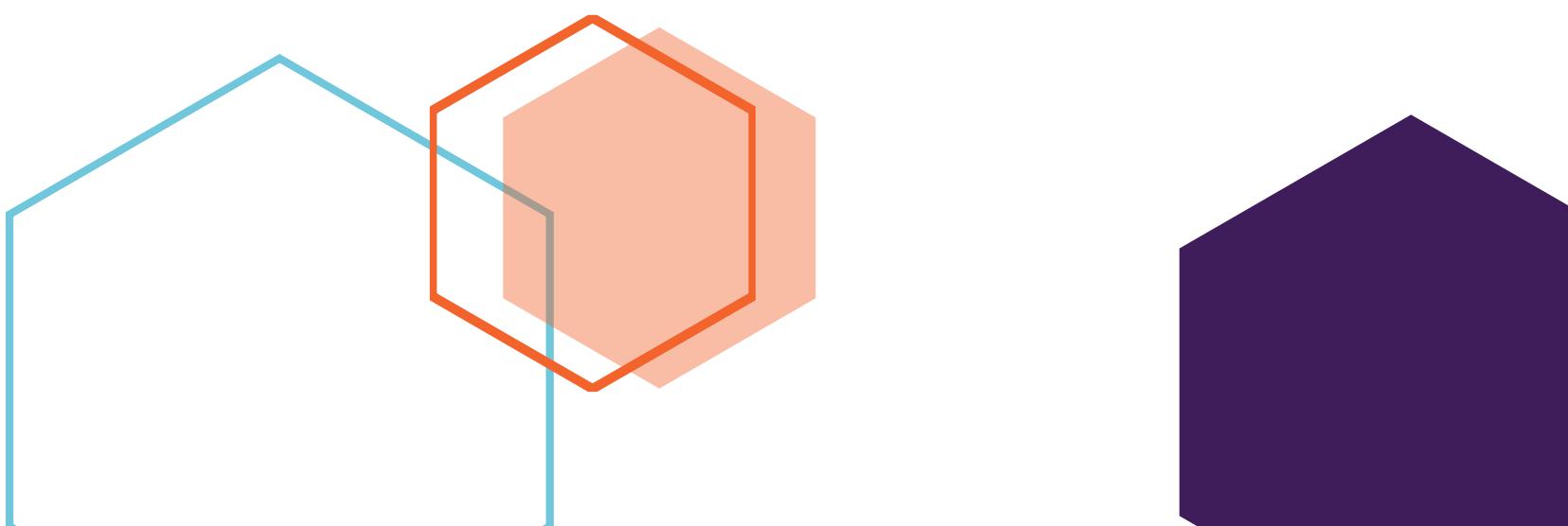




Documenting Models on OSEC Family Reintegration



EXECUTIVE SUMMARY

The End Online Sexual Exploitation of Children (End OSEC) project is implemented in Dasmarias City and Iligan City by the End OSEC Consortium, consisting of Viva Denmark, Philippine Children's Ministries Network, Inc. (PCMN), and International Justice Mission (IJM) Philippines and funded by the European Union.

The project aims to enable the Philippine child protection system to protect children from Online Sexual Exploitation of Children and improve access to justice for its survivors. Specifically, to eliminate existing barriers to delivery of effective prevention, rescue, and restoration services to children-at-risk or victims of OSEC.

Part of the goals of the project is to study and develop an OSEC Family Reintegration Model by documenting the existing approaches and interventions used to restore victim/s-survivors across the continuum of care paradigm or the Care Perspective for OSEC victims. There is also a need to recognize the emerging practices implemented in various set-up such as the assessment center, residential care, foster care homes and in the community. It further envisions to use these evidence as models that can provide useful information in the formulation of policies/ guidelines in an OSEC specific family reintegration model.

In respond to that goal, five (5) agencies, two OSEC assessment facilities and three temporary shelters in Region IV-A agreed to participate in the *Documentation of Emerging Practices on Family Reintegration Models* in their respective agencies. The duration of the project is from July to December 2021.

Using various methodologies in the gathering of data, below are the highlights of this study:

1. Documentation of the different family reintegration models in each of the five participating agencies specifically the approaches, process, guidelines, stages, including gaps and challenges in the Family Reintegration programs in each of the agencies.



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2. Conceptualization of the OSEC Specific Family Reintegration Model across the Care Continuum Perspective
3. Identification of the key elements in the OSEC-Specific Family Reintegration model.
 1. Child Protection Policies/Standards/Guidelines
 2. Structures
 3. Comprehensive assessment/holistic/gender and culture responsive programs and services
 4. Family Reintegration Processes/Phases
 5. Family Reintegration Models
 6. LGU Partnership & linkages for Economic Recovery
 7. Monitoring of OSEC victims-survivors and family
 8. Community -based support systems
 9. Restorative justice and healing
4. Come up with a policy framework in advocating for the varied needs and gaps in the family reintegration model.
5. Identified key areas and gaps where policies and programs /services can be advocated to the government, non-government agencies, and faith-based agencies to help OSEC cases.

In the overall, the study was able to generate valuable data that describes and proposes a Family Reintegration Model that is OSEC specific and culturally grounded across the Care Continuum Perspectives.

Aside from OSEC policy advocacy, The study recommends the following to enhance the Family Reintegration Model:

1. Implementing Agencies – catering to OSEC victims-survivors review policies and intervention on restorative justice and healing for OSEC victims-survivors and their families.
2. Government/LGUs – assigned a social worker who will do the monitoring of OSEC victims-survivors who were reintegrated to their families and in the communities.
3. Non-government agencies – Strengthen community-based support mechanism f or OSEC-victims-survivors.



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4. Faith-based agencies: Establish strong linkages with other faith-based organizations in the community to support OSEC-victims-survivors and their families.

The members of the Project Team:

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List of Acronyms

<i>ABSI</i>	<i>AMG Bahay Silungan, Inc.</i>
<i>AI</i>	Appreciative Inquiry
<i>ASO</i>	Assessment of Survivor's Outcome
<i>BCPC</i>	Barangay Council for the Protection of Children
<i>CCI</i>	Child-Care Institutions
<i>CHFP</i>	Compassionate Hope Foundation Philippines
<i>CRC</i>	Convention on the Rights of Children
<i>CSWDO</i>	City Social Welfare Department Office
<i>DSWOs</i>	District Social Welfare Officers
<i>End OSEC Consortium</i>	End Online Sexual Exploitation of Children Consortium
<i>FBA</i> s	Faith-based Agencies
<i>FDS</i>	Family Development Sessions
<i>FRA</i>	Family Risk Assessment
<i>GAs</i>	Government Agencies
<i>IJM</i>	International Justice Mission
<i>IRRs</i>	Implementing Rules and Regulations
<i>LCPC</i>	Local Council for the Protection of Children
<i>LGU</i>	Local Government Units
<i>MDT</i>	Multi-disciplinary Team
<i>MOA</i>	Memorandum of Agreement
<i>NCMEC</i>	National Center for Missing and Exploited Children
<i>NGOs</i>	Non-Government Organizations
<i>OSAEC</i>	Online Sexual Abuse and Exploitation of Children
<i>OSEC</i>	Online Sexual Exploitation of Children
<i>PCMN</i>	Philippine Children's Ministries Network, Inc.
<i>PES</i>	Parent Effectiveness Sessions
<i>PNP</i>	Philippine National Police
<i>RAISE</i>	RESTORATION, AWARENESS- RAISING, REINTEGRATION, SUSTAINABILITY, and EDUCATION.
<i>RGS</i>	Religious of the Good Shepherd
<i>SMEIDFI</i>	St Mary Euphrasia Integrated Development Foundation, Inc.
<i>SWDO</i>	Social Welfare Development Office
<i>TIC</i>	Trauma Informed Care
<i>UNCRC</i>	United Nations Convention on the Rights of Children
<i>UNICEF</i>	United Nations Children's Fund
<i>WHI</i>	World Hope International

Introduction

Background

The Philippine law enforcement agencies identified 381 victims in 90 Online Sexual Exploitation of Children (OSEC) cases investigated between 2011 and 2017¹. The annual number of cases referred to and/or investigated by Philippine anti-trafficking units increased sharply and consistently, from one case in 2014 to 43 cases in 2017. OSEC was usually a family-based crime. Of the 217 victims where the relationship to the trafficker was known, the abuse was perpetrated by biological parents (41%), other relatives (42%). It is interesting to highlight the fact that “OSEC is a family-based crime” and what we are documenting are practices on family reintegration models”. Our findings could point to what work and what did not work on the different models of family reintegration models in the agencies that will be part of this project.

Cases of Online Sexual Abuse and Exploitation of Children (OSAEC) in the Philippines increased by 264.6 percent or 202,605 more reports during the imposition of the enhanced community quarantine from March to May 2020, compared to the 76,561 cases during the same period in 2019, according to the Department of Justice (DOJ), citing data from the US-based National Centre for Missing and Exploited Children (NCMEC).²

According to a 2019 Report on Online Sexual Exploitation in Children³, there were strong efforts to respond to the short and the long-term needs of OSEC victim-survivors, however, there remains a need for expanded protective custody options for the OSEC clients. It further highlights that safe reintegration of children back into their communities and families of origin can pose many challenges. It was observed that OSEC victim-survivors often return into settings where family and community members tolerated or supported the crime without understanding or acknowledging the severe harm that OSEC causes. The report also presented that reintegration without thorough safety assessments and support services in place for families and communities could leave children vulnerable to revictimization. Collaborative efforts are being undertaken to ensure that there is a strong system of care that ensures collaborative case management from rescue to reintegration; provides secure and safe alternative care options for survivors removed from their families; addresses the immediate and long-term trauma impacts endured

¹ https://ijmstoragelive.blob.core.windows.net/ijmna/documents/studies/Final_OSEC-Public-Summary_05_20_2020.pdf

² <https://reliefweb.int/report/philippines/online-sexual-abuse-children-rising-amid-covid-19-pandemic-save-children>

³ Online Sexual Exploitation in Children in the Philippines, 2019. International Justice Mission; Philippine Inter-Agency Council Against Trafficking (IACAT)., U.S. Department of State Office to Monitor and Combat Trafficking in Persons (TIP Office)

by victims; and strengthens family and community-based services so that a survivor can re integrate safely with a reduced risk of revictimization.

The End Online Sexual Exploitation of Children in the cities of Dasmariñas City, Cavite and Iligan City, Lanao Del Norte is a collaborative project of the Philippine Children's Ministries Network and the International Justice Mission. The project targets to serve 15,000 vulnerable children from these two selected high-risk cities based on their potential exposure to exploitation (location) and vulnerability level (socio-economic situation), including an expected 75-100 rescued victims during the intervention period. The project aims to eliminate existing barriers to delivery of effective prevention, rescue, and restoration services to children-at-risk by conducting capacity building and online safety awareness activities, and policy advocacies at varying levels. The End-OSEC Consortium believes that these actions would help enable the Philippine child protection system to protect children

Part of the goals of the project is to develop an OSEC Family Reintegration Model, which is to study and document existing approaches and interventions used to restore victim/s-survivors across the continuum of care paradigm or the Care Perspective for OSEC victims. There is also a need to recognize the emerging practices implemented in various set-up such as the assessment center, residential care, foster care homes and in the community. It further envisions to use these evidences as models that can provide useful information in the formulation of policies/ guidelines in an OSEC specific family reintegration model.

The Documentation of Emerging Practices on Family Reintegration Models will provide evidence- based narratives among the various care facilities under the project E-OSEC that are providing and instituting measures along these lines.

Project Objective

Document the emerging practices on OSEC Family Reintegration Model currently being implemented in the various assessment centers, residential care facilities, and in communities.

Scope and Coverage

This project covered selected facilities in OSEC implementing Agencies namely: Schechem, First Love International Ministries, Inc., Compassionate Hope Philippines Foundation, AMG Bahay Silungan, Inc., and the Religious of Good Shepherd under the St Mary Euphrasia Integrated Development Foundation, Inc. (SMEIDFI) all located in Regions IV A. The study covered a period of 6 months.



