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Child Protection Units in the Philippines: Utilizing International and National Law to Provide Comprehensive Services to Abused Children

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CHILD PROTECTION UNITS IN THE PHILIPPINES: UTILIZING INTERNATIONAL AND NATIONAL LAW TO PROVIDE COMPREHENSIVE SERVICES TO ABUSED CHILDREN

I. THE PROBLEM

There are 32,894,317 children below 18 years of age in the Philippines. Of these children: 17,929 are abused; 60,000 are prostituted; 1.5 million live on the street; and 5 million are child laborers.¹ These difficult circumstances expose children to situations where physical abuse, sexual abuse, and other health issues are highly likely.

Service provisions to these child victims are often non-specific, fragmented, invasive, and redundant. When seeking health care, abused children must utilize general pediatric hospital services, which are not necessarily tailored to abused children's specific physical and psychological needs. When seeking legal redress, additional problems arise. Abused children often undergo multiple invasive examinations by various groups, such as medical practitioners, police investigators, and social workers, to collect the evidence necessary to prosecute the perpetrators of the abuse. Law enforcement and physicians alike are often unaware of children's legal rights, which in turn hinders prosecution and treatment. Even when prosecution is undertaken, the Philippine National Police and National Bureau of Investigation officers often have not had adequate training in interviewing skills or forensic investigation specifically for children. Additionally, Police investigatory procedures are not child-friendly and do not encourage victims to report abuse.

1. *Facts and Figures: The Situation of Filipino Children*, CHILD PROTECTION IN THE PHILIPPINES: PHILIPPINE RESOURCE NETWORK at 1-3, at <http://www.childprotection.org.ph/factsfigures> (last visited May 16, 2003) (showing figures compiled from UNICEF, Philippine DSWD, and ECPAT).

II. ONE SOLUTION AND ITS LEGAL FOUNDATION

In answer to these issues, the University of the Philippines and The Advisory Board Foundation (ABF) joined to create the Child Protection Unit (CPU) at Philippine General Hospital. The CPU's goal is to improve service provision to abused children and their families while creating a child-friendly culture within medicine and law enforcement.

A. *Legal Foundation*

1. International Instruments: Convention on the Rights of the Child²

The CPU's legal foundation rests with the Convention on the Rights of the Child (CRC). Various articles within the CRC require appropriate service provision to child victims. While the CRC does not specifically envision entities such as the CPU, a legal foundation for the development of such institutions is clearly supported. Article 18, paragraph 2, requires that State parties "ensure the development of institutions, facilities and services for the care of children."³ Article 19, paragraph 1, goes on to require "appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation . . ."⁴ These legislative, administrative, social, and educational measures should include "effective procedures for the establishment of programs to provide necessary support for the child" and for "forms of prevention . . . reporting, referral, investigation, treatment and follow-up of instances of child maltreatment . . . and, as appropriate, for judicial involvement."⁵

Further elaboration on the service provision that must be provided to children by State parties may be found in Article 39, which requires "all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse . . . Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child."⁶

These principles within the CRC provide a solid legal foundation from which the CPU may provide services to child victims.

2. Convention on the Rights of the Child, adopted November 20, 1989, 1577 U.N.T.S. 3 (entered into force Sept. 2, 1990) [hereinafter CRC].

3. *Id.* art. 18(2).

4. *Id.* art. 19(1).

5. *Id.* art. 19(2).

6. *Id.* art. 39.

2. National Legislation

In addition to the CRC, national legislation provides support the concept of a Child Protection Unit. Such legislation includes the Local Government Code of the Philippines (Local Government Code of 1991), enacted by Republic Act 7610, which applies to all provinces, cities, municipalities, and barangays (neighborhoods) within the Philippines.⁷ This code contains numerous sections which codify the provision of health services to abused children at the local government level. Such codification permeates all levels and aspects of local government.⁸ At the barangay level, basic services and facilities must include a health center and day-care center.⁹ In addition to health centers, municipalities must provide health services which include programs on the welfare of street children.¹⁰ The province must provide hospitals and other tertiary health services.¹¹ Cities must provide the same level of services and facilities as the municipality and province.¹²

Specific health officials with duties pertaining to the medical care and physical or mental rehabilitation of child victims are also required within the Local Government Code of 1991. The office of “health officer,” “social welfare and development officer,” and “legal officer” is common to all municipalities, cities, and provinces.¹³ These positions all have health related duties. The health officer is involved with all aspects of public health.¹⁴ The social welfare and development officer’s duties include a requirement to “provide relief and appropriate crisis intervention for victims of abuse.”¹⁵ The legal officer formulates measures for the consideration of the sanggunian panlalawigan regarding health issues and is required to be “on the frontline of protecting human rights.”¹⁶

