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Child Sexual Abuse in Focus: A Case Study on Case Management in a Selected Local Government Unit in Metro Manila

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Abstract

This study explores the processes and challenges faced by Local Government Unit (LGU) social workers in the Philippines when managing cases of child sexual abuse (CSA) under a child rights-based framework. It seeks to identify the facilitating and hindering factors that influence the application of case management protocols for CSA survivors, examining the impact of professional, organizational, political, and cultural aspects in a selected LGU in Metro Manila. Employing a mixed-methods approach, data were gathered through a Rapid Assessment Instrument (RAI) survey of 28 LGU social workers, supplemented by qualitative in-depth and key informant interviews with additional stakeholders. Findings indicate that variability in case management practices is influenced by resource limitations, levels of political support, and cultural attitudes toward CSA, underscoring the need for enhanced training, resources, and support at the LGU level.

Keywords: *child sexual abuse, case management, child rights-based approach, social work, local government units*

Introduction

Child sexual abuse (CSA) is a pervasive issue with significant and enduring impacts on child survivors, affecting their physical, psychological, and social well-being (Finkelhor, 1994). As part of the Philippine government's commitment to the United Nations Convention on the Rights of the Child (UNCRC), Republic Act 7610 provides protective protocols and services to assist Children in Need of Special Protection (CNSP). Among these protocols, case management is recognized as a primary social work practice to ensure that CSA survivors receive comprehensive support and access to justice.

Studies demonstrate that while child rights-based frameworks are integral to effective CSA management, implementation at the LGU level remains inconsistent (David et al., 2017). Factors such as resource availability, caseload pressures, and socio-cultural barriers contribute to variations in service quality and case outcomes. Recognizing the need for standardized practices, this study aims to deepen the understanding of how CSA cases are managed in the LGU and to identify key professional, organizational, political, and cultural factors impacting case management processes.

Case management of CSA is indispensable in the process of assisting and supporting the child to gain access to protective services and justice. These are the rights of the CSA survivor to help facilitate their healing and recovery from trauma and other negative impacts from the incident. Nevertheless, it was

ascertained that the management of CSA at the LGU level differs depending on the social worker in-charge of the case. Sometimes they exude little eagerness to do the standard protocol due to work overload (David et al., 2017). Thus, this study seeks to look closely into the actual case management courses of action of one locality in Metro Manila. The following questions were posed for answer in this study:

1. How are principles of child rights-based protocol applied in case management in LGU A?
2. What are the factors affecting the case management process in terms of professional, organizational, political, and cultural aspects?
3. How adequate is the LGU support for handling CSA in ensuring child rights-based approach in case management?

CSA is a category of child abuse, defined as an intentional act or omission that causes harm or inflict pain on a child. It is considered a violation of basic human rights, as stipulated in the Universal Declaration of Human Rights (UNICEF-ECLAC, 2009) and Article 19 of the United Nations Convention on the Rights of the Child. In the Philippines, CSA is defined as the maltreatment of a child, whether habitual or not, including sexual, psychological, physical, verbal, and emotional abuse, as well as neglect and circumstances that gravely endanger the normal development of the child (LawPhil, Republic Act 7610, 1992).

Globally, case management practices for child abuse, including CSA, are often modeled on the Social Work Case Management Process, with variations in emphasis based on local contexts. For example, in London, the focus is on using an assessment framework to guide interventions (Parker, 2017). In South Africa, greater emphasis is placed on adhering to standard operating procedures grounded in legal provisions, with time prioritization being secondary (Department of Social Development, Republic of South Africa). Namibia highlights the importance of promoting meaningful participation by the child and their family throughout the case management process (Catholic Relief Services, 2017). In Kenya and Georgia, multi-disciplinary approaches to case handling are prioritized (Ministry on Health, 2018; Office of the Child Advocate, 2021). In the United States, the Ohana Conferencing Model of Hawaii emphasizes engaging immediate family members during case conferences as an effective intervention (Chandler & Tochiki, 2018). Meanwhile, in Minnesota, the focus extends to meaningful participation by not only the child and their family but also the community and tribal groups as key resources in the case management process (Center for Advanced Studies in Child Welfare, 2018).