II. Methodology/ Approach in the Documentation Process

Data Gathering

- a) Key informant Interviews
 - i) 5 Service provider (social workers),
 - ii) 5 heads of agencies or designated program staff
 - iii) 3 selected clients with consent (10-12 years old),
 - iv) 2 LGU social workers
- b) Focus group discussions (7 members per FGD per specific targeted area)
 - i) Shelter/ Facility workers
 - ii) Clients (10-12 years old): [Note: we encountered difficulty in reaching out to the OSEC victim survivors for the conduct of FGDs due to limitation in internet access; face to face interviews were restricted at the time of data gathering]
 - iii) Parents/ relatives; foster parents
 - iv) Agencies in the communities (community-based support and mechanisms) to note the roles, capacity and preparedness of the community in the reintegration program of OSEC victims, thus lessen the vulnerability for revictimization. [Note: there were limitations in the identification of community support mechanisms/ focal persons to interview at the time of data gathering]
- c) Document review (if allowed under Data Privacy Act 2012) of tools and instruments being used in the facility

Data Analysis

The **Appreciative Inquiry (AI) approach** is a collaborative, strengths-based approach to change in organizations and other human systems. The term ‘Appreciative Inquiry’ (AI) is thus used to refer to both: The AI paradigm –this relates to the principles and theory behind a strengths-based change approach; and AI methodology and initiatives – which are the specific techniques and operational steps that are used to bring about positive change in a system (Davidcooperider.com, 2019).⁴

- a) Using the various methodologies in data gathering, prepare an analytical framework that will gather information on the current practices of family reintegration models;
- b) Highlight on the existing models being used for the restorative function of survivors focusing on the strengths, the facilitating, and limiting factors that serves as operational challenges in the implementation of family reintegration programs

⁴ <https://positivepsychology.com/appreciative-inquiry/>

- c) List the different OSEC specific family reintegration models / elements/ phases and community-based mechanism that are helpful in the reintegration of OSEC victims-survivors.

III. Review of Literature

The review included global and local practices/approaches/models on Family Reintegration including the identification of Principles and framework on emerging practices. It also outlines some of the Philippine related laws and legal frameworks on child protection and care in relation to the required standards practice for OSEC victims and families.

Family Reintegration in International and Legal Frameworks

The United Nations Convention on the Rights of a Child (UN CRC) recognizes that children (as individuals) have rights and these must be enumerated, legally binding and made specific to the evolving development of the child; State/Parties are obliged to ensure the promotion, protection and fulfillment of their rights to survival, development, protection, and participation. Specifically, UN CRC Articles 34 and 39 focused on provisions that are specific to OSEC:

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) The inducement or coercion of a child to engage in any unlawful sexual activity; (b) The exploitative use of children in prostitution or other unlawful sexual practices; (c) The exploitative use of children in pornographic performances and materials.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

In addition, the UN CRC's Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography prohibits the sale of children, child prostitution, and child pornography, and to criminalize and punish activities related to these offenses. Furthermore, the International Labor Organization (ILO) prohibits the "use" offering of a child for prostitution for the production of pornography or for pornographic performance and State Parties are to take measures to prohibit and eliminate this as the worst form of child labor.

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Globally, child protection systems are moving towards a wide range of family-based care options as the primary solutions for the needs of children and families. Huge, who was a strong advocate and legislator, had pushed for the issuance of a law on the Families First Act in the US (2018), the Opening Doors Campaign and networks of work in Africa, Asia and Latin/ South America are creating waves. Children “on the move” are increasing globally and their need to be reintegrated with family is monumental.⁵

The UN CRC has identified that a safe and secure family is the optimal environment for the growth and development of girls and boys. Efforts should therefore be maximized to ensure that the reintegration of the millions of children globally who are currently separated are brought back into their families and communities. Family reintegration is what the majority of these children and their families want (BCN et al. 2013), and a loss of family care can have a fundamental impact on child well-being and development (Family for Every Child 2014b). The Guideline on Children’s Reintegration⁶ was developed to fill gaps in having solid guidelines to address reintegration concern. It emphasizes the recognition on the central importance of family unity to child well-being and development and to actively explore reintegration with a child’s family of origin as the first priority to pursue. It has clearly pointed that families and children must be at the center of all reintegration support efforts.

The same guideline has explored cross-cutting principles of good practice in children’s reintegration, and provide guidance on program design for work with children, families, schools and communities. The Guideline’s purpose was focused primarily at child protection specifically designed for program managers.

Delap, E., & Wedge, J. (2016) defined reintegration as the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. Reunification on the other hand is the physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent⁷.

Globally, child protection systems are moving towards a wide range of family-based care options as the primary solutions for the needs of children and families. Huge pushes like the Families First Act in the US (2018), the Opening Doors Campaign and networks of work in Africa, Asia and Latin/ South America are

⁵ Ian A Forber-Pratt, Reintegration and Reunification of Children to Families, Washington University of St Louis, Brown School, The Institute for Child Welfare Innovation

⁶ Guidelines on Children’s Reintegration. Report, 2016. Inter-agency Group on Children Reintegration [Better Care Network, CESVI , CPC Learning Network, ECPAT, Faith to Action Initiative, Friends International, Juconi Foundation, Maestral, Next Generation Nepal, Retrak, Save the Children, UNICEF, USAID and World Vision]

⁷ Delap, E., & Wedge, J. (2016), Guidelines on Children’s Reintegration. Report.



creating waves. “Children “on the move” are increasing globally and their need to be reintegrated with family is monumental”.⁸

Principles and Stages in the Reintegration Process⁹

Principles	Summary
1. Prioritize family unity and be child-centered.	<ul style="list-style-type: none"> * It is vital to recognize the central importance of family unity to child well-being and development * to actively explore reintegration with a child’s family of origin as the first priority to pursue. * Families and children must be at the center of all reintegration support efforts.
2. Embed reintegration in wider child protection systems	<ul style="list-style-type: none"> * Safe and effective support for reintegration must be embedded within broader systems to protect children. * There should be adequate funding to support reintegration, clear legislation and guidance on all of the stages of the reintegration process, and a skilled child welfare workforce able to support it. * In all cases, it is important to work with all parts of the child protection system, including government actors, community groups, religious leaders, and children and families.

⁸ Ian A Forber-Pratt, Reintegration and Reunification of Children to Families, Washington University of St Louis, Brown School, The Institute for Child Welfare Innovation

⁹ Guidelines on Children's Reintegration. Report, 2016. Inter-agency Group on Children Reintegration [Better Care Network, CESVI , CPC Learning Network, ECPAT, Faith to Action Initiative, Friends International, Juconi Foundation, Maestral, Next Generation Nepal, Retrak, Save the Children, UNICEF, USAID and World Vision]



	<ul style="list-style-type: none"> It is also vital to work with other systems, such as health, education, justice, and social protection.
3. Take a rights-based approach	<ul style="list-style-type: none"> All efforts to promote safe and effective reintegration must be based on a consideration of the full range of rights included in the UNCRC, and relevant national laws. All children, regardless of age, gender, ability or any other status, have a right to the preservation of family unity. They have a right to participate in all decisions that affect them, and decisions regarding their reintegration should be made with their best interests as a primary consideration.
4. Do no harm	<ul style="list-style-type: none"> All reintegration processes should aim to benefit and not harm children. This includes consideration of issues such as preventing abuse by staff or other stakeholders, stigma, informed consent, and confidentiality. All agencies should carry out a risk assessment to identify and mitigate against the risks associated with each reintegration program, and particular efforts will need to be made in program involving public advocacy or awareness raising. As the benefits of reintegration usually far outweigh the harm, the existence of some risk should not be used as an excuse not to reintegrate children.
5. Engage a range of stakeholders	<ul style="list-style-type: none"> It is vital to involve a range of stakeholders in the reintegration process including children, families, communities, schools,

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	<ul style="list-style-type: none">the media, government actors, non-governmental organizations and the private sector.Mapping and coordinating reintegration and related services is important for effective collaboration.
<p><i>Stages in the Reintegration Process¹⁰:</i></p>	
1. Tracing, assessment and planning	<ul style="list-style-type: none">Assessment of the childFamily tracing and Best InterestsDetermination Assessment of the familyAssessment of the communityDeveloping a plan
2. Preparation of children and families	<ul style="list-style-type: none">Ensuring a caring environment pre-reintegrationTackling discrimination and issues of identityAddressing abuse, neglect, violence and exploitation in the familyMeeting mental and physical health needs, responding to addictionSupporting children with disabilitiesPlanning for education and life skills trainingHousehold economic strengthening and material supportOther forms of supportDetermining who will carry out monitoring and follow-up support
3. Child's initial contact with family and reunification	<ul style="list-style-type: none">Initial contact with familiesFamily reunification
4. Post-reunification support	<ul style="list-style-type: none">Monitoring child well-beingFollow-up supportSpontaneous or sudden reunification

¹⁰ Guidelines on Children's Reintegration. Report, 2016. Inter-agency Group on Children Reintegration [Better Care Network, CESVI , CPC Learning Network, ECPAT, Faith to Action Initiative, Friends International, Juconi Foundation, Maestral, Next Generation Nepal, Retrak, Save the Children, UNICEF, USAID and World Vision]

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	Reintegration and prevention of separation strategies
5. Case closure	

Furthermore, the Guideline also presented several key priorities in creating an environment that is fully supportive of Reintegration. These are to:

1. Create national level guidance and policies on children's reintegration that are in line with the UNCRC, and are guided by other relevant global policies and guidance, including these guidelines.
2. Build a child welfare workforce with the necessary skills and attitudes to support children's reintegration.
3. Establish a case work system that supports children and families through all stages of the reintegration process.
4. Coordinate and collaborate with actors working in the child protection sector, and those working in other systems, including health, education and economic strengthening, and those supporting children with disabilities.
5. Recognize and support the vital role played by communities in children's reintegration.
6. Work to address the root causes of initial and re-separation, such as poverty and violence.
7. Develop strategies to address discrimination against groups of reintegrating children.
8. Evaluate reintegration programs, and check for/address gaps in coverage.

In another study conducted in 2019 conducted by UNICEF entitled: Reintegrating Children from Institutional Care, A Feasibility Study on a model for the Government of Malawi, there were 5 critical steps identified in the reintegration process: 1. Careful, rigorous and participatory assessment and decision making about the suitability of a child and family for reintegration; 2. Preparing the child, family and community for reintegration; 3. Carefully planned reunification; 4. Restoring trust and rebuilding relationships through extensive follow-up support to the child and family; 5. Restoring trust and rebuilding relationships through work with the broader community. The Feasibility Study constituted both quantitative and qualitative methods including interviews and discussions with Child-Care Institutions (CCIs), children in institutions, parents of reintegrated children, reintegrated children and the District Social Welfare Officers (DSWOs), as well as documentation of learning visits to Rwanda and Ethiopia, a literature review and the administration of a survey and monitoring of reintegrated children. The study results presented the following key areas: i. Sensitization of CCIs, institutionalized children and their guardians, community leaders, extension workers and the wider community; ii. the willingness of

the children to be reintegrated and the willingness of parents/guardians to accept their children to return home; iii. the existence of a Reintegration Program within the CCI; iv. the need for adequate numbers of social workers; v. economic empowerment of poor households; vi. the provision of school materials including payment of school fees; vii. an adequate preparation period; and viii. sufficient funding for the Reintegration Program.

The Philippine Context on OSEC Family Reintegration

Legal Mandates

The country awaits the final passing into law Senate Bill No.2209 s 2021 [Special Protections Against Online Sexual Abuse and Exploitation of Children (OSAEC) Law. There are existing OSEC related policies being used as the legal framework in the implementation of programs and services on Online Sexual Exploitation in Children:

RA 7610: Special Protection of Children Against Abuse, Exploitation and Discrimination Act. The law provides measures for the protection of children against abuse, exploitation and discrimination.

RA 9775: An Act Defining and Penalizing the Crime of Child Pornography, Prescribing Penalties Thereof and for Other Purpose. This includes child pornography committed through a computer system as cybercrime offense.

RA 9208: Anti-Trafficking in Persons Act which established policies to eliminate trafficking in persons especially women and children and amended RA 10364 – Expanded Anti-Trafficking in Persons Act of 2012.