In addition to specific offices filled by locally elected individuals, the sanggunian panlalawigan, the legislative body of the province, is allocated the duty of enacting local legislation regarding care for child victims.¹⁷ The Local Government Code of 1991 specifically requires the sanggunian panlalawigan

7. Local Government Code of the Philippines of 1991, Republic Act No. 7160 (1991), §526 available at <http://www.chanrobles.com/localgov.htm> (last visited May 16, 2003) [hereinafter Local Government Code of 1991].

8. *Id.* §17.

9. *Id.* §17(b)(1)(ii).

10. *Id.* §17(b)(2)(iv).

11. *Id.* §17(b)(3)(iv).

12. Local Government Code of 1991, *supra* note 7, §17(b)(4).

13. *Id.* arts. 8, 11, 13.

14. *Id.* art. 8 §478.

15. *Id.* art. 13 §483(b)(3)(ii).

16. *Id.* art. 11 §481(b)(1), (4).

17. Local Government Code of 1991, *supra* note 7, art. 3 §463(4)(vi).

to create “centers and facilities” to “promote the welfare” of such disadvantaged persons as “abused children.”¹⁸

Cooperative efforts between non-governmental entities and government officers and organizations, as well as between different aspects of government, are mandated within the Local Government Code of 1991. The health officer and the social welfare and development officer are required to coordinate their efforts with “other government agencies and non-governmental organizations involved in the promotion and delivery of health services.”¹⁹ Local government units are encouraged to enter into “joint ventures” and “cooperative arrangements” with non-governmental organizations to deliver basic services and improve the well-being of the people.²⁰ The Liga ng Mga Barangay serves as a forum for barangays to forge linkages with both government and non-governmental organizations.²¹ Also, local government units may group themselves, consolidate, or coordinate their efforts, services, and resources for purposes that are commonly beneficial to them.²² Local government units, upon approval of the sanggunian panlalawigan, may contribute funds, real estate, equipment, and other kinds of property in support of their joint endeavors.²³ Also, common personnel may be appointed or assigned to head these projects.²⁴

As evidenced by the above examples, the Local Government Code of 1991 requires appropriate health care and service provision to child victims. Also, it provides a flexible structure and guidance for meeting these needs. While the CPU as functioning throughout the Philippines is not explicitly listed, the provisions therein clearly support the concept. By allowing local governments to leverage both government and non-government resources and by encouraging the cooperation of various entities and officers, the Local Government Code of 1991 provides for creativity in service provision. The CPU is but one example of how services may be provided in a way supported by extant law.

There are other examples of Philippine legislation that supports the CPU concept. The following tables provide examples of such legislation cited by the current Advisory Board Foundation country representative as those supporting the activities of the CPUs.

18. *Id.*

19. *Id.* art. 8 §§ 478(b)(4)(viii) & 483(b)(3)(vi).

20. *Id.* §35.

21. *Id.* art. 1 §495(e).

22. Local Government Code of 1991, *supra* note 7, art. 3 §33.

23. *Id.*

24. *Id.*

Most Pertinent Legislation:

RA 7160. The Local Government Code of 1991²⁵

RA 7610. Special Protection of Children Against Child Abuse, Exploitation and Discrimination²⁶

RA 8369. Family Courts Act of 1997²⁷

RA 8505. Rape Victim Assistance and Prevention Act of 1998²⁸

PD 603. The Child and Youth Welfare Code²⁹

Other Supporting Legislation:

Penal Code Art. 248. Murder³⁰

Penal Code Art. 249. Homicide³¹

Penal Code Art. 255. Infanticide³²

Penal Code Art. 262. Mutilation³³

25. *Id.* §1.

26. Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Republic Act No. 7610 (1992), available at <http://www.chanrobles.com/republicactno7610.html> (last visited May 16, 2003).

27. Family Courts Act of 1997, Republic Act No. 8369 (1997), available at <http://www.chanrobles.com/republicactno8369.htm> (last visited May 16, 2003).

28. Rape Assistance and Prevention Act of 1998, Republic Act. 8505 (1998), available at <http://www.chanrobles.com/republicactno8505.htm> (last visited May 16, 2003).

