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Research Article

Intervention and Mechanism to Sexually Abused Children

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Abstract

This study sought to determine the Mechanisms and Interventions provided by the Municipal Social Welfare and Development Officer (MSWDO) in the Province of Catanduanes. The sources of data in the study are 11 Municipal Social Welfare and Development Officers in the entire province. Further, the study has the following important findings: MSWDOs in the Province of Catanduanes were competent in (scores ranging to 1.50 to 2.49) all the professional knowledge and skill competency areas. Meanwhile, 9 out of 11 MSWDOs or 81.82% ranged in a score of 46-56 indicating women- friendly attitude and had positive beliefs and values for working with sexually abused children. Two among the 11 MSWDOs or 18.18% range a score of 35-45 indicating some troubling attitudes that may be harmful to sexually abused children. There was a high implementation of mechanisms by the municipal social welfare and development officers to the sexually abused children in Catanduanes, with overall mean of 3.82. The overall mean in the interventions provided by the Municipal Social Welfare and Development Officers (MSWDOs) to the sexually abused children in Catanduanes was 1.44. However, other alternative interventions were given and specified by the MSWDO which is the referral system. The victims are referred to other municipalities with rape crisis center, some are referred to nearby provinces that has residential care facilities and to other private sectors that cater the needs of sexually abused children. Moreover, factors that hinder the implementation of mechanisms and interventions in the Province of Catanduanes were first, lack of manpower from the MSWDO office, second, lack of funds for the interventions and, third, the lack of support from the LGUs and other agencies. The least factor to hinder the implementation of mechanisms and interventions for sexually abused children is the lack of trainings in communication techniques to engage with children of all levels in the 13th rank.

Keywords: Sexually Abused Children, Mechanism, Intervention, Municipal SocialWelfare And Development Office, Philippines

Introduction

"It takes the viewpoint of the woman's subordination and low status at home, in the community, and in society, as the starting point of healing partnership; takes the issue of VAW as a violation of the human rights of woman – that is the right to be free from violence, the right to equal opportunities in spheres of life; take woman empowerment as the goal of healing partnership and service delivery . . ." (Responding to VAWC – A Manual of Gender Responsive Case Management, DSWD, 2006, P. 39)

Ian Askew, Director of the Department of Reproductive Health and Research, World Health Organization, (2017) states that violence against women – both physical and sexual – is a gross violation of human rights and results in serious short – and long term physical, mental, sexual and reproductive health problem. The World Report on Violence and Health (Krung, et.al 2002) defines sexual abuse "as those acts done for sexual gratification". Thereafter, the Declaration on the Elimination of Violence Against Women of 1993, provide for the definition of Violence Against Women (VAW) as "any act of gender based violence that results or is likely to result, in physical, sexual or psychological harm or suffering to women including threats such as acts of coercion, or arbitrary deprivation of liberty, whether occurring in public or private life."

Sexual abuse among women and children is a global phenomenon since the 19th century. Preventive measures were set, different laws were crafted to stop violence and abuse among women and children, yet, the occurrence persists.

Section 3 of Republic Act No. 8505 of 1998, is an act providing assistance and protection for rape victims, establishing for the purpose of rape crisis center in every province and city, authorizes the Department of Social Welfare and Development (DSWD), Department of Health (DOH), the Department of Interior and Local Government (DILG), the Department of Justice (DOJ) and Non-Government Organization (NGO) to handle sexual abuse cases. Likewise, Section 39 of the Implementing Rules and Regulations of Republic Act No. 9262 or the Anti-Violence against Women and their Children (VAWC) Act of 2004, provides that the DSWD and LGU ensure that service providers in institution/centers for women and children are gender sensitive and uphold the rights

of women and children. R. A. 8353 or the Anti- Rape Law declares the definition of the crime of rape and reclassifies the same as crime against persons. R. A. 7877 or the Anti-Sexual Harassment Act specifies the locations and circumstances where rape and violence can happen to women victims.

Such safeguards and guidelines provided for mechanisms and interventions that safeguard children victims of abuse, and yet, the problem remains to haunt children today. The Philippine Daily Inquirer reported that in the first three months of 2016, most of the victims of sexual abuse were children counted to 539 cases and 233 cases of sexual exploitation. This was reported by then DSWD Secretary Dr. Judy M. Taguiwalo. Furthermore, the DSWD reported 2,803 children who were survivor of sexual abuse, comprising 35.8 % of 7,066 cases in the year 2016.

In the 11 municipalities of the province of Catanduanes, 157 cases were reported from 2016 to 2018. The municipality of Virac had the highest incidence or 42 reported cases. Municipality of San Andres had 23 cases, Caramoran with 21, San Miguel had 17 reported cases, 16 cases in Bato, 9 cases in Panganiban, 8 cases in Pandan and Baras, 5 cases in Bagamanoc, 4 cases in Gigmoto and Municipality of Viga had the lowest number of cases for the past three years with only 3 cases. This data was provided by the Catanduanes Police Provincial Office. As mandated by the Republic Act No. 9262, all reported cases of sexual abuse are referred to the Municipal Social Welfare and Development Officers of the different municipalities. These cases of sexual abuse include rape, incestuous rape and act of lasciviousness. Unreported cases are not included in this report, rendering maybe the report only the tip of the iceberg.

Studies suggested numerous therapeutic interventions working with survivors of child sexual abuse. Maltz, (2002) suggest that professionals must address more general effects of sexual abuse such as symptoms of post–traumatic stress disorder, anger, self-blame and trust before moving into sexuality. Meanwhile, Yalom (1995) suggests' group work is preferred over other forms of interventions, since connecting with other survivors provides members with sense of hope, reduced isolations, information, the opportunity to help other and develop social skills, group cohesion, and an environment that promotes equality. This was supported by Leonard et. al. (2008) by suggesting that individual treatment provides a solid platform for future intervention, in the form of couples or group therapy. However, in the Philippines, Yacat et.al (2015), found out that although counselling was reported to be the core services given to CSA clients, most of the time this was reported as being done as the need arises.