RA 9231: Anti-Child Labor Law or An Act Providing for the Elimination of the Worst Form of Child Labor and Afforded Stronger Protection for the Working Child amending for its purpose RA 7610.

RA 10175: An Act Defining Cybercrime Providing for the Prevention, Investigation, Suppression and the Imposition of Penalties thereof and for Other Purposes on the Cybercrime Prevention Act of 2012

Related Literatures:

According to the World Hope International in 2020, and with reference to the study conducted by UNICEF in 2016, the Philippines has become the global epicenter of live stream sexual abuse. The UNICEF's findings showed that 80% (8 out of 10) of children in the Philippines are vulnerable to being victims of online sexual abuse or bullying. It was also found that 2.5% of children in the country have had their nude bodies or sexual activities shown on the Internet or on a cellphone.

During the Covid 19 pandemic, the Philippines has experienced the longest and most restrictive lockdown globally as imposed by the government to contain the spread of the virus, which began in March 2020. During the same period, the country's Department of Justice recorded a threefold increase in OSEC cases

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since the quarantine restrictions were enforced. Sexual predators, who were locked in their homes due to quarantine, have increasingly turned to cyberspace in order to victimize children. Furthermore, the restrictions in the economic activities had resulted to hardship and financial burden has led to many Filipino families to engage in online sexual trafficking just to survive.¹¹

A recent study on Online Sexual Exploitation in Children: Aftercare Reintegration was commissioned in 2020 by the International Justice Mission¹² [IJM]. The qualitative study was intended to provide intervention options for Aftercare in facilitating successful reintegration of survivors. The qualitative research involved data gathering from among OSEC key stakeholders (i.e. service providers, clients, parents, communities).

Key recommendations in the study included:

1. Increase capacity-building opportunities for non-government and government service providers. Government and non-government service providers should ensure a collaborative, trauma-informed, appropriate, and holistic system of care exists to address the unique needs of OSEC survivors on an individual, family, and community level¹³
2. Ensure comprehensive and holistic delivery of community-based interventions and services to survivors and their families
 - Provision of timely psychological and counselling services
 - Provision of educational assistance for the child
 - Livelihood training and assistance, which may include job referrals and placement
 - Conduct Parent Effectiveness Sessions (PES) or Family Development Sessions (FDS)
 - Awareness-building about online sexual exploitation of children and cyber safety education
3. Ensure that regular monitoring and evaluation of reintegrated survivors and their families are implemented
4. Strengthen advocacy efforts and awareness-building about online sexual exploitation of children in communities.
5. Allocate more funds to implement and sustain reintegration programs and increase the number of LGU social workers
6. Strengthen and expand the foster care program and independent living program

¹¹ OSEC: A Modern Face of Human Trafficking, World Hope International, October 2020

¹² International Justice Mission (IJM) has responded to the rapid increase of online sexual exploitation of children through its Casework and System Reform program (IJM, 2016) and Justice System Transformation (JST) intervention model (IJM, 2017)

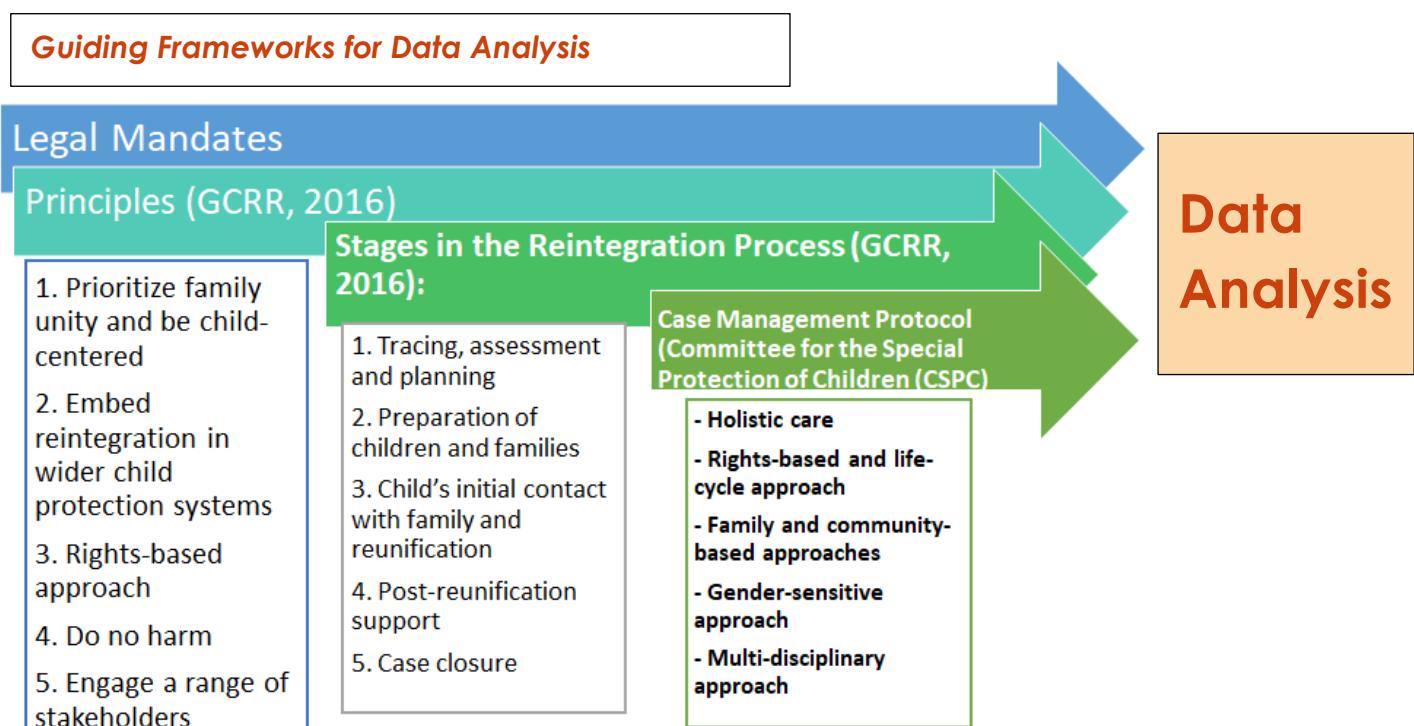
¹³ Online Sexual Exploitation of Children in the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society. A Summary Report 2020. International Justice Mission (IJM) in partnership with the U.S. Department of State Office to Monitor and Combat Trafficking in Persons (TIP Office) and the Philippine Inter-Agency Council Against Trafficking (IACAT).

Documenting Models on OSEC Family Reintegration

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The findings from the literature review served as the guiding framework in terms of analyzing the data gathered in the conduct of the documentation process.

The Figure below gives an overview of the guiding framework on Strengthening of Family Reintegration among OSEC victim survivors



- Ian A Forber-Pratt, Reintegration and Reunification of Children to Families, Washington University of St Louis, Brown School, The Institute for Child Welfare Innovation
- Guidelines on Children's Reintegration. Report, 2016. Inter-agency Group on Children Reintegration [Better Care Network, CESVI, CPC Learning Network, ECPAT, Faith to Action Initiative, Friends International, Juconi Foundation, Maestral, Next Generation Nepal, Retrak, Save the Children, UNICEF, USAID and World Vision]
- OSEC: A Modern Face of Human Trafficking, World Hope International, October 2020
- Online Sexual Exploitation of Children in the Philippines: Analysis and Recommendations for Governments, Industry, and Civil Society. A Summary Report 2020. International Justice Mission (IJM)
- Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation, 2013

IV. Documentation of Key Findings on OSEC Family Reintegration Models

The following sections presents the findings from the information gathered in the documentation of the OSEC Specific Family Reintegration among the participating Agencies

A. Operational Definition of OSEC Family Reintegration Concepts

Safehouse: A safe house is being described as a temporary house where rescued OSEC victims are brought and provided with their immediate needs, services and other programs on OSEC being offered. It is a place where the children feels safe physically and emotionally as they are able to share their feelings and begins to build their relationships and trust.

OSEC Assessment Center: The purpose of the Assessment Center is to provide a safe and temporary home for newly rescued OSEC survivors where they can receive specialized services and support for the start of their recovery. The staff of the center are composed of a team of professionals (social worker, psychologist, counselor, medical doctor, and nurses) and paraprofessionals (house parents, security personnel and administrative support staff) who provide critical care, specialized services and comprehensive assessment to newly rescued OSEC survivors. These staff members are expected to intentionally care for the children during their whole stay in the assessment center whilst employing trauma-informed care to support survivors in the recovery and development of attachment skills. Concurrently, a case management team composed of the center social worker, psychologist, nurse and medical doctor, alongside a law enforcement officer and lawyer, are designated to complete an individualized assessment of the child and his/her family. The critical assessments undertaken at the center include, but are not limited to: psychological assessment; medical assessment; psychosocial assessment and; family assessment. The assessments are to be completed by a psychologist, doctor/nurse and social worker (for the latter two) respectively. The comprehensive assessments of the child and his/her family are critical in determining the permanency plan for the child, be it reunification with relatives or reintegration through other avenues such as: foster care; independent living; or adoption. Through this center, the process of transitioning a child to a permanent placement option is expected to be fast-tracked rather than extending the child's stay long-term inside the shelter.

An OSEC survivor centered approach: In this study it considers child awareness on OSEC issues in relation to values (i.e. material things, money, family needs). Since OSEC victims are in denial of a "wrong doing" since they feel they are able to help the family. The approach should consider to re-evaluate the process on how to raise the awareness to the OSEC victim given the family context. It also considers awareness raising for both the child and the family thru psycho- therapy/ psycho-education. Acceptance of siblings in the facilities are given consideration as part of the trauma informed approach to cope with the trauma during the rescue process.



OSEC Continuum of Care: In this study it starts during admission and continuous with the 14 days induction where basic needs and emotional support are being provided to OSEC survivor. It continues with the family reintegration phase (using a family-based approach) that entails monitoring the child and the family in coordination with the LGU. During reintegration, jurisdiction in terms of child care goes back to LGU social worker so they are critical partners in the monitoring phase although the Agency still does a separate monitoring of the child and the family to provide assistance. The monitoring covers how they are doing in the family, the community i.e. continuing with education; check on potential re-victimization; ensuring that family residence is not in a hot spot; acquiring sponsorship and tapping of other organization for educational assistance helps in the cooperation of parents during the monitoring activities. The LGUs are crucial in the continuum of care as they are able to link families with available programs and services to OSEC survivors and their families (e.g. 4Ps, livelihood projects). To ensure the continuum of care, it entails the continues monitoring of the OSEC survivors and their families and to provide assistance if they still need (e.g. quarterly visit with food assistance) needs to be sustained. Building community-based support mechanisms and establishing coordination with community structures for support and networking needs to be explored. The continuum of care covers the monitoring (of the child and family) should continue for 6 months after reintegration or up to the 2 years and depends on the assessment of the child.

OSEC Family Reintegration: In this study, it is used to describe the movement or transfer of the OSEC victim-survivor from the assessment facility to their family, kin or to another shelter. The transfer involves physical, emotional, psychological and economic preparations for both the OSEC victims-survivors and the family, kin or to another shelter. There are 2 stages involved in the preparation which is the period from intake to the formal turn-over. The first stage is called the “family reunification stage, and the second stage is called the “” family reintegration phase” which involves the actual turn-over of the OSEC victim -survivor to the family or kin, or to another shelter. The OSEC family Reintegration also is keen on restoring or healing family relationships and building new ones. Different tools are used in assessing the preparedness of both the OSEC victim-survivor and the family in the family reintegration.

Healing and recovery: In this study, healing and recovery is used to describe a process (not a state) of an OSEC victim-survivor in the Family Reintegration Program across the care continuum perspective. Other organizations used the term “Transforming and Reforming” which focuses on children’s resiliency and prepares children to become advocates. Other agencies use the term “healing towards recovery” subscribing to the belief that unless a child is healed, it would be difficult for the child to move towards recovery. Agencies used different tools in assessing if the child is healed or has recovered from her/his experience.

