



**KEY FACTORS
THAT CONSTITUTE
AN EFFECTIVE
ASSESSMENT CENTER
FOR OSEC
VICTIM-SURVIVORS
IN THE PHILIPPINES**

Key Factors that Constitute an Effective Assessment Center for OSEC Victim-Survivors in the Philippines

Commissioned by:



Conducted by:



DEPARTMENT
of RESEARCH

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ACKNOWLEDGEMENT

This research was made possible through the contributions of many individuals.

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Special thanks to Marie Osborne who served as the copy editor and Jemuel Baldo who worked on the layout and design of the research report. Dr. Dick Eugenio, the Academic Dean of APNTS, is also acknowledged for his support on the study.

Gratitude is also expressed to Ilse Kok of Woord en Daad Netherlands for her contribution during the incipient stage of the research and in the production of the section on the review of the context. Also, special thanks to Ashley Prax of Nazarene Compassionate Ministries for the assistance she offered in the study.

Thanks to Rachelle Perete for her help in the quantitative phase of the research, particularly on helping us navigate through Qualtrics.

This research would have not been possible without the service providers who participated in the qualitative and quantitative phases of the study. The generous giving of their time and insights is greatly valued.

Finally, the children who participated deserve the utmost appreciation for their willingness and openness. This study is dedicated to them and to the other children whom they have honorably represented with remarkable candor and courage.

EXECUTIVE SUMMARY

The information on Online Sexual Exploitation of Children in the Philippines is scant, but even more scarce is the information on the aftercare for rescued children. This research was commissioned to gain knowledge on what OSEC victim-survivors go through in the aftercare continuum and to identify key factors that make an assessment center effective for them. More than looking into secondary resources and statistical figures, this research gives primacy to the voice of the OSEC victim-survivors who are the true owners of these experiences and the best source of data. Service providers who walk alongside them in their aftercare journey were also vital information sources for this work.

The mixed-methods design and multi-phase approach of this study involved in-depth interviews and focus group discussions with 11 OSEC victim-survivors and 21 service providers, as well as a survey, participated in by 128 service providers from all over the country. Presented below are the key findings of the research:

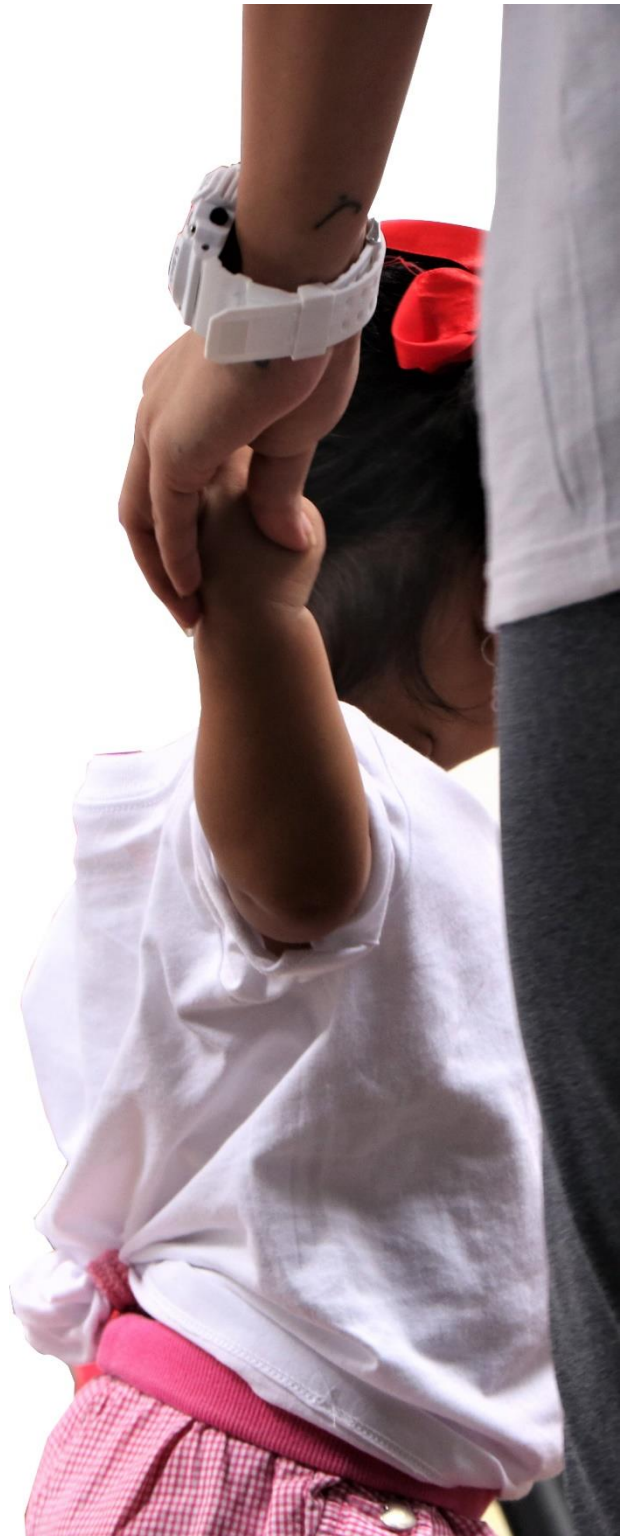
Gaps in the distribution of services and programs for OSEC victim-survivors exist from a geographical standpoint. Iligan city is one of the nation's OSEC hotspots, but data shows that services and programs for sexually abused and exploited children are measly in Region X. There is also a gap from a gender standpoint—only three institutions that solely cater to male clients were identified from the January-June 2019 database of licensed DSWD centers and private SWDAs.

The growing network of cooperation and collaboration among NGOs and FBOs in the country is the greatest strength in the aftercare for OSEC victim-survivors. Experts with various skill sets and resources partner with one another to deliver comprehensive services and programs for the children and even their families. Nevertheless, a slew of challenges were also identified—the lack of information about this 21st century menace, the complexities of the sexual grooming done to the children, the ambiguity of attachments between the children and the alleged perpetrators, the late on-set negative and abnormal behavior manifestations of the children, violations of stipulations on gender-sensitive services to rescued children, and the overwhelming economic and social costs for victim services, criminal justice services, health services, etc. are among these difficulties.

Aspects unique to this study is understanding OSEC from a Filipino worldview and looking at how the Filipino culture can help shape an effective assessment center. *Kapwa* and *loob*, Filipino ethics that are also deep-seated in the moral fiber and consciousness of the OSEC victim-survivors, has been identified by the research as helpful principles to leverage in the services and programs for the children. The Filipino virtues connected to these ethics such as *pakikipagkapwa* (being a fellow), *kabutihang loob* (goodwill), *hiya* (dignity), *malasakit* (care), etc. can be expounded and utilized in the intervention efforts for the children. The research also found out that the OSEC victim-survivors at some point have become the *taga-salo* of their families—the ones who take on the burden of providing their own needs and their families'. *Apropos* this finding, the concept of family is largely at the center of OSEC. On the negative side, the sexual grooming and exploitation are carried out by the children's family members or people whom they have considered to be family. On the positive side, children perceive service providers as adults who can provide them the parental and familial care and guidance they need. Last on this category of findings is the children's idea of justice is not the Western concept of criminal justice. This study

found out that more than seeing their perpetrators incarcerated, children's concept of *katarungan* (justice) is having their human dignity affirmed and having a voice, being invited to participate in things that matter to them such as their case conferences.

The heart of this research is the findings on factors that make an effective assessment center from the perspective of OSEC victim-survivors and service providers. Among these factors are psychological interventions, care and guidance from center staff, activities for self-development, and adequate facilities in the center. Likewise, allowing the children to communicate with their kin while in the center also helps them become more emotionally and mentally stable. The participants also expressed that child-participation in case conferences do not only provide a more holistic case management plan but also restores the children's voice and agency. Finally, the research found out that an effective assessment center is one that works on increasing the individual protective factors of the children. Skills deemed significant to start developing in the OSEC victim-survivors are self-mastery skills (anger management, self-control, and emotional intelligence, positive self-concept, self-compassion, a sense of personal responsibility, being future-oriented) and relational skills (ability to form positive bonds and connections, interpersonal communication, self-efficacy in conflict situations, and problem-solving). In toto, these factors that emerged from the children's data, as well as the service providers' data, are corroborated by studies and findings of experts around the globe. This research is the evidence that if they are heard, the OSEC victim-survivors can be empowered agents who have the ability to navigate us through their journey to healing and restoration.



TERMINOLOGY AND DEFINITIONS

Assessment Center: is a center created to address the unique needs and challenges of victims of Online Sexual Exploitation of Children (OSEC). It aims to thoroughly assess victims of OSEC and their family within a maximum period of three months as a basis for long-term intervention of care.

Aftercare: This refers to the provision of professional care to victims of OSEC from rescue onwards. It includes all care provided to the victim and is thus distinct from the terminology when it refers to the provision of care only after the victim is already reintegrated into the society.

Drop-in Centers: A drop-in center is an establishment, typically run by a welfare agency, to provide needs such as food, counselling services, etc. to a particular group.

Effective: The word “effective” in this study pertains to the capability of the assessment center to meet the needs of the OSEC victim-survivors as perceived by participants of the study—OSEC victim-survivors and service providers—as well as the survey respondents who are individuals who are members of organizations working against OSEC.

House Parents: House parents are those individuals who stay in the home with children and carry out the responsibilities related to personal care, housing, meals, study and recreational activities of children.

Key Attributes and Processes: These are the physical (building, space, design, etc.) and non-physical aspects (case management system, nature of relationships fostered in the AC, etc.) that are important for an effective assessment center as identified by the participants in this study.

Medico Legal: Medico Legal is something that involves both medical and legal aspects, mainly medical jurisprudence and medical law.

Online Sexual Exploitation of Children (OSEC): or cybersex trafficking of children is “the production, for the purpose of online publication, of visual or audio depictions, including photos, videos and live streaming, of the sexual abuse or exploitation of a minor for a third party who is not in the physical presence of the victim. This crime is distinct from the mere viewing of child exploitation material, as it involves the commissioning of child abuse by offenders which is watched live on a pay-per-view bases” (IJM 2017).

Service Provider: Service providers are generally organizations, businesses or individuals who offers service to the children in the assessment center. Specifically, in this research, they are the administrative personnel and staff of the center, social workers, medical doctors, psychologists, psychotherapists, lawyers, and law enforcers.

Victim-survivor: The researchers opted to use the term “victim-survivors” to refer to the children who participated in the study. The use of this hyphenated compound word do not take away the fact that the children were inflicted emotional, mental, and physical harm, but at the same time, the term captures the active involvement of the children in recovery services provided at the assessment center.

ACRONYMS

AC: Assessment Center

AMG: Advancing the Ministries of the Gospel

APA: American Psychiatric Association

CAR: Cordillera Administrative Region

CEOP: Child Exploitation and Online Protection

CSAM: Child Sexual Abuse Material

CSEM: Child Sexual Exploitation Material

CSEC: Commercial Sexual Exploitation of Children

CSPC: Committee for the Special Protection of Children

DSWD: Department of Social Welfare and Development

FBO: Faith-Based Organizations

ICT: Information Communication Technology

IJM: International Justice Mission

IRC: International Rescue Committee

NCM: Nazarene Compassionate Ministries

NCR: National Capital Region

NCTSN: The National Child Traumatic Stress Network

NGO: Non-Government Organization

NIMH: National Institute of Mental health

OSEAC: Online Sexual Exploitation and Abuse of Children

OSEC: Online Sexual Exploitation of Children

PCAR: Pennsylvania Coalition Against Rape

PIMHAT: Philippine Interfaith Movement Against Human Trafficking

PNP: Philippine National Police

PTSD: Post Traumatic Stress Disorder

SP: Service Provider/s

SWDA: Social Welfare and Development Agency

WHI: World Hope International

INTRODUCTION

There are about 750,000 predators online at any given moment of the day who are prowling the internet to gain contact with vulnerable children and to obtain an image and video materials of child pornography (UN 2017). The growing accessibility and availability of information and communication technologies (ICTs) in the Philippines, along with the nation's increasing level of poverty incidence (ADB 2019), paved the way for sexual abuse and exploitation of children to transition to the online domain and for the distribution of such images and videos to reach internationally. This growing menace in the country known as OSEC is "the production, for the purpose of online publication, or visual or audio depictions, including photos, videos, and live-streaming, of the sexual abuse or exploitation of a minor for a third party who is not in the physical presence of the victim"(IJM 2017). The problem has massively grown into a full scale when the Philippines was infamously dubbed as the "global epicenter" of live-streamed child pornography (UNICEF 2016). Attesting to this notoriety is the staggering number of cyber-tips received by organizations like IJM reaching more than 2,000 every month. Out of these reports, more than 300 children were rescued with the help of local law enforcement in the past four years.

To offer the necessary care for rescued OSEC victims, Nazarene Compassionate Ministries Philippines (NCM Philippines) opened an assessment center (AC) for OSEC victims on September 8, 2018. The AC is a new component to the aftercare continuum for OSEC cases in the country. Instead of being placed in a shelter with other children who experienced different kinds of abuse and exploitation, rescued OSEC victims can be taken in the AC where they can be provided a comprehensive physical and psychological assessment. The OSEC victims in the AC are also serviced by family social workers who help determine the best reintegration path for the children—1) reunification with non-offending kin, 2) foster care, or 3) residential care. Shechem's mission is to "provide protection, quality care and clear outcomes for children, thus ensuring them of positive opportunities in their future". Shechem Children's Home's clientele is girls and boys aged 0-17, who are victims of OSEC. Shechem also accommodates sibling groups. Clients stay in Shechem Children's Home for a period of up to 3 months, on average 8 weeks, after which they are reintegrated with their kin, they go to foster care, or they are referred to a middle-/long-term shelter (Shechem Children's Home Manual 2018). The following are the objectives of the assessment center (Shechem Children's Home Manual 2018):

1. To provide a comprehensive assessment to OSEC survivors and his/her family which will serve a basis for long term intervention (end to end intervention);
2. To provide a short term (one to three month) individualized case plan addressing all aspects of the survivors – physical, social, emotional and cognitive needs;
3. To train passionate and professional staff, team and stakeholders that will guide and journey with the children referred to our Home;
4. To contribute to the enhancement of the Care Standards to Filipino children in the shelter or institution;
5. To engage the stakeholders, mobilize them and to be engaged in the bigger movement in advocating for the rights of the vulnerable children

Shechem Children's Home is the first AC established for immediate aftercare intervention for victims of OSEC in the Philippines. Such situations make this new element in the aftercare

system for OSEC victims open to both promising possibilities and probable perils. To steer the AC towards the former and away from the latter, the research at hand aims to explore what is required to make Shechem Children's Home an effective AC for clients affected by OSEC.

ETHICAL CONSIDERATIONS

The decision to include the OSEC victim-survivors as the primary source of this study is hinged on the fact that every child has the right to be heard (Save the Children 2011) in order to make a world that is fit for them (UN Special Session on Children 2002; Bell 2008). A study on effective assessment center for OSEC victim-survivors is best informed by OSEC victim-survivors themselves because they are the most important stakeholders, the recipients of the interventions. This study acknowledges the following stipulations from the UN:

- Article 12 of The United Nations (UN) Convention on the Rights of the Child (1989) states that children have the right to have their opinions taken into account and their views respected in decision-making that affects them (UN 1989)
- "The Committee on the Rights of the Child considers that recognizing the right of the child to express views and to participate in various activities, according to her or his evolving capacities, is beneficial for the child, the family, the community, the school, the state and democracy" (UNICEF and Save the Children, p. 5).

For this research, the proposal which outlined the methodology of the study and included all forms, interview scripts, and protocols were submitted to the offices of Dr. Brenita Nicholas (MVNU), Dr. Nativity Petallar (APNTS), Dr. Dick Eugenio (APNTS), Ms. Dolores Rubias (IJM), and Rev. Stephen Gualberto (NCM) for ethical counsel. The engagement with children happened once guidelines and approval were given by the experts aforementioned, along with an official approval form from the APNT Institutional Review Board (See Appendix A). Furthermore, the researchers made sure that the experts on trauma from the assessment center such as the psychologist, psychotherapists, along with the social workers, were consulted to assure that each child who participated are at the best position, mentally and emotionally, to share their thoughts on the study. The mental and emotional health of the children were the top-most priority on each data-gathering engagement with the children.

All researchers have undergone proper orientation on the Child Protection Policy used by the Nazarene Compassionate Ministries and each one signed the corresponding agreement to uphold such policies. This research also followed the "Ethical Issues Checklist (Patton 2002; Merriam 2009) to ensure respect to human dignity, beneficence, and justice are leveraged for the OSEC victim-survivors as well as the other participants in the study:

- Informed consent
- Explaining the purpose of the inquiry and methods to be used
- Promises and reciprocity
- Risk assessment
- Confidentiality
- Data access and ownership
- Interviewer mental health
- Advice (counselor on ethical matters)

Many of these items are explicitly addressed in the *Informed consent* process, the process by which research participants learn about and understand the purpose, benefits, and potential risks of participating in a research study. When done properly, the consent process ensures that individuals are voluntarily participating in the research with knowledge of what to expect in the process and the future. In the context of this study, for the stakeholder interviews with children, informed consent happened on two levels. First, the researcher obtained consent from the adults who serve as guardians for the children in shelters and centers (e.g., executive director, social worker; see Appendix F). Once level one consent is gained, the researcher sought the consent of the child using an oral script (Appendix D). The reason for the interview and its use were explained to children. As reflected in the oral script, the consent process with child is viewed as an *ongoing process* in which the child gives their verbal agreement to participate and continue participating in research activities. The process begins when a respondent is invited to participate in a semi-structured interview and continues until the interview is completed. This allows respondents to discontinue participation at any time.

Research ethics also requires that the researcher *minimize risk* to research participants. This includes anticipating risks and working to mitigate them. This is especially important when working with a vulnerable population. In the present study, care was taken in developing the research protocol and questions posed to children as not to trigger their trauma and other psychological issues. The interview script does not include any questions about a child's family or pre-rescue experiences (See Appendices B and D). Furthermore, the child was not asked about their personal experiences during aftercare. Instead, they are placed in a position of expert and asked to share their thoughts about what a child might experience and need. The interviewing tools were also designed to be non-threatening. The researchers used tools such as a feelings chart and a drawing exercise to make the interviews with the children non-threatening. The researchers also clarified to the children that any moment they feel uncomfortable or distressed during the interview, the interview will stop. Since all the children interviewed were in a residential setting, trained psychotherapists and social workers who can provide needed intervention if the need should arise were present in the assessment center. Finally, after all data have been gathered, analyzed, and the factors were identified. The children were given the last say as the final voice on member checking.

ENSURING THE TRUSTWORTHINESS OF THE DATA

Lincoln (1990) noted that while, “conventional criteria for judging the rigor of inquiries [typically] include internal validity, external validity, reliability, and objectivity” (p. 234), naturalistic inquiry brings legitimacy to its approach by developing its own set of criteria for judging the rigor of its inquiries. According to Lincoln and Guba (1985; see also Miles and Hubberman, 1994), for each quantitative methodological procedure of establishing trustworthiness, qualitative inquiries have aligned and parallel procedures. These procedures involve examining the credibility, transferability, confirmability, and dependability of the data obtained and were used in establishing the trustworthiness of the data for the present study.

The parallel procedure for ensuring internal validity, the extent to which the findings accurately reflect the construct of investigation, is *credibility*. Credibility criteria involve establishing that the results of the research are credible or believable from the perspective of the participant in the research. Patton (1990) encouraged researchers to make explicit the strategies

they use to ensure the integrity, validity, and accuracy of the findings. The techniques employed to increase the likelihood of producing credible findings for this particular study are methodological triangulation and member checking.

The parallel procedure for external validity, the ability to generalize findings across different settings, is transferability. According to Lincoln and Guba (1985), the degree of *transferability*, or the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings, is a direct function of the similarity between two contexts. They defined this similarity or “fittingness” as the degree of congruence between the sending and receiving contexts. Ensuring transferability is primarily the responsibility of the one doing the generalizing. The researcher is charged with ensuring the sampling procedures, data collection process, and data analysis are explicated and documented with sufficient detail providing a rich resource from which to make that judgment.

Lincoln and Guba (1985) proposed that the qualitative research term *confirmability* parallels that of objectivity used in quantitative research. Research that relies on quantitative measures is said to be objective. Qualitative research relies on interpretation and is admittedly value-bound, and thus subjective. To achieve confirmability, the qualitative researcher must take steps to ensure that the data secured from participants, along with the interpretations and findings emanating from the data, are “grounded in events rather than the inquirer’s constructions” (Lincoln and Guba, 1985, p. 324). To facilitate confirmability, the data was triangulated with multiple data collection methods accessing multiple stakeholder perspectives. The data and all related documentation relevant to the study were organized, labeled, and filed to allow for the evaluation of the sources of data.

Dependability criteria involve establishing that the process of the study was stable over time (Lincoln and Guba, 1985). Templates and protocols were used to guide each interview and focus group discussion to ensure consistency from a respondent to respondent. Furthermore, any individual directly involved with the data collection received training on the following to ensure consistency from researcher to a researcher:

- How to use the protocols and templates
- Basic interviewing and focus group discussion facilitation techniques
- Note-taking and documentation techniques

TECHNICAL OVERSIGHT

The researchers worked with research mentors to oversee the research and validate the findings contained in this report. The research mentors are two of the leading experts in academe and practice on child development, namely:

- Dr. Brenita Nicholas, Assistant Vice President for Institutional Effectiveness and Professor of Social Work (Mount Vernon Nazarene University)
- Dr. Nativity Petallar, Associate Academic Dean and Program Director of Ph.D. in Holistic Child Development (Asia-Pacific Nazarene Theological Seminary)

CONFLICTS OF INTEREST

No actual or potential conflicts of interest were identified concerning the research team or to others involved with the research.

RESULTS AND FINDINGS

PHASE I

In order to gain an overview of the current aftercare system for rescued OSEC victim-survivors, the researchers gathered relevant documents from the Department of Social Welfare and Development (DSWD). The DSWD documents retrieved for this initial step of fact-finding were limited to the 2019 records of DSWD's centers and institutions and private SWDAs listed in the DSWD database. As mentioned in the scope and delimitation, private SWDAs, centers, and institutions which are not licensed by the DSWD were not included in the analysis of data. The following details were sought on the existing documents for desk review:

- names, contact details, and areas of operation of the private agencies and DSWD centers and institutions catering to sexually exploited children
- programs and services provided to rescued OSEC victim-survivors

To supplement the national data obtained, the researchers also surveyed pertinent information about the private agencies and DSWD centers and institutions identified. This desk review entailed document analysis and correspondence with the offices via email. Out of the data, the researchers were able to come up with a matrix of private agencies and DSWD centers and institutions. (See Appendix G for the comprehensive matrix.)

From the desk review, it was found that there are **70** licensed private SWDAs and DSWD centers/institutions that cater to sexually abused and exploited children ages 18 and below—**43** of which are private agencies and **27** centers/institutions that are under DSWD. Among the private agencies, **10** cater to females and only **2** cater to male clients, namely, the Kalinga ng Ama Shelter for Children (Region I) and Bahay Silongan (Caraga). A similar distribution is true for the public centers and institutions; only **1** out of **27** specifically caters to the male clientele, i.e., Home for Boys (Region V). **Thirteen (13)** of the public centers and institutions are identified to cater only to girls, and **13** others have been identified for both male and female clientele. Roughly **33%**, or **23** out of the **70** private agencies and DSWD centers and institutions, operate in the NCR—**14** in Region VII, **10** in Region III and **9** in Region IV-A.

Children who have been sexually abused and exploited are offered various services. Some private agencies and DSWD centers and institutions offer drop-in centers, alternative family personal development, leadership development, youth empowerment, and even recreational programs. The programs and services commonly offered to the children are as follows:

- Shelter- The majority of the private agencies and DSWD centers and institutions that have been reviewed offer short-term or long-term shelter to rescued victims. Only **18** of the **70** deliver their services to the clients solely via community-based approaches; the rest deliver interventions and assistance via residential care.
- Health Care- About 70% of all the private agencies and DSWD centers and institutions reviewed provide the clients medical and dental services; they are also given appropriate food and nutrition and indoor and outdoor physical activities.
- Psychosocial Interventions and Counseling- Services of this kind encompass

psychological services, counseling, trauma recovery programs, and other therapeutic services such as music therapy, play therapy, art therapy, etc. A number also offer values and spiritual formation programs.

- Educational Assistance- About 80% of private agencies and DSWD centers and institutions reviewed offer the children formal and non-formal education programs.
- Family Life- A number of private agencies and DSWD centers and institutions work on the reintegration and reunification of children with their family or relatives, or placement of the children to alternative family care such as adoption and foster care.
- Economic Empowerment- Children are provided livelihood skills such as creating beadwork, upcycled materials, etc. Some also facilitate TESDA-accredited vocational and technical courses like computer, secretarial, basic electronics and garment trade.
- Legal Aid- Children are provided legal services such as legal counsel, gathering facts and evidence, and preparation and filing of pleadings and other documents mandated by the courts. Partner lawyers also provide services such as appearances in court proceedings, legal advice for children in conflict with the law and for prospective adoptive or foster parents.

While all **70** private agencies and DSWD centers and institutions in the matrix provide services to sexually abused and exploited children, only **four** have explicitly mentioned services specifically catering to clients affected by **OSEC**. Many other private agencies and DSWD centers and institutions serve OSEC victims in one capacity or another, but only these four describe services specifically designed for OSEC victims in their information details. The **four** are private SWDAs, namely Eleison Foundation Philippines (Region VII), Word Hope International (NCR and Region VII), Ruhama Center for Women (NCR), and Shechem Children's Home, Inc. (Region IV-A).

Eleison Foundation implements and funds empowerment-based programming and research for survivors of human trafficking and gender-based violence (Eleison Foundation, n.d.). Eleison Foundation conducts three economic empowerment programs for survivors of online sexual exploitation. The first program "BARUG," meaning "to strongly stand up" in Cebuano, is a savings and financial capability program. It has three sub-components: individual and group support sessions, matched savings, and financial education. The other program is "BANGON," meaning "to stand up" in Cebuano, is an abbreviated version of "BARUG" that aims to foster financial security and strength for survivors, still implementing the three sub-components. Finally, the third program is "BANSAY," which means "to begin standing" in Cebuano, is a one-day financial literacy training course on savings, budgeting, debt management, financial negotiation with family members and peers, and emotional wellness and self-care.

World Hope International is a Christian relief and development organization working with vulnerable and exploited communities to alleviate poverty, suffering and injustice (WHI n.d.). The organization is present in 15 of the poorest countries in the world, and their work is mostly directed towards children. WHI Philippines' project for OSEC was a result of the Child Protection Compact between the US government and the government of the Philippines. The pact has three aspects: prosecution, protection and prevention and WHI Philippines focuses on protection. WHI Philippines states, "This work includes expanding availability of psychosocial care practitioners with specialized training to provide trauma-informed counseling and care management; providing

short-term emergency shelter, mental health services, and support with legal processes; facilitating reintegration for OSEC survivors; improving understanding of OSEC in the Philippines through research, reporting, and community awareness; and equipping the church to recognize OSEC and seek support for identified victims” (WHI n.d.).

Ruhama Center for Girls and Women, a center under the St. Mary Euphrasia Integrated Development Foundation, Inc., started in 2012 and is now located in Quezon City (Ruhama n.d.). The center serves girls and women who are working in prostitution, who are distressed because of migration, or who are abused and are looking for temporary shelter. Most clients of Ruhama are referred by the social welfare department and other NGOs. The girls and women are offered educational assistance, counseling and psychotherapy, skills training, and development and values formation (Ruhama n.d.). In addition, the center now offers an aftercare program to the former girls who are ready to be integrated into their families or to live in boarding houses with minimal supervision from Ruhama personnel while continuing their studies in external schools or universities (Ruhama n.d.).

Shechem Children’s Home, Inc., is a Ministry of the Nazarene Compassionate Ministries (NCM) of the Church of the Nazarene Philippines-Micronesia Field Office (Shechem Manual). The Shechem Children’s Home fills a vital gap in the aftercare of OSEC victims—it is the first stand-alone assessment center that specifically caters only to OSEC victims. With a staff composed of a social worker, a psychologist, a counsellor, a medical doctor, and nurses, critical care can be provided to survivors while professionals assess how best to aid in the survivors’ recovery and reintegration into safe settings (Shechem Manual 2018). Shechem Children’s Home’s clientele is 0-17 years old victims of Online Sexual Exploitation and Abuse (OSEAC), preferably girls , but sibling groups can be accommodated in the center as well. The maximum number of residents at any time is 10-12 children.

PHASE II

The purpose of the second phase of the research was to identify the factors and processes that make an assessment center effective. In addition, the researchers also aimed to understand the aspects of Filipino culture that have significant implications and greatly shape the identified factors and processes. The service providers working in Shechem and the OSEC victim-survivors who are the immediate recipients of their services were the primary sources of information. An interview guide was used as a tool to gather data from the service providers. For the children, a feelings chart and drawing activity were used along with the interview guide as tools to elicit more information. The first set of questions revolved around the experiences and knowledge acquired by the OSEC victim-survivors and service providers during the moment of rescue; the second set of questions were about their experiences and what they learned during the time in the assessment center; and the third set of questions dealt with their thoughts and feelings on possible paths after the stay in the assessment center, namely reintegration with non-offending kin, foster care, or shelter placement.

Initial data gathering was done with the OSEC victim-survivors since part of the ethos of this study is to give primacy to the children’s voices. Nonetheless, data gathering was not done immediately, since the researchers understood the necessity to establish rapport between them

and the OSEC victim-survivors first. The researchers designated the first three meetings with the children for volunteer work, such as participating and helping in their activities in the center. Four weeks after the initial meeting, the researchers began the drawing activity and interview. Clients 2, 4, and 7 asked if they could write their response to the drawing prompt instead. The researchers obliged the requests of the clients since their writings would still yield the data being looked for. The table below shows the profile of the children who participated in this phase of the study.