In ASEAN counties, social work case management plays a critical role in addressing the complex issue of CSA. Given the significant psychological, physical, and social impacts of CSA, case management is essential in providing tailored support to survivors. Case managers act as advocates for children, guiding them through legal, medical, and social systems while ensuring that they receive the necessary care and protection. As seen in the findings, such as the rise of online exploitation (ECPAT International, 2018) and tourism-related CSA (UNICEF, 2016), social workers can help bridge gaps in victim services, offering coordinated responses that address both the immediate and long-term needs of children. By engaging with legal, health, and community organizations, case management facilitates the creation of a holistic safety net for victims, which is critical in preventing re-victimization and supporting recovery (Save the Children, 2016). Additionally, social workers can play a proactive role in raising awareness within communities about CSA, contributing to the reduction of stigmas and the strengthening of child protection mechanisms across ASEAN.

In the Philippines, the case management description is gleaned from the protocol approved by the Department of Justice Committee for the Special Protection for Children in 2013. It is defined as a method of planning, seeking, and monitoring interventions from multiple and relevant agencies on behalf of the survivors by the LSWDO (CSPC, 2013; National Association of Social Workers, 2013; and Barker, 2003). It ensures that the methodology used in executing CSA case management should embody holistic care, rights-based and life approach, family and community-based, gender and multi-disciplinary approaches. These mechanics are necessary in case management but are low in terms of competency indicators for social workers on case management implementation (CSPC (2013).

Case management in the Philippines is regarded as a critical social work method for handling cases of Children in Need of Special Protection (CNSP), including CSA survivors. The Department of Justice's Committee for the Special Protection of Children (CSPC) Resolution No. 1, Series of 2013, outlines the protocol for social work case management of CSA victims, emphasizing the significant role of social workers in Local Government Units (LGUs) in managing these cases. LGU social workers are tasked with coordinating interventions across various agencies, ensuring the safety of CSA survivors, and assisting in their healing and reintegration. Key responsibilities include validating complaints and risk assessments, conducting interviews and home visits, referring survivors to appropriate services, and preparing Social

Case Study Reports (SCSR). The case management process is framed within a rights-based approach, ensuring that the social worker fulfills the state's obligation to protect children, particularly CSA survivors (Committee for the Special Protection of Children, 2013).

Despite the well-defined tasks outlined for LGU social workers, there is a noticeable gap in research on how these social workers manage CSA cases in practice. Existing literature predominantly focuses on legal aspects of CSA, with limited studies examining the operational realities of social workers in local government settings. This research gap motivated a study to examine the facilitating and hindering factors that affect the case management of CSA survivors at the LGU level. By using a child rights-based framework, the study aims to explore professional, organizational, political, and cultural factors that influence case management. The findings are expected to shed light on the challenges faced by LGU social workers and inform improvements to enhance the effectiveness of CSA case management, ultimately contributing to better outcomes for survivors (Cruz-Bolivar & Basa, 1999; Wilkinson, 2020). A case study methodology was chosen to provide a comprehensive understanding of the issues faced by social workers in managing CSA cases at the local level. Hence, the research objective is to examine the application and impact of child rights-based protocols in CSA case management by LGU social workers and to investigate factors that either support or hinder these efforts.

Methods

This study employed a mixed-methods design combining both quantitative and qualitative approaches to explore the case management of CSA cases by LGU social workers. The quantitative component utilized a Rapid Assessment Instrument (RAI) survey, while the qualitative aspect involved key informant interviews (KIIs) and in-depth interviews to provide more descriptive insights. The study followed an embedded case study design, analyzing multiple dimensions of case management, including cultural, political, professional, and organizational factors.

Data collection focused on the total population of twenty-eight (28) district social workers who directly manage CSA in the locality, six (6) house parents, two (2) representatives from the City Social Welfare and Development Central Office (CSWDCO), and one (1) representative from the Women and Child Protection Desk (WCPD) in a Metro Manila locality. The RAI assessed the knowledge, skills, and attitudes (KSAs) of social workers in managing CSA cases, utilizing a four-point Likert scale to identify factors influencing case handling. The survey was conducted face-to-face and online over a two-week period in August 2023, while interviews were conducted face-to-face which provided additional context regarding the challenges and strategies involved in CSA case management.