Process of Reintegration: In this study refers to the different phases and stages in the Family Reintegration Program. OSEC assessment facility and temporary shelters for OSEC victims-survivors have specific guidelines, protocols and requirements in the process of reintegration. Some organization starts with (1)assessment, (2)family tracing and assessment, (3) reintegration and support, (4) follow-up

Documenting Models on OSEC Family Reintegration

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and support, (5). termination. Others start with (1) child assessment, (2) Family Assessment; (3) Psycho-education; (4) Family Case Conference; (5) Reintegration, and (6) Monitoring.

Safety or risks issues: These are issues surrounding survivors that may do harm to the child (e.g. harm inside the facility, harm in the family). These may include the following: 1. Economic risks (may lead to re-victimization (when there is no work--- no income--- revictimization) Note: ASO tools also indicates when family is able to finance and sustain the family; 2. Physical safety ; 3. Environment; 4. Peers; 5. relationship of child with relatives (as they may influence certain decisions on legal matter); 6. Community risks: place where they came from (the environment also is a risks); 6. family support to the child; 7. medical history. Note: Domains on Family Risk Assessment Tool which also includes qualitative descriptions on the 8. progress of legal cases (while still in the center) ➔ the child's being influenced by family members also poses as a risk.



B. Description of the OSEC Family Reintegration Models in the Five Organizations

Shechem Assessment Facility

Agency Profile

Shechem Children's Home was established on September 8, 2018 by the Church of the Nazarene Philippines -Micronesia Field in partnerships with the International Justice Mission (IJM) and the Philippines Children's Ministries Network, Inc. (PCMN). Shechem Children's Home is the first assessment center established in the Philippines to answer the need for a comprehensive assessment of the situation of children victims of Online Sexual Exploitation of Children (OSEC). (Published on September 18, 2018, 10:41 am Last Modified on October 8, 2019, 8:29 pm)

To seal the project, a Memorandum of Agreement (MOA) among the partner agencies was executed defining the tasks and the roles of each one. The Philippines Church of Nazarene and the Nazarene Compassionate Ministries will administrate the operation of the home, the IJM will provide the legal services and protection of the children, along with the Trauma Informed-Care training of the Shechem Children's Home staff, while the PCMN will provide a community social worker and additional resources for the home.

With a start-up staff composed of a social worker provided by PCMN in January 2019 , a psychologist, a counselor, a medical doctor, and a nurse, the Shechem Children's Home embarked with their mission of providing OSEC victims a comprehensive assessment to ensure their safety, recovery and reintegration into a safe settings after they have been rescued. The first client was in January 2019. Church of Nazarene Philippines -Micronesia Field Strategy Coordinator Stephen Gualberto reiterated the vital role of the Shechem Children's Home as an assessment center for OSEC victims. He added that the comprehensive assessment of the child and his or her family is critical in determining the permanency plan for the child, be it reunification with the relatives or reintegration through another avenue such as adoption, foster care or for independent living.

Field NCM Coordinator and Executive Director of Shechem Children's Home Leody Echavez III shared the challenges and the organization's analysis of the OSEC situation in the Philippines. He said

"we often think of sex trafficking as adults filming videos for other adults, but this problem has taken a new face. Now parents and relatives sell sexual videos of their own children, sometimes under a year old. He added that 80% of the cases involved a direct relative." Mr. Echavez further added that

Documenting Models on OSEC Family Reintegration

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“the Philippines is particularly vulnerable to OSEC, not only because of poverty, but also because most children speak English, and can, therefore, take instructions from predators.”.

Essentially, it can be said that not only OSEC has become a virtual concern worldwide, it has become a family and a home-based business for some Filipino families with children participating in the activity especially during the locked up policies during the pandemic period. Partners of Shechem Children's Home like the IJM and PCMN believe that with the assessment center in place, a holistic, comprehensive and continuous care can be provided to OSEC victims, and that new ways can evolve from the Shechem Children's Assessment Center overtime on how to respond to the immediate and long term needs of OSEC survivors.

Shechem's Target clients:

Shechem Children's Home accepts 0 to 17 years old, mixed groups of boys and girls, individual or siblings groups victims of OSEC. It also accepts mother with children victims of OSEC. The assessment takes 3 to 6 months wherein the OSEC victim stays at the Shechem Children's Home. It mostly accepts OSEC survivor referred and rescued by joint operations of law enforcement agencies, local dswd and IJM in the National Capital Region (NCR)?.

The number of OSEC victims accepted at the Shechem Children's Home since its establishment has reintegrated 10 children to their families. Organizational Structure: It started with 5 members of the Board. Now the board of Shechem Children's Home is 7.

SHECHEM is affiliated with the Church of the Nazarene which aims to connect them to local church partners with them in the communities. During the time of inception and initial years o operation, no church partners were present or established yet in the community that can help in monitoring and to follow-up the situation of the reintegrated OSEC victim.

Partnership with the faith-based organizations and NGOs to connect with one another on the program for the beneficiaries. Fundings assistance comes from: World of Hope International, PCMN, and IJM.

The OSEC Programs and Services in the Assessment Facility

- It has a child-centered space with an up-and-down type and a playground connected nearby.
- It has space for on-site assessments, individual and group therapy, basic or secondary education through home school or modular class, play/entertainment area, storage area, and outdoor garden.
- Also, it has a kitchen for empowering the skills of the survivors and a playroom where the activities of the children are usually conducted.

Documenting Models on OSEC Family Reintegration

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- Moreover, it is a faith-based institution and thus the children are also allowed to hear and be guided by the word of God through prayer, Bible lessons as well as the life testimonies of the staff and other volunteer workers.
- It acts both as a safe house and assessment facility where a multidisciplinary team of qualified social workers, psychologists, therapists, doctors, and trained staff practice trauma-informed care in serving the newly rescued survivors. House parents are tasked to care for the children 24 hours a day, employing trauma-informed care to support survivors.

The Table below shows the staffing and members of the Multidisciplinary team. It also provides a picture on funding received by Schechem from partners to support OSEC activities in the facility.

Staffing/Structure Multidisciplinary team	Funding Support:
<ul style="list-style-type: none">- 5 house parents- 2 social workers- 1 Center Manager manger- Safety personnel- Tutor- Psychotherapist- Psychologist- Volunteers Care Team- 1 social worker- 1 shelter manager- 1 security guard- Foster parent- Representative from IJM	<ul style="list-style-type: none">• Church of the Nazarene• International Justice Mission• PCMN• Consuelo Foundation

Description of the Family Reintegration Model of the agency

The Shechem Children's Home primarily is an assessment center of OSEC victims. As an assessment center, the organization also functions as a safe house and an assessment facility with comprehensive assessment is in process. Upon rescue, the Shechem Children's Home immediately becomes the safe haven for OSEC victims. Apparently, the acceptance of the OSEC victims into the Shechem Children's Home signals the start of the reintegration process of OSEC victims. The comprehensive assessment takes 3 to six months from the intake interview to other processes, activities and requirements in the reintegration plans for the OSEC victim. Approaches of the Family Reintegration Program:

1. It is **comprehensive** in its approach: from a drop-in center, provision of temporary shelter programs up to family reintegration;



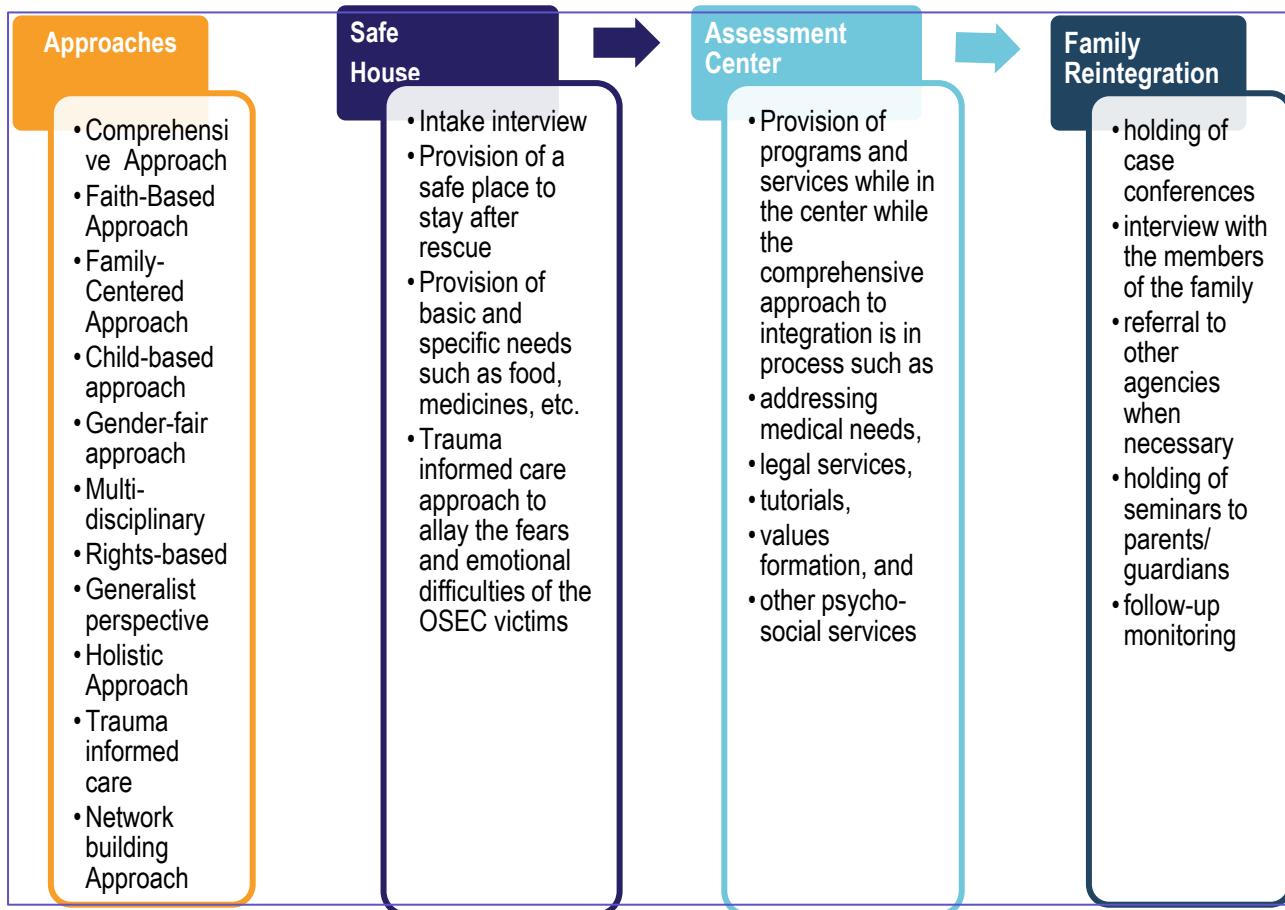
2. It is **family-centered** as it allows sibling groups and mothers with child or children victims of OSEC to stay at the Shechem Children's Home.
3. It is **Gender-fair**. It is open to all clients of different genders – it accepts boys and girls and other gender and sexual orientation into the center.
4. It is **multi-disciplinary** in its approach. It has a care team from different professionals (social worker, psychologist, lawyer, teacher, nurses, doctors, pastors, and others) and disciplines who contribute their specific expertise in the assessment of the OSEC victims.
5. It is **generalist in approach**. They used the generalist approach in the assessment of the OSEC victim - from individual, family and to the community level.
6. **Holistic**. Focuses on the physical, emotional, psychological, spiritual development of the OSEC victim/s and the family.
7. **Trauma-Informed care Approach**. All the staff were trained on trauma-informed care approaches in the assessment, and management of the OSEC victims-survivors. The Trauma-informed care approach enabled the workers doing the assessment and management of cases of OSEC victims to look through a trauma-lens the behaviors of OSEC victims,
8. **Network -building approach**. The model establishes partners from both government and non-government agencies to support the family reintegration process.
9. **Faith-based approach**. It connects with the different and existing faith-based agencies and ministries in the community to monitor and support the needs of the OSEC victims and the families.
10. **Child-based approach**. It puts a high premium on children's participation and best interest in the assessment process.
11. **Rights-based approach**. It looks at the OSEC victims as rights-based holder and ensures that the laws protecting children from further victimization are ensured in the process of reintegration.