Table 1. OSEC Victim-Survivors

Clients	Age	Gender	Region	Months in Shechem at the time of Interview
C1	18	M	NCR	3 mos. +
C2	16	F	NCR	2 mos. +
C3	18	F	NCR	2mos. +
C4	7	F	Region IV-A	2 mos. +
C5	16	F	NCR	2 mos. +
C6	13	M	NCR	2 mos. +
C7	9	F	Region IV-A	2 mos. +
C8	9	F	Region IV-A	1 month
C9	12	F	Region IV-A	1 month
C10	9	F	Region IV-A	1 month
C11	10	M	Region IV-A	1 month

Eleven (11) of the 13 children from Shechem participated in the drawing activity and interview. The other two clients did not participate since they are the youngest in the group; one is only four years old and the other is one year old. The ages of the participants ranged from 7 to 18 years old, five of them were teenagers and the rest were 12 years old and below. Three are male participants and eight are female. The clients admitted to the center were rescued from two regions in Luzon—five from NCR, specifically Manila City and Taguig City, and six from Region IV-A, two from Das Mariñas City, Cavite and four from Antipolo City, Rizal. At the time of the data gathering, C1 had been in the center for three months, C2-7 had been staying in Shechem for more than three months, and the other four, C8-12, had only been there for a month.

Once all drawings of the OSEC victim-survivors were scanned and the interviews were transcribed, the researchers identified recurring themes from the data. The researchers, then, conducted interviews with the service providers. The following table shows the profile of the respondents.

Table 2. Service Providers

Participants	Gender	Involvement in the Center	Region
SP1	M	Administrative Personnel	Region IV-A
SP2	F	Administrative Personnel	Region IV-A
SP3	F	Administrative Personnel	Region IV-A
SP4	F	Social Worker	Region IV-A
SP5	M	Social Worker	Region IV-A
SP6	M	Social Worker	NCR
SP7	F	Social Worker	NCR
SP8	F	Social Worker	NCR
SP9	F	House Parent	Region IV-A
SP10	F	House Parent	Region IV-A
SP11	F	House Parent	Region IV-A
SP12	F	House Parent	Region IV-A
SP 13	F	Tutor	NCR
SP14	F	Tutor	NCR
SP15	F	Psychologist	NCR
SP16	F	Psychotherapist	NCR
SP17	F	Medical Doctor	Region IV-A
SP18	F	Law Enforcer	NCR
SP19	F	Law Enforcer	NCR
SP20	F	Law Enforcer	NCR
SP21	F	Law Enforcer	NCR

There were 21 service providers who participated in the FGDs and interviews—three board members of the assessment center, five social workers, four house parents, two tutors, one psychotherapist, one psychologist, one medical doctor, and four law enforcers. Only three of the service providers are male, and the remaining eighteen participants, are female. Eleven, or 52%, of the participants cater to OSEC victim-survivors rescued from NCR while ten cater to those rescued from Region IV-A.

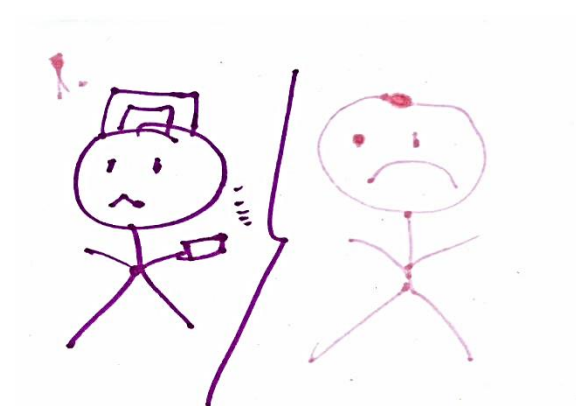
The FGDs and interviews were transcribed and grouped according to the involvement of the participants. Together with the data from the OSEC victim-survivors, the data from the service providers went through the first cycle of coding. The common themes were identified from the codes that emerged in the first cycle. The codes were grouped according to relevance and context of statements, and from there, a list of codes was generated for a more refined second cycle of coding. All materials, interview/FGD transcripts and drawing outputs were digitized, and the second cycle of coding was done via MAXQDA10, a software program for qualitative data analysis. Once all the data had been coded, MAXmaps were generated to visualize the data and the axial codes that emerged.

Drawings and Themes from the OSEC Victim-Survivors and the Service Providers

What follows now is a discussion of the results and findings from the respective questions presented in the second phase of the research. The drawings of the children will first be presented, followed by the single-case model MAXmaps and themes from the OSEC victim-survivors, then the single-case model MAXmaps and themes from the service providers, and finally, the two-case model MAXmaps that compares the themes from the OSEC victim-survivors with the service providers data.

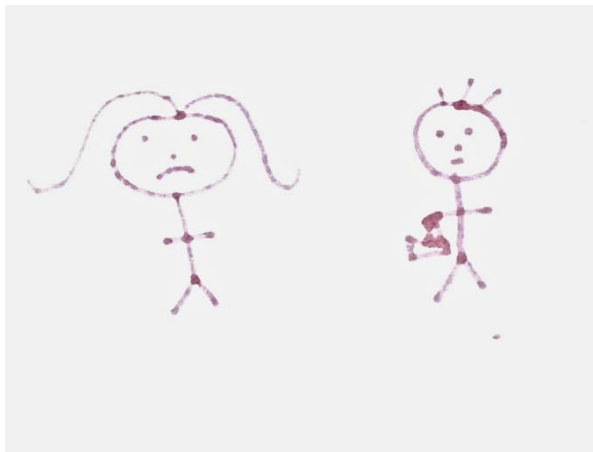
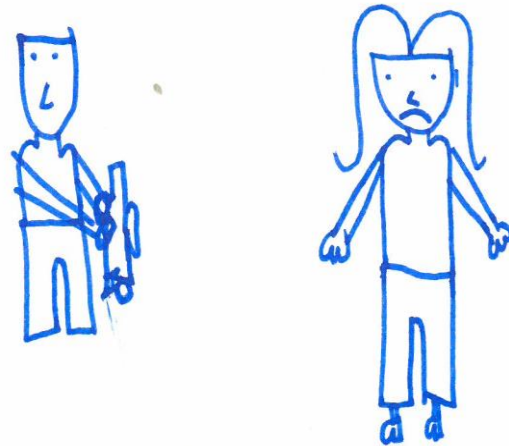
The Children During Rescue (Q1 A and B)

Q1 A: What does a child feel or think during the rescue?



"Isa sa pinaka malungkot na araw sa buhay ko po (One of the saddest day of my life)." This is how C3 recalled the moment she and her daughter were rescued. C3 explained that the figure in purple represents the law enforcers who came to their house carrying guns, and the pink figure is herself. She further shared. "natakot din po ako kasi ang lalaki ng baril nila...baka ikulong kami (I got frightened because they had big rifles...they might put us in prison)."

C2 wrote: "When I was rescued, I was so scared. But I prayed in the corner while the social workers and law enforcers spoke to me calmly." When the researchers asked what C2 was praying for, she responded, "*Na huwag akong makulong at saka sana walang mapahamak o kaya mabaril sa mga sa amin* (That I will not go to jail and that no one will be harmed or gunned down)."

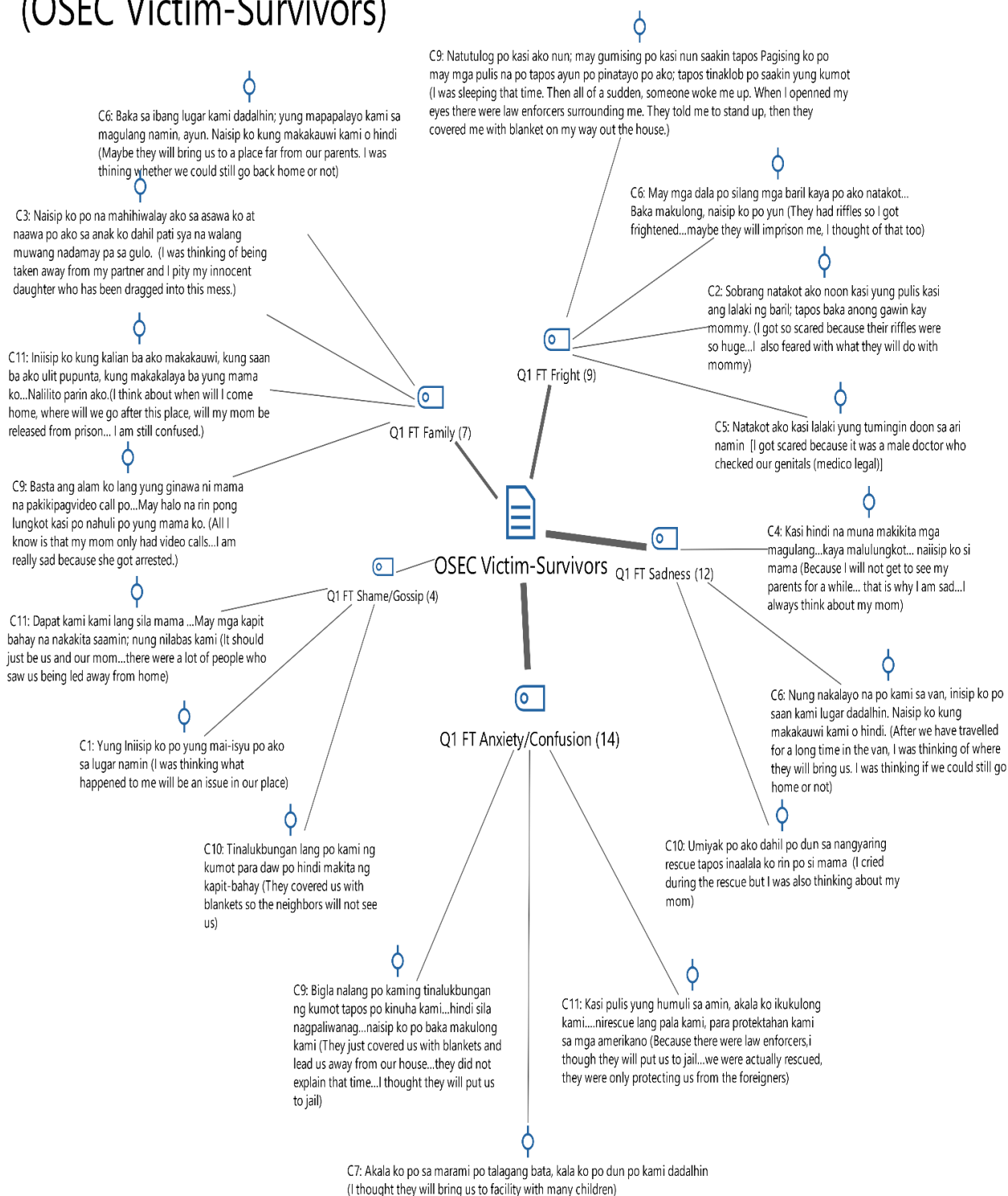


C9 drew a sad portrait of herself and a law enforcer holding a gun. "*Malungkot po ako noon at umiiyak kasi po takot na takot po ako.* (I was sad and I cried a lot because I got very scared)." When asked what she was frightened about, C9 replied, "*Akala ko po kasi dadalhin ako sa kulungan; wala naman po kasi akong ginawang masama* (I thought they will put me in jail; I was not doing anything wrong)."

"*Umiyak po ako dahil po dun sa nangyaring rescue tapos inaalala ko po si mama* (I cried during the rescue but I was also thinking about my mom)," C10 recalled. She further shared, "*Kinakabahan po ako noon kasi hinuli si mama namin* (I was also anxious because they nabbed our mother)." The researchers asked if she was scared for her safety; to which she replied, "*hindi po, natatakot po ako para sa mama ko kasi baka saktan po nila* (No, I was scared for my mother because they might hurt her).

1. Nung Narescue Ako
takot Na takot Ako tapos
Pray Ako Sa gilid tapos kinanta
kasap Ako Ng Mahihini na Ng Mga
Social SW tapos Pulis

Q1A: What does a child think/feel during rescue? (OSEC Victim-Survivors)



Using the feelings chart, the children expressed that they went through various negative emotions during rescue: fright, anxiety, confusion, sadness, and shame. From the OSEC victim-survivors, five themes have emerged: Anxiety/Confusion, Sadness, Fright, Family, and Shame/Gossip.

Anxiety/Confusion theme ranked the highest in code frequency. There were fourteen (14) coded segments in the OSEC victim-survivors' document wherein words related to anxiety/confusion such as *balisa*, *kinabahan*, *nalilito*, etc. were used. When probed further, the children shared that the source of their anxiety/confusion was the thought that they would be incarcerated. C9 shared, "*Kasi po may pulis at may mga dala silang baril kaya akala ko po hinuli ako* (Because there were law enforcers and they had guns, I thought they were arresting me)." Clients 1, 2, 3, and 6 also shared that their anxiety and confusion came from their lack of understanding of the rescue that took place or where the first responders would take them. C1 shared, "*Kasi hindi ko naman po alam yung nangyayari sa akin, biglaan lang po* (I had no clue what was happening; it happened quickly)." Such feelings of anxiety and confusion were also the main themes that emerged in a study on rescued street children in Manila City—of the 115 respondents in that study, 49 said they were afraid and 33 said they were confused with what was happening (Save the Children Philippines 2008, 16). In the segments of this axial code, C3 and C7 interestingly referred to shelters and facilities, which confirms that the two children had *a priori* knowledge of placement for rescued children. C3 mentioned she was anxious because she and her child might be placed in a facility crammed with children, while C7 mentioned that she was anxious during rescue because she feared that she would be placed in a shelter with mean or rude personnel. Both children were rescued from different regions and had not met before being placed in the assessment center.

Nine (9) out of the eleven children specifically said the word “lungkot” (sadness) in response to the first question. Hence this code is the second highest when it comes to frequency. Children cited many reasons for feeling sad or for crying during the rescue. Clients 2, 3, 4, 5, 6 and 7 mentioned that being taken away from their homes and the thought of not seeing their family and loved ones for a long time caused them sadness. C6 recalled that when they were traveling in the van to the processing center, he was thinking of his family and not being able to be back home again. Clients 9, 10, and 11 are siblings, and all three mentioned feeling sad about witnessing the arrest of their mother who was their alleged perpetrator. While C9 and C11 expressed sadness and fear for themselves and their mother, it was C10 who distinctly mentioned that she was most concerned not for her safety but for the safety of their mother, fearing that she would be hurt by the law enforcers.

The code "fright" only emerged on the data of the children who experienced rescue operations. Clients 4 and 7 who are siblings were referred cases. They were brought to authorities by their concerned grandmother, who wanted the children removed from their community, where the alleged perpetrator also lives. The eight OSEC victim-survivors mentioned being scared of the police officers who showed up in their residences with firearms. C5's initial response to this question was, "*Takot na takot po ako kasi ang lalaki ng dala nilang baril* (I was very scared because they were carrying big rifles)." C9 recalled waking up to people she does not know inside their house, carrying guns, telling her to stand up, before she was covered by a blanket and led away from their residence. The word "*baril*" or rifles/guns were mentioned 12 times in the

children's data, and three of the children depicted law enforcers carrying guns when prompted to draw what they remember they felt or thought during the rescue. For C1, even the sight of handcuffs made him nervous; he thought they would be used for him. "*Wala po akong nakitang baril pero may posas po sila...pinosas po yung suspek* (I did not see any gun with them, but they had handcuffs...they handcuffed the suspect/perpetrator)." Clients 3 and 5, both female, mentioned that they were also frightened when they were examined by a male physician for the *medico legal*. C5 poignantly recalls, "*natakot po ako kasi lalaki yung tumingin sa ari namin* (I got scared because it was a male doctor who checked our genitals)." "*Babae parin po kami, sana po hindi lalaki yung tumingin sa amin* (We are females, I wish it was not a male physician who checked us)," C3 remarked in a separate interview. The Committee for the Special Protection of Children outlined a gender-sensitive approach in their protocol for case management of child victims of abuse, neglect, and exploitation (CSPC 2016, 4):

"Gender-sensitive approach - recognizes that girls and women's perceptions, experiences and interests may be different from those of boys and men, arising from an understanding of their different social position and gender roles. The provision of gender-sensitive services to abused children necessarily includes rights-based approach, i.e. responding to victims' peculiar needs at all times and in all stages, affording them respect, and promoting dignity as their inherent right"

C3 and C5 felt that they were violated in the *medico legal* procedure and that they had no option but to be checked by the physician. Such treatment according to the two clients added to the "trauma" they incurred during the actual rescue operation.

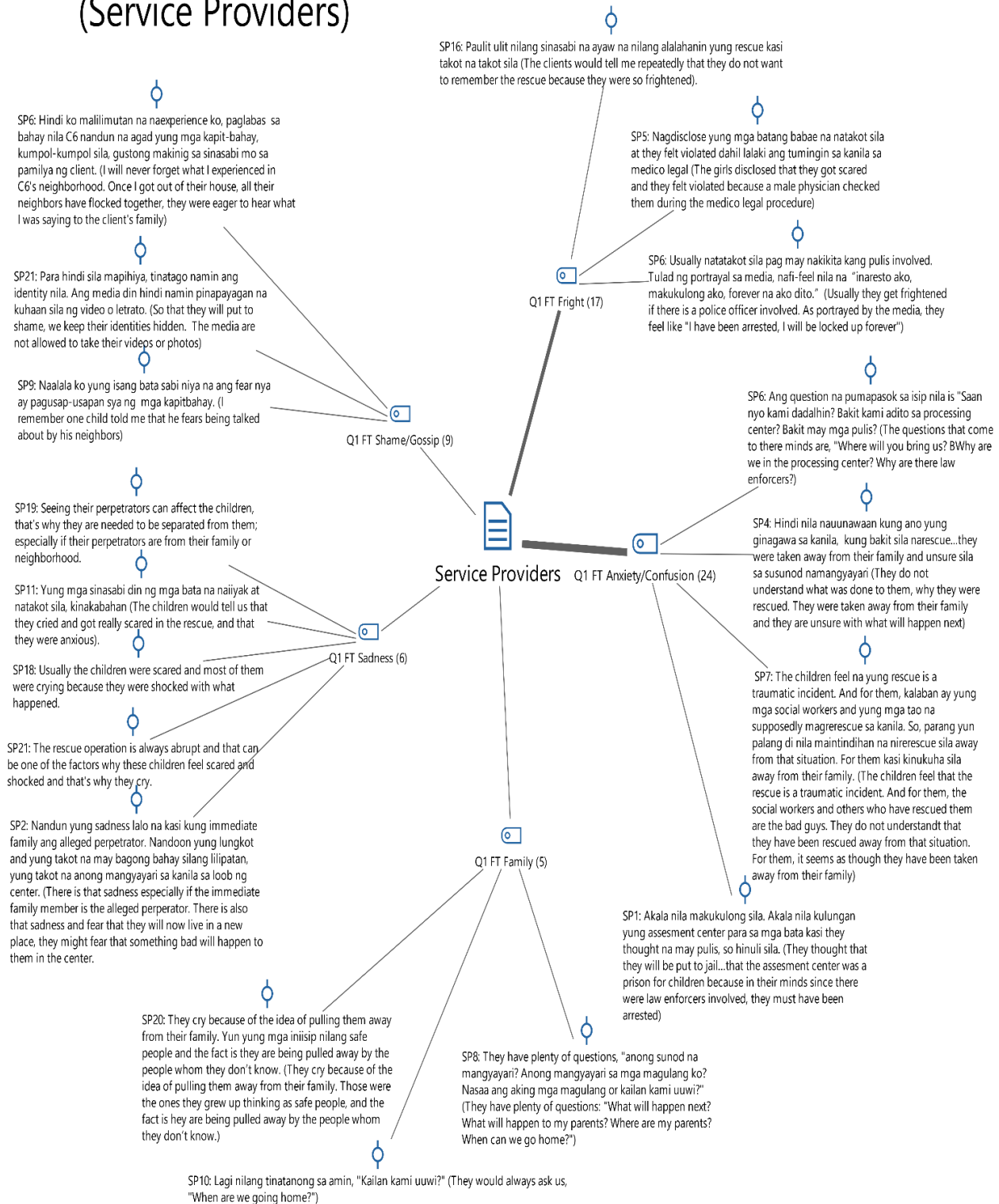
In the interview, five of the 11 OSEC victim-survivors expressed being aware that their rescue was a public spectacle. C1 mentioned that one of the things that made him anxious during the rescue, and even until the day of the interview, is that people in their community would gossip about him. Siblings C9, C10, and C11 vividly recalled how the first responders covered them with a blanket as they were being led away from their house to conceal them from their prying neighbors. C10 said, "*yung iba pong kapit-bahay namin masusungit...paguusapan po nila kami at si mama* (our other neighbors are rude...they will talk about us and our mother)." C11, their brother, added in a separate interview that even when he was covered with a blanket, he saw their neighbors looking at him. He proceeded to express that he wished his neighbors were not there during the rescue. Siblings C2 and C6 also shared that they live in a neighborhood where gossiping is a pastime of people. "*Mga magagaling po sa tsimis ang kapit-bahay namin* (our neighbors are experts in gossiping)," C6 mentioned to the researchers. In this axial code, the Filipino culture of *hiya*, often translated to "shame" and "embarrassment," comes into play. According to social anthropologist Jeremiah Reyes, the suffering of *hiya* means something shameful or embarrassing has been done to you (Reyes 2015, 164-165). Frank Lynch, pioneer of studies on Filipino values, defined *hiya* as "the uncomfortable feeling that accompanies awareness of being in a socially unacceptable position or performing a socially unacceptable action" (Lynch 1962, 97). Social anthropologists Bulatao and Guthrie explained *hiya* as a painful emotion coming from inferiority or inadequacy in an uncontrolled and distressing situation (Bulatao 1964, 426; Guthrie 1968, 62). The six OSEC victim-survivors expressed feeling *hiya*

during the rescue operation because of the social stigma of sexual exploitation. Additionally, they were anxious that people might think of them as *nahuli* or nabbed criminals.

The axial code "family" may not have garnered the most frequency but it is certainly the code with most weight since it is a consistent co-occurring theme in and among other codes. It is often coded with "sadness", "anxiety/ confusion," and "fright." It was apparent that the children felt sad because they were taken away from their families; they were anxious because they were removed from their homes; and they were frightened, not only for their safety, but for the safety of their families. Amidst all the negative emotions the children felt, the welfare of their families still loomed largely over their heads and weighed heavily in their hearts.



Q1A: What does a child think/feel during rescue? (Service Providers)



The data gathering with all service providers was performed after all the children in the assessment center were interviewed, and no data was shared with any of the service providers prior to their FGDs and interviews. Nevertheless, the analysis of the service providers' transcripts showed parallel codes with those of the children.

Similar to the results of the children's data, the code "anxiety/confusion" also ranked the highest in frequency—24 segments of the service providers' document correspond to this code. There were eight first responders among the 21 practitioners interviewed, four social workers who have firsthand rescue experience, and four law enforcers. Unanimously, the first responders noted that children feel anxious. SP5 noted, "Ang taas ng anxiety ng mga bata sa rescue. Parang mas traumatic pa ang rescue compared sa OSEC kasi sa grooming nila naging normal na yung pagsa-cyber (The children experience high anxiety during the rescue. It appears that the rescue is more traumatic to them than OSEC because they have been groomed and cybersex has become a norm for them)." A majority of the service providers agree with SP5's observation. SP7 noted in a separate interview that for the children, the rescue is a more traumatic event and that the first responders were initially perceived by the children as the "kalaban (bad guys)" who took them away from their families. This common observation among the service providers is supported by many studies which show that exploited children have been desensitized to sexual behaviors and certain sexual activities have been normalized for them (Malesky 2007; Marcum 2007; Quayle et.al 2000). This desensitization and normalization of sexual exploitation can be one of the reasons why there is a stark difference in the initial attitude towards a rescue operation between OSEC victims and other children at risk. In a study on rescue operations for street children in Manila city, there were about 18% or 20 out of the 115 children who said that they were willing to be rescued and that they understood they were being removed from the perils of street life (Save the Children Philippines 2008, 16). In the case of the OSEC victim-survivors, ten of the eleven respondents in this study expressed that they were unwilling to be rescued. "*Iniisip ko po noon na hindi naman kami nagnanakaw o pumamatay; bakit kami kinuha ng pulis? (I thought to myself before that we did not commit robbery or murder; why did the law enforcers needed to take us?)*," remarked C5 during the interview. The service providers also identified that the children were confused in the rescue primarily because they thought that the police officers were apprehending them, that they were the criminals, and that they would be put in jail. "*Ikukulong kaya kami? (Will we be imprisoned?)*," was the question that C6 asked to one of the first house parents hired by the center. SP11 continued to share, "*Ang mindset ng mga bata ay sila ang kinasuhan, pero lagi naming sinasabi na hindi sila criminal...hindi yun huli kundi rescue (The mindset of the children is that they were the accused, but we always tell them that they are not criminals...it was not an arrest but a rescue operation).*"

Fright is the code that is second highest in frequency for this question to the service providers. The service providers acknowledge that this feeling came from seeing police officers with guns show up in their homes. This code is correlated to the "anxiety/confusion" code—the confusion and misconception of the children that they were being arrested led them to feel immense fear. SP16 mentioned that in their counseling sessions, C6 would repeatedly say that he does not want to be reminded about the rescue because it makes him anxious. SP3 additionally noted that the rescue operation which happened for the group of C2, C3, C5, and C6

was drastic and dramatic: “The rescue for C5 and her friends is really traumatizing—it added to their already chaotic living condition.”

The issue of a male physician checking female clients also came up in the interview with the service providers. SP5 shared that the female clients disclosed that they felt violated when a male physician asked them to remove their clothing and checked their private parts. He remarked, “there is no question with his license—he is a professional doctor. Still, it could have been better if there was an available female physician for female clients.” That the children felt violated during the *medico legal* procedure was also corroborated by the house parents in the FGD. SP10 shared, “*Sinamahan ko noon si C3 sa clinic kasi masama ang pakiramdam nya...Ayaw nya noong una kasi baka lalaking doctor daw. Buti nalang kasi babae yung doctor natin sa center.* (I went with C3 to the clinic because she was not feeling well. She did not want to go at first because she was afraid that it would be a male doctor. It is a good thing we partnered with a female physician here in the center).” The Philippine government agencies handling rescue and cases of child victims of exploitation have always advocated for a gender-sensitive approach specially to gender-sensitive services and clearly outline such provisions in their protocol (PNP 2016, 8, 21; CSPC 2016, 21, 30). Nonetheless, incidents such as that of the OSEC victim-survivors in the assessment center still occur.

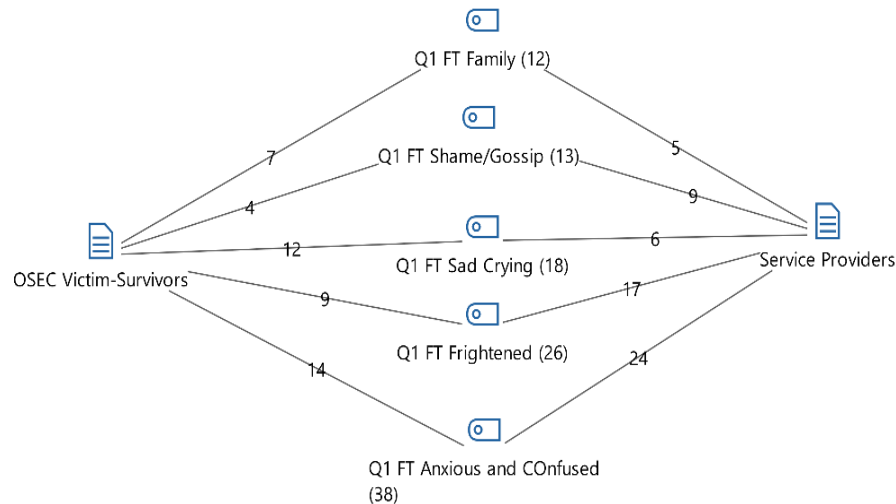
The other three codes—shame/gossip, sadness, and family—present in the analysis of the children’s responses also emerged in the responses of the service providers. The children experience “shame” and express fear of the social stigma that comes with their rescue. One of the social workers shared that C1 once mentioned that he hates the thought of his neighbors gossiping about him and the alleged perpetrator. “*Isa sa mga apprehension nya is yung iisipin na may relasyon sila noong gay perpetrator* (One of his anxieties is that people would think that he has a sexual relationship with the gay perpetrator).” C1 is not alone in this fear of ridicule and stigma; Filipino boys who are victims of sexual abuse and exploitation do not report because they do not want to be tagged as “homosexual” (Vrancken and Goris 2018, 10). This is the reason why many of the male victims of OSEC remain “invisible.”

Service providers also noted that one common behavior they notice among the children during rescue is crying. The four law enforcers who participated in the interview noted that this was the immediate response of the children in the cases they have handled. All four acknowledged that the children cried because the operation was abrupt and drastic—they cried because they were fearful and anxious. Nonetheless, all four also remarked that a unique thing they experience with OSEC victim-survivors is that they cry at sight of their perpetrator being arrested by the police officers, especially if the people are family members or close neighbors. SP19 shared that in most of the cases they have responded to, the alleged perpetrators are family members or family friends. SP2 noted in an interview, “*ang isa sa unique challenges ng OSEC ay grabe ang attachment ng bata sa mga kapamilya nya kahit pa alleged perpetrators niya sila... napakatindi ng grooming sa kanila* (one of the unique challenges of OSEC is that the children are still very attached to the family members even if they are their alleged perpetrators...they were incredibly groomed).”

In relation to the other codes, family may not be the highest in code frequency but it could be considered the one with most weight since it co-occurs with all the other codes corresponding

to this question. This particular trend of the code “family” is similar to that of the results in the data gathered from the OSEC victim-survivors.

Q1 A: What does a child think/feel during rescue?



The analysis of the service providers’ transcript showed a congruence of answers between them and the children. Even more, the recurring themes such as children being anxious, confused, scared, sad, and ashamed, and the co-occurring code “family” from the service provider’s pool of data matched with the analysis of the documents of the OSEC victim-survivors. This goes to prove that the service providers are sensitive and mindful of the emotions and thoughts of the OSEC victim-survivors; they are well aware of the children’s possible questions as well.



Q1 B: What helps a child during the rescue?



When C1 was asked to draw what he remembered during the rescue—how he felt and the things/people who have helped him—he came up with this portrait. He drew himself as the anxious and confused male on the far left. Beside him, he drew a smiling police officer and social worker. “Nakangiti po sila kasi mababait po sila sa akin at pinaliwanag po nila na para sa kabutihan ko po yung rescue (They are smiling because they are kind to me and they clarified that rescue was for my good),” remarked C1.

C6 provided the researchers with a happy self-portrait and a portrait of a smiling police officer. He explained that while he was initially terrified about the rescue, he slowly understood what the policeman was saying to him that day. C6 explained, “mabuti na din po na rescue kami. Hindi naman daw po kami hinuli; nilayo lang daw po kami sa kapahamakan (It is good we have been rescued. We were not arrested; they just kept us out of danger).” “Gusto ko pong mag-pulis din paglaki ko (I want to be a police officer when I grow up),” C6 even added.



