the materials, or participating in the week's activities.

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