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Conceptual Framework of the Family Reintegration Program of Shechem Children's Home:

THREE-STAGE FAMILY REINTEGRATION PROGRAM OF SHECHEM CHILDREN'S HOME



Strategies in the Family Reintegration Program

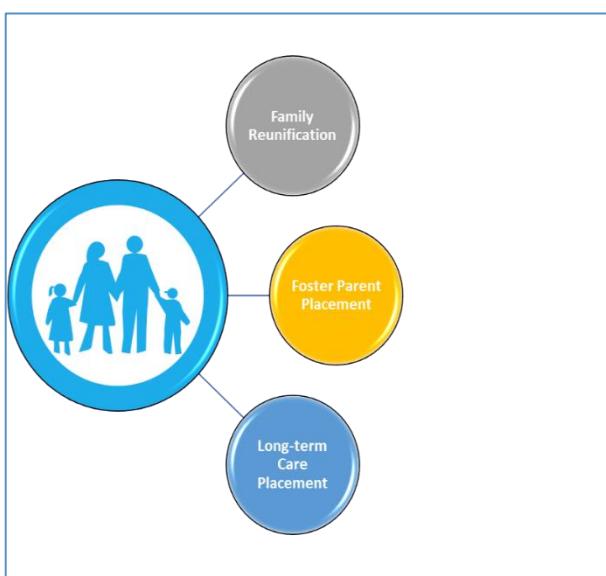
- Prioritize reunification to non-offending family (Family is the best place for OSEC victim-survivors)
- Involve the child in the decision-making process (Child participation principle)
- Involve and partner with different agencies that helps in the decision-making (Partnerships and networking building)



- d. Give the child space to process her/his emotions and trauma: (Therapeutic space and interventions)
- e. Consider cultural norms and practices: (respectful and sensitive to cultural norms and practices)
- f. Linkages with other partners in the communities

MODELS OF THE SHECHEM CHILDRENS' HOMES FAMILY REINTEGRATION PROGRAM

1. Family Reunification: The OSEC victim is reintegrated to the family (must not be the offending members), guardians or relatives. Almost 50% of OSEC victims accepted at the Shechem Childrens' Home were reintegrated to their families. From 2020 to 2021 there were two reintegration that were done. In 2019, siblings were reintegrated with their families to the North where the Office of the Mayor (LGU) provided livelihood for the families of the reintegrated OSEC victim/s.



The Activities/Policies in the Family Reunification Program include:

reintegration is implemented;

1. *The social worker visits the family, assess situation, economic, political, social, psychological state of the family and the community too;*
2. *If the community is found not safe, the Shechem Children's Home recommends that the family transfers to another community that is safe for the OSEC victim;*
3. *Family members are required too to attend seminars on the issue of OSEC, family relationships and parenting, financial literacy, etc before the family*
4. *A parenting capability assessment is also requested from the local DSWD to validate information gathered during the home visit to the family of the OSEC victims.*
5. *When necessary, the parents are required to attend capacity -building seminars to help them in their economic and social needs,*



6. *Support from the Local churches in the community affiliated with the Church of Nazarene Philippines are also explored to help in the monitoring and in providing assistance to the family of the OSEC victim aside from the partnerships with the local DSWD and the barangay.*

7. *Shechem Children's Home monitors and follow-ups the reintegrated OSEC victims for 6 months. They have a contract with the local DSWD also to continue the follow-up and monitoring the, and to provide them with reports or updates.*

8. *Shechem also connects with other agencies in the communities to link the families of the OSEC victims for possible livelihood programs that can help the families*

2. **Foster Parents Placement:** (must be duly licensed by the DSWD. There are no more than 10 OSEC victims who were placed in the Foster Parents Placement. The limitation lies in the preference of foster parents to take in or accept only younger OSEC victims.

3. **Long Term Care Placement/ Referral to another Shelter:** OSEC victims who are placed for long-term care placement programs are coordinated with local DSWD and the barangay. These are cases where the OSEC victims have no identified or qualified parents, guardians or foster parents where the OSEC victim/s can be reintegrated. Also, the need for long-term placement necessitates collaboration with the local DSWD and the barangay or the Local Government Units (LGU) for the long-term care placement and support of the OSEC victims.

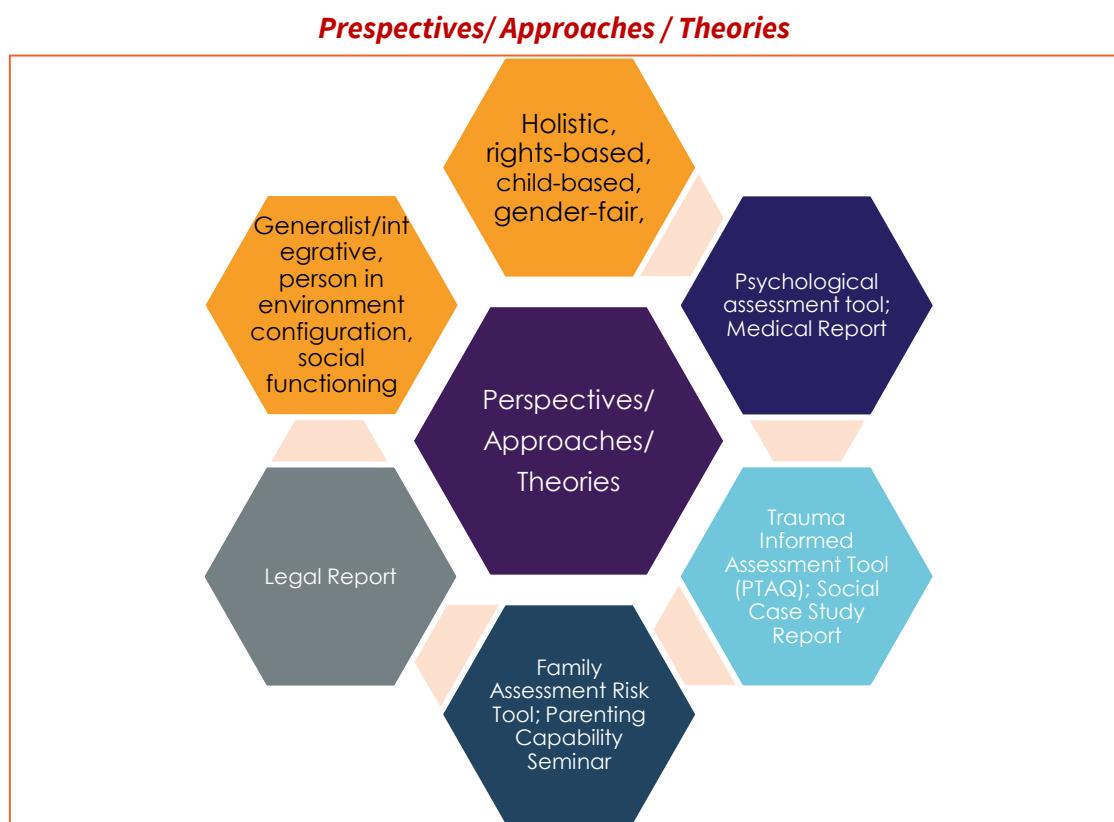
Steps/ Policies in the Family Reunification Program

1. The social worker visits the family, assess situation, economic, political, social, psychological state of the family and the community too;
2. If the community is found not safe, the Shechem Children's Home recommends that the family transfers to another community that is safe for the OSEC victims-survivors;
3. Family members are required too to attend seminars on the issue of OSEC, family relationships and parenting, financial literacy, etc before the family reintegration is implemented;
4. A parenting capability assessment is also requested from the local DSWD to validate information gathered during the home visit to the family of the OSEC victims-survivors;
5. When necessary, the parents are required to attend capacity -building seminars to help them in their economic and social needs,
6. Support from the Local churches in the community affiliated with the Church of Nazarene Philippines are also explored to help in the monitoring and in providing assistance to the family of the OSEC victims-survivors aside from the partnerships with the local DSWD and the barangay.

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7. Shechem Children's Home monitors and follow-ups the reintegrated OSEC victims for six months. They have a contract with the local DSWD also to continue the follow-up and the monitoring and to provide them with reports or updates.
8. Shechem also connects with other agencies in the communities to link the families of the OSEC victims-survivors for possible livelihood programs that can help the families.



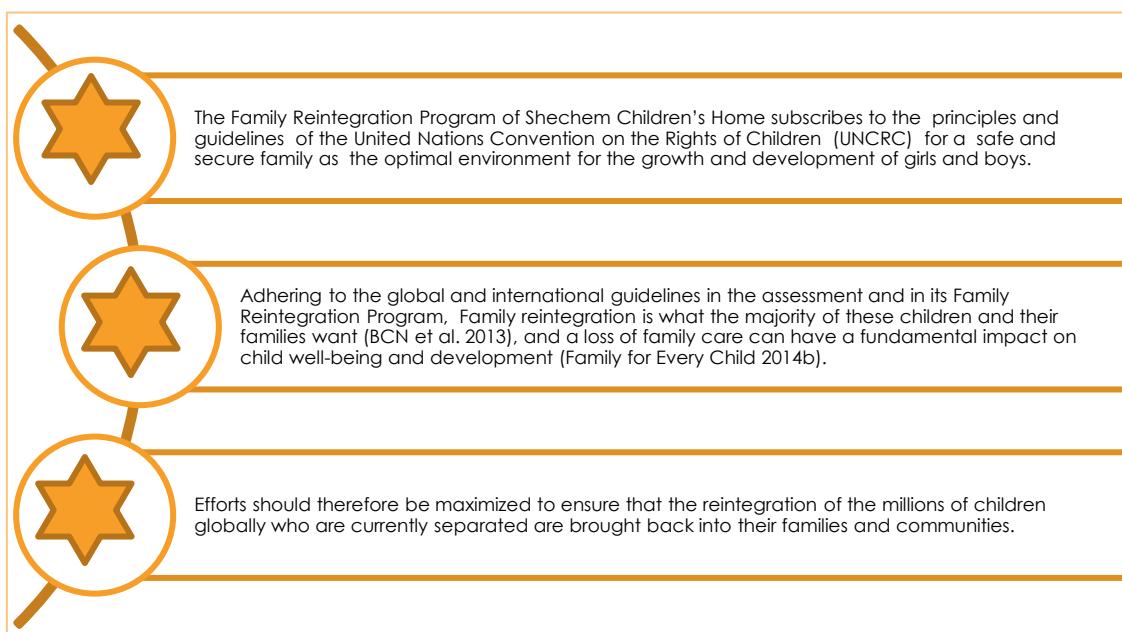
Documenting Models on OSEC Family Reintegration

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Factors to consider when preparing for a family reintegration

- Safety of the survivor (Determine the involvement or knowledge of the family or relatives in the crime)
- Present factors in the family that may cause future risk (abuse, detached)
- Familial relationship
- Economic status or source/s of income and support of the family
- Identify the present and future risk in the community
- Legal status
- Assess whether the family or relatives are emotionally, psychologically, physically prepared
- Assess the readiness of the survivor readiness of the survivor to be reunited - emotionally, psychologically or behaviorally and mentally

On Standards of Care



The Family Reintegration Program of Shechem Children's Home subscribes to the principles and guidelines of the United Nations Convention on the Rights of Children (UNCRC) for a safe and secure family as the optimal environment for the growth and development of girls and boys.

Adhering to the global and international guidelines in the assessment and in its Family Reintegration Program, Family reintegration is what the majority of these children and their families want (BCN et al. 2013), and a loss of family care can have a fundamental impact on child well-being and development (Family for Every Child 2014b).

Efforts should therefore be maximized to ensure that the reintegration of the millions of children globally who are currently separated are brought back into their families and communities.

Facilitating Factors that supported the OSEC Family Reintegration Model

- a. The survivor (cooperation and healing process of the OSEC victims/survivors)
- b. In-house staff and outsourced personnel
- c. Multidisciplinary Team
- d. Immediate relatives and family (cooperation and support)
- e. Government agency (LGU, PNP, DOJ)
- f. Partner private organizations (IJM, WHI, PCMN, Consuelo, WTRC, NCM)
- g. School

Case Study of J.A.