“Parang sasabog ang dibdib ko noon sa kaba at takot (It feels like my chest will explode because of anxiety and fear),” C5 explained of her self-portrait. She shared, “makakatulong po sa batang gaya ko ay kausapin siya ng mabuti ng matatanda at ipaliwanag sa kanya na hindi siya ikukulong (What will help a child like me is for the adults to speak with her and explain to her that she will not go to jail).”

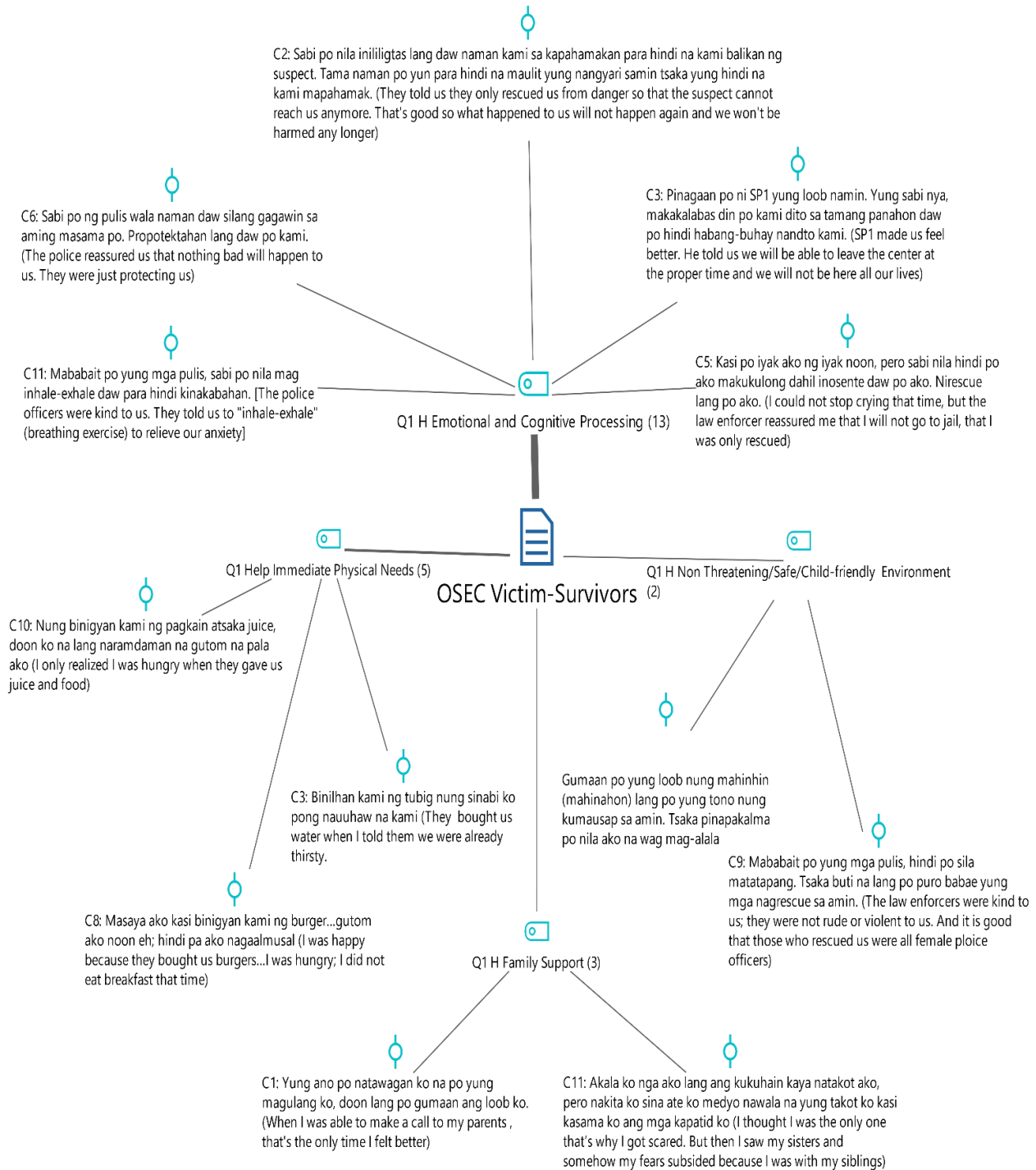
Magpayakap sa mga magulang
bago umalis

C7 and her sibling, C4, were brought to a center for regular case filing. While theirs was not a traditional rescue, C7 shared that what could have helped a child before being brought to a center is to get a hug from their parents first. She shared, "kasi kung magpayakap muna ako mawawala ang takot ko (because if they hug me, my fears will be gone)."

C8's drawing and interview stood out among all the children because she was the only one who mentioned feeling somehow happy in the rescue. When researchers asked her to explain her self-portrait and the items beside her, she shared, "Masaya ako kasi binigyan kami ng burger...gutom ako noon eh; hindi pa ako nagaalmusal (I was happy because they bought us burgers...I was hungry; I had not eaten breakfast that time)."



Q1B: What helps a child during rescue? (OSEC Victim-Survivor)



“Emotional/cognitive processing” was coded thirteen (13) times, the highest frequency among the codes of Q1B in the data of the OSEC victim-survivors. All the children who participated mentioned in their respective interviews that what they need during the rescue is a clear explanation of what has happened to them. This correlates to the “anxiety/confusion” code that emerged in Q1A—rescue operations are abrupt, drastic, and disruptive to what the children consider as the “norm”; these are events of high negative emotions and intense stress for children. Furthermore, many of the OSEC victim-survivors initially believed they were being arrested. Children struggle to make sense of the disorientation caused by the rescue operation. International Rescue Committee and UNICEF have listed best practices for communicating with sexually abused children. This list mentions that children need to understand the reason for the rescue, children need to know they are safe, and children need to be reassured that they are the ones the criminal justice system is serving (IRC 2012, 62-64). These very things are what the OSEC victim-survivors also mentioned they needed immediately after the operation. *“Dapat po tapatin yung bata, ipaliwanag ng mabuti kasi maiintindihan naman po naming yun,* (They need to be honest with the child, explain what happened thoroughly because we will be able to understand things),” said C2. C9 who was rescued in a different city also spoke of the first responders, *“nakatulong po na kinausap kami, pinalubag yung loob namin. Akala ko po kasi ikukulong nila kami pero iniligtas lang pala kami sa kapahamakan* (it was helpful that they spoke to us, calmed our emotions. I thought they would bring us to jail but they were only saving us from danger).” C3, who was rescued along with her baby, recounts her trip from the place of rescue to the processing center and what helped her at that time. *“Tulala na nalulungkot po ako noon...pinaliwanag po sa amin na nangyari po ito para sa kabutihan din namin* (My mind was blank and I was sad...they explained that what had happened was also for our good),” she related.

In addition, the calm demeanor of the first responders has been mentioned by children as one thing that has helped them. The children repeatedly used *“mahinahon,”* a word which translates to relax, calm, and peaceful in English, to describe the way the social workers and police officers spoke to them. This demeanor was categorized and coded as “non-threatening/safe/child-friendly atmosphere.” The comments of C9 on being rescued by female police officers were also placed in this axial code. She noted, *“Mababait po yung mga pulis, hindi po sila matatapang. Tsaka buti na lang po puro babae yung mga nagrescue sa amin* (The law enforcers were kind to us; they were not rude or violent to us. And it is good that those who rescued us were all female police officers).” IRC noted that the best practice in communicating with sexually abused children in rescue operations is to ask the child if he or she would prefer to have male or female trained staff

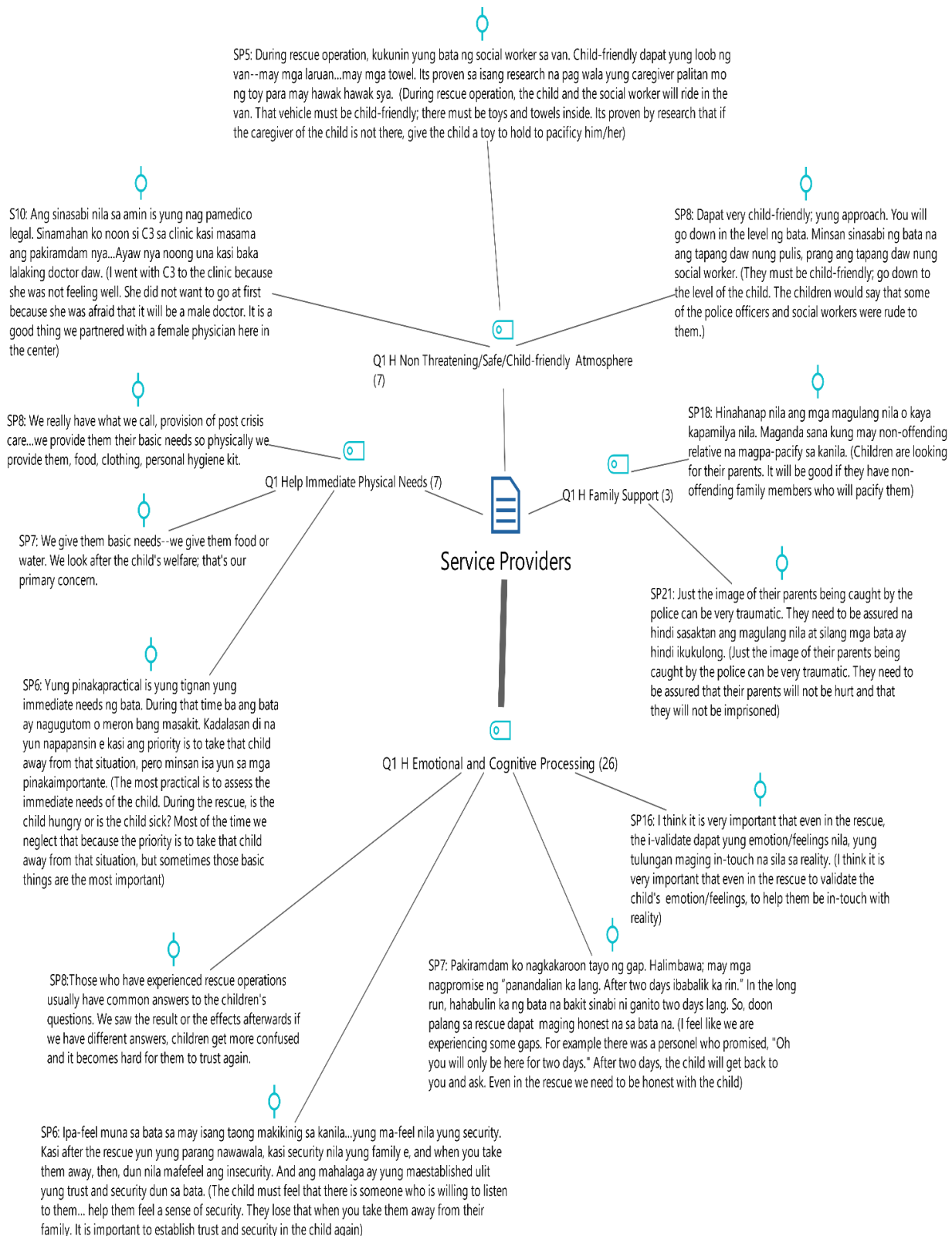
The theme of meeting the children’s immediate physical needs also emerged in the data. Assessing and addressing the needs of the rescued children are part of the first responders’ duties; this is outlined in the PNP manual in handling cases of CAR (PNP 2016, 15). For instance, the rescue operation for the group of clients 8-11 happened early in the morning, C9 even recalled waking up to the commotion. All the children at that time had not had their breakfast. Their memory of what helped them during the rescue includes the provision of meals and drinks for them. C10 mentioned neglecting her hunger until the officers gave them some food to eat. C8, who was rescued with C10, drew a happy self-portrait with her breakfast meal portraying the time of the

rescue. In the interview with the assessment center's administrative personnel, they revealed that C10 is classified as a case of a neglected child.

"Family support" was the code assigned to the theme of the children looking for the presence of people they consider to be safe. OSEC victim-survivors initially view rescue operations as a threat to their security—life as they know it becomes disrupted. Children resist this change; they do not want to be away from the places or the people they are familiar with (IRC 2012, 32). C11 was playing alone outside their house when the law enforcers came to rescue them that morning. *"Akala ko nga ako lang ang kukuhain kaya natakot ako, pero nakita ko sina ate ko medyo nawala na yung takot ko kasi kasama ko ang mga kapatid ko (I thought I was the only one-- that's why I got scared. But then I saw my sisters and somehow my fears subsided because I was with my siblings),"* he shared. C7, along with C4, who was brought by their grandmother for regular case filing, mentioned that having one last hug from their mother has helped her feel better. Children like those the ages of C4 and C7 ages, especially girls, tend to be dependent on others and need to be reassured by the people they consider to be significant and authorities in their lives (IRC 2012, 33). Supportive acts such as a quick hug or reassuring words from people the children consider to be safe help mitigate the onset of negative effects of the rescue (NIMH 2006,7). In the case of C1, even a simple call to his mother helped him feel better. *"Nung narinig ko na po yung boses ng mama ko at nasabi ko po sa kanya na narescue nga ako, medyo nawala na yung kaba ko, (When I heard my mother's voice, and I told her that I was rescued, my anxiety was reduced)."*



Q1B: What helps a child during rescue? (Service Providers)



Again, the code with highest frequency in the children's data, "Emotional/Cognitive Processing," is similar to that of the service providers. Also, this code corresponds with the "anxiety/confusion" code in Q1A. There were 26 coded segments from the consolidated transcripts of service providers' interviews that discuss the need to help children understand the rescue that transpired as well as the benefits that such processing yields. The service providers, most especially the social workers, acknowledge that the initial engagement with the clients during the rescue is their opportunity to build rapport and a trusting relationship (IRC 2012, 112). SP6 noted that the service providers can help give security to the clients and build trust with them by being a person who is willing to listen. SP7, a social worker too, shared her experience on rescues: "we introduce ourselves as social workers; we ask them how they are feeling; we explain the reason they were rescued and if they have more questions, we answer them honestly and accordingly." Forthrightly explaining to the children what will happen to them next proves to be one of the best practice methods to communicate well and build trust with rescued children (IRC 2012, 66). Communicating with rescued clients requires the service providers to take into consideration several factors, including the child's age and stage of development (IRC 2012, 73). For the law enforcers, part of their general rules in the initial engagement with the children is to introduce themselves as "kuya" or "ate" and explain to them the reason for the rescue (PNP 2016, 6).

A careful and thorough explanation to the children that they were not under arrest but rescued, that they will be placed in a safe center and not a prison facility for children, is a crucial part of the cognitive processing. The OSEC victim-survivors participating in this study unanimously believe that having a grasp of what has happened and why things happened greatly helped them feel better. Nonetheless, for SP16, emotional processing should begin immediately in the rescue as it is a vital component to place the children in a more positive trajectory. This includes validating the emotions of the children, and not giving dismissive statements like, "everything will be okay; you will better in no time; at least you have been rescued" (NIMH 2006, 8; IRC 2012, 65). Failing to acknowledge the children and speaking dismissive statements to them only increases their trauma from the already frightening situation, and this inhibits creating a space for trust (IRC 66-67).

In this vein, some service providers also brought to light an issue they have identified. SP 8 mentioned that there are other first responders who would say, "*Huwag ka na umiyak; uuwi na din kayo after two days? Mamaya nandyan na ang bata, 'Bakit sabi ni ganito uuwi na kami sa makalawa? Mga sinungaling kayo!*" (Don't cry, after few days you will be sent back home. Later the children will ask us, 'Why did this guy said we will go home after two days? You are all liars!')." SP3-7 shared the same experience in their respective FGDs and interviews. Long-time first responders to children note that making promises which are impossible to fulfill only breaks the trust of the child and generates devastating effects on their healing and recovery (NIMH 2006, 8; IRC 2012, 67). The rescue is already a traumatic event to OSEC victim-survivors for the very reason that their understanding of what is safe and familiar is not only challenged but utterly shattered (Everly 2008, 12). The vileness of the grooming which was done to them is exposed and they slowly begin to realize how they have been exploited and violated by the people they wholeheartedly trusted—suddenly their idea of what is "normal" is brought to light and exposed as "dysfunctional" (Kloess, Beech, Harkins 2014, 128; McAlinden 2006, 348). Dismissive

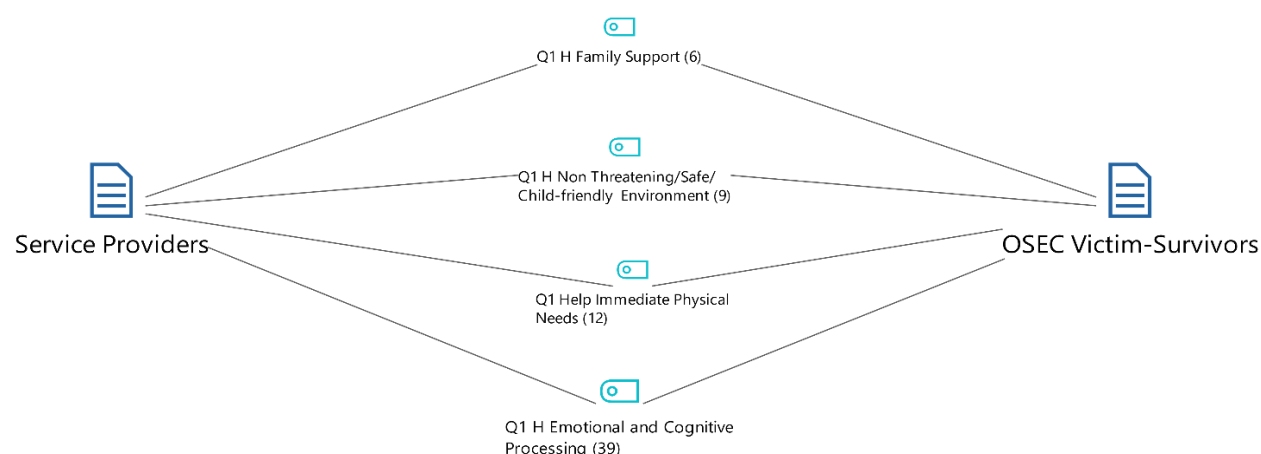
statements spoken to children during rescue and untruthful promises may seem trivial to some first responders, but to the children, it only increases their psychological hypersensitivity and worsens their post-traumatic stress reactions (Everly 2008, 12). The house parents shared how devastated the children were when they were not sent home from the center on the day they were promised by one of the first responders. *"Gabi-gabi silang umiiyak at saka si C3 at C5 nagwawala pa noong hindi natupad yung pinangako na makakauwi sila agad* (They cried themselves to sleep; C3 and C5 even threw a fit when they were not sent home at the time promised to them)," SP12 shared.

Related to the "emotional/cognitive processing" is the code "non-threatening/safe/child-friendly atmosphere," which according to the service providers is also crucial to help children during rescue. For law enforcers tasked with rescuing OSEC victims, forcible actions towards the children or use of vulgar words in the presence of the children are strictly prohibited (PNP 2016, 8-12). These rules were set in place to preserve the dignity and promote the self-worth of the child. Creating a non-threatening, child-friendly space for the rescued victims is as beneficial to the children as it is to the service providers. IRC notes techniques such as maintaining equality by sitting at the same height as the child and avoiding the use of words that could connote a blame such as "why" and "how come" are simple but effective measures in reinforcing trust and safe feeling to the children (IRC 2012, 66, 69). Trauma-informed care training also proved to be helpful for the service providers in creating a safe space for the children. One law enforcer shared, *"Hindi po kasi lahat ng rescue parehas, lagi kang may matutunang bago, buti na po nakasali ako sa seminar noon tungkol sa trauma...nakatulong po iyon sa akin* (Not all rescues are the same, there is always a new thing to learn. It is good that I was able to attend a seminar on trauma...that helped me greatly)."

Providing the children's immediate needs is also one of the helpful practices during rescue. SP6 mentioned, *"Yung pinaka practical is yung tignan yung immediate needs ng bata. During that time ba ang bata ay nagugutom o mayroon bang masakit? Kadalasan di na yun napapansin kasi ang priority is to take that child away from that situation, pero minsan isa yun sa mga napaka importante* (The most practical thing is to assess the immediate needs of the child. During the rescue, is the child hungry or is the child sick? Most of the time we neglect that because the priority is to take the child away from that situation, but sometimes those basic things are the most important)." This open code directly correlates to the open code of C8, who mentioned that she appreciated the rescue team who bought her breakfast. Attending to the children's immediate and basic needs are crucial for stabilizing their physical and psychological state (CSPC 2016, 14; PNP 2016, 15; NIMH 2006, 8). This includes needs such as food, rest, sleep, hygiene kit, clothing, etc. C4 and C8 who were rescued months apart and are from different cities shared the same negative experience however. C8 mentioned, *"wala akong dalang damit kahit isa nung rescue...pinahiram nalang kami ng ibang bata pagdating dito sa center* (I had no other clothes with me when we were rescued...the kids in the center just let us borrow their clothes)." In the drawing activity, C4 inscribed *"kailangan ng bata ng damit* (the child needs clothes)." When asked what she meant by the inscription, she shared that they only had a few articles of clothing when their grandmother referred them to the barangay authorities and that she wished she had more of her clothes with her.

Finally, the service providers also acknowledge that the children are looking for people who are familiar to them during the moment of rescue. SP19 noted, “*Yung mga ibang pulis na nanay na, sila na rin yung parang mga magulang ng bata na nagpapatahan sa kanila...Kapag 1-2 years old iyak ng iyak yan* (Police officers who are mothers themselves act as the parents of the children and reassure them...Children 1-2 years old cry a lot).” This observation of the law enforcer coincides with the IRC’s competency information for rescuers of children ages 0-5: “They may also resist leaving places where they feel safe (their home or classroom), or be afraid to go places that may trigger memories of a frightening experience” (IRC 2012, 32). C1, C2, C3, C4, C6, C7 and C9 all explicitly mentioned that once the law enforcers and the social workers were able to explain to them that the rescue was for their good and that they would not be imprisoned, they experienced a sense of relief. They used the phrases, “*gumaan ang loob*” and “*napalubag ang loob*.” Both mean to feel lighter, better, and calm. Nevertheless, the children also noted that they felt better and more secure when they had received reassurance from their family—for C1 it was a call to his mother and for C7 it was a hug from her mother.

Q1B: What helps a child during rescue?

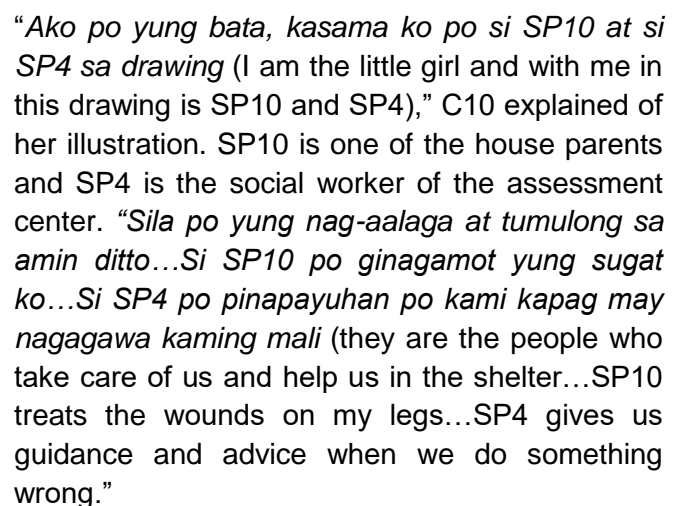


The responses of the children and the service providers are parallel in Q1B. The two groups of participants both acknowledged the importance of emotional and cognitive processing even during initial engagement. The children's need for clarity and explanation can be an opportunity for first responders, especially the social workers, to create a relationship of mutual trust with the clients. This entails providing a non-threatening, child-friendly space for the children to begin to understand their situation. This rapport building must be done without neglecting the immediate physical needs of the children present at the time of the rescue. Further, the two groups of participants see support and reassurance from people who are familiar to the children as helpful means to ameliorate the children's anxiety and to stabilize their emotional and mental state.

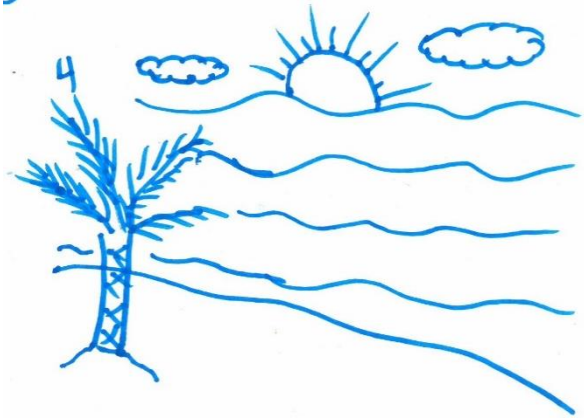
Q2 A: What does a child feel or think after a few weeks in Shechem?

“Magkahalo po kasi ang nararamdaman ko dito (I have mixed feelings here in Shechem),” shared C9. “Masaya po ako dito kasi mababait po ang ibang house parents, pati ang mga staff at social workers pero malungkot po ako dahil namimiss ko ang pamilya ko. Naiisip ko din po si mama ko, hinuli po sya ng mga pulis. (I am happy here because some of the house parents are kind, as well as the staff and social workers, but I am also sad because I miss my family. I also think about my mom because she was taken by the police officers.”

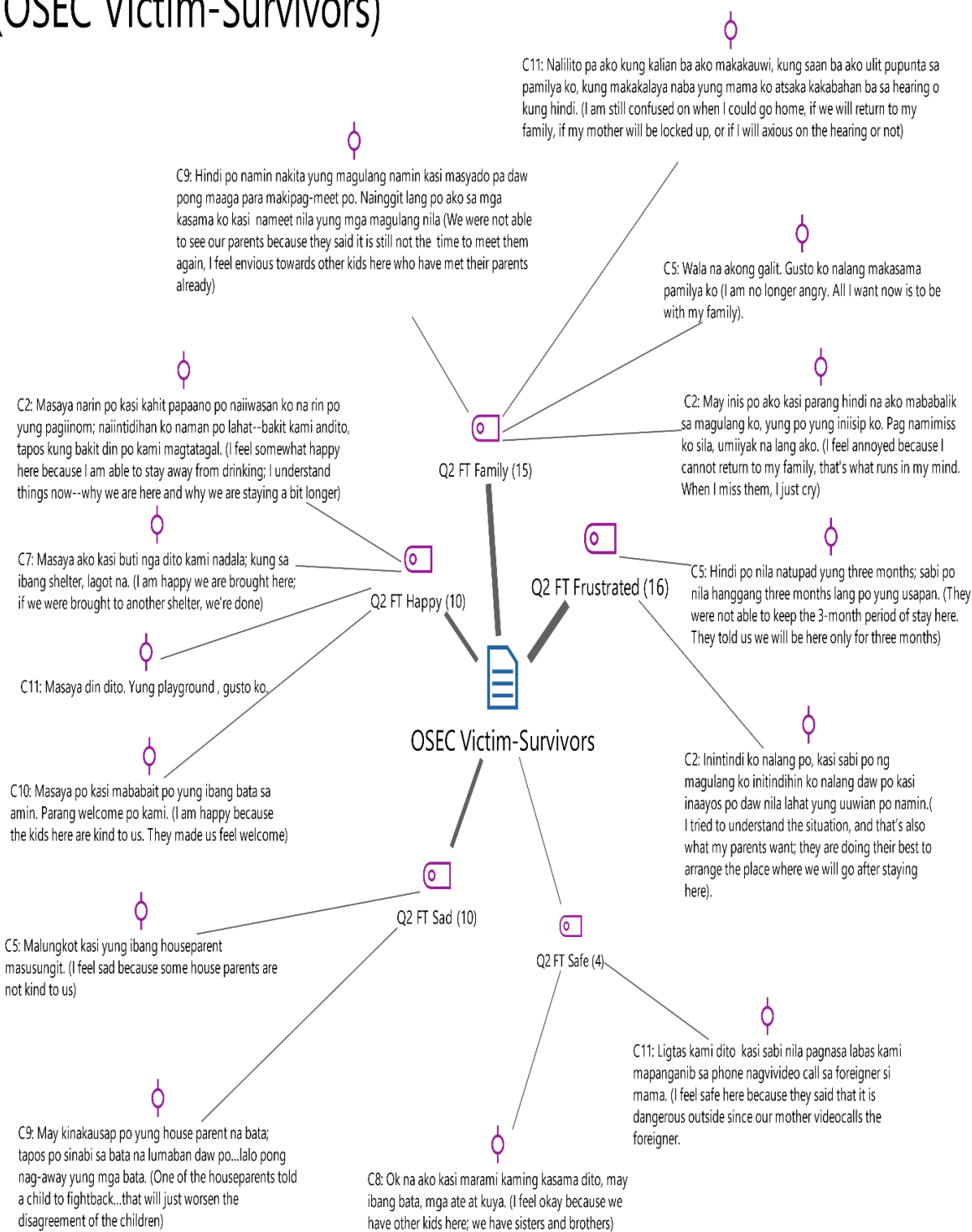
A simple stick figure drawing of a person with long, wavy hair. The figure has a round head with two dots for eyes and a downward-curving line for a mouth, indicating a sad or unhappy expression. The body is represented by a single vertical line with a horizontal crossbar and two diagonal lines for legs.



When asked to draw what C1 thinks of the shelter, he drew a scene from the beach. “*Ang Shechem para sa akin ay parang resort. Nalilimutan ko ang problema ko dito; nalilibang ako sa mga ginawa namin. Malayo po ako sa gulo dito* (Shechem to me is like a resort. I forget about my problems; I get entertained by the activities we have. I am far from troubles here),” C1 explained.



Q2 A:What does a child think/feel after few weeks in Shechem? (OSEC Victim-Survivors)



Children experience a wide range of emotions in Shechem: they feel sad, frustrated, happy, safe, and longing for their families. Of the five codes that emerged, the code “frustrated” accumulated the highest frequency—there were sixteen (16) coded segments from the data of the OSEC victim-survivors under this axial code. The children long to see their family and be with them, and being unable to do so elicited frustration among the children. C8 shared that she initially thought she would only be in the assessment center for a couple of days. “*Gusto ko nang umuwi sa bahay namin* (I want to go back home),” she added. The desire to be reintegrated with their families is a unanimous response among the OSEC victim-survivors.