The study also incorporated a secondary data review, analyzing LGU documents and policies related to CSA cases. Data collection methods included both online surveys and face-to-face meetings, depending on respondent preferences. Pilot testing was conducted to ensure the validity and reliability of the instruments used in the study.

The research adhered to strict ethical guidelines throughout data collection and analysis. First, the Local Social Welfare and Development Office (LSWDO) was used as the primary platform for accessing participants, ensuring convenience and accessibility amid pandemic challenges. Second, informed consent was obtained through a detailed consent form, ensuring participants understood the study's purpose, duration, confidentiality, voluntary participation, and potential risks or benefits. Third, participant confidentiality was safeguarded in compliance with the Data Privacy Act of 2012 of the Philippines, with pseudonyms used to protect identities when citing statements. Finally, the study maintained objectivity by relying solely on data collected from tools such as the Rapid Assessment Instrument, in-depth interviews, and key informant interviews, avoiding the inclusion of the researcher's subjective opinions.

Results

Between January and June 2022, the LGU responded to 275 reported CSA cases, managed by District Social Workers using the case management process based on the CNSP protocol (2013). These are based on in-depth interviews and RAI responses from the social workers directly handling the cases, as well as KIIs with house parents from LGU shelters, representatives from the CSWD Central Office, and the WCPD.

The District Social Workers employ varying case management steps when handling CSA cases, reflecting differences in approach across districts and individual social workers. Common sources of CSA case reports include walk-ins, barangays or villages, hospitals, WCPD, and civil society organizations. The first steps taken by social workers generally involve intake interviews, assessments, or home visits, depending on the case. The second step often involves referring the case to a shelter or assisting with filing, medico-legal check-ups, and psychological evaluations. The third step includes actions such as

assisting in court hearings, providing Parent Capability Assessments, and implementing case conferences. The fourth and fifth steps focus on case monitoring, reintegration efforts, and preparing for independent living or transition. However, there are inconsistencies in these steps, particularly in the reintegration phase, suggesting that while the CNSP protocol guides their actions, lapses occur, leaving cases incomplete at times.

The most memorable and significant CSA cases handled by the social workers are typically challenging and involve intense efforts to ensure justice for survivors. These cases often feature severe abuse scenarios, such as incest, rape, and Online Sexual Abuse and Exploitation of Children (OSAEC). For instance, one social worker recounted helping a family of three siblings, victims of incest, by filing a case and ensuring the stepfather faced legal consequences. Another social worker shared a case of a girl who had been sexually abused by both her father and uncle, with the mother's negligence complicating the situation. The social workers also encounter cases where family dynamics, such as uncooperative guardians or traditional beliefs, impede the survivor's access to justice and recovery, requiring persistent advocacy and intervention.

Furthermore, a range of CSA cases presents both success stories and ongoing struggles. One social worker described helping a 13-year-old girl who had been raped by her father, working through the complexities of international law and guardianship issues. Another social worker discussed a case of online exploitation, where a teen was rescued from an exploitative situation and now receives family-based support. Despite the challenges, the social workers find satisfaction in cases where progress is made, even if the final resolution is still pending. The ongoing nature of many cases shows the difficulty and sometimes prolonged journey of achieving justice and recovery for CSA survivors.

The district social workers also face challenges in terms of their training and resources. With only 32 out of 77 social workers of the locality handling CSA cases as of 2022, and 28 social workers in 2023, their training is often limited to one or two sessions annually, with priority given to program managers. Social workers expressed a need for more intensive, specialized training on handling CSA cases, including trauma-informed care and understanding the legal and procedural aspects of child protection. Supervisors also require training to better guide social workers in the field. Despite receiving support from the Local Social Welfare Central Office of this locality, district social workers struggle with heavy caseloads, managing an average of 30 cases per month, and the complex dilemmas in protective custody and outreach operations aside from other responsibilities on early childhood education, crisis assistance provision when there is an emergency and in charge of providing services to 30-50 barangays or villages, among others.