J.A. is an 11-year old child in need of care and protection. Even if he was not directly included in any acts of Online Sexual Exploitation of Children (OSEC), however since he lived with the mother (the alleged perpetrator of his siblings and cousins), the referring team identified J.A. as “child at risk” that led him to the inclusion in the rescue operation. J.A. had two other siblings and cousins who were rescued by the the City Social Welfare and Development Office (CSWDO) of Antipolo City in coordination with the Philippine National Police (Crame) Women and Children Protection Center (WCPC) Luzon Field Unit (LFU) as they were identified as an alleged victim of Online Sexual Exploitation of Children (OSEC).

J.A. was admitted to the assessment center [Shechem] when he was ten years old. Upon arrival in the center, the child has generally good appearance and demeanor. However, the child displayed a non-sociable attitude towards the staff and other survivors because of sadness of being away from his family. He preferred to be alone. He expressed homesickness and was emotional and remained quiet and unresponsive during group interactions. J.A. revealed that there are times that he feels different from other children and that he has difficulty engaging in social activities. He had difficulty managing his emotions, got easily angered and cried when being talked to because of his wrongdoings. He also expressed that he does not want to be transferred to another shelter.

As he continued to manifest this behavior, J.A. was referred to a Psychologist for psychological assessment to better understand his general cognitive capacity, personality, inner states and life



issues. This also provided appropriate intervention and recommendation for him, specifically for his case management. Supported by the assessment of Psychologist, he revealed a sad disposition (mild to moderate depressive symptoms) because of being separated from his parents and not being able to go to school. He also felt upset regarding what his mother did that led them to be placed in a shelter. He expressed his homesickness and he reported feeling hopeless at times, especially because of the uncertainty of his current condition. J.A. was provided with services that helped him to become more emotionally stable. He had undergone a series of psychotherapy sessions (individual and group) and counseling to help stabilize his emotions and to start his healing process. J.A. received Annual Physical Examination (APE) and he was referred to a Pediatrician for further assessment of his test. He was also given supplementation to support his immune system.

Eventually and positively, the child was able to follow house rules. He was also eager to be taught with daily life skills. The child, together with his sisters and cousin, has been staying in the center for several months. His basic needs such as food, shelter and clothing are being provided. Other services like psychological assessment, psychotherapy sessions, family assessment and medical services are also being offered thru a multi-disciplinary team approach on case management. He became well-adjusted in the Assessment Center after several months and now enjoying his stay in the center. His functioning in the center was improved. He also learns to interact with his father and establish a parent-child bonding through phone calls. His improvements might indicate that he was able to cope with the environment inside the facility, a place where he had experienced the love, care and safety he needed. However, he wants to go back to school and is looking forward to celebrating Christmas and New Year with his family and their relatives in Antipolo and Quezon. He is also praying for his mother to be freed from prison before the Holidays arrive.

At the center, J.A. has improved his socialization. He was able to relate with other children, and was able to develop positive relationships among them and with the staff. He can now interact with his father well. He is also improving in managing his behavior. His tendency to become angry and being touchy (easily angered by jest) are unobserved. Although he is still sensitive when making jokes, he is now able to manage his anger and able to understand the other children. Through psychotherapy sessions, psychoeducation and counseling, the child learns to become more stabilized and communicate his feelings, but he still needs more self-regulation activity and affirmations. He has also become aware of the dangers of OSEC. Academically, J.A. participated actively in the tutorial session. He is now glad that his knowledge in various subjects increases. He also enjoys the lessons and interactive discussion. He expresses his desire to become a seaman someday. Aside from tutorials, he is also attending the devotion. He can now lead in prayer and is starting to memorize Tagalog verses. The houseparent still encourages him to read the Bible and



to meditate on God's word. J.A. appreciates the guidance he receives at Shechem. He has learned household chores and home-life activities that he says he will bring with him when he leaves the shelter. He enjoys playing basketball, gardening and other activities where he can be active. He also shows a sense of responsibility for younger children in the center.

During the assessment of the situation of the family, it was observed that there is a possibility that the needs of the child and his sisters will not be provided to them. Further, it was unsafe for the child and for his siblings to stay in Antipolo, after the incident was spread in the community through social media. In this case, there is a need to explore the possibility of kinship care for the child. Corroborated by the assessment of MSWDO social workers, the accused in the case of the children is their biological mother herself. The father claims to have no knowledge or participation in the crimes accused of his wife, but he supports the idea that his wife is innocent of the accusations against her. Further, he does not believe that his wife can do such things to her relatives. The father expresses his intent to claim custody of the child however, he cannot give the love and care the children need as he spends most of his time at work and only comes back once a week. There is a risk in placing the children in the relatives of his mother as there is a possibility that they may encourage the children to retract the filed case in court because of their firm belief in the innocence of their mother.

After six months of stay at the facility and after OSEC family reintegration process has been prepared both for the child and the parent, J.A. has been reintegrated with his biological father. During an interview with J.A, he disclosed that together with his siblings was initially brought to Quezon Province with the father and they all stayed with the grandparents. After less than one year, the father brought them to Paranaque where he is working and stayed in an apartment. He described that he learned a lot from the Assessment Facility and was taken very good care of during their stay. They had time to study, do house chores, and play. He further stated that the social worker (Ate Grace) had talked to them about their return to the family. He feels safe in their new home and is happy with his family. However, during the brief interview with J.A, we noted that he was a bit hesitant and confused and was cautious and teary eyed when the topic about his mother was mentioned. We tried to interview the father at the time but he declined to be interviewed.



First Love International Ministries

Agency Profile

First Love is focused on several ministries in the Philippines including children's homes, education, feeding programs, medical care, prison ministry, church planting, sport evangelism, and livelihood projects. Michelle Clinton is the international director of FLIM and founder, with Tom and Linda Clinton (Michelle's parents) who are missionaries from Chicago who started to serve the impoverished communities in the Philippines. Their passion was to help abused children which later established the after-care shelter for sexually abused and trafficked children in the Philippines.

FLIM Philippines also established the **Arthur Center** which is a home for abandoned babies. Infants are often abandoned by single mothers or drug addicts. The Philippines version of DCFS brings the babies to First Love where they are working with approved organizations to have them adopted into safe, loving homes. **The Butterfly Project** is a safe house for girls who have been rescued from sexual abuse and sex trafficking.

The Butterfly Project



Heart

Because of the stigma of sexual abuse, and the cost of caring for victims, many children's homes in the Philippines turn away girls who have sexual abuse in their backgrounds. Our aftercare homes provide loving, safe, and peaceful environments for each girl to begin the healing process.

Mind

We provide all children with access to psychological and counseling services to help them overcome the trauma they have experienced. We also offer access to private Christian education to help them embrace their future with hope.

Strength

We work with our butterflies, the government, and partner organizations to help each butterfly tell her story and bring perpetrators of sex crimes and child trafficking to justice.

Spirit

The Butterfly Project is a ministry of First Love International Ministries, a non-denominational Christian organization that believes in the healing, life changing power of Jesus Christ - "*Therefore if anyone is in Christ he/she is a new creation. The old passed away; behold, the new has come.*" (2 Cor 5:17).

Source: First Love International Ministries

Documenting Models on OSEC Family Reintegration

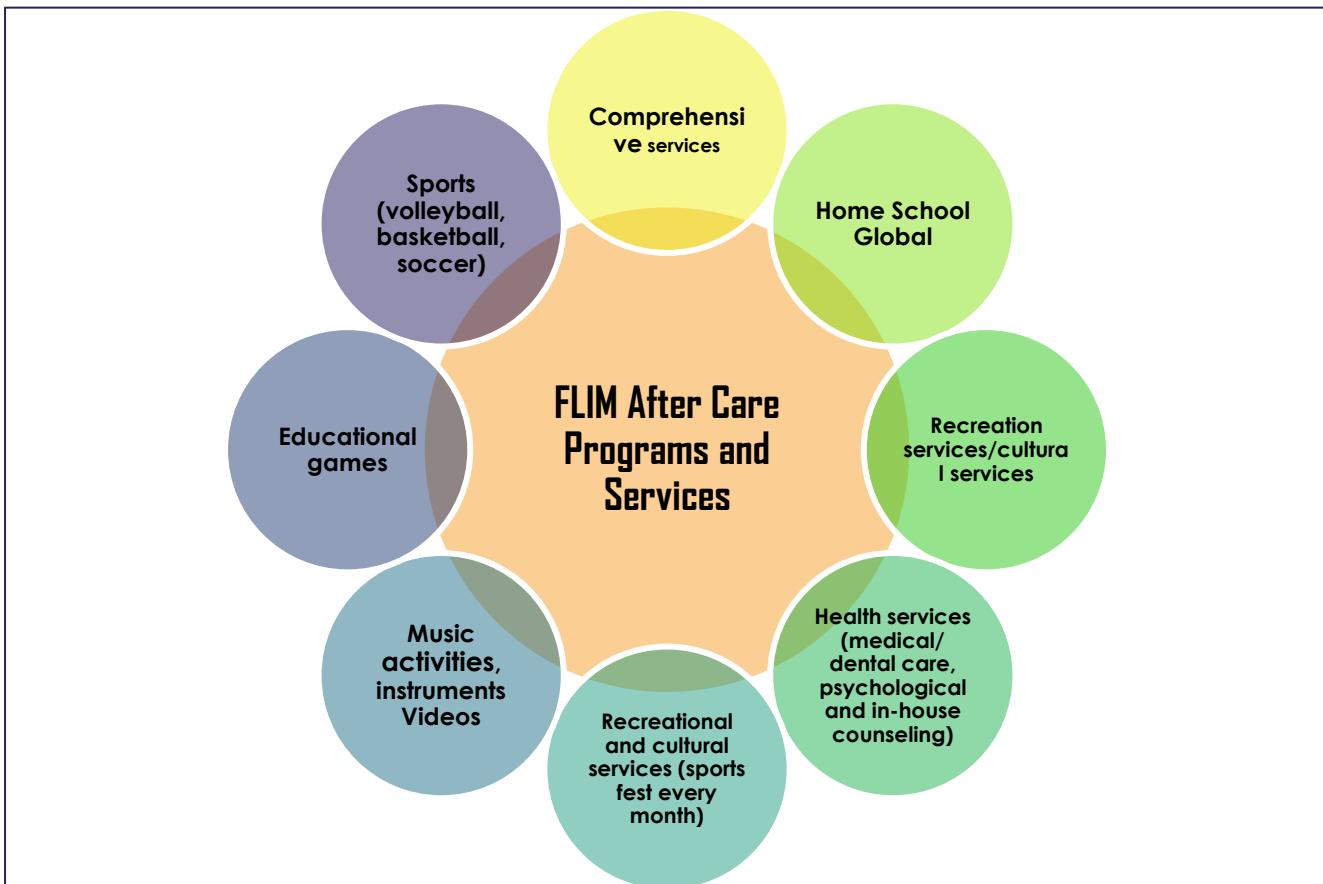
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FLIM was founded in June 2003 for girls who are in need for aftercare shelters for those sexually abused, trafficked, and exploited. “The Butterfly Project” was then conceived with the aim for recovery and restoration like the stages in the development in butterfly from cocoon into formation to start to become a butterfly. The Vision is to rescue girls who are sexually abused and exploited with goal to develop a Christ centered home. FLIM’s Mission is to help girls find new life in Jesus Christ, restoring survivor one girl at a time.

The FLIM Aftercare Shelter takes care of 39 children at the moment and has a total of 28 staff complement that runs the facility. These are composed of: three social workers, nine trained caregivers, three security guards and a lady guard, three maintenance, two drivers. The shelter operates on a budget of PHP 40,000/week for meals, food and lunch of staff and the kids.