What added to the frustrations of the OSEC victim-survivors are the promises made by other first-responders that did not come to pass. C5 noted, “*Hindi po nila natupad yung three months; sabi po nila hanggang three months lang po yung usapan* (They were not able to keep the 3-month limit of stay here. They told us we would be here only for three months).” Such promises indeed have impeded the trust-building of the children with their case managers, and it has affected the way the children perceived other service providers working in the shelter (NIMH 2006, 8; IRC 2012, 67). “*Sana po hindi na lang nila kami pinaasa* (they should not have given us false hopes),” C2 poignantly shared in the interview, “*...sabi po ng magulang ko initindihin ko nalang daw po kasi inaayos po daw nila lahat yung uuwian po namin*. (my parents said I should understand because they are doing their best to prepare the place we will go to after the shelter).”

What follows the frequency of the “frustrated” code closely in the OSEC victim-survivors’ data is the code, “family” which was coded fifteen (15) times. This code is again unanimous among the children, every child shared that they think and worry about their family every day. As proven by many precedent studies, the alleged perpetrators of the children in the center are either their very own family members or people such as friends and neighbors who have gained the trust of their family (PCAR 2012, 10-11; IRC 2012, 24-25; IJM n.d.; De Vera 2018). The alleged perpetrator of C3 and her one-year old baby is the mother of her partner, the grandmother of her daughter; while the perpetrator of C9, C10, and C11 are their own mother. In spite of this, the children are still concerned about their alleged perpetrators. C3 confessed that she feels shame and pity on the mother of her partner whom she also calls, “mommy.” She remarked, “*naawa rin po ako kay mommy; ang bigat po sa loob kasi parang ako pa ang magiging dahilan kapag nakulong sya* (I also feel pity for mommy; it is a burden to think that I will be the reason of if she will get locked up).” C3’s attitude is typical for children who have been sexually exploited; they typically feel the need to protect their perpetrator most especially if they are family members (IRC 2012, 27). Sibling group C9, C10, and C11 also worry about what will happen to their mother who is their alleged perpetrator. C10 mentioned that she fears more for her mother’s safety and well-being than for her own, and her sister, C9, could not hold back tears when she got to share the story of the arrest of their mother. Their brother C11 shared in the interview that he does not think he is ready to return to regular schooling even if they get reintegrated after some weeks because of his anxious thoughts about their family. “*Hindi muna ako papasok. Nalilito pa ako kung kalian ba ako makakauwi, kung saan ba ako ulit pupunta sa pamilya ko, kung makakalaya naba yung mama ko atsaka kakabahan ba sa hearing o kung hindi*. (I am still confused about when I can go home, if we will return to my family, if my mother will be locked up, or if I will anxious in the hearing or not).”

The desire of the OSEC victim-survivors to protect their mothers is not merely out of fear of being blamed for the incarceration of a parent. There is a cultural lens that one needs to use to understand the worldview of the children—the Filipino ethic “*utang na loob*” plays a huge part on this. *Utang na loob* or debt of gratitude in English is a self-imposed response of one person to the “*kagandahang loob*” or good will that has been presented by the other (Reyes 2015, 159-162; Vrancken and Goris 2018). Holnsteiner (1973, 75–76) noted that *utang na loob* is more felt by children toward their mothers: “The children should recognize, in particular, that their mother risked her life to enable each child to exist. Thus, a child’s *utang na loob* to its [sic] parents is immeasurable and eternal.” This is certainly the Filipino worldview at play behind C9, C10, and C11’s concern for their mother. For C3, and even for C2, C5, and C6 who were rescued with her, “mommy” showed them “*kagandahang loob*” (good will) when she opened her house to be a roof over their head and when she provided food for these children whenever they would come in her house. Mommy became the maternal figure for these children, and thus, they feel that they have “*utang na loob*” towards her. *Sans* the raising of critical awareness of the children about the sexual grooming, abuse, and exploitation that transpired, the benefits C2, C3, C5, and C6, have received from Mommy will continue to look like *kagandahang loob*, and they will continue to feel obliged to pay *utang na loob*.

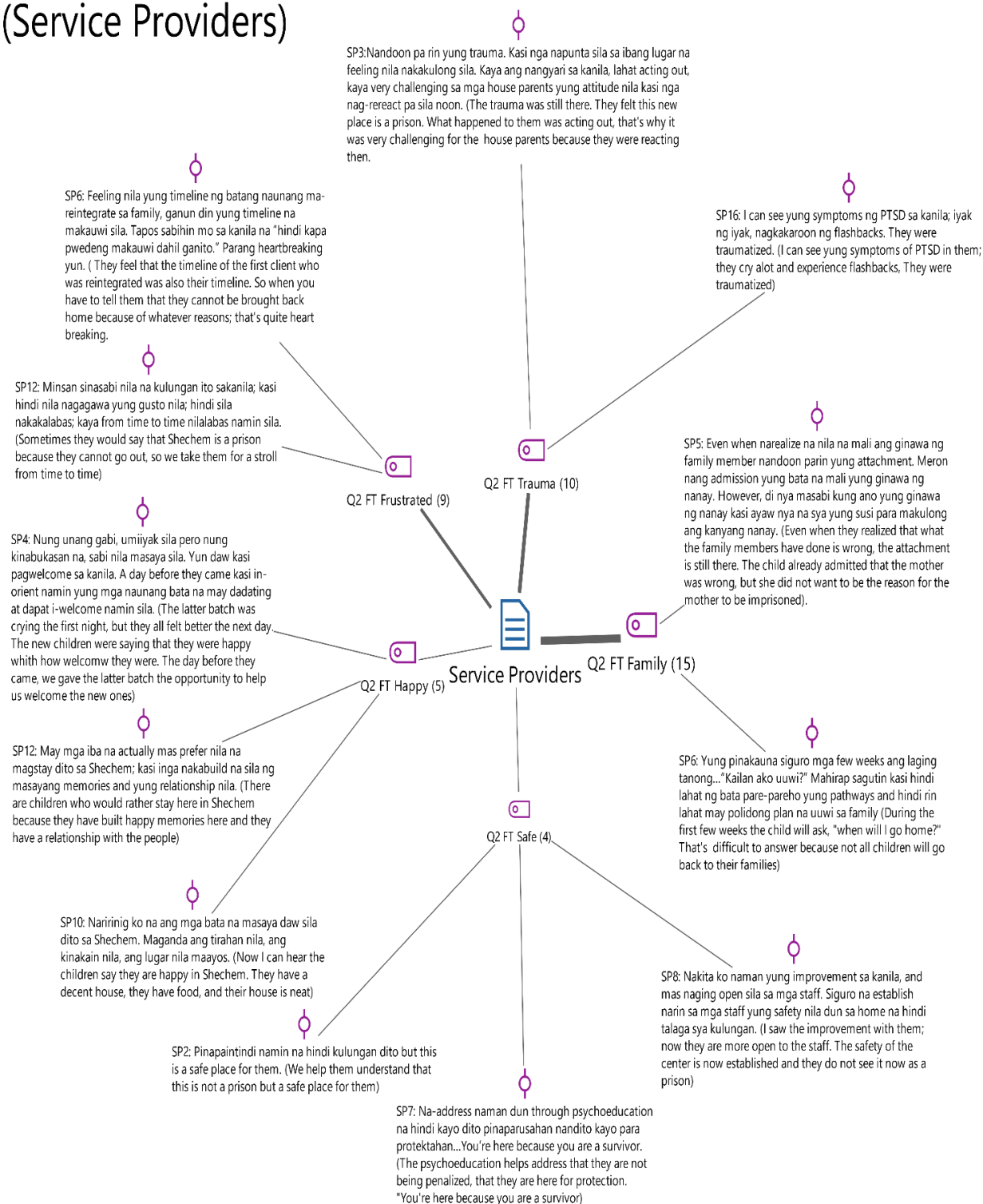
In Q2 A, it is interesting that the “happy” code and “sad” code garnered the same frequency; both were coded 10 times respectively. This seeming contradiction supports the children’s apparent ambivalent feelings towards the center. Children mentioned various reasons for feeling happy in the center. C2 mentioned that being in the center keeps her away from vices and other negative influences; C7 shared the dreadful things she has heard about other centers and how Shechem is not like those shelters; C11 noted that time in the playground makes his stay in the center less lonely and more bearable; C10 related that the warm welcome of the other children and the care of the service providers in Shechem makes her happy.

On the code “sad” there were only two themes that emerged. First, the children feel sad because of how they feel some house parents are treating them. One child recounted an incident wherein she witnessed two children arguing, and she disapproved of the way the house parent handled the squabble. “*Narinig ko po sinabi nung isang house parent doon sa isang bata na huwag magpa-api, labanan daw po yung isang bata. Hindi po maganda yun diba?* (I heard the house parent tell the child to fight with the other kid. That’s not good advice, right?).” C5 also noted that not all house parents are kind to them, and that some could be rude sometimes. C10 also shared, “*Sana po madagdagan pa yung pasensya nila sa amin* (I wish they would be more patient with us).”

The second theme is related to the “family” code. Children feel sad when they think of their family. C2 shared, “*pagnamimiss ko sila, umiiyak nalang po ako* (When I miss them, I just cry).”

Finally, the children also mentioned feeling safe in the assessment center. The latter clients—C8, C9, C10, C11—mentioned that when they saw that there were other children in the center, they felt secure. C8 mentioned that having older sisters and older brothers in the shelter made her feel safe. C11 also expressed that he agreed with the law enforcers and social workers who remarked that he is further away from harm when he is in the shelter than when he is outside and susceptible to online predators.

Q2 A:What does a child think/feel after few weeks in Shechem? (Service Providers)



Family is the strongest code in terms of frequency and area of coding. The service providers understand that the children during their stay in Shechem continue to worry about their family and wish to be reunited with them. This is not very surprising since Filipinos are family-centered and our families are very close-knit (Mendez and Jocano, 1974; Go, 1993; Miralao, 1997; Medina, 2001; Tarroja 2010, 177). This is a Filipino value that cuts across every ethnolinguistic group and socio-economic class. "*Kailan ako uuwi?*" (When will I go home?), "*Kamusta sina mama at papa?*" (How are my mother and father?), "*Kailan ko pwedeng makita ang pamilya ko?*" (When can I see my family?) are the frequently asked questions according to SP5. In all interviews and FGDs, the service providers mentioned that the majority of the OSEC victim-survivors, despite the neglect, abuse, and exploitation experienced, still will choose to return to their family if given a choice. SP7 made the interesting observation, "*In spite of the gross and dark abuse of OSEC, the children still want to be with their family.*" Twelve of the 21 service providers have previously experienced working with CSEC cases. All twelve noted that one stark difference between CSEC and OSEC victim-survivors is that the latter show a far stronger attachment to their kin who are the alleged perpetrators. SP3 and SP4 who have worked in shelters for CSEC victim-survivors noted that in OSEC, the problem of attachment is not between the rescued victim and the case workers or people in the shelter. "*Mas attached ang bata sa mga family members kahit na alleged perpetrators niya*" (The children are more attached to their family members even though they were the alleged perpetrators)," shared SP4 during the FGD. In a separate interview, SP5 noted, "*Usually ang sinasabi ng mga perpetrators sa bata ay, 'hindi ka naman gumagawa ng masama; tumutulong ka lang sa pamilya natin para may makain tayo.' Ganoon katindi ang grooming sa kanila!*" (Usually the perpetrators tell the children, 'You are not doing anything wrong; you are only helping the family so we can eat.' The grooming is that terrible!)." SP1 and SP2 shared that they have heard children say, "*Kung hindi ko po ito gagawin, wala po kaming pambili ng pagkain*" (If I will not do this, we cannot buy food)." Some children enter the online sex trade not only to survive but to get the material things that their parents cannot afford to give them. "*There are minors who get into OSEC not because they are dirt-poor; they do those things so they can buy gadgets like cellphones, tablets, etc., or other things that make them live more comfortably,*" SP1 remarked. Whether for survival or for alleviating poverty, the children become the "*taga-salo*" or the one who takes care of the needs of the family, the one who makes things better for the family (Carandang 1987; Carandang and Sison 2004). From the lens of the Filipino concept "*taga-salo*," OSEC is better understood as a negative expression of Filipino children's ability to be poverty-resilient.

"Trauma" is an ad hoc code that emerged from the data of the service providers. The code refers to the trauma brought about by online sex trade and the rescue to the OSEC victim-survivors as well as the post-traumatic stress reactions observed by the service providers. It is interesting that the code did not emerge from the children's data. While they used the word "trauma" referring to the physiological shock they felt, they may not be aware of the effects of trauma that manifest in their stay in the shelter. SP16 shared "*After two-three weeks of being in the shelter, lutang parin sila; they are still traumatized...I can see symptoms of PTSD sa kanila, iyak ng iyak, nagakakaron ng flashbacks*" (After two to three weeks of being in the shelter, they still could not make sense of what had happened. They are still traumatized...I can see symptoms of PTSD in them, intense crying, and having flashbacks)." PTSD is a predictable symptom in the wake of psychological trauma and it has four clusters of symptoms: 1) re-experiencing the

traumatic event usually through nightmares, 2) avoidance of people, places, or discussions that will trigger recollection of the event, and 3) increased arousal such as hyper startle reactions, anger, irritability, disturbance, etc., and 4) negative cognitions that are persisting (APA n.d. ; Everly 2008, 11; NIMH n.d.; Sege et.al. 2017).

Sexual acting out is also an effect of trauma that has manifested among the children in the center. The problematic sexual behavior of the children learned because of the online sex trade is aggravated by the stress brought by the rescue—sexually abused and exploited children display more sexual behaviors with greater frequency (Kellog 2009, 992-995; NCTSN 2009; NIMH n.d.;).

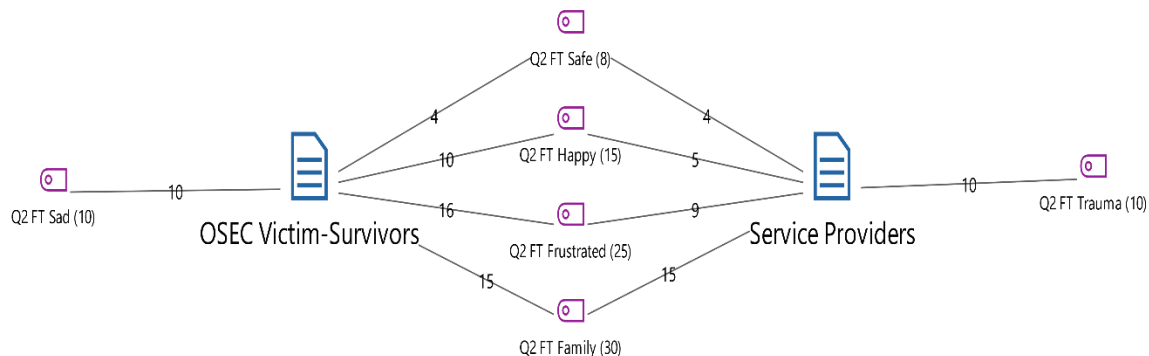
Given the strong correlation between abusive environments and sexual behaviors in children, it is not surprising that sexually abused children such as these OSEC victim-survivors manifest sexual behavior problems after they are placed with alternative caregivers (Kellog 2009, 995; Thompson et. al. 2017), SP5 shared, “*Kaya ang nangyari sa kanila, lahat (sexually) acting out, kaya very challenging sa mga house parents yung attitude nila... (What happened to them, they were all (sexually) acting out, that's why it was very challenging for the house parents...)*.” In the FGD, the house parents shared the sexual acting out they have witnessed and the stress they incurred because of it. Because of the significant amount of time the house parents spend with children, they are the ones who frequently witness the traumatic effects of the online sexual exploitation and subsequent rescue on the children.

“Frustrated” is another code that emerged from the service providers—this code also emerged in the data of the OSEC victim-survivors. The open codes in the children’s data show that they are frustrated because they cannot see their family. The service providers, however, also see that the children are frustrated because they cannot spend time outside. SP12 mentioned, “*minsan sabi nila sa akin na kulungan ito sa kanila... kaya from time to time nilalabas naming sila (They said that this is like a prison to them, that’s why from time to time we bring them out)*.” It is interesting however that the assessment center being likened to prison was not once mentioned or illustrated by the children during the data gathering phase. On the contrary, all the children mentioned being grateful for the center and its facilities, particularly its playground. Even more positive, C1 likened the center to a resort.

Codes signifying a positive attitude towards the center like “happy” and “safe” also emerged from the data of the service providers. SP6 shared, “*Nakita ko naman yung improvement sa kanila, and mas naging open sila sa mga staff. Siguro na establish narin sa mga staff yung safety nila dun sa home (I have seen their improvements and how they have slowly opened up to the staff. I believe the staff have been able to establish a sense of safety for the children in the center)*.” The FGD with the house parents was done shortly before the first group of children had spent three months the shelter. The service providers also revealed an improvement in the children’s attitude towards the center and its workers. “*May mga iba na actually mas prefer nila na magstay dito sa Shechem; kasi inga nakabuild na sila ng masayang memories and yung relationship nila (There are children who would rather stay here in Shechem because they have built happy memories here and they have a relationship with the people)*,” SP12 remarked. Other themes included in the code “happy” were the hospitality provided especially to the second group of children and the OSEC victim-survivors’ appreciation that their physical needs are met at an

optimal level. One house parent shared, “*naririnig ko na ang mga bata na masaya daw sila dito sa Shechem. Maganda ang tirahan nila, ang kinakain nila, ang lugar nila maayos.* (Now I can hear the children say they are happy in Shechem. They have a decent house, they have food, and their house is neat).”

Q2 A:What does a child think/feel after few weeks in Shechem?



In Q2 A, almost all the codes from the OSEC victim-survivors data aligned with the service providers. The two differing details were the emergence of the code “sad” in the OSEC victim-survivors’ data and “trauma” in the service providers. Nonetheless, these differing codes are non-divergent as it does not conflict with the information provided by the two groups. The service providers still mentioned witnessing the children feel sad in the center due to their longing to see their families, and the children, despite not using the word “trauma” in response to Q2A, still related stories that evidence some post-traumatic reactions to the sexual exploitation and rescue they experienced.



Q2 B: What helps a child during the stay in Shechem?



C1 drew a basketball and a painting in a frame in response to prompt on the things that help rescued children while they stay in the assessment center. He shared, "*Nakatulong po sa akin yung pagdradrawing kasi nailalabas ko yung nararamdaman ko sa drawing ko* (The drawing activities are helpful to me because I get to express my feelings through my drawings)." He also mentioned that having a space to play sports like basketball helps him ease his mind away from anxious thoughts.

"I need activities that will relieve my mind of worries, and I need someone I could share things with every day." "For the other kids who will be placed here, they will learn how to pray always," inscribed C2. C2 was one of the most difficult cases in the center because the manifestation of PTSD in her case were extreme. SP16 noted of her, "*C2's case is very complicated kasi mayroon siyang suicidal tendency eh* (C2's case is complicated because of her suicidal tendency)." Nevertheless, C2 is learning ways to cope—she shared that learning how to pray and looking for someone to talk to helps her significantly.

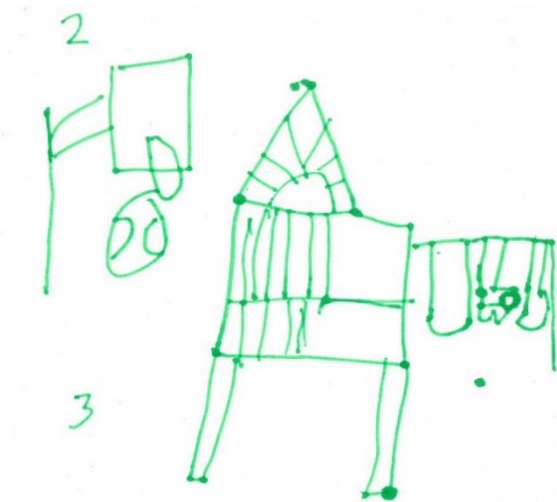
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May pray lagi*



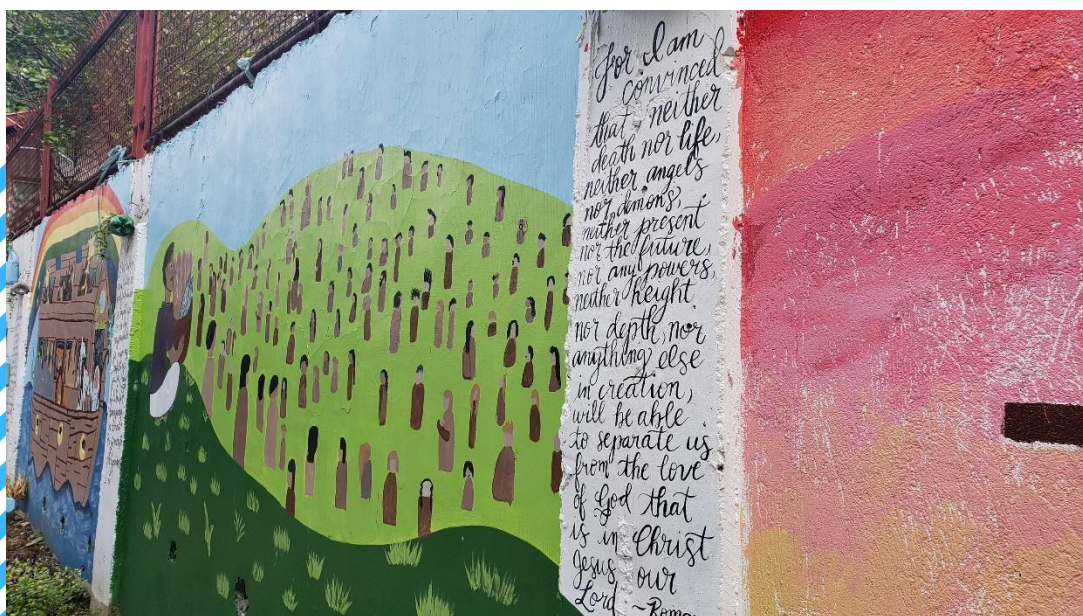
"I need attention," wrote C5 in her drawing. C5 shared that having the service providers in the center as people she can confide with helps her greatly. "*Minsan madami akong iniisip, pero nakwekwento ko yun kina SP16 at kina SP4, SP5, at SP6. Gumagaan po ang loob ko* (Sometimes I have a lot of things in my mind but I get the chance to share them to SP16, SP4, SP5, and SP16. I feel better when I do that)." Along with the shelter, C5 depicted the playground where she said she enjoys hanging around."

C7 wrote, "I want to hug my parents, sing, and communicate." When she was asked to explain her note further, she shared. *"namimiss ko na ang mga magulang ko eh, gusto ko silang mayakap...paborito ko pong kumanta...at saka masaya ako kapag kausap ko ang mga mama* (I miss my parents a lot, I want to hug them...my favorite thing to do here is to sing...I feel happier when I talk to the houseparents)." In one of the researchers' visit, C6 remarked of C7, *"Si C7 po ang singer sa amin* (C7 is the singer in our group)."

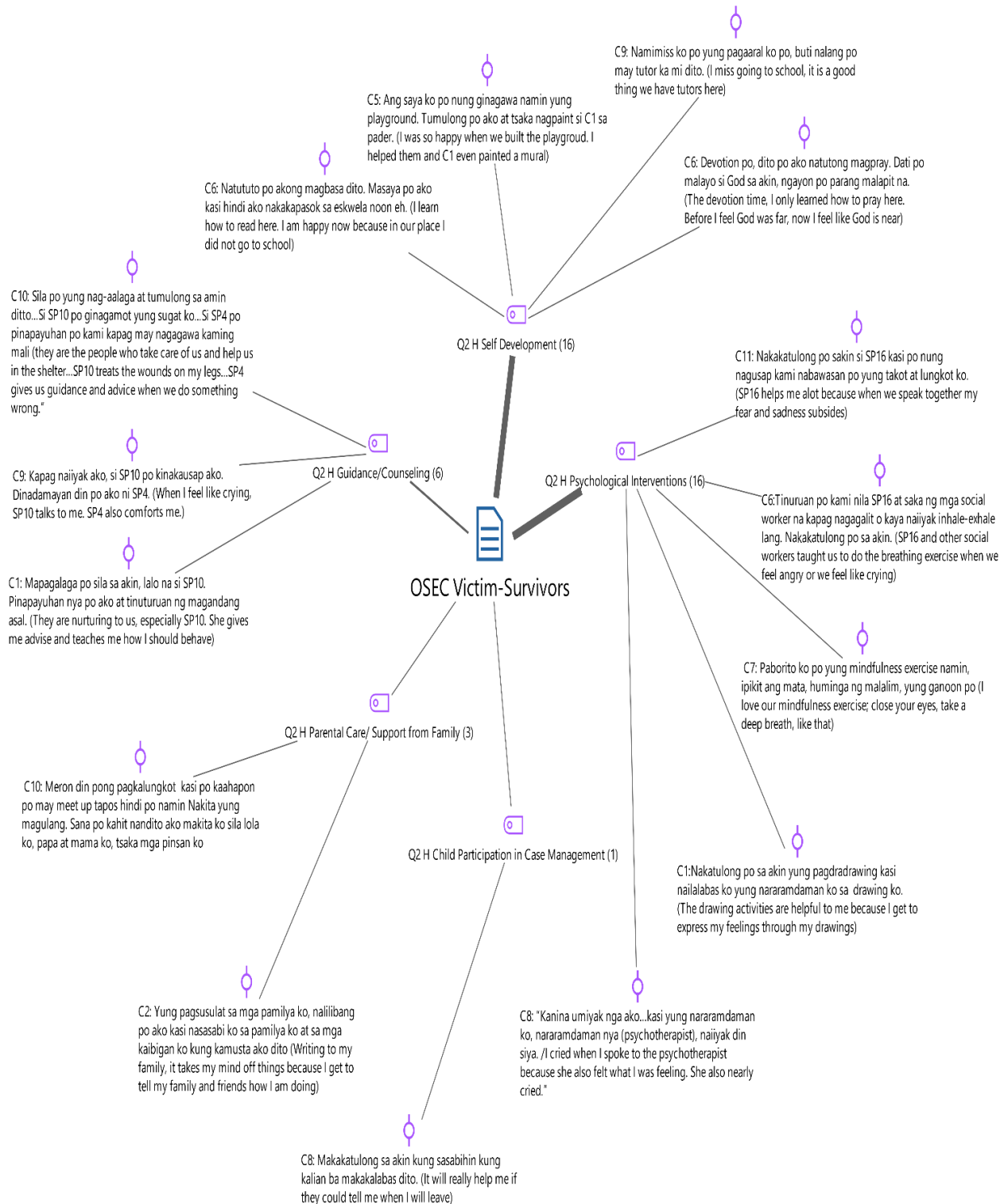
~~Ang mga~~
Gusto ko mahag ang magulang ko at kumanta at ~~may~~ makipag usap



C6 drew the basketball court and the playground in response to the prompt on what things help a child in the center. *"Yun pong playground, kami ang gumawang nyan. Tinulungan namin yung mga bisita. Tapos po nagpaint din kami sa pader* (That playground, we did it. We helped the visitors to put it up. We also painted the murals)," he proudly shared. C6 also shared that his favorite pastime is playing basketball. C6 shared, *"minsan kapag nagpupunta si SP1 naglalaro kami ng basketball. Parang kuya na namin sya* (sometimes SP1 comes here and we play basketball with him. He is like our elder brother)."



Q2 B: What helps a child during the stay in Shechem? (OSEC Survivors)



The codes “psychological interventions” and “self-development,” both ranked the highest in frequency. For the clients, their sessions with the psychotherapists help them cope with the toxic stress that they incurred from OSEC and the rescue. The OSEC victim-survivors go through toxic stress—it comes from strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support (Harvard University n.d.; Child Welfare Information Gateway, 2019). Children who experience toxic stress may exhibit certain behavior such as “poorer coping, cognitive and attention problems, poor emotional regulation, and difficulty in social functioning” (Blair and Raver, 2012, 309-318; Thompson 2014, 45). Many children who have gone through adverse experiences may become depressed, quiet around people, isolated from others, and become emotionally numb (NIMH 2006, 11). Other children may display outbursts of anger and irritable or disruptive attitudes (Child Welfare Information Gateway, 2014). These negative outcomes of toxic stress can be alleviated through trauma-informed approaches and there is evidence that social and emotional support can also reduce its effects (U.S. Department of Health and Human Services, Administration for Children and Families). The results of the data from the OSEC victim-survivors in the center clearly coincides with this. The children unanimously mentioned that having emotional support coming from the psychological interventions, along with counseling, help them feel better. C8 shared her feelings on her encounter with the psychotherapist, *“kanina umiyak nga ako...kasi yung nararamdaman ko, nararamdaman ni SP16, naiiyak din siya* (I cried when I spoke to the psychotherapist because she also felt what I was feeling).” C8’s comment highlights the OSEC victim-survivors’ need for empathy—others attempting to see things from the child’s point of view and sharing that understanding with the child survivor is one of the most important skills to build a trusting relationship with sexually abused and exploited clients (IRC 2012, 16). Having a non-judgmental approach to the clients is noted as the most important practice by the Children’s Law Center in providing interventions for sexually abused and exploited children (Children’s Law Center, 2018).