With that reason, the researcher come up with the study on Mechanisms and Interventions of DSWD to cases of Violence Against Women and Children in the Province of Catanduanes.

Research Questions

This study aimed to assess the Mechanisms and Interventions provided by the Municipal Social Welfare and Development Officer (MSWDO) to cases of sexually abused children in Catanduanes. Specifically, this study answered the following questions:

1. What is the professional profile of the Municipal Social Welfare and Development Officer (MSWDO) in terms of:
   1.1 highest educational qualification: Degree program completed;
   1.2 years of experience in handling cases of sexually abused children; and
   1.3 training/seminar workshops attended related to sexually abused children?
2. What is the level of professional knowledge and skill competencies of Municipal Social Welfare and Development Officer (MSWDO) along:
   2.1 professional knowledge and skills competencies; and
   2.2 child-friendly attitudes core competencies in handling sexually abused children?
3. What mechanisms are implemented by the Municipal Social Welfare and Development Officer (MSWDO) to the sexually abused children in Catanduanes?
4. What interventions are provided by the Municipal Social Welfare and Development Officer (MSWDO) to the sexually abused children in Catanduanes?
5. What are the factors that would hinder the implementation of mechanisms and interventions?

Literature Review

Genesis 1:26 tells that all human being are made in the image and likeness of God. Therefore, man possesses dignity that gives rise to a number of rights. Jesus in His teaching and actions state that women and children should be treated with openness, respect, and entrusted to man in his mission. In this way the dignity which women possess is according to God's plan and love. This biblical norm is echoed in international and

national laws crafted to prevent and finally end sexual abuse among children.

The United Nations Convention on the Rights of the Child, articles 12 to 17 provide for the participation of children and their free expression of thoughts and feelings on all matters affecting them. Articles 19-23 and 32-40 provide for the special protection of children from abuse, exploitation and all forms of violence. As a nation greatly involved in the promotion and protection of children's rights, the Philippines is obliged to develop local mandates to this effect.

Article 34 of the Convention of the Right of the Child (CRC), which states that "*Children have the right to be protected from all forms of sexual exploitation and sexual abuse particularly: inducement of coercion to engage in unlawful sexual acts; and involvement of children in pornographic performance and materials*" likewise provides protective rights to children against abuses. The present study aims at finding data that would provide maximum benefit for the children through the mandated services of the MSWDOs.

Principle 7 *(Treating People as Whole Person)* of the the Global Social Work Ethical Principles, states that *"Social workers recognize the biological, psychological, social, and spiritual understanding and treat all people as whole person. Such recognition is used to formulate holistic assessments and interventions with the full participation of people, organizations and communities with whom social workers engage.*" Principle 9.2 (Professional Integrity) states that "*Social Workers must uphold the required qualifications and development and maintain the required skills and competencies to do their job*" (International Federation of Social Workers, 2018). Guided by these principles, the MSWDOs' performance of their competencies is provided a solid platform.

As stated also in the 1987 Philippine Constitution, Article II – Declaration of Principles and State Policies, Section 13.

Republic Act 7610 or An Act Providing Stronger Deterrence and Special Protection of Children against Child Abuse, Exploitation and Discrimination, Article 1, Section 2, provides that *"it shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development over which they have no control".* In the implementation of this law, the MSWDOs play lead service roles.

Moreover, in the same provision, Article 13, Section 483 states that *"(a) No person shall be appointed social welfare and development officer unless he is a citizen of the Philippines, a resident of the local government unit concerned, of good moral character, a duly licensed social worker or a holder of a college degree course from a recognized college or university, and a first grade civil service eligible or its equivalent; (b) The social welfare and development officer shall take charge of the office of the social welfare and development services and shall provide relief and appropriate crisis intervention for the victim of abuse and exploitation and recommend appropriate measures to deter further abuse and exploitation".*

The social work case manager practices within her or his area of competence and continually strives to enhance knowledge and skills related to case management and the population it serves. Social workers must engage in ongoing professional development to maintain competence in case management and to add depth to their area of concentration. (National Association of Social Worker, 2013) This specifically relates with the current study in that the professional profile of the MSWDOs is a construct being studied.

Republic Act No. 8505 otherwise known as "An Act Providing Assistance and Protection for Rape Victims, Establishing for the Purpose a Rape Crisis Center in Every Province and City, Authorizing the Appropriation of Funds therefore and for Other Purposes" was enacted on February 13, 1998. The law aims to establish and operate a rape crisis center in every province and city that shall protect and assist rape survivors in the litigation of their cases and recovery from the trauma experienced. Likewise, the law tasked the Department of Social Welfare and Development (DSWD) to be the lead agency in the establishment and operation of the Rape Crisis Center.

Republic Act No. 5416 of 1968 - "Providing for Comprehensive Social Services for Individuals and Groups in Need of Assistance, Creating the Department of Social Welfare (DSW), items 2 and 5 respectively of Section 3, the DSW , its powers and duties", the Department shall: (a.) Set standards and policies to insure effective implementation of public and private social welfare programs; (b.)Accredit institutions and organizations, public and private,

engaged in social welfare activity including the licensing of child caring and child placement institutions and provide confutative services thereto.

The Committee for the Special Protection of Children (CSPC), pursuant to its mandates under Executive Order 53 dated August 11, 2011, issued The Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitations for the guidance of all concerned government agencies, non-government organizations, and other stakeholders. One of the complementary roles of the Department of Social and Welfare Development (DSWD) and Local Social Welfare and Development Officer (LSWDO) as stated in the protocol is the full responsibility of case management of child abuse. The child can be protected and the adverse effects of the abuse may be reduced through program and services designed for the child victim's recovery and reintegration with the family and community. Moreover, the Social Worker, with the help of other team member, play a crucial role in determining other psychosocial interventions geared towards healing, recovery and reintegration.