Staffing/Structure	Funding Support:
<ul style="list-style-type: none">• 28 staff including the teachers• 39 children• Php40,000/week budget for meals, food and lunch of staff and kids• 9 caregivers who are trained• 3 security guards and a lady guard• 3 maintenance, 2 drivers• 3 social workers	<ul style="list-style-type: none">• Local partners support (PCMN) shares Php8,000/child X 8 months• La Consuelo Foundation• IJM Grants• International Support from US

FLIM Aftercare Programs and Service



First Love International Ministries Model of OSEC Family Reintegration

The Multi-Discipline Team in the Shelter

FLIM utilizes a multi-discipline approach in terms of handling OSEC clients in their facility. The Multi-team members are composed of a nurse, counselor, social workers, care givers, doctors/ dentists and IJM. The **Trauma Informed Care (TIC)** is being practiced as standard in the management of OSEC clients.

Duration of stay in the shelter facility: An OSEC victim-survivor takes a maximum of two years stay in the facility but extreme is four to five years. This is the case since the shelter ensures that case has been presented or has testified in court before reintegration.

The FLIM OSEC Family Reintegration Approach

"The process is: once the child is fully healed they are working with the referring parties of family. FLIM practice is in constant communication with the referring parties to ensure that the family is capable in



handling the custody of a child. Once the LGU assessed that the family is able, they will have access to services to help them prior to reintegration. And then, partnership with IJM for the process of RPTM assistance and LGU in the reintegration/ support services”.

During reintegration process: within six months have communication with them, from time to time, like provision of financial assistance, educational assistance follow-up with family, LGUs fully monitors the family and enrolls family with Social Welfare Development Office (SWDO) programs in government.

The Standard Operating Procedures during the reintegration process:

1. FLIM conducts home visitation (joint with referring party and families)
2. Assess through parenting capacity assessment.
3. One half month before final reintegration
4. Children are informed of reintegration but no definite date. They have memory box to bring home.
5. One week before they are given time to tell their friends through special lunch or despedida.

FLIM brings the child to referring parties and families for termination process (discharge paper) with referring agreement. Documents are still stored within a year in the shelter and documents lasts for ten years. FLIM gives original copies of birth certificate and school records.

The Psycho-education with IJM include series of trainings for the family with nature of OSEC, and laws behind, the effects of being abused, resolve how to deal with a child who is OSEC victim-survivor through monthly (face to face) meeting for six months. Today they meet weekly webinar for three hours. IJM social worker does the reports.

FLIM Financial support to OSEC victim-survivors and their families

FLIM shares one-time financial assistance for family and six months support from Department of Social Welfare Department. IJM social workers prepares the documentation report of these trainings. Also, IJM helps in the statutory payment with the US Department i.e. one case received Three hundred thousand pesos. Strong resource mobilization is being carried out by the organization.

While there is no existing policy on the use of the social media as a form of communication between the staff and the children in the community, this is being used to facilitate the monitoring system.

Partnership with LGUs

FLIM has established good relationship with LGU, though there are cases that they should be held responsible since they referred the client to FLIM. The LGU are involved in the helping process. No admission if clients have lacking requirements. There was a very strong relationship and partnership with LGU and a continuum of care based on LGU initiative. This partnership in the reintegration process ensures a holistic approach in addressing the needs of the OSEC victim-survivor and the family.

Documenting Models on OSEC Family
Reintegration

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- Partnerships established :
 - Barangay contracts
 - NGOs and local churches within shelter but not yet in the communities, exploring the possibility of looking for community partners
- “Model on partnership with LGU is firm on the policies as institution and as shelter in the reintegration process”

The Independent Living.....a transition Model

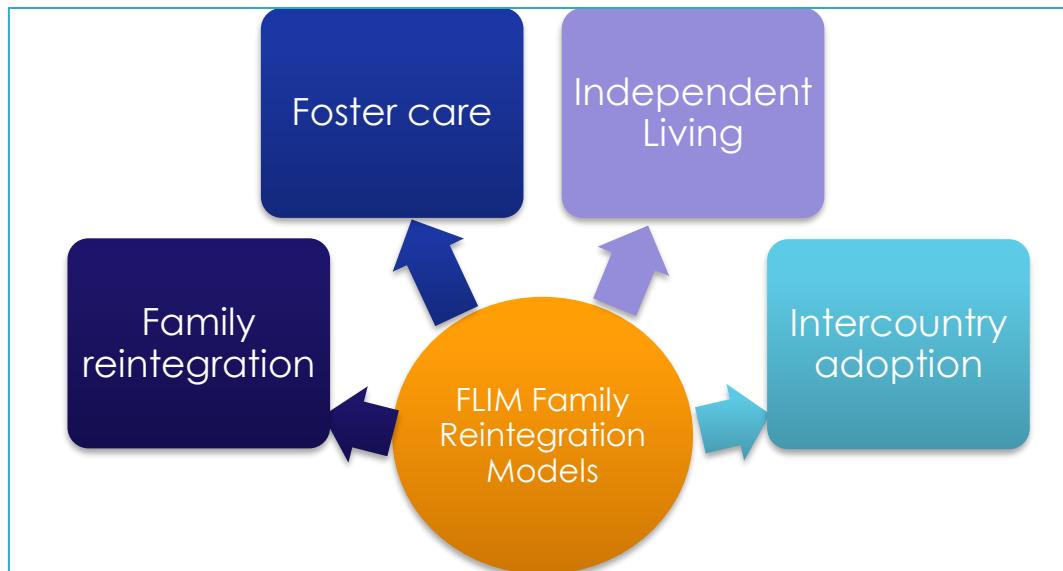
In 2018, a transition program was introduced towards independent living for girls once they reach 18 years old, which means they have the following:

- More freedom
- With own money to use to buy their food, they have their menus
- Enrolled in college, ensure to maintain grade
- Can-do part-time work to earn (within or outside the shelter). FLIM provides allowance and toiletries i.e they give assistance to scholars, tutorial sessions and paid of Php500.
- They live in separate small house.

“Currently, there are three clients in the facility who are in the independent living program (20, 18, 21 single parent) and lives in a separate house in the FLIM compound, working fulltime and all three are studying. They have allowance and still work part time. They choose to save their money and buy some materials they need. They were trained on budgeting. One of the girls save some amount because she wants to buy a laptop in the future since she is a student and needs a gadget. It was disclosed that before there were seven girls, but since they were granted freedom and are of legal age they opted to go out of the shelter”.

Documenting Models on OSEC Family Reintegration

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“FLIM is creative and open to options for adoption in an inter-country, foster care, transition-program”....from Head of Agency

Case Study of Mary

Mary, 14, is a child victim-survivor of Online Child Sexual Abuse (OSEC) perpetrated by the cousin of her father. She and her younger sister were admitted at the First Love International Ministries Phils. Inc on May 6, 2005 together with her sister after they were rescued by the International Justice Mission and Philippine National Police -Anti-Cybercrime Group.

Mary is the 4th to the eldest of a brood of nine children in the family of Carlo, 43, a parking attendant and Juana, 43, a laundry woman. Carlo is the second partner of Juana. Juana has two children from her first partner, both of whom stayed with their father. Nestor, 20, the eldest sibling in the family is also a parking attendant earning Php300 a day while his father earns Php500 a day. Next to the eldest is Nitoy, 19, who is staying at Nayon ng Kabataan. Mary did not mention why Nitoy is staying at Nayon ng Kabataan. All the siblings are going to school and the elder ones are singles.

Mary describes her parents as very industrious and caring although they are poor. They also lived in a small shanty made of light materials. They also experienced skipping meals and drink water only to fill their empty stomachs. They do not have a family comfort room. They share a common comfort room with their neighbors. They buy water from neighbors and their electricity most of the time gets disconnected due to their inability to pay the electric bills. Sometimes his father will ask help from their neighbors when he has not brought food for the day for his family. The community knows the family as economically hard-up.

At the shelter, Mary disclosed too that every one in the community is aware of the involvement of her father's cousin on OSEC. She said it is not only her who is lured by her father's cousin but also her other siblings as well, both boys and girls. She said they were asked to disrobe in front of the camera before foreign audience and performed sex acts with her own brother at times. She did not say how much she gets per act, but she is aware that what she does or what they are doing is "bad" and "not right". Until the day came when the place was raided by joint operations of the International Justice Mission (IJM) and Philippine National Police -Anti-Cybercrime Group (PNP-ACG). Mary and her younger sister were brought to the First Love International Ministries Phils. Inc where they stayed on the shelter for a couple of years before they were reintegrated to their parents.

Behavior of Mary Upon Admission at the Shelter: Managing and Processing of Tantrums

Mary and her sister were first shy to get along with the other girls at the shelter when admitted at the shelter. After a week or two of their stay they are now able to socialize with others and also help in the assigned household chores to every child.

Later on, Mary showed some episodes of tantrums at the shelter because she misses her family. The caregivers talk to her and explain the circumstances why they were brought at the shelter. The social worker also conducts counseling sessions together with the resident therapist to help Mary cope with her current situation. She shows great improvement in terms of managing her feelings and emotions.

Last July 27, 2018, the social worker conducted individual session with the child to help her in terms of communicating with the other girls and lessen her tantrums in the shelter. During the first week of activity Mary was asked to draw the things that she likes and dislikes. She draws a clear picture of her family and the food she wanted to eat during this activity. She shows attachment when it comes in her family and the things that makes her comfort is food, cooking and going outside (going to mall). She then draws small toys which she does not like because it is messy in their room. She does not like things that makes their room tidy.

The influence of the family is a great factor in terms of behavioral modification to the child. Mary draws a picture of her family as it symbolizes her. She has a strong desire to see them at least twice a month. Mary also knew how to describe different pictures and applied to her own understanding. She knew the meaning



of bullying and admit that she does it to the small girls sometimes. She is aware about her actions and sometimes did it to get the attention of the big girls and some caregivers. She said that she will avoid hurting other people, her sisters, the caregivers and other due to her tantrums.

She became cooperative about the activities for her and achieve its goal of helping the child in terms of communicating with the other girls and lessen her tantrums. It was observed that she gradually changes her attitude and holds back her feelings and emotions not to hurt other since she is aware that having tantrums does not help her instead it causes too much stress to her.

For the second week activity, the goal of the activity is to help her to be honest with the people around her, control her feelings and emotions, and somehow lessen her tantrums through different art therapy activities. Mary still shows cooperation during the whole week activity, she was able to understand the importance of the subjects being discussed. As per observation during the session, Mary is looking for something that she wanted and will ask the Social Worker about like having food during session or having something that others don't have. Despite of it, she continues to perform good inside the shelter. There were no records/reports of her having tantrums. She was also able to control her feelings and emotions.

For the third week activity, she was taught how to respect people around her and still continue to lessen her tantrums through different art therapy activities. Mary was able to understand why there is a need to respect other people. She is aware that if she disrespects someone, she hurt the feelings of other people. She was also able to differentiate what is the inner and outer beauty of a person. She also makes cards for her mother together with her sister.

It was observed that Mary is jealous of her younger sister. She does not like to be with her sister in terms of having session together. Likewise, her sister does not want also to be with her too. Mary is observed to seek attention. She wanted to have the attention of other people to be on her. She still continues to perform good in the shelter. There are some instances that she has tantrums but it was different than before. It is more manageable as compare on what she is doing before that she throws all the things she sees.

On the fourth week of activity she was taught about stress, causes and how to handle it. It deals more on her feelings and emotions and how to handle it. The undersigned observed that the child is cooperative and understand the topic being discussed, she was also able to point the parts of her body that needs more care when she is stress.

Psychological Evaluation of Mary

Last November 27, 2017 Mary was referred for a psychological evaluation to determine her mental functioning and personality dynamics. The result came out on December 28, 2017, based on the Wechsler Intelligence Scale for Children 3rd edition (WISC-3), her cognitive development is at moderate mental disability. This means that compared with her peers, she may not readily adapt to age appropriate academic

Documenting Models on OSEC Family Reintegration

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and commonsensical requirements. Learning is apt to be facilitated if lessons or information are applied to everyday activities.

The verbal subtest of the WISC-3 provides measure of verbal attention, comprehension, memory and vocabulary skills and ability to adapt learned language-based information to present academic demands. Her scores suggest that she has distracted concentration and a tendency to overwhelm when confronted by simultaneous language-based undertakings. She has underdeveloped word knowledge and usage and a tendency to take things literally and at face value. Mary is easily impressed and may become gullible, she is quick to believe.