An important part of the psychological intervention that children did not fail to mention was learning positive coping strategies to fight stress. Coping can generally be conceived as a response to a stressful situation with the goal of psychosocial adaptation (Sesar, Simic and Barisic 2010, 407). The children who mentioned this shared about emotion-oriented coping—attempts to regulate negative emotional responses to a stressor with self-control and distancing, as well as other specific strategies (Simic and Barisic 2010, 407; Causey and Dubow 1992, 47-59). C6 shared, *“tinuruan po kami nila SP16 at saka ng mga social worker na kapag nagagalit o kaya naiiyak inhale-exhale lang. Nakakatulong po sa akin* (SP16 and other social workers taught us to do the breathing exercise when we feel angry or we feel like crying).” In one visit the researchers had with the children, the children readily demonstrated their mindfulness exercise. The researcher vividly remembered C7’s remark to her as she finished demonstrating and leading the exercise for the researchers, *“di ba gumaan ang pakiramdam mo?* (Don’t you feel better?).” Imparting and practicing emotional regulation and coping skills has been identified as a best practice method in therapeutic interventions among sexually exploited children clients (Children’s Law Center, 2018). Along with coping skills, using alternative therapy methods or play therapy like art therapy, music therapy, and simple physical activities like exercise, etc., are also included in the list of best practices. Children often do not have the cognitive abilities to articulate their stress and trauma, but play therapy allows them to fully process the experience in a way that they

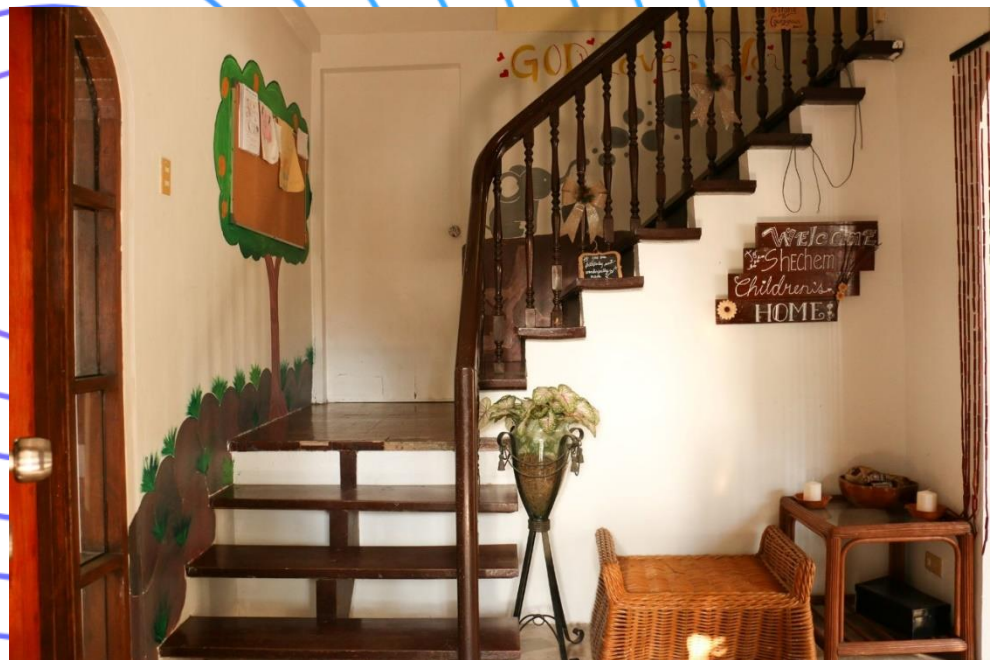
understand. C1 noted of the art therapy, “*Nakatulong po sa akin yung pagdradrawing kasi nailalabas ko yung nararamdaman ko sa drawing ko.* (The drawing activities are helpful to me because I get to express my feelings through my drawings).”

The code “guidance/counseling” is a co-occurring code with “psychological interventions.” This axial code corresponds to the open codes wherein children speak of being listened to, and being guided. While this code does not necessarily refer to professional counseling, it is good to note that professional counselors, Hall and Hall (2011), agree that there is really no one way to counsel sexually exploited children, but there are guidelines to ensure that clients get the help they need. One of these guidelines is providing a feeling of safety to the child (Hall and Hall 2011, 4). C9 shared, “*kapag naiiyak ako, si SP10 po kinakausap ako...dinadamayan din po ako ni SP4* (when I feel like crying, SP10 talks to me...SP4 also comforts me).” Relationship building techniques such as using encouragement, validation, self-disclosure, and boundary setting are encouraged to help guide and counsel children (Ratican 1992; Hall and Hall 2011). Some themes under this code also correspond to the segments in the document wherein children relate moments when the house parents and the center staff are people who not only listen to them, but also provide them with the parental guidance and care that they need. C10 shared, “*Sila po yung nag-aalaga at tumulong sa amin ditto...Si SP10 po ginagamot yung sugat ko...Si SP4 po pinapayuhan po kami kapag may nagagawa kaming mali* (they are the people who take care of us and help us in the shelter...SP10 treats the wounds on my legs...SP4 gives us guidance and advice when we do something wrong).” C1 said in his respective interview, “*mapagalaga po sila sa akin, lalo na si SP10. Pinapayuhan nya po ako at tinuturuan ng magandang asal.* (They are nurturing to us, especially SP10. She gives me advice and teaches me how I should behave).”

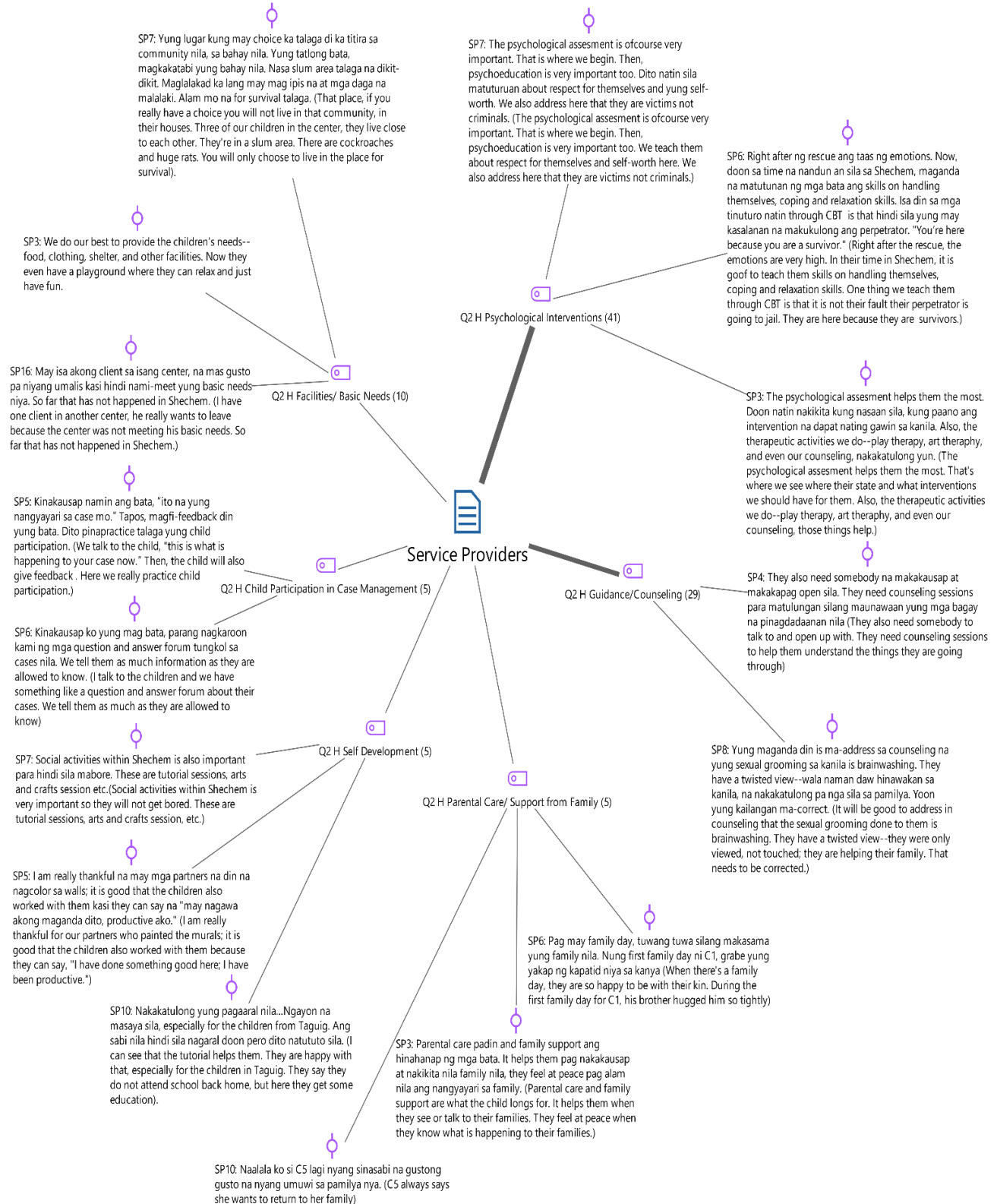
The code “self-development”, which is also among the highest in frequency on the children’s data in this question, refers to activities perceived by the children to keep them from being bored and help them become productive. This includes tutoring, voluntarily helping with chores in the center, devotions, etc. C2, C3, and C6 were not in school, and have initially exhibited delayed academic skills for each of their levels. Nevertheless, they get the chance to learn through the tutorial program offered in Shechem. C6 shared, “*natututo po akong magbasa dito. Masaya po ako kasi hindi ako nakakapasok sa eskwela noon eh.* (I learn how to read here. I am happy now because in our place I did not go to school).” Unlike the other kids in the center, the group of C8, C9, C10, and C11 attended school. However, they were rescued shortly before the 2019-2020 school year began. C9 shared, “*namimiss ko po yung pagaaral ko po, buti nalang po may mga tutor kami dito.* (I miss going to school, it is a good thing we have tutors here).” C6, nevertheless, shared that aside from the tutorial, he found the weekly devotions helpful to him. “*Devotion po, dito po ako natutong magpray. Dati po malayo si God sa akin, ngayon po parang malapit na* (The devotions time, I only learned how to pray here. Before I felt God was far, now I feel like God is near),” he remarked. C6’s comment is corroborated by many previous studies that avow religious influences help in resilience among at-risk children (Freeman, 1986; Furstenberg et. al. 1999; Johnson et. al. 2000; Johnson, Tompkins, and Webb, 2000; Bridges and Moore, 2002).

Other codes which have emerged in the OSEC victim-survivors data are, “parental care and family support,” referring to children wanting to keep constant communication with kin through writing letters and family conferences, and “child participation”, referring to children wanting

transparency on what is happening in the case. C8 shared, “*makakatulong sa akin kung sasabihin kung kalian ba makakalabas dito* (It will really help me if they could tell me when I will leave).”



Q2 B: What helps a child during the stay in Shechem? (Service Providers)



There are 41 segments in the service providers' data that are coded with psychological interventions," making it the code with the highest frequency. SP7 notes that the psychological assessment is of great significance because that is where the intervention begins. *"We also affirm here that they are victims not criminals,"* SP 7 notes. S6 also observed that being removed from their familiar environments causes intense emotions in the OSEC victim-survivors and that the psychological interventions are helpful to stabilize those emotions. Also, in congruence to SP7's comment, SP6 shared that the cognitive behavioral therapy (CBT) helps the children understand their situation. *"Isa din sa mga tinuturo natin through CBT is that hindi sila yung may kasalanan na makukulang ang perpetrator...They are here because they are survivors* (One thing we teach them through CBT is that it is not their fault their perpetrator is going to jail. They are here because they are survivors.)," he added. The service providers also mentioned the importance of psychoeducation and helping the client learn coping and relaxation skills to help them self-regulate their emotions and behaviors. The house parents also noted in the FGD that they noticed positive changes among the children after they have gone through psychological interventions. *"Malaking tulong po ang psychotherapy sa mga bata kasi noong una panay ang iyak at napakagulo nila, pero noong naturuan sila ng mindfulness, hindi na po sila laging umiiyak at mas maganda na po ang pakitungo nila sa amin* (The psychotherapy helps the children a lot because at first they always cried and their behavior was unruly, but when they learned mindfulness, their crying lessened and their behavior towards us improved)," remarked SP10.

Teaching children coping and relaxation skills are part of what experts call building "protective factors" (Rutter 1987; Garmezy 1985; Donovan, Jessor, and Costa 1991; Coie et.al. 1993; Luthar, Cicchetti, and Becker 2000; Masten and Reed 2002; Luthar 2006; Rutter 2000; Afifi and MacMillan 2011; Aguilar et. al. 2011; Child Welfare Information Gateway 2014; 2015 b; 2018; 2019). Protective factors are conditions or attributes that can promote well-being and reduce the risk for negative outcomes for children who have gone through traumatic adverse experiences such as neglect, abuse, or exploitation (Child Welfare Information Gateway 2015b, 1). These conditions and attributes can influence, modify, ameliorate, or "buffer" how a person responds to the adversity that places them at risk for maladaptive outcomes" (Rutter 1985; Aguilar et. al. 2011, 268; Child Welfare Information Gateway 2019, 7). Furthermore, helping children build protective factors has been proven to increase their resilience (Rutter 1985; Garmezy 1985; Rutter 2000; Luthar, Cicchetti, and Becker 2000; Masten and Reed 2002; Luthar 006; Afifi and MacMillan 2011; Aguilar et. al. 2011; Child Welfare Information Gateway 2014; 2015b; 2018; 2019).

Protective factors are built at three levels: 1) the individual level, pertaining to a child's personal characteristics, traits and resources, 2) the family level, referring to family's resources and supportive relationship, and 3) the community level, denoting non-family member relationships and support groups (Afifi and MacMillan 2011, 268). In the assessment center, the psychological interventions deal with the individual level, while the family assessment done by the social workers and the psychotherapist help build protective factors in the family level. Three protective factors at the individual level have evidenced to have the strongest protective nature—self-regulation skills, relational skills, and academic skills (Child Welfare Information Gateway 2015b). The first protective factor, self-regulation skills, refers to a child's ability to manage emotions, which can include self-mastery, anger management, long-term self-control, and emotional intelligence (Child Welfare Information Gateway 2014; 2015b). SP16 spoke on how

learning to control her anger has helped C7 in relating with other children, *“yung ibang mga bata, paboritong asarin si C7 dahil siguro mahilig magsumbong sa house parents...dati makikipagaway nalang siya pero ngayon when she practices breathing exercises mas nagiging mahinahon sya* (other children like to tease C7, probably because she reports everything to the house parents...before she would retaliate to the teasing, but now, when she practices breathing exercises she becomes calm).” Having a positive self-concept, self-compassion, a sense of personal responsibility and being future oriented can also be placed under the protective factor “self-regulation” (Child Welfare Information Gateway 2014; Afifi and MacMillan 2011). The second protective factor, relational skill, refers to the child’s ability to form positive bonds and connections, which includes interpersonal communication skills, self-efficacy in conflict situations, and problem-solving skills (Child Welfare Information Gateway 2014; 2014). It is typical for children who have gone through abuse like OSEC to be reclusive and mistrusting—their ability to form positive relationships with people around them can be negatively affected (Doyle and Cicchetti, 2017; Child Welfare Information Gateway 2019, 3). SP6 has seen that the psychological interventions help children ameliorate the adverse effects of sexual abuse and exploitation among the OSEC victim-survivors in the center. He remarked, *“naestablish narin yung sense ng safety and security sa mga bata...dito nararanasan nila ang positive and affirmative na relationship* (we have established the sense of safety and security among the children...here they get to experience positive and affirmative relationships). This observation of SP6 is supported by the OSEC victim-survivors’ axial codes “safety” and “happy” in Q2 A on the child’s feeling while in the center. The third protective factor at the individual level, academic skills, refers to educational status or attainment of the children (Child Welfare Information Gateway 2015, 3). The OSEC victim-survivors mentioned being grateful for the tutorial program offered in the assessment center. For those who have been out of school for years like C2, C3, and C6, the tutorial program helps them catch up on basic skills like reading and writing. The tutors who were interviewed shared about C6’s remarkable academic improvement, *“si C6 po hindi marunong magbasa...pinagtatawanan po siya ng ibang mga bata, pangalan lang niya ang kaya niyang isulat kahit 13 years old na siya...ngayon po marunong siyang magbasa at nagvolunteer pa magbasa,* (C6 did not know how to read...other children made fun of him, he only knew how to write his name-- to think that he is already 13 years old...but now he knows how to read and he even volunteers to read out loud at times).” Other studies prove that involving children in positive activities such as livelihood training and raising their awareness of their situation and helping them learn positive adaptive coping mechanisms prove to be helpful individual protective factors as well.

SP5 and SP6 noted that such skills are important for the OSEC victim-survivors to learn because these will be with them and will remain beneficial to them whether the children be reintegrated to non-offending kin or be placed in alternative care like foster homes or a children’s home. Furthermore, SP16 noted that the only positive difference between adult sexual exploitation victim-survivors and the OSEC victim-survivors is that the children’s brains are more susceptible to psychological interventions and protective factors. SP16’s statement is corroborated by current studies that give promising evidence that children’s brains may be able to recover from adverse experiences with the help of appropriate interventions such as these protective factors (Bick and Nelson, 2016; Thompson 2014; 41). Thompson (2014, 50) writes:

The early plasticity of the brain and other biological systems offers hope to those who aspire to help at-risk children. It suggests that even though early harm can undermine the organization of brain and behavioral systems, this disruption does not necessarily become immediately hard-wired to create dysfunction that cannot be changed. Because most of these systems remain relatively plastic (contrary to portrayals in the popular media of a “fixed brain architecture”), we may be able to intervene early in children’s lives with experiences that help reorganize biological systems constructively.

Protective factors at the family level are also provided by the shelter through their family assessment component. Because the assessment center's priority is to find non-offending kin with whom the child can be reintegrated, assuring that the family have protective factors is also important. SP3, SP4, SP5 and SP6 noted the importance of this aspect in the assessment center's program. SP3 shared, *“maybe one of the unique things we do in Shechem is we prioritize reintegration with family, ayaw naming na ma-institutionalize ang bata...our family social workers work hard on assessing the capability of the families to receive the child and provide the child’s physical and emotional needs* (maybe one of the unique things we do in Shechem is we prioritize reintegration with family, we do not want to institutionalize the children...our family social workers work hard on assessing the capability of the families to receive the child and provide the child’s physical and emotional needs).” Protective factors that family social workers need to see in the family include mental protective capacity (the kin’s knowledge, understanding, and perception of the child), emotional protective capacity (the kin’s positive attachment and empathy to the child), and behavioral protective capacity (the kin’s actions and behaviors that put the best interest of the child first) (Action for Child Protection 2010; Child Welfare Information Gateway 2018, 5). Parental monitoring and discipline, positive parent-child interactions, and providing nurturing support and a stable living situation are also included in this protective factor level (Child Welfare Information Gateway 2015b). Determining the stability of the family and assuring that protective factors are built in the homes should continue to be included in the overall assessment process, and interventions for children and their families should be “tailored to the specific needs of the child” rather than assuming “a one-size-fits-all approach.” (Graham-Bermann et.al. 2009, 659; Afifi and MacMillan 2011, 270).

A co-occurring code with “psychological intervention” is “guidance/counseling” Coded 29 times in the data of the service providers, this is not true clinical counseling but more the supportive, affirmative, and open communication OSEC victim-survivors have with the service providers. The majority of the children in the center experience toxic stress and exhibit symptoms of PTSD. The responses of children to adverse experiences are loss of trust, overwhelming guilt, depression, and suicidal thoughts (NIMH 2006, 9-13; Blair and Raver, 2012, 309-318; Thompson 2014, 45). The Center on the Developing Child at Harvard University reports that adult support, the absence or the presence of it, can make or break the child during stressful and traumatic events (Harvard University n.d.). Children are looking for adults who can listen to their thoughts, who will accept and validate their feelings, and who will help them cope with the reality of their experiences (NIMH 2006, 5; Child Welfare Information Gateway 2015a; 2018). The OSEC victim-survivors repeatedly said in the interview that having adults in the center who listen to them and

give them sound advice is beneficial. C1, C2, C5, C6, C8, C9 and C10 specifically chose to use the word *malasakit* which means to have a genuine concern for one's *kapwa* or fellow (Reyes 2015, 167). *Malasakit* denotes a feeling of willingness to share *kapwa*'s burden out of love, and a desire to see the *kapwa* become better. The OSEC victim-survivors have a desire for adults who will guide and counsel them from a sense of *malasakit*.

The need for adult support and guidance is likewise recognized by the service providers. SP4, who spends a significant amount of time with the children, noticed, "*they also need somebody na makakausap at makakapag open sila...para matulungan silang maunawaan yung mga bagay na pinagdadaanan nila* (they also need somebody to talk to and open up with...to help them understand the things they are going through)." Experts acknowledge that the presence of adults who help children cope with the reality of the abuse and exploitation they go through while at the same time providing them supportive and nurturing counsel not only raises their awareness, but also increases their capacity for resilience (Egeland et.al. 1993, 518; Palareti and Berti 2009; Afifi and MacMillan 2011; Aguilar et.al. 2011). Service providers, most especially the caregivers of the OSEC victim-survivors, need to be available and consistent in their support, and be empathetic and sensitive to their feelings (NIMH 2005, 5; Child Welfare Information Gateway 2015a). Even more, when children exhibit unhealthy responses to their stress and trauma such as sexual acting out, service providers need to respond with understanding and guidance (Kellogg 2009, 997). Gentle correction and teaching healthy boundaries to children are also crucial, and must be reinforced once the OSEC victim-survivors begin confiding—this is a good moment to teach them that rectification of their attitudes and behavior does not mean rejection (Child Welfare Information Gateway 2018, 7; Harper and Steadman 2003, 64). Positive discipline techniques that teach children to distinguish between acceptable and unacceptable behavior help them internalize self-control, self-discipline, and self-respect.

Service providers also acknowledge that the undoing of the sexual grooming in the OSEC victim-survivors can be done not only in psychoeducation sessions, but also during meetings with other service providers who provide them with counsel on dignity, self-respect, and self-worth. Understanding sexual grooming and pinpointing when it occurred are important knowledge that will protect the children and prevent the reoccurrence of sexual abuse and exploitation (Pollack and MacIver 2015, 166). Firstly, the OSEC victim-survivors need to be counseled that the perpetrators who have gotten their trust and confidence through befriending them are not really their friends (O'Connell, 2003). Secondly, a range of incentives have been identified to be offered by offenders in order to incite children to follow requests of a sexual nature—money and material gifts such as cellphones, gadgets, etc., are usually given to targeted children (Craven et al. 2006; CEOP 2008; Kloess, Beech, Harkins 2014, 131). Service providers need to raise the awareness of the children that those things are not gifts but tools which have been used to manipulate them. Even more, what the predators have taken from them is worth far more than the money and material things given them. Thirdly, the children need to be made aware through supportive and nurturing counsel that they are not supposed to be the financial *taga-salo* of their family (Carandang 1987; Carandang and Sison 2001; Carandang and Sison 2004). The burden to provide their family's basic needs and putting food on the table should not be the obligation of the children. Most importantly, they must not fulfill the duty of the *taga-salo* in a manner that diminishes their inherent human dignity and value. Finally, the Filipino mindset of

“nakita lang naman, hindi nahawakan” needs to be challenged in the children's thoughts by raising their awareness of the negative effects of the online sexual exploitation on their thoughts, emotions, and behavior (Ratican 1992; Maltz 2002, Hall and Hall 2011). Increasing the OSEC victim-survivors' self-awareness, coupled with protective factors, increases their sense of self-control and ability to accurately attribute responsibility while decreasing their levels of depression and anxiety (Hartman et al., 1987; Hall and Hall 2011, 4). It must be noted, nonetheless, that counseling that deals with sensitive issues of sexual grooming must occur within the bounds of therapeutic alliance or a relationship of security and safety between service providers and clients. In Filipino, this is when the client and service provider who counsels have reached the status of *“nagkapagpalagayan ng loob”* or mutual-trust and connectivity (Reyes 2015, 154).

Another unique observation in the analysis of the data was that not once did the service providers mentioned the word justice in response to Q1 A and B and Q2 A and B. This observation is also true for the OSEC victim-survivors. A plausible explanation for this is that justice is more of a Western cardinal value than Filipino value (Reyes 2015, 157-8). Justice or *katarungan* is embedded in the Filipino ethics of *loob* (relational will) and *kapwa* (fellow). Hence, while educating the clients of their rights is certainly needed and must be put in place, it may not engage the deeply imbedded worldviews of the OSEC victim-survivors. Justice, as in the criminal justice system, may not be what the OSEC victim-survivors are looking for. Perhaps a contextualized understanding of restorative justice for Filipino OSEC victim-survivors which emphasizes *loob* and *kapwa* will prove to yield more benefits. Using a restorative justice lens on the OSEC victim-survivors' cases could leverage dignity as justice which can be explored through the Filipino virtue of *hiya*; voice as justice, which can be unpacked through the Filipino virtue of *loob*; and connectedness as justice, which can be explored through the Filipino virtue of *pakikipagkapwa* (McGlean and Westmarland 2019; Reyes 2015; 2016).

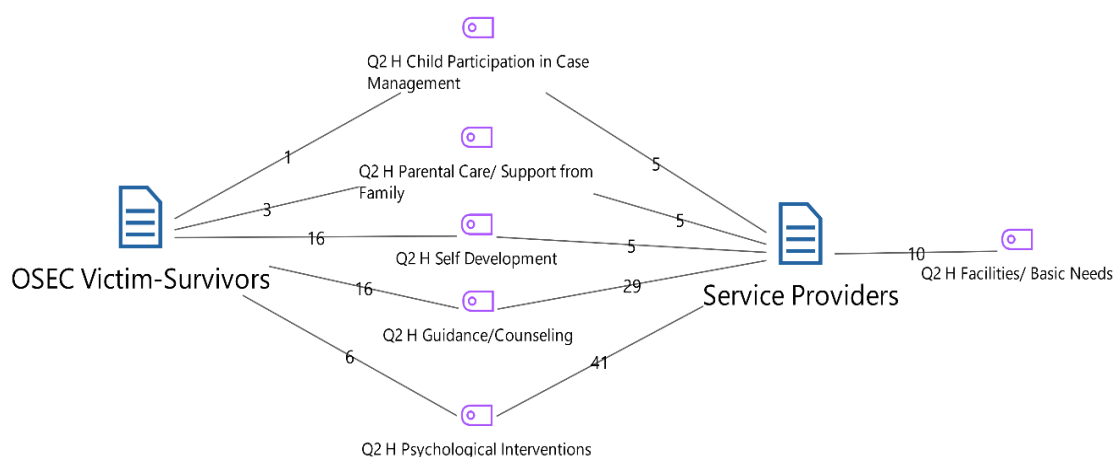
Dignity as justice means treating the OSEC victim-survivors with respect as a person of worth (McGlean and Westmarland 2019). SP5 related the story of a worker from the CSWDO looking down upon C2, C3, and C5 after they had shared their discontent with their private parts being checked by a male physician for the *medico legal*. C5 mentioned, *“parang pinagdududahan pa po kami, parang hindi naniniwala sa amin yung social worker na natakot kami kasi lalaki yung tumingin sa ari amin* (they seem to doubt us, as if the social worker does not believe that we got frightened because a man checked our private parts).” This is an incident from the lens of *hiya* or dignity, and is an injustice for the OSEC victim-survivors. *“We constantly remind the children that they are valuable and worthy of respect; that they are not means to ends,”* remarked SP1. Aside from this constant reminder, the “self-development” code also responds to the view of justice as dignity. The tutorial program and other programs where the children are encouraged to provide contributions help reaffirm their capacity as individuals to do dignified things and to grow.

Voice as justice does not necessarily imply that OSEC victim-survivors want to retell the stories of their abuse—it is better understood as the freedom to express the OSEC victim-survivors *loob* or thoughts and feelings (McGlean and Westmarland 2019, 192). For the OSEC victim-survivors to have a voice they must shift from mere victims to informed survivors. The children need to experience not only a voice in their therapy; they are also thinking beings and knowers “whose perspective can add quality to the meaningfulness of the decision making” for their interventions (Holder 2015, 2016; McGlean and Westmarland 2019). The code “child

participation” emerges from this view of justice. The service providers do not fully disclose details to the OSEC victim-survivors, but they are consulted and encouraged to take part in the case conferences and they are informed of the progress of the efforts to find the best path of reintegration for them. Their questions and the feedback of the OSEC victim-survivors regarding their cases are heard. SP5 added, “*ang dami nating laws about child participation pero dito lang sa assessment center ko nakita na prinapractice yun* (we have legislation about child participation but I have only seen it practiced here in the assessment center).” Providing inclusion and voice to the OSEC victim-survivors in the management of their cases empowers them and returns to them their personal agency—they are not passive victims only, they are victim-survivors who actively shape their future.

Lastly, connectedness as justice pertains to the need of the OSEC victim-survivors to be part of a community. The needs of the children go beyond material and practical support. This could be an explanation of why the children have not mentioned the facilities when asked to identify things that help them in the center—the code “facilities and basic needs” only emerged in the responses of the service providers. What is more, the children mentioned factors that are related to the concept of connectedness as justice, factors that will set them up to be a productive part of the community: guidance and counseling, psychological interventions, self-development, parental care and support from family, and child participation in case management. Justice is also realized when the children become accepted as *kapwa* (fellow) in a society where they enjoy healthy “synergies and similarities” (Wager 2013; Daly 2017). It encompasses acknowledging that wrong has been done to them, but a future still awaits them. Furthermore, in this prospect of the future, the OSEC victim-survivors must have access to positive relationships that provide them support and nourishment and protect them from the many risk factors surrounding them.

Q2 B: What helps a child during the stay in Shechem?



The data from the OSEC victim-survivors aligned with the results of the data of the service providers. The only difference is that the code “facilities/basic needs” which pertains to the

assessment center meeting the optimal physical needs of the children only emerged in the service providers. Perhaps, a good way to explain this trend can be found in the data provided by SP6:

“Dito papasok yung parang home versus house. Although, kayang i-provide ni Shechem ang mga physical needs ng mga bata more than dun sa binibgay ng parents, iba parin yung masasabi ng bata na family, ‘kahit wala kaming material na bagay, may mga taong feeling ko secure din ako, minamahal din ako.’ (This is where home versus house takes place, although Shechem can provide the physical needs of the children more than their parents could, it is still more important for the child to be able to say, ‘even though we lack material things, here are the people with whom I somehow feel secure and loved.”

The data shows that the children are looking for protective factors that will help them heal from the trauma of OSEC like guidance and counseling, psychological and therapeutic interventions, and self-development through education and productive activities.



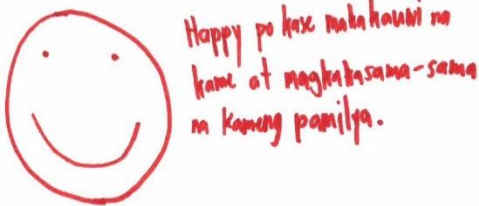
The Children After Staying in the Assessment Center (Q3 A and B)

Q3 A: What does a child feel or think after when his/her stay in Shechem is done?