29. The Child and Youth Welfare Code, Presidential Decree No. 603 (1974), available at <http://www.chanrobles.com/childandyouthwelfarecodeofthephilippines.htm> (last visited May 19, 2003).

30. Revised Penal Code of the Philippines, Act No. 3815 (1930), art. 248, available at <http://www.chanrobles.com/revisedpenalcodeofthephilippines.htm> (last visited May 19, 2003) [hereinafter Revised Penal Code].

31. *Id.* art. 249.

32. *Id.* art. 255.

33. *Id.* art. 262.

Penal Code Art. 263. Serious physical injuries³⁴

Penal Code Art. 264. Administering injurious substances or beverages³⁵

Penal Code Art. 265. Less serious physical injuries³⁶

Penal Code Art. 266. Slight physical injuries and maltreatment³⁷

Penal Code Art. 286. Grave coercions³⁸

RA 8353. Rape as a Crime Against Persons³⁹

RA 7658. Prohibition Against Children Under 15⁴⁰

B. *Child Protection Units*

According to the Philippine government, there are thirty-nine CPUs located throughout the nation. However, the level of care offered at each facility varies greatly according to available resources and staff. The current situation in the Philippines can be thought of as a tier system. Tier 1 consists of CPUs that efficiently and properly treat patients. Tier 2 consists of CPUs that treat patients and are beginning to do research. Tier 3 consists of CPUs that treat patients, do research, and train other professionals in the field.

Two prominent examples of high functioning CPUs are those located at Philippine General Hospital in Manila and at the Davao Medical Center, Davao City, Mindanao. Philippine General Hospital is classified as Tier 3, and Davao Medical Center is classified as Tier 2.

34. *Id.* art. 263.

35. Revised Penal Code, *supra* note 30, art. 264.

36. *Id.* art. 265.

37. *Id.* art. 266.

38. *Id.* art. 286.

39. The Anti-Rape Law of 1997, Republic Act No. 8353 (1997), *available at* <http://www.chanrobles.com/republicactno8353.htm> (last visited May 19, 2003) [hereinafter Rape as a Crime Against Persons].

40. An Act Prohibiting The Employment Of Children Below 15 Years of Age in Public and Private Undertakings, Republic Act. No. 7658 (1993), *available at* <http://www.chanrobles.com/republicactno7658.htm> (last visited May 19, 2003) [hereinafter Prohibition Against Children Under 15].

1. Philippine General Hospital – Child Protection Unit (PGH-CPU)⁴¹

PGH-CPU is recognized as the only multidisciplinary child protection center in Asia.⁴² “Multi-disciplinary” refers to the fact that PGH-CPU provides services including medical, social services case management, forensic interviewing, medical/legal evaluation, mental health and psychiatry services, legal assistance, and law enforcement. While other countries in Asia may claim to offer “multi-disciplinary” services, such claims refer only to having a doctor, nurse, and social worker on staff. While this is a fine beginning to offering comprehensive services to victims of child abuse, only PGH-CPU can claim the “one-stop shop” style of service offerings.⁴³ The principles and methods developed at PGH-CPU were used as the foundational training materials and procedures at all other such facilities throughout the Philippines.

The PGH-CPU’s mandate is to serve all maltreated children who suffer from physical abuse, sexual abuse, psychological abuse, and neglect. Such children include child laborers, street children, victims of teacher/student abuse, and children involved in custody battles with allegations of abuse. Drug rehabilitation services are not offered. Also, cases of gang violence and abuse that occurred many years ago are not admitted. However, these cases are extreme rarities. The vast majority of those cases which present at PGH-CPU are treated. Children may be brought to PGH-CPU by a parent/guardian or they may be referred by the Philippine National Police, National Bureau of Investigation, the Department of Social Welfare and Development, or a non-governmental organization.

Services begin the instant the child is brought to the unit. PGH-CPU social workers are on-site to immediately begin case management. In addition, two psychiatrists are available part-time to offer counseling and treatment. PGH-CPU is also developing a program in conjunction with the Philippine National Police that will allow the child victim’s family to file charges against the perpetrator of the abuse with an officer on-site. In the near future, Philippine National Police officers will serve at PGH-CPU to learn about the work done by pediatricians and increase their sensitivity toward victims of child abuse and their families.