In accordance with the compliance to the above mentioned republic acts, the Department of Social Welfare and Development issued the AO Order No.67, series of 2004 and AO No. 10, series of 2009. These administrative orders were utilized by the present study in crafting the constructs and content particularly of the questionnaire.

Furthermore, several studies reviewed were for the purpose of this research. Ntwampe (2013), found out in her study that social workers were not clear on their roles when rendering services to sexually abused children. They do not utilize evidence-based tools, and they end up doing task that are supposed to be done by other service provider, such as parents and caregivers. They,at the same time, do not feel confident to render therapeutic services, and desire training and support. She further recommends a continuous training and debriefing sessions to all social workers. Moreover, Howard, et.al. (2013), highlighted that the child welfare training program on the Commercial Sexual Exploitation of Children (CSEC) can improve the knowledge and beliefs of social workers. The study is similar to Ntwampe's and Howard in repeating professional difficulties of the MSWDOs.

Nicholls et.al., (2014) shares that all Social Work services staff must share any concerns they have of any actual, suspicion or risk of abuse to the duty social worker or children and families allocated social worker. All referrals received that suggest that a child may be in need of protection will be dealt with as a matter of the highest priority on the same working day unless the appropriate senior social worker decides otherwise. This views is shared by the current study in the variable on child- friendly attitudes of MSWDOs.

Professional like SWDO involved in the investigation of a child's allegations will not be able to choose or even apply their methodological tools properly and effectively unless they possess certain knowledge of developmental psychology issues as well as of special issues regarding the function of the basic cognitive mechanisms (attention, perception, memory etc). The cases of sexual abuse demand knowledge and training in order to build a good rapport with the child. (Themeli, Panagiotaki, 2014). The study reiterates the competencies of the MSWDOs to handle sexually abused children in the context of provision of interventions.

The World Health Organization (2010), reveals that sexual assault has numerous potential consequences that can last a lifetime and span generations, with serious adverse effect on health, education, employment, crime, and economic well- being of individuals, families, communities and societies. Paolucici, et. al. (2001) believes that victims of child sexual abuse can face immediate psychological consequences such as shock, fear, anxiety, nervousness, guilt, post-traumatic stress disorder, denial, confusion, withdrawal, isolation, grief and as well as chronic effects that impact their adjustment throughout their development. The lack of clinical and health care competencies of the MSWDOs could hamper rehabilitation of victim.

A body of research found that CSA is a risk factor for the development of a wide range of long-term negative outcomes such as mental health (e.g. depression, anxiety, and personal disorder), sexual (e.g. intimacy and trust issues), and intrapersonal (e.g. self-esteem issues) and interpersonal (e.g. relationship problem) difficulties (Dolan & Whitworth, 2013; Fergusson, Boden, &Horwood, 2008; Hodges & Myers, 2010; Mathews, Abraham, Jewkes, 2013; Singh, Parsekar * Nair, 2014). The main focus of mental health interventions for victim has been on the treatment of the mental consequences of sexual violence including guilt, shame, anxiety, depression, hypervigilance, anger, mood, swings and social discomfort (Campbell, 2001; Foa, Rothbaum, Rigs, & Murdock, 1991; Trowell et.al., 2002; Vaa, Egna, & Sexton, 2002). However, victims of sexual assault may experience forms of psychological distress that do not meet criteria for the diagnosis of psychological disorder

such as intense feeling of shame, existential insecurity and self-blame. These studies were relevant to the present study for these are the issues needs to address by the MSWDOs in the intervention no. 1, 2.1 the psychosocial care using women & child-center counseling.

Hodges and Myer (2010) concluded that Child Sexual Abuse (CSA) has a significant and pervasive impact on individual producing a variety of mental, emotional, relational, physical, and trauma symptoms. Most therapeutic intervention for CSA focus primarily on reliving or retelling, in great details, the sexual abuse. However, many clients lack a positive sense of self, an internal locus control, and ability to view the abuse an only part of who they are rather the defining elements. Moreover, Substantial empirical evidence suggests that children's ability to regulate, behavioral and attentional impulses paves the way for success in school, specifically, inhibition of negative behaviors or thoughts as well as the activation of positive behaviors and strategies is critical to academic learning skills, staying in school, and graduating from high school (Duckworth & Carlson, 2013). Thus, the present study also assess the extent of intervention provided by the MSWDOs to the victims of sexual abuse in terms of educational assistance.

Malhotra and Biswas (2006) believe the primary aim of behavioral /psychological assessment of child sexual abuse is to determine whether the child's health and welfare may have been harmed. Once established, the evaluation focuses on rehabilitation designed to protect the child and help the family.

Methodology

Research Design

The study is a descriptive survey on the extent of implementation of mechanisms and interventions for sexual abuse children by the Municipal Social Welfare and Development Officers of the different municipalities of the province of Catanduanes. A questionnaire was developed by the researcher adapting the International Resource Committee of the UNICEF, Caring for Child Survivor's of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings and Administrative Order Nos. 04, series of 2006 and 10, series of 2019.

The questionnaire answered the specific problems of the study on the professional profile of the MSWDOs, their professional knowledge and skills competencies, their child-friendly attitude, mechanisms they implemented, interventions they provided and the factors that hinder implementation of services, activities, processes and procedures for sexually abused children.

Sources of Data

The primary sources of data of this study were the 11 MSWDOs in the entire municipalities of the province of Catanduanes, such as Pandan, Caramoran, San Andres, Virac, Bato, Gigmoto, Baras, San Miguel, Viga, Panganiban, and Bagamanoc.

Instrumentation and Validation

The questionnaire was the main data-gathering instrument. The questionnaire was formulated through the ideas from the related literature and studies, relevant psychological theories and concepts, other books and materials on the management of sexually abused women.

To test for construct and content validity, the questionnaire was shown to 2 (two) Guidance Counselor designates of the Department of Education and 1 (one) registered Guidance Counselor.