The collaboration between the social workers and the Women and Children Protection Desk (WCPD) is vital for the effective handling of CSA cases. WCPD follows a structured process to assess the case, from identifying the nature of abuse to referring the survivor for medical exams and social worker involvement if necessary. However, inconsistencies in case referrals can occur, as survivors sometimes need to go back and forth between the WCPD and social workers. In shelters housing CSA survivors, house parents play a key role in supporting social workers by monitoring the children's well-being, reporting any concerning behaviors, and accompanying children to medical or legal appointments.

However, house parents also express the need for training to better identify signs of trauma and effectively support children through various stages of recovery. Several factors support social workers in handling CSA cases using a child rights-based approach. Key facilitating factors include strong coordination with the police (5 responses), barangay support and social work as a profession (4 responses), supervisor's support (3 responses), and Day Care Worker's support, availability of vehicles, and Central Office support (2 responses). House parents also noted activities and communication tools that allow them to express experiences and stay updated. Supportive families, the availability of programs, and child protection resources like RA 7610 further contribute to the process.

On the other hand, several challenges hinder the child rights-based CSA case management process. Social workers face heavy caseloads, handling 42 to 47 cases monthly, along with multiple roles like managing ECCD programs. Uncooperative relatives, lack of mental health care platforms, and insufficient financial resources for transportation and meals are significant obstacles. Other challenges include a lack of barangay support, difficulties with police and shelter coordination, and pressure from mandatory protocols. Male social workers reported additional challenges like a lack of psychologists and vehicles. There are also systemic issues, including slow court processes, non-child-friendly judges, and the high demands on social workers. The WCPD also identified the need for more social workers, better shelter processes, and improved data systems.

House parents highlighted issues with facility conditions, including poor plumbing, flooding, and a lack of educational materials for children. There is also a need for additional staff, such as house parents, social workers, nurses, and maintenance personnel. Lastly, managing children's emotional reactions, such as tantrums or reluctance to share their experiences, remains a challenge.

Despite the identified hindering factors, the LGU provides the following support in handling cases of child sexual abuse. It passed a resolution in handling CSA cases. Although some of its points must be updated and aligned with the Children's Code of the city. There is also a District Multi-disciplinary Council which is a newly organized Multi-Disciplinary Team that serves as a focal team in handling CNSP cases. This is under the Protection Committee of the Local Council for the Protection of Children (LCPC) in accordance with a local executive order. It has also a Child Protection Handbook which was developed as a guide for the LGU social workers in managing cases of child survivors of violence including CSA cases. It enumerates the policies and step-by-step processes from reporting to referral to response level which are based on the protocol for case management for CNSP (RA 7610, 1992). There are nine (9) counseling rooms assigned for CNSP cases including CSA cases in the LGU. A separate room for CSA cases has been reserved at the Clerk of Courts. The Police Blotter is available at all Women and Child Protection Desks of the LGU. A Social Case Study Report is tasked with the social workers when there is a CSA case.

Two limitations were pinpointed by CSWDO Central Office: (1) developing a case study report needs ample time to do, and (2) there are a lot of cases that the social workers are handling, not only CNSP cases. There are 3 shelters available in the LGU, but this is open for all kinds of cases, not only for CSA cases. The social worker assigned to CSA cases, based on actual count is twenty-eight (28) out of the seventy-seven (77) social workers in the LGU. When the case is for inquest proceedings, this will be taken care of by the Office of the Prosecutor. But if it is for regular filing only, this is taken care of by the Public Attorney's Office. Currently, the LGU has no psychologist nor psychiatrist, only psychometrician. Once the social worker assesses that the CSA survivor needs a psychologist or psychiatrist, the survivor will be referred to the CPU-PGH. The police officer that is assigned to a CSA case is from the office of the WCPD and the prosecutor assigned to CSA cases is from the Office of the City Prosecutor.

As of writing this study, there is still an ongoing finalization of the LSWDO Implementing Guidelines for Social Workers. It will employ necessary adaptations to cover the CNSP's evolving issues--from its legal mandates, target clientele, objectives, programs and services, records management including tools and forms, implementing guidelines, monitoring and evaluation, budget, list of organizations, staff development, performance key indicators, and personnel complement.