41. All of the following information is taken from two personal interviews: Interview with Dr. Bernadette Madrid, current physician in charge of PGH-CPU in Manila, Luzon, Philippines (July 30, 2002) (on file with author); and Interview with Jennifer Gilmore, current Advisory Board Foundation representative in the Philippines, in Manila, Luzon, Philippines (Summer 2002) (on file with author).

42. Jennifer Gilmore, *supra* note 41 (stating that United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Children’s Fund (UNICEF), and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) also support PGH-CPU’s claims that the service offerings at PGH-CPU are unique in Asia).

43. *Id.*

PGH-CPU focuses on creating a child-friendly environment. Paintings on the walls reduce the “hospital feel” and well-equipped playrooms give children an opportunity to relax between interviews and examinations. Child-friendly interview rooms include a two-way mirror and monitors which allow multiple parties to observe a child being interviewed by a trained forensic interviewer. This interviewer is typically the examining physician for the case in question. These interviews are recorded, transcribed, and shared among those working on that specific child’s case. This process allows the child to be interviewed only once. These recordings, when appropriate, can be submitted in lieu of child testimony for the case. Also, PGH-CPU practices physical examination techniques that are minimally invasive using child-sized instruments and examination tables.

All documentation and case management paperwork have been integrated into a common computer database, the Child Protection Management Information System (CPMIS). This system is free to other CPUs and will be duplicated nationwide. Computer tracking of cases allows for streamlined case management and tracking of child abuse statistics. CPMIS is the most comprehensive child protection database worldwide.

In addition to medical services, mental health services, and case management, PGH-CPU provides training to physicians and law enforcement officials and engages in research. For example, physicians may attend sessions on the presentation of medical evidence at trial. Law enforcement officials may learn about forensic investigation and interview techniques. PGH-CPU is currently providing training for the Philippine Judicial Academy, the Department of Social Welfare and Development, and public school teachers. Also, PGH-CPU offers the following training courses which are the only ones of their kind in the Philippines and Asia:

- Child Protection Specialist Certification
- Child Protection Social Worker Training
- Child Protection Nurse Training
- Forensic Interviewing
- Child Protection Residency Program
- Child Protection Fellowship Program
- Undergraduate Medical Curriculum

The forensic interviewing training program is recognized internationally. The professionals teaching the course received their training through courses in the Netherlands. The teachers were sponsored by the Dutch government. The inclusion of child protection training courses in undergraduate medical curriculums was a special coup for PGH-CPU. Through PGH-CPU’s advocacy and encouragement, every medical school in the Philippines has incorporated child protection training into their educational program.

PGH-CPU is the only CPU in the Philippines that offers professional training. Currently, there is no national or international accrediting body for child protection specialists or CPUs. The unofficial criteria is whether or not someone trained at PGH-CPU. For example, Dr. Reggie Ingente, director of the services offered at Davao Medical Center, trained under Dr. Bernadette Madrid, current director of PGH-CPU. Dr. Ingente has made great strides in implementing PGH-CPU techniques at Davao Medical Center. Also, Dr. Ingente expanded upon the original CPU concept to include the care of abused women.

In addition to professional training courses, PGH – CPU has produced a wide variety of documents and research. Examples include the following:

The Care Continuum for Child Abuse and Neglect: A Physician's Guide

The Interpretation and Limits of Medical Evidence in Child Abuse Cases

A Physician's Guide to National Laws Concerning Child Abuse

Examining the Mandatory Death Penalty for Familial Child Rape

Perpetrators

A Physician's Guide to Protecting Child Abuse Patients' Confidentiality

Child Maltreatment Medico-legal Terminology and Interpretation of

Medical Findings

A Physician's Guide to Forensic DNA Evidence (in press)

Child Maltreatment Medico-legal Terminology and Interpretation of Medical Findings is extremely important. This document's worth comes from the fact that it standardizes the vocabulary and medical certificate used by physicians in legal court proceedings. This document has been endorsed by the Philippine Supreme Court, the National Bureau of Investigation, and the Philippine National Police, which means that every child protection specialist must start examining children in a specific, child-friendly, and medically-appropriate manner. This document helps to remove any confusion regarding terminology from cases and ensures that children are not traumatized in medical exams.

PGH-CPU works closely with non-governmental organizations such as the British Embassy, the Netherlands government, The Children's Hour, UNESCAP, World Health Organization, UNICEF, Child Justice League, Women Legal Advocates, and the International Justice Mission. PGH-CPU works with just about every relevant child protection entity in the country. A close working relationship has been established with the Supreme Court, the Department of Justice, the Department of Social and Welfare Development, the Department of Health, the National Bureau of Investigation, and the Philippine National Police. These organizations provide donations in the form of legal assistance, books, toys, equipment, and funds. The majority of funding is provided by The Advisory Board Foundation.