The questionnaire dealt with the professional knowledge and skill competencies and child-friendly attitudes of the MSWDOs. Also, the factors that hinder the implementations of mechanisms and intervention to sexually abused children. The output were the different mechanisms and interventions which asked for the processes and procedures, activities and services the MSWDOs provide sexual abuse victims entrusted to their care.

Gathering Data Procedure

Permission to gather data and conduct the research study was sought from the Municipal Mayor of eleven municipalities in the province. With the permission for the conduct granted, the researcher made the rounds of the MSWDOs one municipality at a time to complete the 11 MSWDOs.

Once data collecting was completed, organizing and preparing data for encoding and analyzing were done. The final conceptualization, classifying, categorizing, identifying themes, connecting, interpreting of data ensued, until it was ready for printing and submission.

Results and Discussion

Professional Profile of Municipal Social Welfare and Development Officers

Table 1 presents the data for the professional profile of the Municipal Social Welfare and Development Officers in terms of: highest educational qualification, years of experience in handling cases of sexually abused children, and trainings/seminar workshops attended related to sexual abuse cases.

Highest Educational Attainment. Data shows that 8 out of 11 or 72.73% of MSWDOs achieved the Bachelor's degree in Social Work. Two or 18.18% of the MSWDOs in the province have earned units in Master's Degree and 1 out of 11 MSWDO has a Master's degree.

The difficulty of the MSWDOs in the province to obtain a higher degree in the Social Work services lies in the fact that there is no higher education institution in the province that is offering Master of Arts in Social Work. Higher education institutions offering the degree are located in the mainland, therefore, it will take time, effort and money to gain a Master's degree. Moreover, due to other duties and responsibilities of the MSWDOs, which occupy even Saturdays and Sundays, the idea of pursuing a higher degree is slim.

Years of Experience in Handling Cases of Sexual Abused Children. As shown in the table above, 5 or 27.27% out of 11 MSWDOs had more than 10 years of experience in handling cases of sexually abused children. MSWDOs who had less than 5 years and had 5-10 years of experience in handing cases of sexually abused children both were 3 or 27.27 %, respectively. The mean shows that on the average the respondents had 8.91 years of experience with a standard deviation of 5.38.

Number of Hours of Relevant Training. It is noted that on the data presented, 5 out of 11 MSWDOs or 45.45% had 1-100 hours of relevant training; and the other 5 or 45.45% had 101-200 hours of relevant trainings; while 1 or 10% of the MSWDOs had zero number of hours of relevant training. The mean shows that on the average the respondents had 112.55 numbers of hours of relevant training with a standard deviation of 62.57.

Administrative Order No. 1 Series of 2008, which is the Revised Guidelines in the Accreditation of Social Workers Managing Court Cases (SWMCCs) affirms that Social Workers who are direct practitioners including supervisors from the DSWD Field Offices, residential and center-based facilities, Local Government Units, other National Government Agencies, Court Social Workers, Non-Government Organizations as well as those individual practitioners managing court cases of the disadvantaged groups" must have the following qualifications: (1) a registered social worker, (2) must have completed a basic/refresher course on managing court cases conducted by DSWD or its recognized training institutions, and (3) must have direct experience and presently handling at least four cases of any of the disadvantaged groups.

Likewise, on the global arena the International Federation of Social Workers (2018) principle 9.2 clearly mandates that Social Workers must uphold the required qualifications and development and maintain the required skills and competencies to do their job.

Since cases entrusted in the DSWD and were handled by MSWDOs, the qualifications mentioned above are mandatory.

Table 1. *Professional Profile of the Municipal Social Welfare and Development Officer in Catanduanes*

Characteristics	*F (n=11)*	*%*	*Mean (SD)*
Educational Attainment			
Bachelor's Degree	8	72.73	
Masters Unit	2	18.18	
Master's Degree	1	9.09	
Years of Experience			
less than 5 years	3	27.27	
5-10 years	3	27.27	8.91 (5.38)
More than 10 years	5	45.45	
Number of Hours of Relevant Training			
0 hours	1	9.09	
1-100 hours	5	45.45	112.55 (62.57)
101-200 hours	5	45.45	

Level of professional knowledge of MSWDOs in handling sexually abused children

A. Professional Knowledge and Skill Competencies in handling sexually abused children.

The data on professional knowledge and skill competencies of MSWDOs in handling sexually abused children can be found on Table 2.1. Details of the table shows that all of the MSWDOs in the Province of Catanduanes are competent (scores ranging from 1.50 to 2.49) in all the knowledge and

skill competency areas. As pointed out by the IRR of the UNICEF: Caring for Child Survivors of Sexual Abuse (2010), accurate and full knowledge about child sexual abuse is central to delivering appropriate care and treatment to children and families. Service providers have the responsibility to share accurate knowledge about sexual abuse to facilitate recovery and healing. Without accurate knowledge, service providers may perpetuate harmful beliefs that can cause further emotional distress and prevent healing.

Likewise, a score of competent indicate additional training is needed to build accurate and complete knowledge about sexual abuse issues. Close monitoring of the MSWDOs is done when working with sexual abuse cases. A capacity building plan is put into place along with activities which include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members is also helpful to enhance competency of MSWDOs.