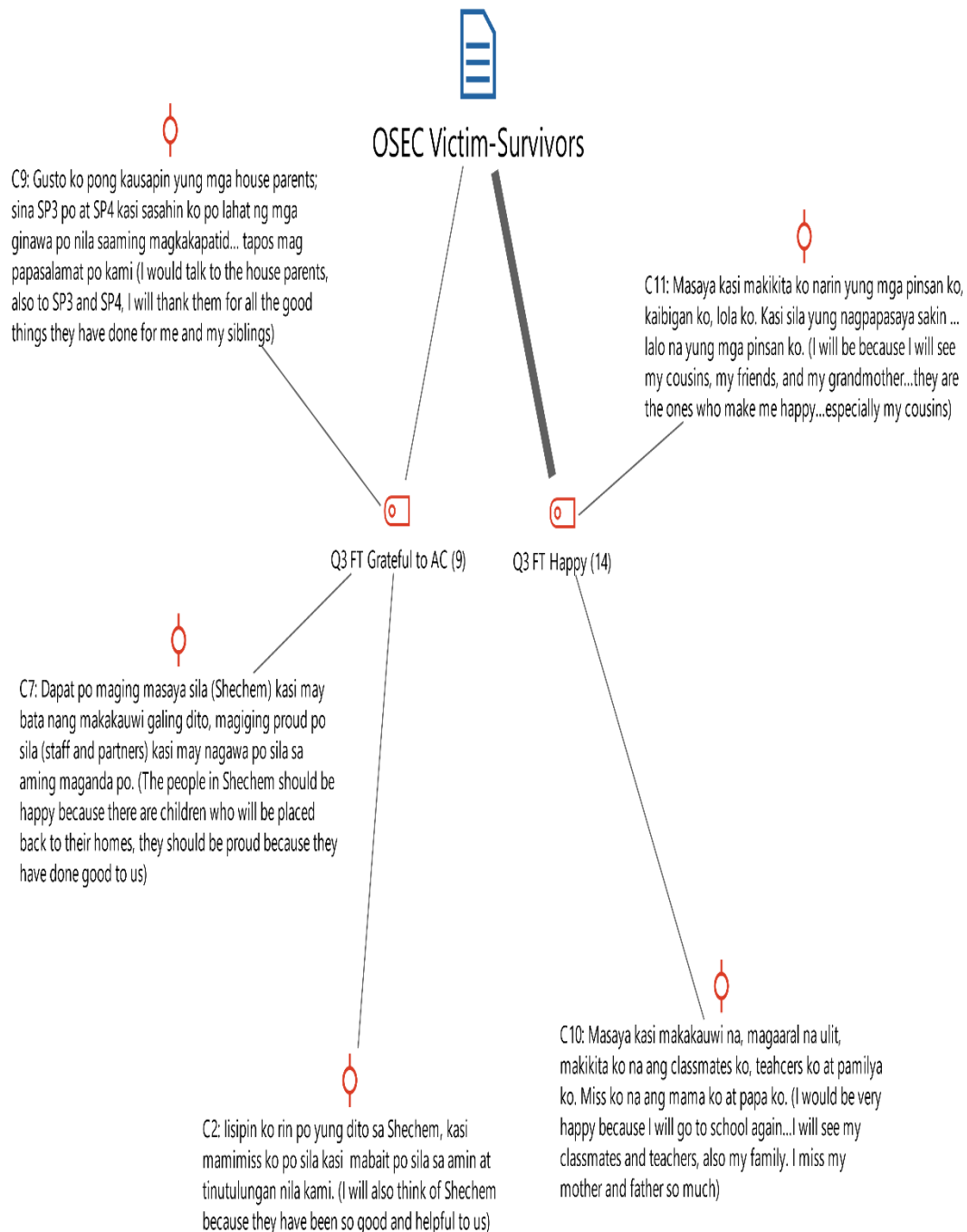
C8 drew a happy self-portrait with a bag beside her. When asked what her bag contained, she replied, *"Masaya kasi makauwi na ako...tapos itong bag, gamit ko...nasa loob nito yung mga damit at laruan na binigay sa akin. (I am happy because it means I can return home...this bag contains all stuff...inside this are the clothes and toys they gave me here)."*

"Masaya ako kasi makakauwi na ako...mababait sila dito at mapag-alaga pero gusto ko parin sa may amin, sa piling ng magulang ko (I am very happy because I get to go home already...they are kind and caring here but I still want to live in our place, in my parents' house)," shared C5. She also mentioned, "kapag nakauwi na ako, gusto ko na magbo-bonding kami ng pamilya ko kasi namiss ko sila, sobra (when I get home, I want for me and my family to have bonding experiences because I miss them very much)."



C9 drew a happy face and inscribed *"(I will feel) happy because we will get to go home and my family and I will be together again."* C9 was placed in the center with her siblings, C10 and C11. She talked about how she would daily think of her grandmother, mother, father, and cousins. *"Pagbalik po namin gusto ko po pumasyal kami sa mall gaya dati (When we get back home, I would like for us to stroll in the mall like we used to do), she shared."*

Q3 A: What does a child think/feel after being in Shechem? (OSEC Victim-Survivors)



When the OSEC victim-survivors were asked about how they would feel or what they would think when their stay in the assessment center is done, all children responded with “happy.” Even more significant, none of the OSEC victim-survivors mentioned the possibility of alternative care placement like foster care or a children’s home; every child’s prospect of his/her future is that which will be spent with his/her family. In their respective interviews, siblings C9, C10, and C11 mentioned feeling happy because they will not only see their parents but also other relatives such as their grandmother and cousins. C11 shared how he missed spending time with his cousins, playing around their neighborhood. “*Nag-uusap kami palagi, naglalaro, at nagtatawanan* (We talk most of the time, we play, and we laugh),” C11 reminisced. C9, C10, and C11’s alleged perpetrator is an immediate family member, yet all three still prefer to be back in their home, close to their other relatives. Even C3 whose alleged perpetrator was also a close family member still hopes to be reintegrated with her baby in their previous home. She shared, “*gusto ko po sana makasama parin ang asawa ko; ayaw ko po na magkahiwa-hiwalay kami nila baby*, (I still want to be with my partner; I do not want my baby and me to be away from him).

As with the majority of child sexual abuse, OSEC happens within the sphere of comfort and trust of the child (Craven et al. 2006; CEOP 2008; Kloess, Beech, Harkins 2014, 131). This is why the cases of the children in the assessment are not unique. The usual setting of OSEC is that the perpetrator or the people who facilitate the supply of the sexual video and photographs of the children are either their own parents or close relatives (Patajo-Kapunan 2018; Church of the Nazarene Asia-Pacific, 2018). This complex wiring of how OSEC operates and why it has proliferated in the Philippines is not only a psychological phenomenon that can be explained by attachment theories (Bowlby, 1956; Ainsworth, 1968); it is a socio-cultural issue as well that can be further understood by looking at the Filipino’s concept of *pamilya* or family.

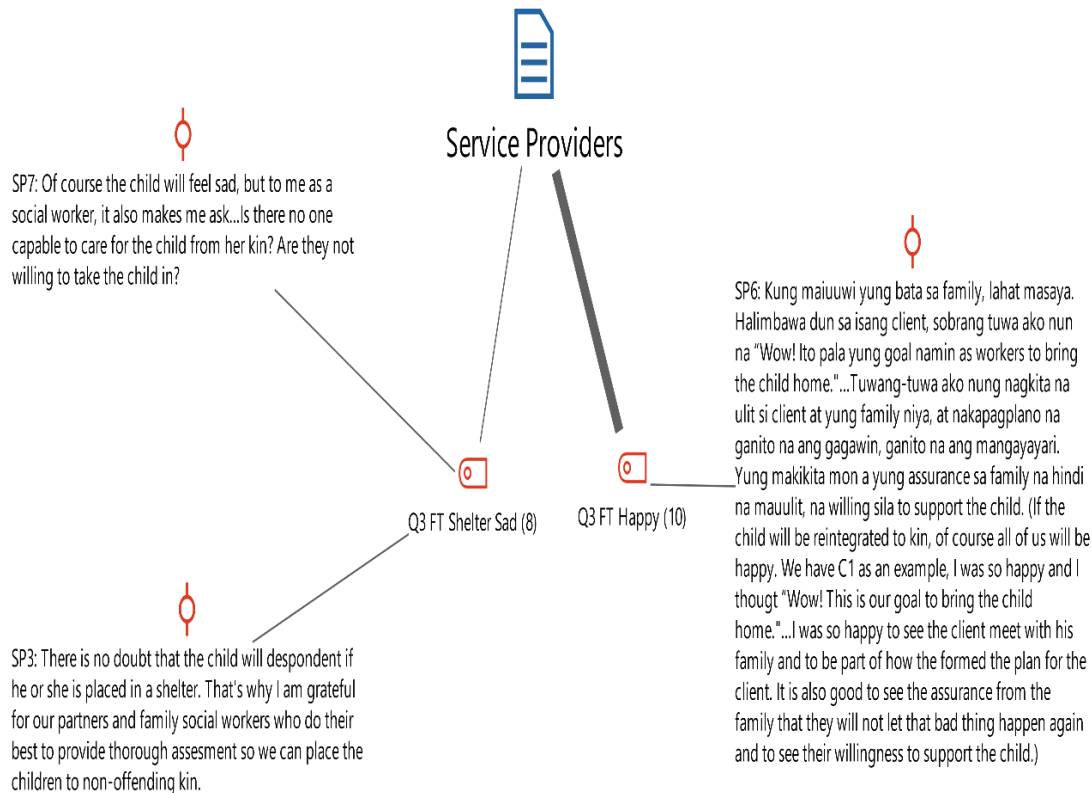
Filipinos are family-centered, and families are closely-knit—members of the family share the same values (Tarroja 2010, 177; Morillo, Capuno, and Mendoza 2013, 7). For a Filipino, family is “the source of personal identity, emotional and material support, and one’s main commitment and responsibility” (Saito, Imamura, and Miyagi 2010, 9). Many studies prove that the attitudes and values of Filipino youth are still very much shaped by influences of their family (Carandang 1987; Carandang and Sison 2001; YAFS, 2002; Carandang and Sison 2004; Raymundo and Cruz, 2004; Morillo, Capuno, and Mendoza 2013). On the positive side, close family ties demonstrate the concern, love, and support of family members to one another (Dizon et al 2003). *Utang na loob* which means debt of gratitude or debt of one’s being is first and foremost practiced in and among family members. In terms of the parent-child relationship, because a child has an *utang na loob* to his parents, he or she is expected to look after their welfare when they are unable to care for themselves. *Utang na loob*, when practiced with *kabutihang loob* or good will, acts as social safety net for the weak and vulnerable. Nevertheless, on the dark side, *utang na loob* can be used to manipulate or abuse—such is the situation in many of the OSEC cases. While there are victims who enter the trade to buy material things like cellphones and gadgets, many of them enter the trade to alleviate the poverty of their families, to assure the well-being of their families out of *utang na loob* (Vrancken and Goris 2018, 18). The service providers note in the FGDs and interviews, however, that the Filipino values of close-family ties and *utang na loob* are redeemed when a child’s next of kin is willing to receive and care for the child. “*Kahit na minsan nagigiging negative, ang positive parin doon is madalas mayroong kamag-anak na willing mag-alaga sa bata* (Although sometimes it turns negative,

there are still positive aspects, such as there is often a relative who is willing to look after the child), SP6 noted. Several other service providers perceive close family ties as redemptive rather than destructive.

Aside from the prospect of being reunified with their families, being “grateful to Shechem” also emerged as a recurring code among the children. The sentiments of the OSEC victim-survivors also allude to the positive relationships they have built with the service providers, along with the other children in the center. Themes under this axial code include “care from house parents,” “sensitivity of staff to the children’s needs,” and “willingness to listen and provide counsel.” The “promotion of socio-emotional interactions” between the OSEC victim-survivors and the service providers, most specifically the social workers, the house parents, and the psychotherapist, helped form what can be identified as a secure attachment and positive emotional development (Garcia-Quiroga and Hamilton-Giachritsis 2016). The concern and support felt by the OSEC victim-survivors from the social workers, along with the good child-caregiver ratio and small number of clients served at one time can also explain the secure attachment fostered in the center (Howes and Segal 1993; St. Petersburg-USA Orphanage Research Team 2008; Garcia-Quiroga and Hamilton-Giachritsis, 2016).



Q3 A: What does a child think/feel after being in Shechem? (Service Providers)

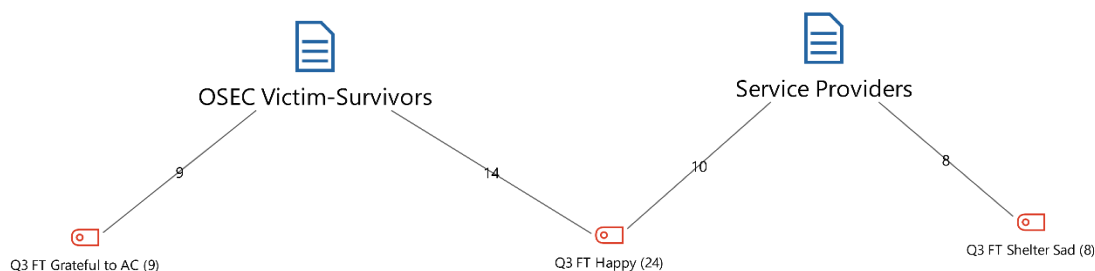


The response of the service providers was rather simple and straightforward—children who will be placed on the path of family reunification or reintegration to a household of non-offending kin will feel happy, but those who will be placed in alternative care such as a foster family or a children's home will certainly feel sad. SP7 shared the sober reality that the OSEC victim-survivors in the assessment center face, *"hindi lahat ng bata talaga ay identified for reintegration kasi nga either hindi safe yung family or yung community* (Not all children are identified for reintegration because their family or the community are unsafe)." SP5 also noted, *"masakit talaga sa bata yan kapag siya ay for shelter or foster care kasi unang-una, miss na niya ang pamilya niya, tapos pangalawa, panibagong adjustment* (it is really painful for the child if he or she will be placed in a shelter or foster care because firstly, the child longs for his/her family, and secondly, it will be another adjustment)." Nevertheless, the attachment built between an OSEC victim-survivor and the service providers is not at all detrimental according to SP16, and SP7 agrees with this. The latter asserted, *"hindi dapat natin katakutan ang attachment and adjustment, ang mas nakakatakot is maling assesment at maling recommendation para sa bata—example, pwede pala sa family yung bata, nilagay sa long-term shelter, or worse, binalik sa family yung bata, yun pala may history din ng sexual offense ang kamag-anak* (we should

not fear attachment and adjustment—what is more dreadful is incorrect assessment and wrong recommendations for the child— for example, placing the child in a long-term shelter when the child can be reintegrated with family, or worse, reintegrating the child to a relative who later turns out to have a history of sexual offense).” Preventing the possible scenarios cited by SP7 is only one of the reasons why all the service-providers interviewed in this study shared approval for setting-up an assessment center specifically catering to OSEC victims.

The other code that emerged from the data of the service providers is “happy”—this code refers to a child’s feeling when he or she will be integrated. During data gathering among service providers, one of the children from the center, C1, had just been reintegrated with a family member in another region in the country. SP7 who managed the case of C1 beamed as he shared his experience in witnessing the reunification of the client with the family: *“kasi kahit anong ganda ng facilities, kahit anong tibay ng mga staff, well trained man yan, wala paring tutumbas na pwedeng ibigay na love ng family...yung makikita yung assurance sa family na hindi na mauulit, na willing sila to support the child. For me, yan yung success (no matter how good our facilities are, no matter how strong our staff are, even though they are well-trained, nothing compares to the love that the family can give...it is also good to see the assurance of family that they will not let that bad thing happen again and to see their willingness to support the child. For me, that is success).”*

Q3 A: What does a child think/feel after being in Shechem?



Among the three axial codes that emerged from the OSEC victim-survivors and the service providers’ data, the code “happy,” denoting the feeling/thoughts of a child who will return to his/her family was shared by the two groups of respondents. The code “shelter sad” only emerged from the data of the service providers, while the code “grateful to Shechem” was only from the OSEC victim-survivors.

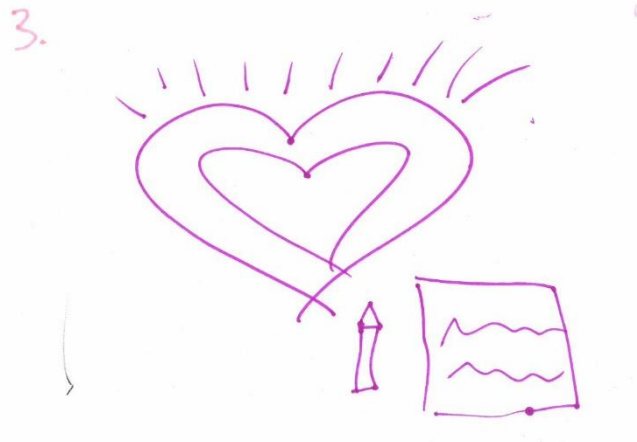
Q3 B: What will help a child when his/her stay in Shechem is done?

pagmamahal sa magulang ko
at makipag usap sa mga kamag-anak
ko at mayang masaya



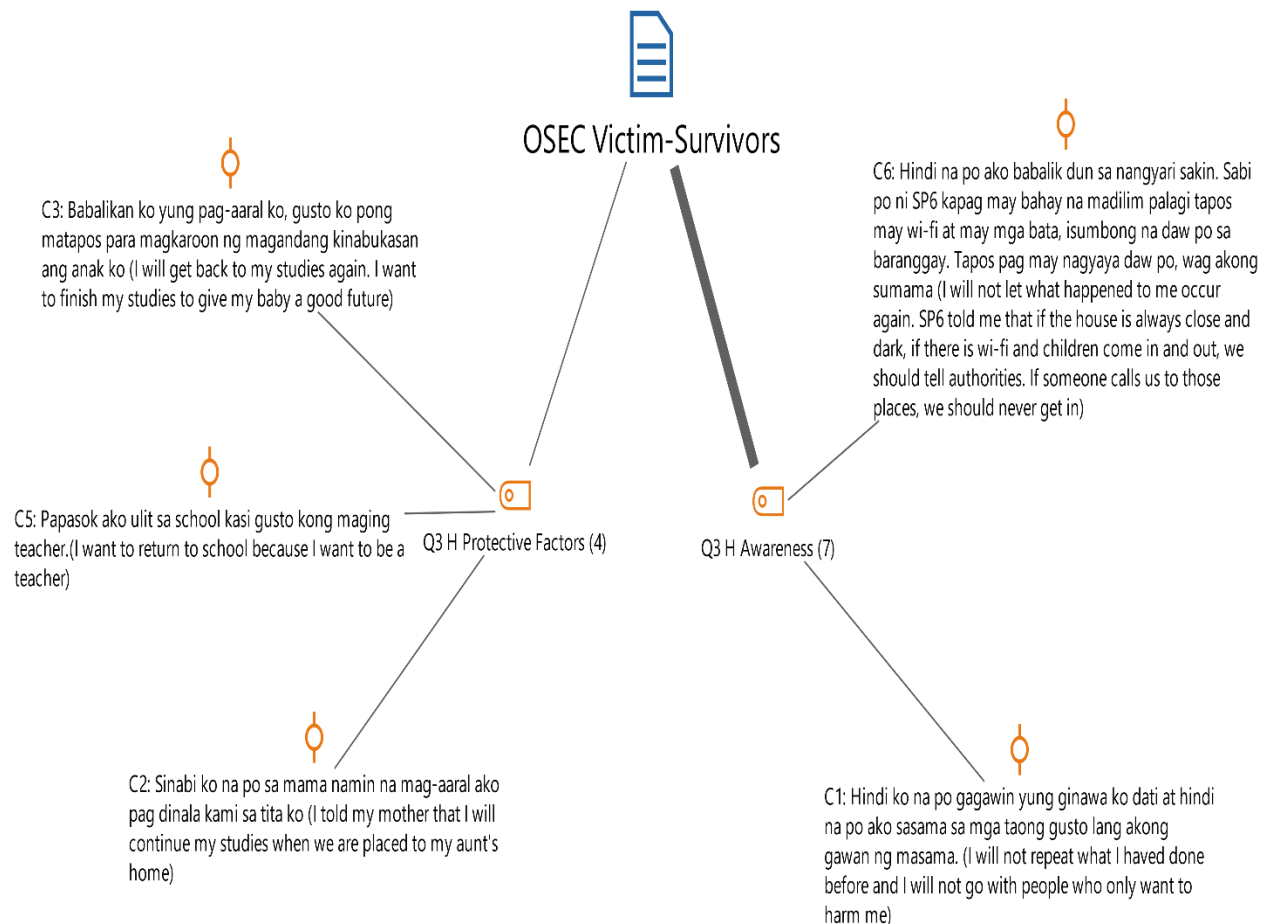
C3 drew a heart and a set of pencil and paper in response to the drawing prompt. "Kailangan po namin na ingatan at mahalin...bigyan din po ng attention (we need to be taken care of, to be loved, and be given attention)," she explained. "Nagdrawing ako ng lapis at papel po kasi dahil gusto kong mag-aral ulit para magkatrabaho akong maayos para sa baby ko (I drew a pencil and paper because I want to return to school so I can find good job and earn for my baby). C3 shared that she hopes to be a doctor someday.

"The love for my parents, speaking with my relatives, and being happy," these are the answers that C7 wrote when asked about the things that could help her once she returns home. "Lagi ko rin kakausapin yung mga best friends ko at makakapaglaro na kami (I will also speak with my best friends and we will play again)," she added.



"Kami yan ng pamilya ko...kailangan ko sila para mahalin ako, alagaan ako, tulungan ako (that's me and my family...I need them to give me love, care, and help)," C5 shared about her drawing. "Kailangan sa mga batang gaya ko na bantayan ng magulang para hindi na bumalik sa masama...kapag binigyan ng atensyon magulang malalayo kami sa masasama, (parents need to watch over us so that we will not return to bad things...when they give us attention, we will be away from harm" she explained further.

Q3 B: What will help a child after Shechem? (OSEC Victim-Survivors)



On the final question, two axial codes emerged from the data of the OSEC victim-survivors: “protective factors” and “awareness.” The latter code scored the highest frequency among the children. C1, C2, C3, C5, and C6 explicitly mentioned that being in the assessment center and receiving interventions from the service providers helped them become more aware of the wrong that was done to them. C2 shared, “*noong una po hindi ko matanggap yung lahat ng nangyari sa amin, pero ngayon po mas naiintindihan ko na mali pala talaga yung ginawa sa amin* (at the start, I could not accept all that happened to us, but now, I am learning to accept that what was done to us was really wrong). C1 also shared his regrets and realization, “*hinding hindi na po ako babalik sa ganun, ang dami pong gulo* (I will never return to those things, there was so much mess). When asked what mess he was referring to, C1 shared that what hurt him the most was the pain he caused his mother and other family members, “*yayakapin po sila at magsosorry* (I will hug them and I will say I’m sorry).” C6 further shared the OSEC red flags to watch out for,

“Sabi po ni SP6 kapag may bahay na madilim palagi tapos may Wi-fi at may mga bata, isumbong na daw po sa baranggay (SP6 told me that if the house is always closed and dark, if there is Wi-fi and children come in and out, we should tell the authorities).”

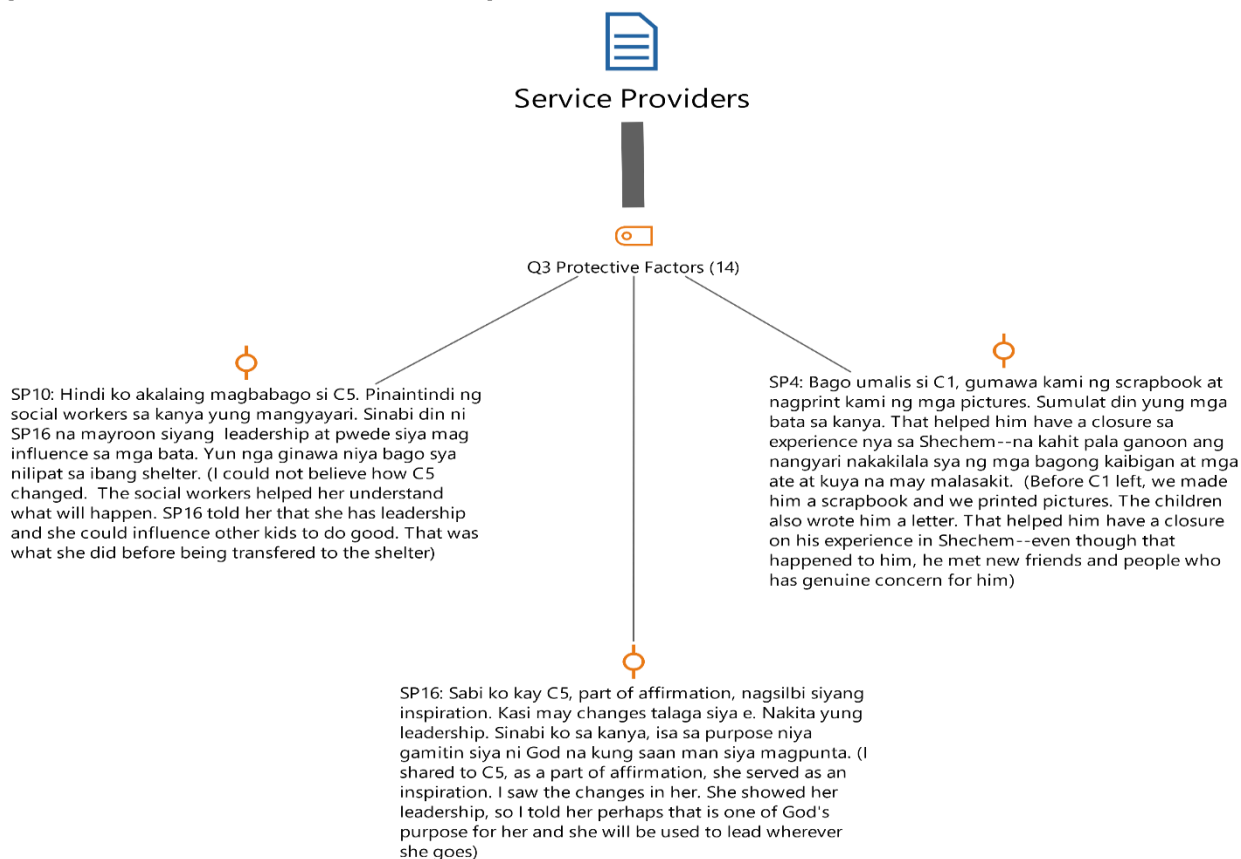
Awareness of the abuse and exploitation that occurred as well as having knowledge on the red flags of OSEC can be considered as protective factors since those things help the OSEC victim-survivors to be resilient and help prevent recurrence of abuse (Egeland et.al. 1993, 518; Palareti and Berti 2009; Afifi and MacMillan 2011; Aguilar et.al. 2011). Nevertheless, the children also specifically identified the protective factors such as education and presence of caring adults as things that can help them beyond the assessment center. Recent studies have confirmed that children who experience abuse and neglect are at higher risk of lower educational attainment and employment (Hardner, Wolf, and Rinfrette, 2017; Pereira, Li, and Power 2017; Lantos, et.al. 2019). Engaging in academic pursuits does not only buffer the negative effects of sexual abuse and exploitation of children, it also places them on a trajectory of resilience and increased socio-economic stability. While the respondents only mentioned academic skills, other skills such as livelihood and self-development are also included in this protective factor (Child Welfare Information Gateway 2015b, 3).



Another protective factor mentioned by the children in response to Q3 B is parental competence from their caregivers (Child Welfare Information Gateway 2015b). C2 and C5 who were rescued from the same place both mentioned that they need attention and care to help them continue with the recovery that in them in the assessment center. C5 provides a basic but crucial piece of information for the caregivers of OSEC victim-survivors—increasing a caring adult’s involvement with the children—via supportive monitoring and positive interactions—helps decreases the likelihood of children returning to the perpetrators who give them the attention and affirmation they are looking for. Parental competence including, but not limited to, parental monitoring and discipline, positive parent-child interactions, and providing nurturing support have been identified by the clients in the drawing activity and interviews.

The same code “protective factors” also emerged from the service providers’ data. Nonetheless, the service providers’ open codes only relate to certain protective factors, namely self-regulation and socio-emotional competence. These protective factors are those that the children learn through the psychological interventions and through the supportive counsel of the caregivers in the center. SP6 said, *“magandang matuto ang mga bata ng iba pang skills--paano ba ak magrelax, anong pwede kung gawin kung nagagalit, anong gagawin kung nagiisip gumawa ng masama o kaya gustong magpakamatay?...psychoeducation and psychotherapy help them to gain those skills* (it is good for the children to learn these skills—how to relax, what to do when you are angry, what to do when your mind is being filled with negative ideas, with suicidal

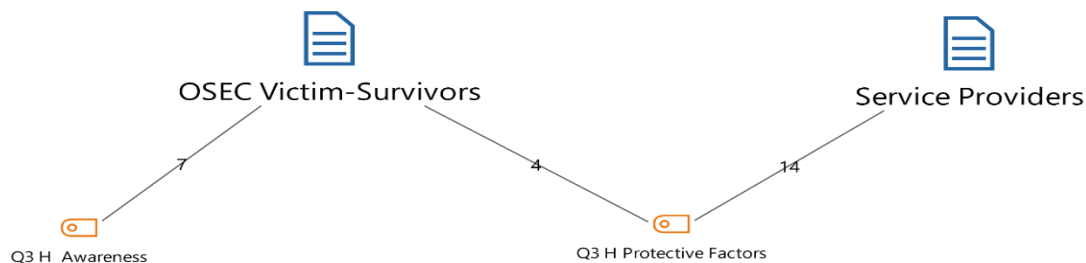
Q3 B: What will help a child after Shechem? (Service Providers)



thoughts. Psychoeducation and psychotherapy help them to gain those skills).” Other service providers like SP16 added that the children’s experience can help them cope with the negative effects of the exploitation they experienced—such as mistrust and difficulty in forming positive relationships. *“I think in the center, we help the children have hope na pwede pala, mayroon palang ganitong klase ng love na pwede kong maranasan (I think in the center, we help the children have hope that there is this a (pure) kind of love that they can experience)*

In other parts of the response, the service provider also used the phrase “preparation of the family for reintegration.” This pertains to the physical, emotional, socio-economic capabilities of the families to receive the OSEC victim-survivors. This also constitutes the theme “parental competence” that emerged from the children’s drawings and transcripts.

Q3 B: What will help a child after Shechem?



The two groups of participants shared the axial code “protective factors”—the children’s elaboration refers to access to education and parental competence of their prospective caregivers, while the service providers refer to skills such as self-regulation and socio-emotional competence. Also, only the OSEC victim-survivors mentioned the long-term benefits of their increased awareness on OSEC.