The performance key indicators based on the existing guideline of the LSWDO are general for all CNSP cases and not only CSA. Specifically: (1) seventy-five percent (75%) of CNSP cases need to be attended within twenty-four (24) hours; (2) thirty percent (30%) of reported child abuse cases have case management with social case study report, case conference and program report as basis; (3) twenty percent (20%) of released rescued, rehabilitative, residential cases were availed after case service with their families. As of this period, LSWDO is currently finalizing the KRAs of the social workers. The LSWDO has strong coordination with NGOs like CPU-PGH and Kanlungan sa Er-Ma for temporary shelters and other related services for CSA survivors.

The study explored also the following knowledge, skills, and attitudes in CSA case management of the social workers:

- 1. Knowledge on Theories and Approaches:** The social workers were asked about the theories and approaches they use in handling CSA cases. The most used theory was Erik Erikson's Psychodynamic Theory, followed by Maslow's Hierarchy of Needs. Other theories such as systems theory, psychoanalytic theory, and cognitive development theories were also frequently used. A few social workers listed additional theories, including Feminist Theory, Trauma-Informed Care, and others, which they apply based on case appropriateness.
- 2. Knowledge on Laws, Policies, and Protocols:** All social workers listed RA 7610, the legal basis for child abuse protocols, as the law they are most familiar with. Other laws frequently cited include the Anti-Rape Law (RA 8353), the Anti-Violence Against Women and Children Law (RA 9262), and the Anti-Child Pornography Law (RA 9775). A few social workers also referenced other laws such as the Anti-Sexual Harassment Law, the Juvenile Justice Welfare Law, and others related to CSA.
- 3. Skills in CSA Handling:** The social workers demonstrated strong skills in various areas, including employing theories and managing external resources. The skills that were most frequently used included managing internal resources, producing clear records, working with professionals, and

briefing families about court processes. Skills like active listening, interviewing, and building rapport were used the least but still applied.

4. **Attitude:** The social workers exhibited a positive attitude in CSA case handling, emphasizing dignity, non-judgmental attitudes, confidentiality, empathy, and respect. However, areas requiring improvement included managing stress from the nature of the cases and balancing the interests of the family with the survivor's needs.

The development of a child protection handbook and the formation of a district-level multidisciplinary team (MDT) are considered best practices in CSA case management. The handbook follows CNSP protocols and is based on a consultative process involving key stakeholders. The MDT is composed of social workers, health staff, police officers, school representatives, and barangay officials. These practices are still in the policy stage, awaiting implementation on the ground.

Discussion

The actual case management process is found to be not consistent and underperforming. Reports come from various sources, including walk-ins, the barangay or village, hospitals, and other agencies. The process includes intake interviews, referrals to shelters, medical and psychological evaluations, monitoring, and reintegration into family or foster care. However, the process is not uniform; it varies across social workers, districts, and types of CSA cases, and does not always follow the proper sequence— monitoring should precede reintegration.

Compared to the CNSP protocol, the actual process aligns in some areas but lacks critical steps like assessing the child's safety and performing joint home visits with the police. It also misses setting goals and planning as part of case management. Additionally, there is insufficient collaboration between stakeholders, and the process lacks a multi-disciplinary approach. After reintegration, monitoring is crucial, but the community's preparation for reintegration is often neglected. The study also highlights deficiencies in the intake interview process, where building rapport and trust is key but not always evident. The social workers, as case managers, must be accountable for the survivors' protection and well-being, but overloaded caseloads hinder their ability to provide effective support. The study calls for better coordination, collaboration with stakeholders, and systematic assessments throughout the case process to address the limitations in the current CSA case management system.

Key recommendations include improving collaboration with survivors, families, and community groups, strengthening local protective practices, and ensuring that social workers have the skills and resources to implement a comprehensive and effective child protection system. Challenges faced by social workers include heavy workloads, limited career mobility, low salaries, and insufficient resources for managing child protection cases. A significant finding from the study is the high caseloads of social workers, with each handling 42 to 47 cases in addition to overseeing 39 to 50 barangays. This mirrors national trends where social workers in various regions face similar burdens. Despite these challenges, salary concerns were not raised by the social workers in the study, even though they often cover transportation and food expenses for clients.