Table 2.1 *Professional Knowledge and Skill Competencies of Municipal Social Welfare and Development Officer in handling Sexually Abused Children in Catanduanes*

Knowledge & Skill Competency Area	*Less Competent (1)*	*Competent (2)*	*Highly Competent (3)*	*Weighted Mean*	*Description*
1. General definition of sexually abused children	3	4	4	2.09	Competent
2. Examples of sexual abuse that involve touching (contact)	1	5	5	2.36	Competent
3. Examples of sexual abuse that does NOT involve touching (non-contact)	1	5	5	2.36	Competent
4. Common types of sexual abuse in your work setting	2	7	2	2.00	Competent
5. Possible perpetrators of sexual abuse	1	5	5	2.36	Competent
6. Reasons why a child may not tell anyone about sexual abuse	1	6	4	2.27	Competent
7. Definition of direct and indirect disclosure	1	6	4	2.27	Competent
8. Importance of knowing how sexual abuse was first found out (i.e., disclosed)	1	7	3	2.18	Competent
9. Common signs and symptoms of sexual abuse children ages 0-5	1	5	5	2.36	Competent
10. Common signs and symptoms of sexual abuse children ages 6-9	3	5	3	2.00	Competent
11. Common signs and symptoms of sexual abuse children ages 10-18	1	9	1	2.00	Competent
12. Common social consequences of sexual abuse in children	1	5	5	2.36	Competent
13. Common heath consequences of sexual abuse in children	5	4	2	1.73	Competent
14. Four main areas of need a child will have immediately after sexual abuse	2	4	5	2.27	Competent
15. Factors that can make sexual abuse more serious	4	6	1	1.73	Competent
16. Some common feelings a caregiver/parent may have after hearing about their child being sexually abused	3	5	3	2.00	Competent
17. Help to promote children's coping and healing	1	5	5	2.36	Competent
18. Importance of having knowledge about sexual abuse of children.	3	2	6	2.27	Competent
Overall Mean				**2.17**	**Competent**

B. Child-Friendly Attitudes Core Competencies in Handing Sexually Abused Women.

Table 2.2 presented the frequency of Child-friendly core competencies of MSWDO in handling sexually abused children. Data shows that all MSWDOs in Catanduanes unanimously have 25% in agreement on the statements that *Children should keep silent and not talk about sexual abuse* and *sexually abused children are dirty and ruined.*

As mentioned on the WHO Guidelines for medico-legal care for victims of sexual violence that any person working with people who have been raped or sexually abused should be aware of the differences between myth and fact. Personal beliefs and attitudes towards rape need to be examined and challenged.

The attitudes of the MSWDOs can have a direct impact on a child's healing and recovery. Perry (2007), shows that children can be positively or negatively affected based on the response of the person helping them. Because MSWDOs play such a key role in promoting (or not promoting) a child's healing and recovery, they must have a solid foundation of positive attitudes about children and child sexual abuse survivors in order to provide compassionate care and not to harm.

Meanwhile, as presented in Table 2.2.a the Summary Score of every MSWDOs in the province towards Child-Friendly Attitudes Core Competencies in handling Sexually Abused Children, 9 out of 11 MSWDO or 81.82% ranged in scores of 46-56, which indicate that the MSWDO had child-friendly attitudes and have positive beliefs and values for working with children. However, 2 of the 11 MSWDOs or 18.18%, whose score ranged from 35-45, indicates some troubling attitudes that may be harmful when working with sexually abused children.

Table 2.2. *Child-friendly attitude of Municipal Social Welfare and Development Officers in handling Sexually Abused Children in Catanduanes*

Statements	*Weighted Mean*	*Description*
1. Children have something to offer to the community.	3.91	75% in agreement
2. Sexual abuse can be the children survivor's fault.	1.27	25% in agreement
3. Children should keep silent and not talk about sexual abuse.	1.00	25% in agreement
4. Sexual abuse is always the perpetrator's fault.	3.00	75% in agreement
5. Sexually abused children are dirty and ruined.	1.00	25% in agreement
6. It is my responsibility to hold adults and caregivers accountable when they blame children who have experience sexual abuse.	2.64	50% in agreement
7. Sexual abuse DOES NOT cause homosexuality.	1.45	25% in agreement
8. Making a children feel shame and guilt after sexual abuse is sometimes okay.	1.54	25% in agreement
9. I am responsible for believing children who are sexually abused, no matter what the community thinks.	3.27	75% in agreement
10. A children may purposely make up stories about being sexually abused.	1.90	25% in agreement
11. Children can be sexually abused by a close relative.	3.72	75% in agreement
12. A child deserves kindness, support, and care after sexual abuse.	3.91	75% in agreement
13. It is my responsibility to be aware of my own beliefs and values about sexual abuse.	3.72	75% in agreement
14. Children who are sexually abused **CANNOT** heal and recover and live a normal life.	1.18	25% in agreement
Overall Mean	**2.39**	**50% in agreement**

Furthermore, Administrative Order No. 82 series of 2003 mandated MSWDOs to have basic helping skills to assist individuals and/or families understand the problem situation and possible solution to identify resources available. Thus, in the absence of child-friendly attitude core competencies MSWDO cannot provide appropriate intervention and helping strategies for the victims of sexual abuse.

Therefore, MSWDOs must consider "coaching" from the experts before they can work independently with women's survivors.

Mechanisms Implemented by the Municipal Social Welfare and Development Officers (MSDOs) to Sexually Abused Children in Catanduanes.

Data on the extent of implementation of the mechanisms by the MSWDOs to the sexually abused children in Catanduanes is presented in Tables 3.1, 3.2, 3.3, and 3.4 Details on the table reveal that the service/activity best implemented by MSWDOs was the documentation of report in a child's case file and follow up with the family and relevant authorities, with a mean of 4. It is in the cases of sexually abused children under Mechanism 1 which is Understanding Mandatory Reporting Requirements. Other services/activities were also well implemented except r*eporting only the minimum information needed to complete the report* with a weighted mean of 2.26 and a description of low implementation.

As stated in the IRR of the UNICEF, Caring for Child Survivor's of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings 2012, the best interest of the child should always be the primary consideration when taking actions on behalf of children, even in the context of mandatory reporting laws.

Moreover, Republic Act No. 7610 implementing rules and regulation on the reporting and investigation of child abuse cases, section 4 states that, the head of any public or private hospital, medical clinic and similar institution, as well as, the attending physician and nurse shall report, either oral or in writing, to the Department the examination and/or treatment of a child who appears to have suffered abuse within forty-eight (48) hours from knowledge of the same, thus, reporting only the minimum information needed to complete the report is needed for the immediate rescue of victims of sexual abuse.