PHASE III

The third phase of the research consists of a quantitative survey tool that was developed from the themes that emerged from the second phase of the study. The respondents for this phase of the study are people who have prior knowledge of what OSEC is—these are people who are employees or volunteers in organizations that work against OSEC. Similarly, private practitioners such as medical personnel and lawyers who know what OSEC is were also asked to participate. As with the previous phase, the inquiry in this phase still corresponds to three stages—the rescue of the child, the stay of the child in the assessment center, and the time the child is ready to leave the center. [The survey was written in the form of a ten-point Likert scale wherein the statements correspond to emergent themes from the second phase. The respondents were asked to rate the statements from 1-10—one having the lowest value and ten having the highest value. In the scale, 1-4 is the not therapeutic range, 5-7 is therapeutic range, and 8-10 is very therapeutic range.](#) The researchers understand that not all respondents have ample knowledge to be able to rate the items in the survey. Considering this, the researchers have added a box "NIPK" which stands for "not in the position to know" to allow the participants to skip items wherein they feel their knowledge of the issue lacks.

The researchers conducted a pilot test in Cainta and Taytay, Rizal with 20 respondents with a group that is representative of the sample population. The pilot test was done via a paper-and-pencil instrument. Once the validity and reliability of the survey were established, the researchers constructed an on-line equivalent of the paper-and-pencil survey tool via Qualtrics, web-based software for creating, distributing, and analyzing surveys. Similar to the paper-and-pencil format, the researchers provided the option for the respondents to skip rating items that are beyond their knowledge. (See Appendix H for a copy of the survey tool).



Demographic Information of the Survey Respondents

The on-line platform allowed the researchers to send the questionnaires to nearly 200 respondents. The survey commenced in [September 25, 2019](#) and was closed last [October 26, 2019](#). There were 128 recorded responses in Qualtrics and 20 responses were marked by the survey as “in progress” which means the respondents failed to complete and submit the survey. Only the 128 completed and recorded responses were used for analysis in this phase. This number places the response rate of the survey at 64%.

Research Locale



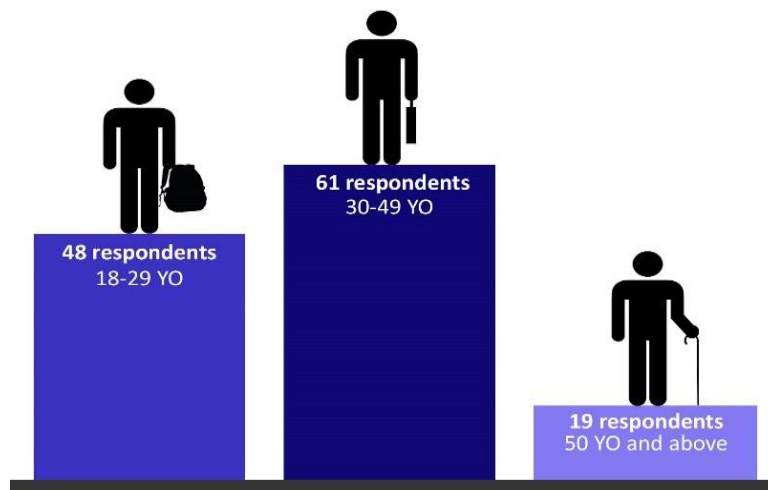
The respondents are from various locations all over the country—112 or about 87% of the respondents are from Luzon, nine or about 7 % from Cebu city in the Visayas region, and seven or about 6% are from Mindanao. The image above shows the number of participants and their respective cities. Respondents from Luzon are over-represented in the sample while Visayas and Mindanao are under-represented. One apparent reason is that there were more respondents from Luzon invited to participate in the survey because there are more organizations working against OSEC based therein.

Gender of the Participants

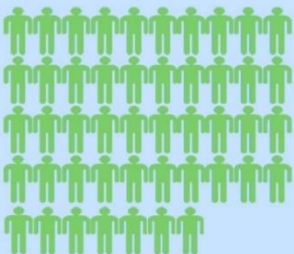
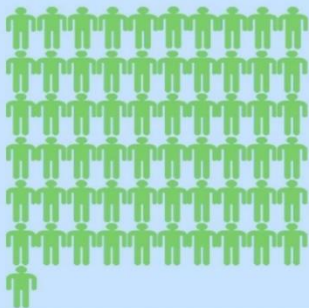





Both males and females participated in the survey—36 or about 28 % are male respondents and 92 or about 72% are female respondents.

Age Groups of the Participants



Forty-eight respondents are from the 18-29 years old bracket, 61 identified to be from the 30-49 years old group, and 19 belong to the 50 years old and above bracket.

Key Roles of the Participants		
		
NGO Personnel: 47		FBO Leader/Member: 61
		
Government Employee: 3	Law Enforcer: 1	Private Practitioner: 16

All the respondents are actively involved in organizations that address the issue of OSEC in the country. They are classified into five categories—NGO personnel, government employee, FBO leader/member, law enforcement officer, and private practitioner. The private practitioner group includes lawyers, medical doctors, nurses, psychologists, and psychotherapists who have serviced OSEC victim-survivors or sexually abused children. Out of the 128 respondents, 47 are NGO personnel, 61 are FBO leaders and members, 3 government employees, 1 law enforcer, and 16 private practitioners. The NGO personnel and FBO leaders/members are well

Since the research began with children it is only proper to let the children have the last say. Hence, the researchers and the research mentors decided to have the final member checking with the children. The children were presented with a picture prompt representing the factor in question. Each of the children was given five heart-shaped cutouts which they can use as currency for voting. The children were asked as a group, but each one voted independently. Each child was at liberty to use his/her five hearts on one factor or as many as five factors. The one researcher acted as the facilitator and presenter of the prompts while three researchers noted the answers and the non-verbal responses of the children. Only six of the original participants were able to join this voting activity. By this stage of the study, C1, C4, and C7 have been reintegrated with their families, while C5 and C3 were transferred to other residential care centers. Client 12, a four-year-old girl who was rescued along with C8, C9, C10, and C11 joined this activity. Similar to the FGD, interviews, and drawing activities, this activity was also transcribed.

Key Factors for an Effective Assessment Center

The table below shows the results of the survey. The information provided for each factor is the minimum score and maximum score given by respondents, the mean or the average score of the factor, the standard deviation which is the measure of the dispersion of the respondents' answers in the data set, and the total count of responses.

Table 3. Survey Result

	Factors	Minimum	Maximum	Mean	Std Deviation	Count
Rescue	Emotional-cognitive Processing	1.00	10.00	8.17	1.88	125
	Meeting immediate physical needs	5.00	10.00	9.14	1.32	128
	Reassuring words or hugs from non-offending kin	1.00	10.00	8.05	2.01	126
	Non-threatening/child-friendly approach	6.00	10.00	9.40	0.97	126
Assessment Center	Psychological interventions (e.g. psychoeducation, counseling, trauma debriefing, teaching positive coping mechanisms, play therapy)	5.00	10.00	9.28	1.12	125
	Care and Advice from center staff	4.00	10.00	9.11	1.31	127
	Self-development (e.g. academic tutoring, social activities, participation in household chores in the center, and Bible devotions)	4.00	10.00	8.79	1.48	125
	Communication with and support from non-offending kin	3.00	10.00	8.43	1.59	123
	Appropriate child participation in case conferences	3.00	10.00	8.02	1.88	124
	Adequate center facilities (food, clothes, other supplies, sleeping space, play space, etc.)	4.00	10.00	9.02	1.27	128
Reintegration	Parental care and monitoring	6.00	10.00	9.17	1.02	128
	Formal/non-formal Education	4.00	10.00	9.07	1.34	128

	Raised awareness against OSEC (of the child and his/her community)	4.00	10.00	9.07	1.37	124
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Key Factors During Rescue (Survey Respondents)

Emotional-Cognitive Processing. This factor pertains to the process of explaining to the child during the time of rescue that he or she is not a criminal who is arrested but a child-at-risk who needs to be removed from a dangerous setting. The OSEC victim-survivors who participated in the second phase confirmed that rescued children need to understand the reason for the rescue, children need to know they are safe, and children need to be reassured that they are being protected and not prosecuted (IRC 2012, 62-64). While the greater part of emotional-cognitive processing needs to take place when the OSEC victim-survivors are in the center, clarification from the onset is deemed helpful by rescue experts and even by the children. The average rating for “emotional-cognitive processing” is 8.17 ± 1.88 which situates this factor in the range of “very therapeutic” or very helpful to the child in terms of placing him/her into a better trajectory for healing. The highest rating on this factor came from law enforcer who rated this factor 9 points, government employees came second with 8.67 ± 1.25 , NGO personnel followed with an average rate of 8.63 ± 1.35 , private practitioners had a mean score of 8 ± 2.0 , and lastly the FBO leaders and members gave this factor an average score of 7.93 ± 2.13 . It is important to note that the law enforcers who are part of the first responders are under-represented in the survey; only one from them have participated.

Meeting the Immediate Physical Needs. This factor ranked second to the highest in the survey with an average score of 9.14 ± 1.32 . This shows that there was once again a cluster of high values for this factor in the survey, and the responses peaked near the maximum. Respondents perceive that providing the immediate need of the child during the rescue—be it food, water, clean clothing, etc.—is very helpful. Among the group of respondents, the government employees and the law enforcer rated this factor with a score of 10, followed by NGO personnel with 9.27 ± 1.22 , then by FBO leaders and members with 9.21 ± 1.29 , and finally by private practitioners with 8.75 ± 1.52 .

Reassuring words or hugs from non-offending kin. Data from phase II of this research prove the claim that supportive acts such as a quick hug or reassuring words from people the children consider to be safe help mitigate the onset of negative effects of the rescue (NIMH 2006,7). Here in phase III, the respondents also show this to be in the range of “very therapeutic” or a factor that can be of great help for the rescued child to be on the road to healing. The mean score of this factor is 8.05 ± 2.01 . Respondents who belong to the private practitioner category gave this factor the highest mean score of 8.53 ± 1.82 , followed by the government employees with 8.33 ± 1.25 , then by NGO personnel with 8.02 ± 2.13 , FBO leaders and members gave it 7.95 ± 1.89 and lastly, the law enforcer gave 7.

Non-Threatening/Friendly Approach. For the respondents, a “non-threatening and child-friendly approach” to the children rescued is the most helpful factor—earning an average

score of 9.4 ± 0.97 . Because some aspects of the rescue operation such as the officers' need to carry firearms, the inevitable tension between the alleged perpetrators and the law enforcers, etc. are already deemed to be a source of trauma, a calm approach in dealing with the children is deemed necessary. First responders such as the law enforcer who participated in the survey gave this the highest score, 10 points, and the NGO personnel gave the factor an average score of 9.43 ± 0.91 . Private practitioners or the health and legal service providers rated this factor 9.53 ± 0.62 , government employees rated 10, and respondents from FBO leaders and members gave 9.35 ± 1.06 . The mean and the standard deviation in the aggregated and disaggregated data of the participants show that this factor is set a high value or deemed to be very helpful to the children.



Key Factors During Rescue (OSEC Victim-Survivors)

Four pictures were shown to the children whereby each photograph represents a factor. After the pictures and factors were explained, the researcher asked the children to choose which is the most important for them and most helpful for them to relieve the anxiety brought by the rescue. The children were encouraged to cast their votes according to their conviction, or in Filipino, "*sa kanilang sariling palagay*." The researchers allowed each child to apportion his/her five hearts however way he/she wishes to distribute them.

The factor that ranked the highest among the OSEC victim-survivors is the "reassuring words and hugs from non-offending kin" which earned a total of 12 points. The children unanimously say that a quick hug or a quick conversation with their loved ones will help them feel less anxious and afraid during the rescue. "*Kahit mabilis lang po, mas ok po yun para mapagaan ang loob namin* (Even if it is just quick, that will be better to ease the things we feel inside)," shared C9. The next factor that the children deemed to be significant for them is "meeting immediate physical needs" which had a total of 12 points. What follows is the factor "non-threatening/child-friendly approach" that earned eight points. C2 remarked, "*kasi po tensyonado na nga yung sitwasyon, kapag pasigaw pa po o galit yung mga nagrerescue, mas lalo po matatakot ang mga bata* (Because the situation is already very stressful, if the rescuers are shouting and they seem

angry, the children will be more frightened).” The factor emotional-cognitive processing came last for the children and it only earned four points.

Table 4. Factors During Rescue Comparison

Rescue – Comparison		
Factor	Survey Respondent Rankings	Children Rankings
Emotional-cognitive Processing	3	4
Meeting immediate physical needs	2	2
Reassuring words or hugs from non-offending kin	4	1
Non-threatening/child-friendly approach	1	3

Key Factors in the Assessment Center (Survey Respondents):

Psychological Interventions. This factor refers to the counseling, psychoeducation, trauma-debriefing, teaching positive coping mechanisms, play therapy, and other services provided by psychologists and psychotherapists to the children. In the survey, this factor earned a mean score of 9.28 ± 1.12 . The law enforcer who joined the survey gave it a score of 10, NGO personnel mean score of 9.36 ± 1.07 , private practitioners a score of 9.33, FBO leaders and members placed it at 9.29 ± 0.98 , and government employees a score of 8.67 ± 1.89 . Aggregated and disaggregated mean scores for this factor places it in the “very therapeutic” range. An interesting observation to note is that the law enforcer who participated did not self-select out of responding in these items. The officer opted to provide a rating instead of ticking the NIPK box.

Care and Advice from Center Staff. The center staff act as parents to the OSEC victim-survivors during their stay in the center. They are the ones who listen to the children and provide encouragement and counsel to them. From the law enforcer, this factor received 10 points. The NGO personnel rated this factor 9.14 ± 1.37 , FBO leaders and members at 9.13 ± 1.23 , government employees gave a score of 9 ± 1.41 , and private practitioners at 8.93 ± 1.29 . Overall, the factor “care and advice from center staff” is perceived by the respondents as “very therapeutic” and garnered an average score of 9.11 ± 1.31 .

Self-development. This factor includes academic tutoring, social activities, and religious activities that OSEC victim-survivors can be a part of while they are in the center. These are activities that help develop new skills and make them feel productive. This factor earned an average score of 8.79 ± 1.48 from the categories of respondents, placing it in the “very therapeutic range.” When disaggregated, FBO leaders and members’ averaged score for this factor is 8.92 ± 1.32 , private practitioners rated an average score of 8.87 ± 0.96 , NGO personnel rated this with 8.80 ± 1.6 , government employees gave it an average score of 7.67 ± 1.70 , and lastly, the law enforcer’s mean is 6.

Communication with and Support from Non-offending Kin. In phase two, the participants shared that communication between the children and their family members through writing letters, making calls, and meeting them personally during family conferences have been helpful for the OSEC victim-survivors. This factor is deemed to be “very therapeutic,” and it gained

a mean score of 8.43 ± 1.59 in the survey. Government employees and the law enforcer have both given this factor 9 points as a mean score, NGO personnel gave it 8.50 ± 1.54 , FBO leaders and members scored 8.44 ± 1.63 , and private practitioners' average score is 8 ± 1.83 .

Appropriate Child Participation in Case Conferences. This factor emerged from the OSEC victim-survivors' data that points to a concept of restorative justice called connected justice—the children do not only want transparency but they also like that they get to share their thoughts on their possible path for reintegration. The service providers also considered sharing appropriate information to the OSEC victim-survivors regarding the on-goings of their cases is one of the best-practice methods that are already in place at the assessment center. Private practitioners gave this factor 7.47 ± 2.28 , NGO personnel scored 7.92 ± 1.93 , FBO leaders and members gave it 8.07 ± 1.70 , the law enforcer gave it 9 points, and the government employees a mean score of 9.33 ± 0.933 . The survey shows that this factor earned a mean score of 8.02 ± 1.88 . It is rated as a factor that is "very therapeutic."

Adequate Center Facilities. Providing the OSEC victim-survivors adequate food, clothing and giving them a suitable space in the center has been mentioned in phase two of the research. The survey respondents also consider this to be a significant factor—it garnered a mean score of 9.02 ± 1.27 . The highest mean on the disaggregated data belongs to the NGO personnel with a mean score of 9.18 ± 1.29 . The government employees and law enforcers follow with an average rate of 9 and 9 ± 1.41 respectively. FBO leaders and members are next with 8.97 ± 1.18 , and private practitioners gave this factor 8.73 ± 1.48 .



Key Factors in the Assessment Center (OSEC Victim Survivors)

Once again, the children were presented with pictures wherein each image depicts a key factor or process that is in place in the assessment center. The OSEC victim-survivors were asked to vote with their heart-shaped cutouts. While there were six factors presented to the children, they only cast their votes on four. The factor that earned the highest vote is "appropriate child participation in case conferences" with a total vote of 14 points. When the researchers asked why they voted for this factor, C8 answered, "*para po alam namin kung saan kami pupunta pagkatapos namin dito* (so that we will know where we will go after our stay here)." C6 also shared, "*nakakatulong din po sa amin kasi pinapakinggan kami ng mga social workers; tinatanong po nila*

kami kung ano ang nararamdaman namin at iniisip namin tungkol sa mga plano sa pupuntahan namin (it helps us because the social workers listen to us, they ask us how we feel and what we think about the plans on where we will go). Following closely after this factor is “communication with and support from non-offending kin”—the OSEC victim-survivors gave this 11 points. The children expressed that communication with their loved ones and having the occasional opportunity of seeing them in family conferences encourage them and help them feel less anxious and sad. “Care and advice from staff” received five points from the children. C8 says of the house parents and other personnel in the center, “*silang po yung mga magulang namin dito* (they are our parents here).” When asked why the children think this way of the center employees, C10 candidly shared, “*kapag may kailangan po kami, sa kanila kami humingi...silang nagbibigay ng shampoo sa amin...silang din po ang kausap namin kapag malungkot kami* (if we need anything, we ask them...they give us shampoo...they are also the ones we talk to when we feel sad).” Finally, the children gave “psychological interventions” four points. Particularly, the children alluded to trauma-debriefing and professional counseling sessions with the psychotherapist that they find helpful to them.

Table 5. Factors During Stay in the Assessment Center Comparison

Assessment Center – Comparison		
Factors	Survey Respondent Rankings	Children Rankings
Psychological interventions (e.g. psychoeducation, counseling, trauma debriefing, teaching positive coping mechanisms, play therapy)	1	4
Care and Advice from center staff	2	3
Self-development (e.g. academic tutoring, social activities, participation in household chores in the center, and Bible devotions)	4	-
Communication with and support from non-offending kin	5	2
Appropriate child participation in case conferences	6	1
Adequate center facilities (food, clothes, other supplies, sleeping space, play space, etc.)	3	-

Key Factors in Reintegration (Survey Respondents)

Parental Care and Monitoring. This factor pertains to the need expressed by the OSEC victim-survivors in the second phase of the study—the children believe supportive monitoring and positive, caring interactions from their kin will keep them from being harmed or revictimized. In the survey, this factor earned the average score of 9.17 ± 1.02 . NGO personnel and government employees both scored 9.33 mean score; the former with ± 1.05 and the latter ± 0.94 . Private practitioners rated this factor 9.20 ± 0.91 , and FBO leaders and members with 9.10 ± 1.03 . Certainly, this factor is situated in the “very therapeutic” category.

Formal/Non-formal Education. Engaging in educational pursuits buffers the negative effects of sexual abuse and exploitation of children and as well as places them on to a path of resilience and increased socio-economic stability (Child Welfare Information Gateway 2015a). This factor includes academic skills and other skills such as livelihood and self-development. The law enforcer gave it a score of 10, government employees 9.33 ± 0.94 , FBO leaders and members 9.08 ± 1.43 , private practitioners 9 ± 0.97 , and the NGO personnel gave it 8.92 ± 1.48 . The aggregated mean score of all the responders earned this factor 9.07 ± 1.34 .

Raised Awareness Against OSEC (of the child and his/her community). Raising awareness about the abuse and exploitation that is OSEC among the children and the community that will receive them after their stay in Shechem has been identified in the second phase of this study as a potential protective factor for the OSEC victim-survivor. The responses from the survey correspond with this—the average score for this factor is 9.07 ± 1.37 . The participant from the law enforcement scored this factor the highest at 10, NGO personnel was second at $9.33 \pm .94$, government employees came next with 9.14 ± 1.44 , FBO leaders and members followed with 9.03 ± 1.46 , and private practitioners gave it 8.80 ± 1.22 . The data from the survey show that this factor is perceived by the respondents as “very therapeutic” or helpful to the healing of the OSEC victim survivors.



Key Factors in Reintegration (OSEC Victim-survivors)

The children did not take a long time voting after the three photos representing the factors were shown and explained to them. The highest votes, 23 points, were given to parental care and monitoring. The OSEC-victim survivors shared that having the presence of caring and nurturing adults is what they need the most once they leave the assessment center. The second highest vote went into “raised awareness against OSEC”—this factor earned 7 points. C6 mentioned, “*Mas maproprotektahan po kami kapag marami pong tao sa lugar na may alam at ayaw din po sa OSEC...sa amin din pong mga bata, ngayon po alam na naming yung dapat iwasan* (We will be more protected if there are many people in our place who are aware of OSEC and are against it...the same is true for us, now we know what to avoid).” Finally, 5 votes were given to “formal/non-formal education.” The OSEC victim-survivors know that getting education and learning skills will

help them have a more stable future, but they also remarked that their foremost need is the guidance, support, and protection of their kin.

As noted in the table below, the children and survey respondents are aligned in how they ranked factors associated with reintegration.

Table 6. Factors During Reintegration Comparison

Reintegration – Comparison		
Factors	Survey Respondent Rankings	Children Rankings
Parental care and monitoring	1	1
Formal/non-formal Education	2	3
Raised awareness against OSEC (of the child and his/her community)	2	2



CONCLUSIONS AND RECOMMENDATIONS

This final section is composed of the conclusions that were gathered based on the data analysis and interpretation. Recommendations for the assessment center and for further studies are also provided. This section is not exhaustive, and thus, readers may identify other implications based on this report.

Conclusions

Four research objectives guided this study: (1) review of the current aftercare programs and services for OSEC victim-survivors, (2) identification of strengths and challenges of the existing aftercare programs and services, (3) understanding the implications of Filipino culture to OSEC, and finally (4) key factors that could make an effective assessment center. The conclusions are discussed in accordance to these study objectives.

Commendable aftercare programs and services focused to help rescued OSEC victim-survivors are already set in place. These programs run the gamut from drop-in centers and residential care facilities to community-based interventions and economic empowerment. Nevertheless, there is a dearth of government centers and institutions and private SWDAs that provide such services and programs. Earlier this year, PNP and FBI released a list of 5 OSEC hotspot cities in the country namely Taguig, Cebu, Pampanga, Tarlac, and Iligan. The research revealed that the loci of programs and services of the centers and institutions for clients affected by OSEC are in four regions—NCR, Region III, Region IV-A, and Region VII. This fact, when considered alongside the February 2019 PNP and FBI report, shows that the city of Iligan may not be receiving as much support it needs for programs and services for OSEC victim-survivors compared to the other identified hotspots. Aside from the gap in distribution of services and programs from a geographical standpoint, the research also shows a gap from the standpoint of gender. There is a dearth of centers and institutions, both public and private, that serve male clients. The scarce attention and provision of services and programs to the male OSEC victim-survivors could very well contribute to exacerbate their “invisibility.” The scant number of reported male victims of OSEC do not necessarily translate to a few number of actual occurrence of exploitation.

This research has also identified some of the growing strengths of organizations serving OSEC victim-survivors. There is a growing network of cooperation and collaboration among NGOs and FBOs in the country. These partnerships enable them to set into motion concerted efforts from awareness raising to lobbying with policy makers. It is also through NCM, with the help of IJM, PCMN, and other NGOs and FBOs that Shechem Children’s Home Incorporated, an assessment center that specifically serves OSEC victim-survivor, was established. Because people with various sets of resources, competencies, and expertise come together, comprehensive and multidisciplinary services and programs for OSEC victim-survivors, along with their families, are provided by these partnering NGOs and FBOs. The assessment provided in Shechem has resulted to more focused interventions and better case planning for the OSEC victim-survivors. The assessment center is also a potential strength for the aftercare system because it facilitates faster reunification with kin for OSEC victim-survivors who have been identified for such path.

Organizations and individuals working on the aftercare of OSEC victim-survivors are also presented with overwhelming challenges. To begin with, OSEC is a 21st century evil—practitioners

and service providers are thrown into uncharted waters. CSEC, which can be considered as a more familiar form of sexual exploitation of children, still is largely different from OSEC. The domains are different, and thus, accessibility to vulnerable children and proliferation of abuse and CSEM also differ. Another difficulty that this study found is what the researchers consider to be a double whammy challenge. The sexual grooming done to these children is profound and they have been buried deep down the culture of silence. Hence, consequently, there is a shallow level of consciousness among OSEC victim-survivors about the exploitation and abuse that occurred. Correspondingly. This double whammy further results to the challenge of navigating the inexplicable attachment of the children to their perpetrators as well as the challenge of providing intervention for the late on-set negative and abnormal behavior manifestations of the children. Also presented to the organizations and individuals working on the aftercare for OSEC victim-survivors is the challenge to uphold gender-sensitive approach in delivering services. The researchers found out that there are published protocols on provision of gender-sensitive services to abused and exploited children to respond to their peculiar needs, afford them respect, and promote dignity as their inherent right. Nevertheless, it has also been discovered in the study that some of the female OSEC victim-survivors who participated in the interview have not been afforded a gender-sensitive approach when the *medico legal* examination for their cases was done by a male physician. It is not a far stretch to imagine that what transpired in their case management also transpires in others. Last on this list but certainly not the least, the NGOs and FBOs that aim to help clients affected by OSEC are confronted with the high costs placed upon the society's shoulder by the digital exploitation trade. The multi-million-dollar industry that is OSEC pales in comparison to the victim services costs, criminal justice systems costs, health services costs, etc. that are needed to mitigate the effects of the physical, mental, and emotional harm done to the children. These current costs and the future economic and social costs—not to mention the future human productivity loss—makes OSEC a menace that threatens the financial stability of whole Filipino nation indeed.

The research also sought to understand the implications of the Filipino culture to OSEC. The Filipino family is at the core of OSEC—this has a positive and negative connotation. On the negative side, more than 80% of the perpetrators are the children's immediate family members or people whom they have considered family. This is the reason why the sexual grooming of the children is the darkest, vilest, and most perplexing aspect of OSEC—because it is carried out unto them by their own flesh and blood. *Utang na loob* (debt of gratitude), which originally should be positive value, has been perverted and used against the children. In OSEC, the children get into the trade because they feel indebted to their perpetrators for the things that has been given or done to them. Consequently, many of the children have become the financial *taga-salo* of the family, the ones who carry the burden of providing for their family. On the positive side, the Filipino worldview upholds that *malasakit* (care) should first be given to family. Because of this, the research has found evidence that many of the OSEC victim-survivors have next of kin who are willing to be a part of their reintegration plans. The results of the research also show that children and service providers see non-offending kin as vital agents for the children's recovery and healing from the trauma caused by OSEC. And while they are at the assessment center, children perceive service providers as *kapamilya* (family members) who can provide them the familial care and guidance they need.

The results of the research also hinted that Filipino ethics *kapwa* and *loob* are beneficial principles to leverage in the services and programs for the OSEC victim-survivors. *Pakikipagkapwa* (being a fellow), *kabutihang loob* (goodwill), *hiya* (dignity), *malasakit* (care), and other virtues connected to *kapwa* and *loob* can be expounded and utilized in the intervention efforts for the children. Another interesting learning that emerged from the research is how the children perceive justice. Theirs is unlike the Western idea of criminal justice system. What is most important for the OSEC victim-survivors is for their human dignity to be affirmed, their voice to be heard, and for their agency to be acknowledge as they participate in the conferences for their case management plan.

Finally, the research sought to find factors that will make an assessment center effective. The research yielded six factors identified primarily by the children and the service providers. The first factor is “psychological interventions.” Many of the OSEC victim-survivors exhibited symptoms of PTSD because of the rescue—life as they knew it was disrupted. The children also exhibited abnormal sexual behaviors and other negative coping mechanisms to the toxic stress they experience. Psychological interventions such as counseling, trauma debriefing, learning positive coping mechanisms, play therapy, etc. has been identified to help them become more stable physically, mentally, and emotionally. Psychological interventions also become the platform wherein individual protective factors can be taught. These are skills such as self-mastery skills (anger management, self-control, and emotional intelligence, positive self-concept, self-compassion, a sense of personal responsibility, being future-oriented) and relational skills (ability to form positive bonds and connections, interpersonal communication, self-efficacy in conflict situations, and problem-solving). The children shared and evidenced that even in less than three months, they were able to learn and begin to put into practice the many of the skills mentioned above that they have learned in the center. The second factor is “care and advice from center staff.” The workers in the center, along with the service providers from partnering organizations, play a crucial role in the stabilization of the children’s mental and emotional state. Their guidance provides the adult care and supervision that the OSEC victim-survivors critically need. Adult support, together with empathy and non-judgmental approach, proves to increase children’s resilience in adverse experiences. The third factor is “self-development”—this refers to activities including but not limited to academic tutoring, social activities, and religious activities. This factor stabilizes the OSEC victim-survivors by providing them a sense of normalcy and also makes their time in the center productive. The fourth factor is allowing the OSEC victim-survivors to “communicate and receive support from non-offending kin.” The reassuring words and gestures from their family are proven to increase the resilience of the children. Nevertheless, this factor is not only limited to phone calls and meetings with family; this involves inviting the kin to actively participate in the case management of the children. Here, the assessment center can help increase the protective factor for the children in the family level. The OSEC victim-survivors kin can learn more of parental competence, care, and monitoring through the help of the service providers. Providing this intervention assures increased protection for the children even after their stay in the center. The fifth factor is “appropriate child participation in case conferences.” Giving the children a seat at the conference table and honoring their voice by hearing their hopes for reintegration return power and agency to the child. This practice also benefits the center with a more holistic view for the children’s case management plans. Last but not the least is “adequate center facilities.” The physiological and safety needs of the OSEC victim-survivors are optimally

met in the center. Hence, they are able to focus their attention more on the things that matter to their healing and reintegration such as their need for love, belonging, and self-respect.

RECOMMENDATIONS

One of the most important findings is that the OSEC victim-survivors consider the rescue to be a significantly traumatizing event. Children cite various reasons that causes grave stress to them including but not limited to seeing police men carrying “huge guns,” witnessing family members or friends who are their alleged perpetrators being arrested, members of the opposite sex checking their genitalias during the *medico legal*, being unable to receive reassuring words and gestures from non-offending kin, and receiving false promises from responders that they will be sent home after a few days. The researchers recommend a development of a rescue protocol that seeks to minimize traumatic impacts to the children, and leverages development of rapport to service providers even at the event of rescue which is the initial time of contact between the children and workers.