Research highlights those social workers, particularly those in child protection roles, face barriers like heavy caseloads, limited resources, and dual roles, which hinder their effectiveness. These challenges negatively impact the quality of case management, potentially harming CSA survivors by not providing them with adequate support. The study underscores the importance of addressing these issues to ensure CSA survivors receive their right to quality care. Ultimately, while the LGU cannot resolve all challenges, it is responsible for addressing organizational factors and advocating for solutions to minimize hindrances. In the context of CSA cases, the CSA survivor is the right-holder, and the LGU is the duty-bearer, responsible for facilitating the delivery of services and ensuring the rights of the survivor are fulfilled.

Conclusion and Suggestion

Conclusion

The researcher concludes that at the policy level, the LGU case management process follows the DOJ's CNSP protocol in accordance with RA 7610. This protocol uses a child rights-based framework, with social workers acting as case managers and government representatives, responsible for fulfilling the rights to protection, justice, and services for CSA survivors. However, at the ground level, the protocol is not widely applied. Data indicates that only one social worker acknowledged using it. The case management process varies across social workers, districts, and cases, depending on the source of the report (e.g., walk-ins, referrals, hospital or village level), as well as cultural, political, and professional factors.

The actual process among most social workers involves an intake interview to assess the need for protective custody, followed by referrals to shelters if necessary. They assist survivors with medico-legal check-ups, psychological evaluations, and other interventions, then monitor the case and proceed to the reintegration phase. While the case management process aligns with the protocol, it remains confined to the protocol's framework, influenced by factors such as culture, politics, professional knowledge, and organizational mandates. These are the following:

1. **Cultural Factors.** Supportive cultural factors include parents or guardians who are responsive in filing cases. However, some cultural norms, such as family shame or tribal beliefs, hinder case progression, as some families are uncooperative or protect the perpetrator. Victim-blaming attitudes among key stakeholders also impede progress. Addressing these cultural norms is crucial for effective case management.
2. **Political Factors.** The CNSP protocol is beneficial in guiding social workers, but additional political support is needed, such as reinforcing the protocol in court and establishing clear guidelines for pulling a child from protective custody.
3. **Professional Factors.** Social workers' professional expertise, including knowledge of relevant theories and policies, is crucial in managing CSA cases. However, there is a lack of familiarity with the child rights-based approach, and knowledge heterogeneity exists among social workers. While case management skills are generally well utilized, some areas require improvement, such as managing external resources and working with various professionals. Social workers also demonstrate respect for survivors' dignity and non-judgmental attitudes but could improve in areas like seeking support from supervisors and self-regulation.
4. **Organizational Factors.** Organizational support, such as guidance from the child protection handbook and the establishment of a District Multi-Disciplinary Team, is beneficial. However, there are significant challenges, such as heavy caseloads, lack of specialized mental health support, and limited resources for case management. The absence of a psychologist, shortage of social workers, and lack of coordination with stakeholders further hinder the process.

While facilitating factors like organizational support and professional respect exist, hindering factors, especially heavy caseloads and cultural resistance, must be addressed for effective CSA case management. The study recommends sustaining the facilitating factors while addressing the hindrances, with a focus on improving coordination, resources, and support for social workers. The best practices, such as the child protection handbook and MDT establishment, are key examples of successful strategies that can be replicated. The study emphasizes the importance of professional organizations advocating social workers' wellbeing and supporting the LGUs in overcoming the challenges identified.

Suggestions

The study suggests several key actions to enhance the effectiveness of CSA case management within ASEAN countries. First, there is a need to strengthen the consistent implementation of child rights-based protocols, such as the CNSP, by creating mechanisms for monitoring compliance and conducting regular training programs for social workers. Addressing cultural barriers—such as victim-blaming, family shame, and tribal beliefs—through community education and advocacy campaigns is essential to foster cultural shifts that support survivors.

Additionally, political support must be amplified by reinforcing the protocol within judicial systems and establishing clear guidelines for protective custody cases. Investments in the professional development of social workers are critical, particularly in areas such as resource management, multidisciplinary collaboration, and the application of child rights-based frameworks. Organizational improvements should prioritize increasing funding, hiring more social workers, and ensuring access to specialized professionals like psychologists. Furthermore, best practices, such as the use of child protection handbooks and the formation of Multi-Disciplinary Teams (MDTs), should be replicated and adapted across ASEAN member states. These recommendations aim to address systemic hindrances and promote a coordinated, culturally sensitive approach to CSA case management in the region.

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