In totality, the MSWDOs highly implemented mechanism number 1 in cases of sexually abused children in Catanduanes, with a sub-weighted mean of 3.64.

Table 3.1 *Mechanism No. 1 implemented by the Municipal Social Welfare and Development Officer to Cases of Sexually Abused Children in Catanduanes*

Mechanisms	*Weighted Mean*	*Description*
Mechanism # 1 – *Understanding Mandatory Reporting Requirements*		
1.1 Include protocols for maintaining the utmost discretion and confidentiality of child survivors.	3.91	High
1.2 Know the case criteria that warrant a mandatory report.	3.82	High
1.3 Make the verbal and/or written reports (as indicated by law) within a specified time frame (usually 24 to 48 hours).	3.82	High
1.4 Report only the minimum information needed to complete the report.	2.36	Low
1.5 Explain to the child and his/her caregiver what is happening and why.	3.91	High
1.6 Document the report in the child's case file and follow up with the family and relevant authorities	4.00	High
Sub mean	3.64	High

Table 3.2, shows the second mechanism, Diagnosis/Assessment of Children Victim – Survivor's Life, implemented by the MSWDO to cases of

sexually abused Children in Catanduanes. Details reveal the high implementation of the following: (a) assessment of the victim's psycho-social and emotional condition, (b) assessment of the safety and security including the lethality of her situation and need for temporary shelter, (c) assessment of the biological and medical concerns including reproductive health, and, (d) assessment of the need for legal assistance and protection; all of which had a mean score of 4. The rest of the activities/services, with a weighted mean of 3.91, were also highly implemented by the MSWDOs.

This finding has relevance to Maltz' (2002) suggestion that professionals must address more general effects of sexual abuse such as symptoms of post–traumatic stress disorder, anger, self-blame and trust before moving into sexuality. Yalom (1995) also suggested group work is preferred over other forms of interventions, since connecting with other survivors provides members with a sense of hope, reduced isolations, information, the opportunity to help others and develop social skills, group cohesion, and an environment that promotes equality.

Yacat et.al (2015), however, found out that although counselling was reported to be the core services given to sexually abused children, most of the time this was reported as being done as the need arises. The current study manifested that Mechanism No. 2 or the diagnosis/assessment of children victim's life are highly implemented by the MSWDOs in Catanduanes with a mean average of 3.97.

Malhotra and Biswas (2006) believe the primary aim of behavioral/psychological assessment of child sexual abuse is to determine whether the child's health and welfare may have been harmed. Once established, the evaluation focuses on rehabilitation designed to protect the child and help the family. This focus is the same as the current study.

In totality, mechanism number 2 provided by the MSWDO to cases of sexually abused children in Catanduanes was highly implemented with a sub mean of 3.97.

Table 3.2 *Mechanism No. 2 implemented by the Municipal Social Welfare and Development Officer to Cases of Sexually Abused Children in Catanduanes*

Mechanisms	*Weighted Mean*	*Description*
Mechanism # 2 – *Diagnosis/Assessment of Women Victim – Survivor's Life*		
2.1 Assess the victim's psycho-social and emotional condition.	4.00	High
2.2 Assess the safety and security including the lethality of her situation and need for temporary shelter.	4.00	High
2.3 Assess the biological & medical concerns including reproductive health.	4.00	High
2.4 Assess need for legal assistance and protection.	4.00	High
2.5 Assess the victim's strength and weakness	3.91	High
2.6 Assess the significant events that lead the victim to her situation and coping strategies.	3.91	High
Sub mean	3.97	High

Table 3.3 presents the third mechanisms implemented by the MSWDOs to cases of sexually abused children in Catanduanes. Details show that in ensuring the best interest of the child, the distinctively implemented mechanism, with a weighted mean of 3.97 were: (a) protecting the child from potential or further emotional, psychological and/or physical harm, (b) reflecting on the child's wants and needs, (c) pursuing family integration to achieve the best intervention and treatment plans, (d) maintaining the accessibility of case records to service providers with consideration to confidentiality and privacy of the victim, and, (e) showing the elements of helping progress in case recoding.

The following, with the weighted mean of 3.91, were also highly implemented; which were examining and balancing benefits and potentially harmful consequence and promoting recovery and healing.

Table 3.3 *Mechanism No. 3 implemented by the Municipal Social Welfare and Development Officer to Cases of Sexually Abused Children in Catanduanes*

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Mechanisms	*Weighted Mean*	*Description*
Mechanism # 3 – *Ensuring the Best Interest of the Child: Balancing Roles in Decision-Making*		
3.1 Protect the child from potential or further emotional, psychological and/or physical harm.	4.00	High
3.2 Reflect the child's wants and needs.	4.00	High
3.3 Pursue family integration to achieve the best intervention and treatment plans.	4.00	High
3.4 Examine and balance benefits and potentially harmful consequences.	3.91	High
3.5 Promote recovery and healing.	3.91	High
3.6 Maintain the accessibility of case records to service providers with consideration to confidentiality and privacy of the victim.	4.00	High
3.7 Show the elements of helping progress in case recoding.	4.00	High
Sub mean	3.97	High

Table 3.4 discusses the mechanisms implemented by the MSWDOs on the standard case management for abused children. Among the services/activities listed under this mechanism are direct observation of the child and caregiver to decide on who and what management will be provided, proceeding with the informed consent and assessment, and assessing child's potentials, which scored high implementation with a mean of 3.91. The rest also received high implementation scoring with a mean of 3.82, while *developing case goals and action plan that focus on clinical heath care and treatment* had a moderate implementation with a weighted mean of 2.82

The National Social Welfare and Development (2013), define Social work- based case management as a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client's complex needs".

The standard case management for sexually abuse children in Catanduanes primarily met the child survivor's health, safety, psychosocial and legal needs of the abused children as defined by the National Social Welfare and Development and the result of the extent of implementation of mechanisms provided by the MSWDOs in Catanduanes.