2. Women and Children's Protection Unit - Davao Medical Center (DMC-WCPU)⁴⁴

DMC-WCPU's mandate includes both abused children and women who have suffered from domestic violence or rape. At this time, DMC-WCPU does not provide psychological services, home visits, or technical training for child protection professionals, which is a major difference from those services provided by PGH-CPU.

DMC-WCPU sponsors training sessions with the Region XI Commission on Human Rights located in Davao City, Mindanao. These sessions focus on how to file cases with the Commission on Human Rights. DMC-WCPU has also provided training to 150 people in the community. Sixty of the 150 were hospital staff. DMC-WCPU also produces training materials and has recently completed a module series on violence against women and children. This series includes the following topics:

Module 1: Gender Sensitivity Concepts

Module 2: Reproductive Health Concepts

Module 3: Basic Concepts on Violence Against Women and Children

Module 4: Clinical Aspects of Violence Against Women and Children

Module 5: Legal Aspects of Violence Against Women and Children

Module 6: Psychosocial Aspects of Violence Against Women and Children

DMC-WCPU works closely with local and international non-governmental organizations such as the Community Response to Violence Against Women, Development of People's Foundation, Alakbay Foundation, the British Embassy, and the Advisory Board Foundation. These organizations provide donations in the form of books, toys, equipment, and funds. DMC-WCPU strives to seek funding from a variety of sources to prevent conflicts of interest and reliance upon foreign investors. DMC-WCPU has also worked to increase a sense of community ownership and involvement in their activities. No contribution is discouraged or considered too small. Schoolchildren donate candy, and widows bring in clothing.

44. Interview with Dr. Reggie Ingente, current physician in charge of DMC-WCPU, in Mindanao, Philippines (July 26, 2002) (on file with author).

A comparison of DMC-WCPU to DMC's triage unit illustrates the differences between a child friendly environment and traditional health care provision. In a traditional health care environment in the Philippines, victims of abuse are processed in a public, open facility with minimal privacy. Patient intake is through an open window on the sidewalk, as illustrated in the picture below. The open air, public nature of the intake process discourages those patients who are hesitant to publicly declare the nature of their injury.



Once a patient is admitted, examinations are conducted in an open room with minimal privacy. When viewing the picture below, please keep in mind that the patients examined in such settings are victims of domestic abuse and sexual violence. The traumatic nature of their injuries makes an examination in such a public setting extremely unsettling.



In contrast to the traditional emergency room, the WCPU's intake window is in a private hallway. Also, the window shown does not move upward. This provides an element of security in that no one can force their way into the WCPU. Only those patients which have been processed are allowed into the locked facility. Once inside, the victims are safe from an angry and/or abusive spouse or parent. In addition, the colorfully painted walls calm patients and encourage a soothing setting in which traumatic events can be easily shared.



Colorful decorations adorn the WCPU throughout, as illustrated below. The only area in the WCPU that is not colorfully decorated is the interview room. This area is kept simple to avoid distracting a child victim from telling his/her story. The interview is video and audio taped so that the child victim will only need to relate the details of the abuse once. The equipment used in these interviews is pictured below.









Clearly, a comparison of the traditional emergency room and the WCPU illustrates the benefits of encouraging a child friendly environment. The WCPU allows victims to relate the details of their abuse and undergo physical examinations in a safe, private, friendly atmosphere.

3. Honorable Mention

There are several up and coming CPUs that will soon join the ranks of PGH-CPU and DMC-WCPU in service provision. The General Hospital CPU at Baguio and the “Pink Room” WCPU at Vicente Sotto Memorial Hospital are both good, solid programs that are on their way toward becoming model programs. This is particularly important because it illustrates the CPU concept’s ability to foster the growth of similar entities throughout the Philippines.

III. CONCLUSION

By utilizing principles within the CRC, the Philippines has created a comprehensive service provision system for abused children. CPUs not only meet the physical and psychological needs of children, but they they also provide training to physicians and law enforcement officials and engage in important research projects. The success at Philippine General Hospital and Davao Medical Center can, and should, be duplicated.

Duplication will be difficult and requires commitment and funding. Recent legislative developments include 7610 and 8505, which established the need for CPUs and WCPUs but did not provide for funding.

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