The researchers also recommend the assesment center to consider a contextualized approach to the programs and services provided to the children by incorporating Filipino values discovered in this study, especially since these are already deep-seated in the worldview of the children. It is also recommended for the center to leverage the protective factors found in the study through psychosocial interventions. Instilling these protective factors can be seen as a costly one-time investment to the children, but the benefits of these factors outweighs the expense. Once self-mastery and relational skills are learned by the children, they can practice these even beyond their stay in the center and their resiliency in adverse experiences is increased. *Apropos* individual protective factors, the assessment center should also include teaching family protective factors to the kin of the OSEC victim-survivors. This widens the protection for the children and decreases chances of revictimization. Another recommendation for the center is to equip the service providers with the know-how of caring for OSEC victim-survivors with special needs. One of the children interviewed for this research suffers from Strabismus. The condition presented her more challenges because she did not only have to deal with the trauma caused by OSEC and the rescue operation, she also had to endure teasing and bullying from other children. The assessment center must be a safe space for children who are differently-abled, a place where they can experience how it is to thrive despite their physical condition. Lastly, this research recommends for the assessment center to create a monitoring plan that will run for at least a year for children who have been transferred from the center to assess whether they were placed in the right path and to follow through with their progress towards healing and restoration.

For further studies, the researchers recommend the assessment center identify their desired outcomes. Then based on this crafted list, a comparative case analysis can be done—capturing both the X (treatment: interventions and assessment tools used in the center) and the Y (outcomes: psychological stabilization, length of stay in the center, reintegration path, etc.) variables, as well as the inputs or resource investments. This design ultimately hopes to develop and evidence-based best practice model for the assessment center. Another profitable study to pursue is a comparative case analysis between two sample groups—children who have received interventions from the assessment center and

those who have not. This type of study would be helpful to further validate and elucidate the strengths and benefits of the assessment center that has been found in this research. Longitudinal qualitative studies with children who have been placed in the three respective reintegration paths (shelter, foster, kin) are also deemed to yield relevant and valuable data. It must also be said that this research has only focused on one assessment center. Knowledge on best-practices will further increase if a comparative study of two or three assessment centers will be conducted. The research has also discovered that OSEC does not only corrupt the moral fiber of the nation but also creates a drain on the national budget. Studies on the actual and projected social costs of the exploitation trade for the Filipino nation must be conducted in order to have a clear and comprehensive perspective of the damage this 21st century evil creates. Finally, it is recommended for future researchers to not only look at OSEC victim-survivors but to also explore possible studies about the service providers, especially on how to bolster their capabilities and mental and emotional well-being.



REFERENCE LIST

- Afifi, Tracie O., and Harriet L. Macmillan. 2011. "Resilience Following Child Maltreatment: A Review of Protective Factors." *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie* 56, no. 5: 266–72. <https://doi.org/10.1177/070674371105600505>.
- Aguilar-Vafaie, Maria E., Mehrnoosh Roshani, Hamidreza Hassanabadi, Zahra Masoudian, and Gholam A. Afruz. 2011. "Risk and Protective Factors for Residential Foster Care Adolescents." *Children and Youth Services Review* 33 (1): 1–15. <https://doi.org/10.1016/j.childyouth.2010.08.005>.
- American Psychiatric Association. n.d. "Patients and Families." Accessed August 12, 2019. <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>
- Asian Development Bank. 2019. "Philippines, Key Indicators, 2019." Accessed September 18, 2019. <https://data.adb.org/dataset/philippines-key-indicators/resource/55c5b4ae-0c47-412b-afcf-5b41386718fb>
- Bein, Kris, and Christi Hurt. 2011. "Strong Foundation for Healing: Shelter and Sexual Violence." *National Sexual Assault Coalition Resources Sharing Project*, 17. http://www.resource-sharingproject.org/sites/resource-sharingproject.org/files/SASP-Shelter_and_Sexual_Violence_0.pdf.
- Bell, Nancy. 2008. "Ethics in Child Research: Rights, Reason and Responsibilities." *Children's Geographies*, vol. 6 no. 1, 7-20. DOI: 10.1080/14733280701791827.
- Bick, Johanna, and Charles A Nelson. 2016. "Early Adverse Experiences and the Developing Brain." *Neuropsychopharmacology* 41, no. 1: 177–96. <https://doi.org/10.1038/npp.2015.252>.
- Blair, Clancy, and C. Cybele Raver. 2012. "Child Development in the Context of Adversity: Experiential Canalization of Brain and Behavior." *American Psychologist* 67, no. 4: 309–18. <https://doi.org/10.1037/a0027493>.
- Bridges, Lisa J., and Kristin A. Moore. 2002. "Religious Involvement and Children's Well-being: What Research Tells us (and What it Doesn't)." Child Trends Research Brief. Washington, DC: Child Trends.
- Brown, A. 2016. *Safe from Harm: Tackling Online Child Sexual Abuse in the Philippines*. UNICEF. Retrieved from https://www.unicef.org/protection/philippines_91214.html.
- Bulatao, J. 1964. "Hiya." *Philippine Studies* vol.12 no. 3, 424-438.

- Cabigon, Mike. n.d. *State of English in the Philippines: Should We Be Concerned?* Accessed 3 November 2016, <https://www.britishcouncil.ph/teach/state-english-philippines-should-we-be-concerned-2>.
- Carandang, Ma. Lourdes A. 1987. *Filipino Children Under Stress: Family Dynamics and Therapy*. Quezon City: Ateneo de Manila University Press.
- _____, and Beatrix Sison. 2004. *A Primer on Family Violence: The Path to Healing*. Pasig City: Anvil.
- Causey, David L. and Eric F. Dubow. 1992. "Development of a Self-Report Coping Measure for Elementary School Children." In *Journal of Clinical Child Psychology*. doi: 10.1207/s15374424jccp2101_8.
- Child Welfare Information Gateway. 2014. *Protective Factors Approaches in Child Welfare - Child Welfare Information Gateway*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>.
- _____. 2014. *Parenting a Child Who Has Experienced Trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubpdfs/child-trauma.pdf>.
- _____. 2015a. *Promoting Protective Factors for Children and Youth in Foster Care: A Guide for Practitioners - Child Welfare Information Gateway*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/factsheets/guide-fostercare/>.
- _____. 2015b. *Understanding the Effects of Maltreatment on Brain Development*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubPDFs/brain_development.pdf.
- _____. 2018. *Parenting Children and Youth Who Have Experienced Abuse or Neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubPDFs/parenting_CAN.pdf.
- _____. 2019. *Long-Term Consequences of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf.
- Children's Law Center. 2018. "Therapeutic Interventions for CSEC Survivors." June, 34. https://www.childrenslawcenter.org/sites/default/files/attachments/resources/PK14_IV%20Services.pdf.

Church of the Nazarene Asia Pacific. 2018. "Philippines Field Launches Assessment Center for Survivors of Online Child Exploitation." *Church of the Nazarene*. Retrieved from <http://nazarene.org/article/philippines-field-launches-assessment-center-survivors-online-child-exploitation>.

Coie, John D., Norman F. Watt, Stephen G. West, J. David Hawkins, Joan R. Asarnow, Howard J. Markman, Sharon L. Ramey, Myrna B. Shure, and Beverly Long. 1993. "The Science of Prevention: A Conceptual Framework and Some Directions for a National Research Program." *American Psychologist* 48 no. 10: 1013–22. <https://doi.org/10.1037/0003-066X.48.10.1013>.

Committee for the Special Protection of Children. 2016. *Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation*. <http://cpaor.net/sites/default/files/cp/Philippines-CSPC-protocol.pdf>.

Council of Europe. 2007. "Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse," signed on 25th October 2007, Entered into Force on 1st July 2010, Article 21.

Craven, Samantha, Sarah Brown, and Elizabeth Gilchrist. 2006. "Sexual Grooming of Children: Review of Literature and Theoretical Considerations." *Journal of Sexual Aggression* 12, no. 3: 287–99. <https://doi.org/10.1080/13552600601069414>.

Daly Katheleen. 2017. "Sexual Violence and Victims' Justice Interests." In *Restorative Responses to Sexual Violence – Legal, Social and Therapeutic Dimensions*, edited by Zinsstag Estelle and Keenan Marie, 108–139. Oxford: Routledge.

De Vera, Analou. 2018. "Rising Cases of Sexually Exploited Children Online Alarming — Interfaith group." *Manila Bulletin*. November 6, 2018. <https://news.mb.com.ph/2018/11/06/rising-cases-of-sexually-exploited-children-online-alarming-interfaith-group/>

Doyle, Colleen, and Dante Cicchetti. 2017. "From the Cradle to the Grave: The Effect of Adverse Caregiving Environments on Attachment and Relationships Throughout the Lifespan." *Clinical Psychology: Science and Practice* 24, no. 2: 203–17. <https://doi.org/10.1111/cpsp.12192>.

Donovan, John. E., Richard. Jessor, and Frances. M. Costa. 1991. "Adolescent Health Behavior and Conventionality-Unconventionality: An Extension of Problem-Behavior Theory." *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association* 10, no. 1: 52–61.

- ECPAT. 2005. *Violence Against Children in Cyberspace: A Contribution to United Nations Study on Violence Against Children*. Retrieved from https://www.ecpat.org/resources/violence-against-children-in-cyberspace-2005/cyberspace_fre-pdf/
- ECPAT. 2009. *Child Abuse Images and Sexual Exploitation of Children Online*. Retrieved from <https://www.ecpat.org/wp-content/uploads/2016/04/ICT.pdf>
- ECPAT. 2017. *Online Sexual Exploitation of Children: An Analysis of Emerging and Selected Issues*. Retrieved from https://www.ecpat.org/wp-content/uploads/2017/04/Journal_No12-ebook.pdf
- ECPAT. 2018. *Sexual Exploitation of Children in Southeast Asia*. Retrieved from https://www.ecpat.org/wp-content/uploads/2018/02/Regional-Overview_Southeast-Asia.pdf
- Egeland, Byron, Elizabeth Carlson, and L. Alan Sroufe. 1993. "Resilience as Process." *Development and Psychopathology* 5, no. 4: 517–28. <https://doi.org/10.1017/S0954579400006131>.
- Elieson Foundation. n.d. "Our Programs." Accessed May 15, 2019. <https://eleisonfoundation.org/>
- Everly, George S., and Paul Perrin. 2008. "Psychological Issues in Escape, Rescue, and Survival in the Wake of Disaster," 79. <https://www.cdc.gov/niosh/docket/archive/pdfs/NIOSH-154/0154-010108-everly.pdf>.
- Fothergill, Alice, and Lori Peek. 2006. "Surviving Catastrophe: A Study of Children in Hurricane Katrina." ResearchGate. January 2006. https://www.researchgate.net/publication/252689566_Surviving_Catastrophe_A_Study_of_Children_in_Hurricane_Katrina.
- Freeman, Richard. B. 1986. "Who Escapes? The Relation of Churchgoing and Other Background Factors to the Socioeconomic Performance of Black Male Youths from Inner-city Poverty Tracts." In *The Black Youth Employment Crisis*, edited by Richard. B. Freeman, and Harry J. Holzer, 353–376. Chicago, IL: The University of Chicago Press.
- Furstenberg, Frank. F., Thomas D. Cook, Jacquelynne Eccles, Glen H. Elder, and Arnold Sameroff. 1999. *Managing to Make It: Urban Families and Adolescent Success*. Chicago, IL: University of Chicago Press.
- Garcia Quiroga, Manuela. & Catherine Hamilton-Giachritsis. 2016. "Attachment Styles in Children Living in Alternative Care: A Systematic Review of the Literature." In *Child Youth Care Forum* vol. 45, no. 4. <https://doi.org/10.1007/s10566-015-9342-x>.

- Garnezy, Norman. 1985. "Stress Resistant Children: The Search for Protective Factors." In *Recent Research in Developmental Psychopathology*, edited by J. Stevenson, 213–233.
- Graham-Bermann, SA., G. Gruber, K. H. Howell. 2009. Factors Discriminating Among Profiles of Resilience and Psychopathology in Children Exposed to Intimate Partner Violence (IPV). *Child Abuse Neglect* 33:648–660.
- Go, Stella P. 1993. *The Filipino Family in the Eighties*. Manila: De La Salle University, Social Development Research Center.
- Guthrie G. 1968. "The Philippine Temperament." In Guthrie G, editor. *Six Perspectives on the Philippines*. Manila: The Bookmark, Inc.
- Hall, Melissa, and Joshua Hall. 2011. "The Long-Term Effects of Childhood Sexual Abuse: Counseling Implications." https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf.
- Hardner, Kimberly, Molly R. Wolf, and Elaine S. Rinfrette. 2018. "Examining the Relationship Between Higher Educational Attainment, Trauma Symptoms, and Internalizing Behaviors in Child Sexual Abuse Survivors." *Child Abuse & Neglect* vol. 86, 375-383. <https://doi.org/10.1016/j.chiabu.2017.10.007>.
- Harper, Kim, and Jennifer Steadman. 2003. "Therapeutic Boundary Issues in Working with Childhood Sexual-Abuse Survivors." *American Journal of Psychotherapy* 57, no. 1: 64–79. <https://doi.org/10.1176/appi.psychotherapy.2003.57.1.64>.
- Hartman, Marilyn, Stephen E. Finn, and Gloria R. Leon. 1987. "Sexual-Abuse Experiences in a Clinical Population: Comparisons of Familial and Nonfamilial Abuse." *Psychotherapy: Theory, Research, Practice, Training* 24, no. 2: 154–59. <https://doi.org/10.1037/h0085699>.
- Harvard University. N.d. "Toxic Stress." Accessed July 24, 2019. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- Holder, Robyn. 2015. "Satisfied? Exploring Victims' Justice Judgments." In *Crime, Victims and Police: International Contexts, Local Experiences*, edited by D. Wilson and S. Ross, 184-213. Basingstoke: Palgrave Macmillan.
- Holnsteiner, Mary L. 1973. "Reciprocity in the Lowland Philippines." In *Four Readings on Philippine Values*, edited by F. Lynch and A. De Guzman II, 69–92. Quezon City: Ateneo de Manila.

- Howes, C., & Segal, J. 1993. "Children's Relationship with Alternative Caregivers: The Special Case of Maltreated Children Removed from their Homes." *Journal of Applied Developmental Psychology* vol. 14 no. 1, 71–81. [https://doi.org/10.1016/0193-3973\(93\)90024-P](https://doi.org/10.1016/0193-3973(93)90024-P).
- International Committee of the Red Cross. 2011. "Children Affected by Armed Conflict and Other Situations of Violence." Geneva, Switzerland: Koninklijke Brill NV. https://doi.org/10.1163/2210-7975_HRD-9930-0038.
- International Justice Mission Australia. 2017. Inquiry into Human Trafficking. Accessed January 11, 2018, <https://www.parliament.nsw.gov.au/lcdocs/submissions/56986/0011%20International%20Justice%20Mission%20Australia.pdf>.
- International Justice Mission Philippines. 2018. *Philippines, Fighting Cybersex Trafficking*. Retrieved from <https://www.ijm.org/partner-offices/philippines/>.
- International Justice Mission. N.d. "Philippines." Accessed May 16, 2019. <https://www.ijm.org/philippines>
- International Labor Organization. N. d., "Ratifications of C182- Worst Forms of Child Labour Convention, 1999 (No. 182)" accessed 21 February 2019, http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312327.
- International Rescue Committee. 2012. *Caring for Child Survivors of Sexual Abuse*. First edition. New York. https://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf.
- Internet World Stats. 2018. "Top 20 Countries with the Highest Number of Internet Users." Internet World Stats – Usage and Population Statistics, Accessed 21 February 2016, <http://www.internetworldstats.com/top20.htm>.
- Johnson, Byron R., Sung Joon Jang, Spencer De Li, and David Larson. 2000. "The 'Invisible Institution' and Black Youth Crime: The Church as an Agency of Local Social Control." *Journal of Youth and Adolescence* 29, no. 4: 479–98. <https://doi.org/10.1023/A:1005114610839>.
- Johnson, B. R., R. B. Tompkins., and D. Webb. 2000. "A Re-Examination of the Effects of Religiosity on Delinquency." *Journal of Youth and Adolescence* vol. 29: 479–498.
- Kelly, Liz, and Kairika Karsna. 2017. *Measuring the Scale and Changing Nature of Child Sexual Abuse and Child Sexual Exploitation: Scoping Report*. London: Center of Expertise on Child Sexual Abuse.

- Kellogg, Nancy D. 2009. "Clinical Report—The Evaluation of Sexual Behaviours in Children." *Paediatrics* 124, no. 3: 992–98. <https://doi.org/10.1542/peds.2009-1692>.
- Kloess, Juliane A., Anthony R. Beech, and Leigh Harkins. 2014. "Online Child Sexual Exploitation: Prevalence, Process, and Offender Characteristics." *Trauma, Violence, and Abuse* 15, no. 2: 126–39. <https://doi.org/10.1177/1524838013511543>.
- Lantos, Hannah, Andra Wilkinson, Hannah Winslow, Tyler McDaniel. 2019. "Describing Associations Between Child Maltreatment Frequency and the Frequency and Timing of Subsequent Delinquent or Criminal Behaviors Across Development: Variation by Sex, Sexual Orientation, and Race." *BMC Public Health* vol.19.. <https://doi.org/10.1186/s12889-019-7655-7>
- Levine, James A. 2017. "Mental Health Issues in Survivors of Sex Trafficking." *Cogent Medicine* 4, no. 1. <https://doi.org/10.1080/2331205X.2017.1278841>.
- Lincoln, Yvonna. S. 1990. "The Making of a Constructivist: A Remembrance of Transformations Past." In *The Paradigm Dialog*, edited by E. G. Guba. Newbury Park, CA: Sage Publications.
- _____, and Egon G. Guba. 1985. *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications.
- Luthar, Suniya. S., Dante. Cicchetti, and Bronwyn. Becker. 2000. "The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work." *Child Development* 71, no. 3: 543–62. <https://doi.org/10.1111/1467-8624.00164>.
- Malesky Jr, L. Alvin. 2007. "Predatory Online Behavior: Modus Operandi of Convicted Sex Offenders in Identifying Potential Victims and Contacting Minors Over The Internet." *Journal of Child Sexual Abuse* vol. 16, no. 2: 23-32. https://doi.org/10.1300/J070v16n02_02.
- Maltz, Wendy. 2002. "Treating the Sexual Intimacy Concerns of Sexual Abuse Survivors." *Sexual and Relationship Therapy* 17, no. 4: 321–27. <https://doi.org/10.1080/1468199021000017173>.
- Marcum, Catherine. 2007. Interpreting the Intentions of Internet Predators: An Examination of Online Predatory Behavior. *Journal of Child Sexual Abuse* vol. 16, 99-114. [doi:10.1300/J070v16n04_06](https://doi.org/10.1300/J070v16n04_06).
- Masten, Ann. S., and Marie-Gabrielle Reed. 2002. "Resilience in development." In *Handbook of Positive Psychology*, edited by C. R. Snyder and S. J. Lopez. New York: Oxford University Press.

- McAlinden, Anne Marie. 2006. "Setting 'Em Up": Personal, Familial and Institutional Grooming in the Sexual Abuse of children. *Social and Legal Studies*, 15, 339–362. doi:10.1177/0964663906066613.
- McGlynn, Clare, and Nicole Westmarland. 2019. "Kaleidoscopic Justice: Sexual Violence and Victim-Survivors' Perceptions of Justice." *Social and Legal Studies* 28, no. 2: 179–201. <https://doi.org/10.1177/0964663918761200>.
- Medina, Belen. 2001. *The Filipino Family*. 2nd edition. Quezon City: University of the Philippines Press.
- Merriam, Sharan B. 2009. *Qualitative Research: A Guide to Design and Implementation*. San Francisco, CA: Jossey-Bass.
- Mendez, Paz, and F. Landa Jocano. 1974. *The Filipino Family, In Its Rural and Urban Orientation: Two Case Studies*. Manila: Centro Escolar University.
- Miller, Kenneth L., Marianne K. Dove, and Susan M. Miller. 2007. "A Counselor's Guide to Child Sexual Abuse: Prevention, Reporting and Treatment Strategies." Paper Based on a Program Presented at the 2007 Association for Counselor Education and Supervision Conference. October, 7. https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/a-counselor-s-guide-to-sa_miller-dove-miller.doc;A.
- Miralao, Virginia. 1997. "The Family, Traditional Values and Sociocultural Transformation of Philippine Society." *Philippine Sociological Review* 45, no.1:189-215.
- Morillo, Hannah M., Joseph J. Capuno, and Amado M. Mendoza. 2013. "Views and Values on Family among Filipinos: An Empirical Exploration." *Asian Journal of Social Science* 41, no. 1: 5–28. <https://doi.org/10.1163/15685314-12341278>.
- National Institute of Mental Health. 2006. "NIMH Helping Children and Adolescents Cope with Disasters and Other Traumatic Events: What Parents, Rescue Workers, and the Community Can Do." 2006. <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/index.shtml>.
- NCTSN. 2009. "Understanding and Coping with Sexual Behaviour Problems in Children.: *American Psychological Association*. <https://doi.org/10.1037/e738822011-001>.
- Nugroho, Dita, Belinda Parker, and Cassie Moran. 2008. "Sagip or Huli?: Indiscriminate Rescue of Street Children in the City of Manila." *Bahay Tuluyan* 74. <https://resourcecentre.savethechildren.net/library/sagip-or-huli-indiscriminate-rescue-street-children-city-manila>.

- O'Connell, Rachel. 2003. "A Typology of Child Cybersexexploitation and Online Grooming Practices." http://www.jisc.ac.uk/uploaded_documents/lis_PaperJPrice.pdf.
- Palareti, Laura, and Chiara Berti. 2009. "Different Ecological Perspectives for Evaluating Residential Care Outcomes: Which Window for the Black Box?" *Children and Youth Services Review* 31, no. 10: 1080–85. <https://doi.org/10.1016/j.childyouth.2009.07.011>.
- Patton, Michael. Quinn. 1990. *Qualitative Evaluation and Research Methods*. 2nd edition. CA: Sage Publications.
- _____. 2002. *Qualitative Research and Qualitative Research and Evaluation Methods Evaluation Methods*. 3rd edition. CA: Sage Publications.
- Pereira, Snehal M. Pinto, Leah Li, and Chris Power. 2017. "Child Maltreatment and Adult Living Standards at 50 Years." *Pediatrics* vol. 139 no.1, <https://doi.org/10.1542/peds.2016-1595>.
- Pennsylvania Coalition Against Rape. 2013. *A Guide for Friends and Family of Sexual Violence Survivors*. PA: Pennsylvania Coalition Against Rape. https://www.pcar.org/sites/default/files/resource-pdfs/friends_and_family_guide_final.pdf.
- Philippine National Police. 2016. *Manual in Handling Cases of Children at Risk and Children in Conflict with the Law*. Quezon City: Women and Children Protection Center. http://www.pnp.gov.ph/images/Manuals_and_Guides/DIDM/MANUAL-IN-HANDLING-CASES-OF-CHILDREN-AT-RISK-AND-CHILDREN-IN-CONFLICT-WITH-THE-LAW.pdf.
- Plan International. 2017. "Plan International Worldwide Annual Review." Accessed March 2, 2018. <https://plan-international.org/publications/plan-international-worldwide-annual-review-2017>.
- Pollak, Daniel, and Andrea MacIver. 2015. "Understanding Sexual Grooming in Child Abuse Cases." *ResearchGate*, November. https://www.researchgate.net/publication/284732040_Understanding_sexual_grooming_in_child_abuse_cases.
- Quayle, Ethel, G. Holland, Carol Linehan, & Max Taylor. 2000. The Internet and Offending Behaviour: A Case Study. *The Journal of Sexual Aggression* vol. 6, 78-96. doi:10.1080/13552600008413311.
- Ratican, Kathleen L. 1992. "Sexual Abuse Survivors: Identifying Symptoms and Special Treatment Considerations." *Journal of Counseling and Development* 7, no. 1: 33–38. <https://doi.org/10.1002/j.1556-6676.1992.tb02167.x>.

- Reyes, Jeremiah. 2015. "Loob and Kapwa: An Introduction to a Filipino Virtue Ethics." *Asian Philosophy* 25, no. 2: 148–71. <https://doi.org/10.1080/09552367.2015.1043173>.
- Rutter, Michael. 1987. "Psychosocial Resilience and Protective Mechanisms." *American Journal of Orthopsychiatry* 57, no. 3: 316–31. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>.
- Rutter, Michael. 2000. "Children in Substitute Care: Some Conceptual Considerations and Research Implications." *Children and Youth Services Review* 22, no. 9–10: 685–703. [https://doi.org/10.1016/S0190-7409\(00\)00116-X](https://doi.org/10.1016/S0190-7409(00)00116-X).
- Sege, Robert D., Lisa Amaya-Jackson, and American Academy of Pediatric Committee on Child Abuse and Neglect, Council on Foster Care, Adoption, and Kinship Care; American Academy Of Child And Adolescent Psychiatry Committee on Child Maltreatment and Violence; National Center for Child Traumatic Stress. 2017. "Clinical Considerations Related to the Behavioral Manifestations of Child Maltreatment." *Pediatrics* 139, no. 4: e20170100. <https://doi.org/10.1542/peds.2017-0100>.
- Sesar, Kristina, Nataša Šimić, and Marijana Barišić. 2010. "Multi-Type Childhood Abuse, Strategies of Coping, and Psychological Adaptations in Young Adults." *Croatian Medical Journal* 51, no. 5: 406–16. <https://doi.org/10.3325/cmj.2010.51.406>.
- Shechem Children's Home Incorporated. 2018. "Manual of Operations 2018 Version 1.0." Rizal, Philippines: Nazarene Compassionate Ministries.
- The St. Petersburg-USA Orphanage Research Team. (2008). The Effects of Early Social-emotional and relationship experience on the Development of Young Orphanage children. *Monographs of the Society for Research in Child Development*, 73(3), 1–262. <https://doi.org/10.1002/9781444309683>.
- Tan, M., Estacio, L., and M. Ylade. 2016. *Global Kids Online, The Philippines: Executive Summary*. Manilla: University of the Philippines. Retrieved from <http://eprints.lse.ac.uk/71352/>.
- Tarroja, Maria Caridad. 2010. "Revisiting the Definition and Concept of Filipino Family: A Psychological Perspective." *Philippine Journal of Psychology* 43.
- Thompson, Richard, Terri Lewis, Elizabeth C. Neilson, Diana J. English, Alan J. Litrownik, Benjamin Margolis, Laura Proctor, and Howard Dubowitz. 2017. "Child Maltreatment and Risky Sexual Behavior: Indirect Effects Through Trauma Symptoms and Substance Use." *Child Maltreatment* 22, no. 1: 69–78. <https://doi.org/10.1177/1077559516674595>.
- Thompson, Ross A. 2014. "Stress and Child Development." *The Future of Children* 24, no. 1: 41–59. <https://doi.org/10.1353/foc.2014.0004>.

- UN Women. 2016. *Shelters for Women and Girls Who Are Survivors of Violence in Ethiopia*. Ethiopia: United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).
<https://www.unwomen.org//media/headquarters/attachments/sections/library/publications/2016/shelters-for-survivors-of-violence-ethiopia.pdf?la=en&vs=5120>.
- UN General Assembly. 1989. "Convention on the Rights of the Child." Res. 44/25 of 20 November 1989, entered into force on 2nd September 1990, Article 3.
- UN General Assembly. 2000. "Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography." A/RES/54/263, 25 May 2000, entered into force on 18 January 2002, article 3.
- UNICEF and Save the Children. 2011. *Every Child's Right to be Heard*.
https://www.unicef.org/adolescence/files/Every_Childs_Right_to_be_Heard.pdf
- UNICEF. 2016. *Perils and Possibilities: Growing up Online*. Accessed January 20, 2018, <https://www.unicef.org/eap/reports/perils-and-possibilities-growing-online>.
- United Nations Treaty Collection. n.d. "Status of Treaties: Convention on the Rights of the Child." Accessed 21 February 2019.
https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&clang=_en.
- United Nations Treaty Collection. n.d. "Status of treaties: OPSC." Accessed 21 February 2019, https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&clang=_en.
- University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation and UNICEF Philippines. 2016. *A Systematic Review of the Drivers of Violence Affecting Children in the Philippines*. Manila: UNICEF Philippines.
- U.S. Department of Health and Human Services, Administration for Children and Families. "Toxic Stress." Accessed July 24, 2019. <https://www.acf.hhs.gov/traumatoolkit/toxic-stress>.
- U.S. Department of Health and Human Services National Institute of Mental Health. 2001. "Helping Children and Adolescents Cope with Violence and Disasters." *American Psychological Association*. <https://doi.org/10.1037/e312602005-001>.
- Varella, Andrea. 2017. "Live Streaming of Child Sexual Abuse: Background, Legislative Frameworks and the Experience of the Philippines, Online Child Sexual Exploitation: An Analysis of Emerging and Selected Issues." In *ECPAT International Journal*, Issue 12.

Accessed February 11, 2018. https://www.ecpat.org/wp-content/uploads/2017/04/Journal_No12-ebook.pdf.

Vrancken, Jaqueline and Yannicke Goris. 2018. *Child Exploitation Knowledge Trajectory: Child Sexual Exploitation in the Philippines*. Hague, Netherlands: The Broker.

Wager, Nadia. 2013. "The Experience and Insight of Survivors Who Have Engaged in a Restorative Justice Meeting with Their Assailant." *Temida* 16, no. 1: 11–32. <https://doi.org/10.2298/TEM1301011W>.

We Protect Global Alliance. 2018. "Global Threats Assessment 2018." Accessed April 11, 2018. <https://www.jamesmarshlaw.com/wp-content/uploads/2018/11/WeProtect-GlobalThreatAssessment2018.pdf>.

Wessells, Mike. 2009. "What Are We Learning About Protecting Children in the Community?" *The Save the Children Fund*. November 110. https://www.unicef.org/wcaro/What_We_Are_Learning_About_Protecting_Children_in_the_Community_Full_Report.pdf.

Wiebe, K. 2013. *The Assessment Center Model: A Project of World Hope International in Phnom Penh, Cambodia*. Cambodia: World Hope International.

World Hope International. N.d. "Donate." Accessed May 15, 2019. <https://give.worldhope.org/anti-trafficking/philippines>.