Therefore, the effectiveness of case management provided by the MSWDOs in Catanduanes can go a long way in supporting a child's journey to recovery and healing from sexual abuse.

Table 3.4 *Mechanism No. 4 implemented by the Municipal Social Welfare and Development Officer to Cases of Sexually Abused Children in Catanduanes*

Mechanism # 4 – *Standard Case Management for Abused Children*		
4.1 Initial Introduction and Engagement in Services		
a. Directly observe the child and the caregiver to make initial decisions on who and what case management services will be provided.	3.91	High
b. Obtain permission to proceed with the informed consent and assessment.	3.91	High
4.2 Intake and Assessment: Understanding the Situation and Identifying Needs		
a. Safely and slowly assess the child's situation—his/her experience of sexual abuse – to help determine the child's and family's immediate and eventually, longer-term needs.	3.82	High
b. Develop a context profile for the child and his/her situation.		
• child's family composition and current living situation.		
• understanding what has happened to him/her.	3.82	High
• understanding who the perpetrator is and whether he/she can access the child.		
• understanding if the child has already received care and treatment.		
c. Assess the child's potential needs concerning:		
• Immediate safety risks and needs.		
• Appropriate medical care and treatment.	3.91	High
• The child's psychosocial status and functioning.		
• The child's/family's desire to pursue legal/justice services.		
4.3 Developing case goals and action plan that focus on:	3.82	High
a. safety and protection from further abuse		
b. clinical heath care and treatment.	2.82	Moderate
Sub mean	3.71	High
OVERALL MEAN	**3.82**	**High**

Interventions provided by Municipal Social Welfare and Development Officer (MSWDO) to sexually abused children in Catanduanes

Table 4.1, 4.2, and 4.3 present the data on the implementation of interventions provided by Municipal Welfare and Development Officer to sexually abused children. The first intervention, which is the establishment of Rape Crisis Center, shows that MSWDO provided a low implementation of intervention to sexually abused children with a weighted mean of 1.82. Moreover, intervention number 2 (Establishment of Residential Care), and intervention number 3 (Spiritual enhancement and values education) show no implementation with a weighted mean of 1.23 and 1.27 respectively. Overall mean in the implementation of interventions provided by the MSWDOs in Catanduanes is 1.44, which signifies LOW IMPLEMENTATION.

As stated on the Administrative Order No. 04, series of 2006, and No. 67, series of 2003 that this administrative order shall apply to all centers and residential care facilities serving women victims of

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violence and their children that are managed by DSWD, non-government organizations (NGOs) and local government units (LGUs).

Although the result found low implementation on the mandated intervention, MSWDOs do refers the victims of sexual abuse children to other crisis center in the nearby province depending on the needs/safety of the victims as an alternative intervention.

Table 4.1 *Interventions No. 1 provided by Municipal Social Welfare and Development to cases of Sexually Children*

Interventions	*Weighted Mean*	*Description*
Intervention # 1 –*Establishment of Rape Crisis Center*		
1.1 Careful assessment on the need a rape crisis center that considers prevalence of rape in the locality.	2.09	Low
1.2 Initiate a social preparation process to identify key stakeholders, solicit support to the project, and plan the program and design thecollaboration.	1.91	Low
1.3 Training of all center staff on a feminist perspective of looking at rape and responding to survivors in a gender- sensitive, non-judgmental way.	1.73	Low
1.4 Program planning meeting undertaken by the task force or working committees on the following areas:		
a. vision and mission for the rape crisis center as framework for the policies and procedures	1.91	Low
b. clear division of responsibilities among the center staff, LGU's, NGOs, and other partner agencies	1.82	Low
c. a well-work out and consistent client flow froen entry to discharge to reintegration to the community/family	1.73	Low
d. clear referral process/system using a standard referral form	2.00	Low
e. agreements on client documentations	1.73	Low
f. infrastructure, staff and resource requirements	1.73	Low
g. methods of monitoring and evaluation of services by parties concerned	1.73	Low
h. management and supervision of the center	1.73	Low
i. content and timetable of trainings for center staff at all level	1.73	Low
j. services for victim's family	1.91	Low
k. joint development of a protocol of policies and procedures	1.82	Low
Sub Mean	**1.82**	**Low**

Table 4.2 *Interventions No. 2 provided by Municipal Social Welfare and Development to cases of Sexually Abused Children*

Interventions	*Weighted Mean*	*Description*
Intervention # 2 – *Establishment of Residential Care*		
2.1. Social Services –Psychosocial Care using Women &Child- centered counseling to include:	1.55	Low
a. all issues and concerns discussed in counseling session with the victim survivor		
b. aim of counseling to help identify most pressing problem, provide immediate relief and support and restore ability to cope constructively with the situation	1.45	Low
c. all actions done with the full and informed consent of the victim	1.45	Low
d. information on procedures and the right of the victim to refuse assistance as well as confidentiality issues	1.45	Low
e. written and applied prohibition of corporal punishment and deprivation of rights-based needs in disciplining women victim survivors	1.00	Low
2.2 Home-life basic needs of each resident to include:	1.18	Low
a. provision of or access to adequate, safe, nutritious and fortified food		
b. nutrition education for women survivors on food preparation, feeding of children, the sick and PWDs	1.18	Low
c. provision of decent, clean, culture-sensitive, adequate (1:1) and appropriately sized clothing and personal items for physical protection, good grooming and personal health	1.18	Low
2.3 Health – services to include: a. functional mechanism for referral of emergency cases	1.00	Low
b. provision of health education based on the life cycle and rights-based approach on:		
(1) reproductive health and women friendly health services, (2) referral to medico-legal exam, (6) family planning, (3) rape kit utilization, (7) hygiene and self-care, (4) laboratory exam for STD, HIV/AIDs, (5) pregnancy test, (8) maternal and child care and breastfeeding	1.18	Low
2.4 Skills training/ vocational - planned and implemented with participation of the victim	1.45	Low
a. income generating projects, job placement and trainings		
b. clear policies set and implemented relative to profit sharing, income generation, earnings and savings	1.09	Low
c. training, proper matching and job orientation given to survivors recommended for job placement	1.09	Low
2.5 Educational assistance –		Low
a. Provision of non-formal education according to interest, needs, helping goals	1.36	
b. Conduct of empowerment workshops focused on:		
• nature, dynamics and social roots of VAWC, • women's human rights • practicing non-violence • assertiveness • balancing multiple roles of women	1.09	Low
2.6 Recreational and other socio-cultural activities –		Low
a. Provision of women-centered activities, equipment and toys according to age level, ethnicity/culture, physical & mental capability	1.09	
b. Conduct of special activities		Low
(1) commemorating women's day, (3) other special events (2) 18-day campaign against WAW	1.09	
Sub mean	**1.23**	**Low**

Table 4.3. *Interventions No. 3 provided by Municipal Social Welfare and Development to cases of Sexually Abused Women*

Interventions	*Weighted Mean*	*Description*
Intervention 3 *- Protection and Safety*		
3.1. Spiritual enhancement and values education		
a. Identify positive values; clarify personal vision and life goals	1.27	Low
b. Access to preferred worship services	1.27	Low
c. Plan spiritual activities	1.27	Low
d. Provide mechanisms for protection from mental, emotional, physical, sexual and other forms of exploitation	1.27	Low
e. Monitor and facilitate registration of birth of all victim survivors aged 17 and below	1.27	Low
f. Train on protective behavior such as assertiveness and self-defense training, etc.	1.27	Low
Sub Mean	**1.27**	**Low**
OVERALL MEAN	**1.44**	**Low**

Factors that would hinder the Implementation of Mechanisms and Interventions

Specific question number 5, *"What are the factors that would hinder the implementation of mechanism and interventions?"* is answered in Table 5. Data shows that the factor that hinders the most in the implementation of mechanisms and interventions in the Province of Catanduanes is the lack of manpower

from the MSWDO office with a weighted mean of 3.45 ranking first among the 13 factors. The second rank, with a weighted mean of 5.27, is the lack of funds for the interventions.

Lack of support from the LGUs and other agencies ranked third, with a weighted mean of 5.45. The factor that hinders the implementation of mechanism and intervention for sexually abused children least is the lack of trainings in communication techniques to engage with children of all levels with a mean rank of 9.82.

Table 5. *Factors that hinder the implementation of the mechanism and intervention for sexually abused women*

Factors	*Mean Rank*	*Rank*
1. Authorities lack clear procedures and guidelines for mandatory reporting.	5.73	4
2. The setting lacks effective protection and legal services to deal properly with a report.	7.09	7
3. Reporting could further jeopardize a child's safety at home or within his/her community.	7.18	8
4. Technical understanding of sexual abuse to educate and support children and families throughout the case management process	7.27	9
5. Lack of trainings on child-friendly attitudes through care and treatment.	9.82	13
6. Lack of trainings on communication techniques to engage with children of all levels.	8.73	11
7. Case management steps and procedures for child survivors are time consuming.	9.36	12
8. Lack of knowledge/skills/training/seminars on handling sexually abused women.	7.00	6
9. Lack of basic knowledge on providing psychosocial counseling services.	8.55	10
10. Lack of funds for the intervention.	5.27	2
11. Lack of support from the LGUs and other agencies.	5.45	3
12. Lack of manpower in the DSWD Office.	3.45	1
13. No available professional counselor that will handle the sexually abused women in the municipality.	6.09	5

Weiss and Welbourne pointed out to the professional development and recognition, the growth of social work education, the sharing of ideas through conferences and Internet-use, efforts to indigenize received methods and theories, and the increasing evidence of cross-national practice, student learning, and academic endeavor to name the 'drive for professional status' as a consistent – and consistently controversial – feature of the development of social work in all countries (2007).

One key aspect of professional development in the Philippines is that of public and governmental recognition, which include restriction on use of the title 'social worker', licensing, and level of qualification standards. Accordingly, social work in the Philippines 'scores well' with the passage of Republic Act 4373 in 1965, requiring social workers to complete a bachelor's degree, incorporating 1,000 hours of supervised field experience (typically in community, government, and private institutions) and pass a government board examination in order to be registered as a social worker (Lee- Mendoza, 2008; Viloria and Martinez, 1987).

In the light of this study, such professional and political development had paved the way to the development of technical standards in the practice of the social work profession and, thereafter, mechanism and interventions to address specific disadvantaged group, specifically sexually abused children addressed in this study, as well as all groups whose need to be assisted remain eminent.

Conclusion

From the findings, conclusions were drawn and they are as follows: The Municipal Social Welfare and Development Officers (MSWDOs) were bachelors' degree holders, had an average 8.91 years of experience in handing cases of sexually abused children, with 1-200 hours of relevant trainings in handling sexually abused children. The MSWDOs in the province of Catanduanes are competent in their professional knowledge and skill competencies as well as with their child- friendly attitudes to sexually abused children. There is a high implementation of mechanisms by Municipal Social Welfare and Development Officers (MSWDOs) to the sexually abused children in Catanduanes, with an overall mean of 3.82. The study resulted in low implementation of the interventions provided by the Municipal Social Welfare and Development Officers (MSWDOs) to the sexually abused women in Catanduanes. However, municipalities without the mandated rape crisis center and residential care facilities do refer the victims to other municipalities with rape crisis center. Others were referred to the nearby province with a residential care facilities depending on the needs and safety of the victims. Factors that hinder the implementation of mechanisms and interventions the most in the in Province of Catanduanes are the lack of manpower from the MSWDO office, lack of funds for the interventions, and lack of support from the LGUs and other agencies. The least factor to hinder the implementation of mechanisms and interventions for sexually abused children is the lack of trainings in communication techniques to engage with children of all levels.

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