Her scores in WISC-3 also suggest that she is an auditory-kinesthetic-visual learner. This means that she is sensitive to tone, pitch, volume and manner of delivery, but may not readily associate these with facial expression and gestures. She may be quick to misinterpret what she hears. Above all, the impression in her psychological report shows that she has moderate mental disability and shows anxiety.

There are instances that Mary likes to tease her sister and other children in the shelter and ask attention from the mommies. She has also a loud voice when she was talking to the mommies. Her mother also visited them but there's an incidence that the siblings argue when it comes to the food that their mother brings for them. Her mother makes sure that she would visit her children in the shelter at least once a month. The social worker also constantly communicates with the referring party through case conferences to plan for the future of the child while staying in the shelter.

ASSESSMENT AND RECOMMENDATIONS

Apparently, there are three factors in the case of Mary that makes her vulnerable for OSEC. First is the presence of OSEC activities in the community, and though there is awareness of the community of its effects, and it being illegal, still the OSEC activities proliferate within families and among neighbors. OSEC is an open secret in the community.

Second is the condition of the family of Mary as a rather big and poor household where the parents had to work everyday to support their children and thus leaving the children also all by themselves most of the time.

The mental and cognitive state of Mary that renders her incapable to refuse and gullible, though she may be aware of the fact that OSEC is bad and illegal too. Mary is diagnosed to have moderate mental disability and shows anxiety.

Documenting Models on OSEC Family Reintegration

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The activities of Mary at the shelter enabled her to understand herself better, manage her tantrums, and improve her social skills in relating and respecting others. The parents' regular visitation helped a lot in the stabilization of Mary's emotions and behavior.

Currently, Mary is studying at the Gift of Wings Learning and Development in Taguig City. She is also reintegrated with her family. She is still on medication, hence she was not interviewed as regards her feelings regarding her life now that she is reintegrated with her family.

The shelter recommends the continuation of the therapy session of Mary and her family to be assisted with some livelihood programs in the LGU to help uplift their economic condition.



COMPASSIONATE HOPE FOUNDATION PHILIPPINES

Agency Profile

Compassionate Hope is a worldwide organization with businessmen partners and the International Baptist ministries in the US and the Southeast Asia. Dr Al Henson is the founder and global ambassador of Compassionate Hope in 2011. The mission is “Dedicated to expressing the compassion of God to “the least of these”¹⁴ around the world”¹⁵ with the main goal to “provide hope and future to victims and potential victims of human trafficking and religious persecution in Southeast Asia, one future leader at a time.”¹⁶ Compassionate Hope aims to serve and support leaders to care for the children in the Homes of Hope in Thailand, Laos, and the Philippines.

Likewise, the organization in the Philippines was established in July 2017, by Pastor Al Henson the president and co-founder of Compassionate Hope Philippines. The organization has set-up two operational loving homes of hope or dream home in the Philippines with cafeteria, access to church building, kitchen and office. The first home was built in 2018.

The location of the Compassionate Hope is attached to the Baptist organization the International Baptist school that purchased the lot from Tica property. The 20 children with house parents or house moms who are college graduates from the Bible College, who “loves the Lord”, are provided with skills training, educational capacity enhancement to become ready on the needs and services for the children.

¹⁴ Matthew 25:40. The Holy Bible.

¹⁵ [Compassionate Hope Foundation Reviews and Ratings | Antioch, TN | Donate, Volunteer, Review | GreatNonprofits](#)

¹⁶ [COMPASSIONATE HOPE FOUNDATION - GuideStar Profile](#)

Documenting Models on OSEC Family Reintegration

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Staffing/Structure	Funding Support:
<ul style="list-style-type: none">• Head Pastor• 6 house moms• 3 interns• social worker	<ul style="list-style-type: none">• Funding comes from the Foundation, donations and sponsorships

CHFP Program

CHFP caters to OSEC victim-survivors since 2019. The “homes of hope and villages of hope” all over Southeast Asia were built for those children who are vulnerable to human trafficking and OSEC. Also, it accommodates the needs of the children “at risk” under its programs and services on physical, emotional, vocational, social, and spiritual. To help the children and their family alleviate poverty situation that push them into human trafficking.

Thus, CHFP designed program for education and training through university, Bible college or vocational training for the children. The program of the established homes is focused on the rescued children from online sex trafficking in partnership with International Justice Mission (IJM) with its objectives on providing love, security, housing, emotional, spiritual counseling, healing and education. House parents were assigned for monitoring the children’ rooms for an easy and direct access. The six house moms, one intern and a social worker, all stay in the dream home with 20 children around in need of loving homes and still expanding to accommodate 40.



What does **SURVIVOR CARE**

look like for
children victimized
by CSE?



RESCUE AND IDENTIFICATION

With the cooperation and collaboration of international organizations and local law enforcement agencies, a child is rescued and introduced to a safe environment.



MEDICAL ASSISTANCE

Children rescued are medically and psychologically assessed. This is where medical professionals and pastoral counseling come in to help.



SPIRITUAL ASSISTANCE

Children are surrounded by people who show Christ's loving care by living out the Gospel.

SPECIFIC CARE PLAN

The partner organization creates a care plan for each child that is unique to his or her individual needs, and includes educational development.

RESTORATION AND INTEGRATION

Depending on their needs, children are restored to their previous home or integrated into a new home. Some cases are provided with alternative livelihood care for victims close to 18. This process could take up to six months or years.

Source: Compassionate Hope Foundation Philippines



The CHFP After Care Programs and Services:

1. **Capacity enhancement building for self-reliance and livelihood which** includes the following: skills learned on from the CHFP include cooking of dishes, baking as means of livelihood; business and financial management; fluency in English; gardening, composting, and fertilizers-making.

2. Creation of Multi-Disciplinary Team

According to the agency head, CHFP employs a multi-disciplinary team to support the recovery from trauma and achieve positive outcomes for children and youth under their care. Transitions or exit to CHFP are carefully planned by the social workers and the multidisciplinary team. After care services may be extended in the form of Independent Living, where clients are not suitable to be reintegrated back to their original families or there are no appropriate foster and kinship care.

The multidisciplinary team (MDT) is a collaboration of efforts that plays important role in the reintegration process. Among the team are the following: home overseer (Head Pastor), home director, CHFP social worker, local CSWDO/MSWDO, NGO partner-the IJM and its assigned two social workers, lawyers to the case, psychologist, medical doctor, the family and community of the client.

The MDT handover the information to CHFP social worker who will relay the information to the group in case decision is needed for treatment emotionally or mentally due to the past trauma. The team meets at least once a month through case conference. The team usually end the meeting with what needs to be done and who's doing what.

The MDT is a mechanism to organize and coordinate the services to meet said complex needs before and after the reintegration. The teams collect innovative ways through assessment, plans and manage care based from the knowledge and abilities of many professions from the NGOs, partners and the LGU. The MDT uses an interview without showing the tool for a proper conversation, based on the tool, a call for proper conference from team at CHF, then contact the LGU and NGO partner.

3. Therapeutic residential care program

The CHFP therapeutic residential care program utilizes Trauma informed care as intervention and a approach in working with children and youth under CHFP custody. After care services include interventions to ensure successful reintegration of the clients to their community. If reconciliation is not feasible, CHFP explores foster or kinship care and/or Independent Living. Each child residing at CHFP, Inc. is provided with excellent services to help him/her develop physically, spiritually, academically and socially. In cases where children require extensive behavioral or medical services, CHFP may outsource those services by contracting with another licensed agency within the Philippines. Aftercare services are extended to clients upon reintegration to the families and foster



care from zero to five months. Services extended includes Educational Support, Employment Referral, and Family Counseling. The Agency Head stated that “a move-in care should not necessarily mean a complete change in a child or young person’s whole life”.

4. Trauma informed care

The dream home for “children at risk” has objective in line with the physical, emotional, mental health, spiritual and career path of both the administrative leaders and the children. According to CHFP social worker,

“OSEC victim-survivors suffer from complex trauma. CHFP recognizes the trauma from abuse, neglect and exploitation experienced by survivors of sexual exploitation and trafficking has negative impact on their behavior and development. A supportive and therapeutic environment can thus stop further harm to these clients. CHFP employs a multi-disciplinary team to support the recovery from trauma and achieve positive outcomes for children and youth under our care. Our therapeutic residential care program utilizes Trauma informed care in our intervention and strategies working with children and youth under our custody.”

All of the staff has undergone trauma informed care training two or three times. The training is almost twice a year as the staff coming in and whenever IJM holds that training, they also include Compassionate Hope staff. Even the cook underwent the training. Ptr Al is TIPT certified in 2017 and 2018.

The children in the shelter were survivors of poverty issues from impoverished communities who were rescued from being abused, abandoned or into an online or physical sexual trafficking. Through the programs and services, the issues are being addressed as discuss below the Compassionate Hope model.

The social worker ensures that children and young people maintain friendships and/or their peer groups and continue attending sports and other special interests that they may have. This gives their lives some consistency and routine which will ultimately make them happier and well-adjusted individuals.

The Four Pillars of CHFP

1. Dream home. Provision of Home of Hope.

There were six to ten children accommodated with a house moms or parents who are college graduates i.e. Bible college, business degree, teaching degree. They love the children and have concern in their spiritual development and skills for meeting different issues of the kids. The Pastor also work as spiritual dad among the boys’ home in the village. In the girls home, they have house mom. According to the CHFP head,



"At CHFP we provide a Home of Hope. I have specifically designed and built homes of hope to feel and operate like a DREAM home. This is the home the kids have always dream about but have never experienced. This is a quality-built home with house moms that have been called by the Lord to serve children and they become the mother / older sister they always wanted. The home is designed for the room of six to ten kids. There is a house mom for every four to five kids. "Currently we have 21 kids being taken cared by six house moms who are well trained in trauma informed care."

2. Capacity Building and educational skills attainment

The house moms are all college graduates. The shelter is in the children's journey to focus this year in their educational enhancement. Prior to the pandemic they were allowed to go outside to study however, due to the restrictions, there is a shift into an online class. Every child excels academically where houseparents provide support in their educational training. They are dedicated to help the kids achieve their scholastic goal in their schooling. This 2021, three girls passed their subjects in the Alternative Learning System and accepted to the 11th grade in over a period of one year.

The CHFP has a mission that once the girls graduate in the Grade 12, the Agency will support their stay in the facility to provide them educational assistance through scholarships in universities or technical training from TESDA. Two girls passed senior high school when they reached 18 years old, they decided to stay in the Agency and finish their education.

3. Livelihood Programs

a. Large kitchen

The shelter has a large kitchen of which nine or ten year-old children spend one to two times a week to prepare meals and assist the cook. At first, they just watch and gradually they cooked, and as they progressed, they took turns in preparing one meal in a day thru a menu. Eventually all of them were able to cook five or more different dishes to include baking.

b. Speaking in English in preparation for employment

The Agency ensures that extra classes are being held to train the girls to speak fluently in English as lifestyle. The Agency is hopeful that the girls can eventually get a good job as call center agents.

c. Ground up program on agriculture

In partnership with the East-West Seeds which is the largest company in the Philippines, the Agency has provided eight sessions online training on hands on agriculture such as composting, fertilizer making, cultivating and nurturing growth of seeds, health benefits and savings derived from planting.

d. Sari-sari store

Documenting Models on OSEC Family Reintegration

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The shelter will hire someone to manage the store, will teach the children on inventory, accounting, marketing and financial planning. Part of the sale will include the harvest of agricultural products thru the ground up program. However due to the pandemic there was a delay in the implementation of the sari-sari store.

4. Spiritual Development

The spiritual development program component is taken care of by the Head of Agency with the purpose of raising up children to become disciple leaders in their community. The children have regular devotion time and small group gathering once a week, including Sunday morning services. The kids can always receive counseling from a pastor when needed.

The agency head stated that, “Our goal in Christ is that we might know Him and lead others to know Him. These children will not only survive but thrive in the hope of reaching their dreams and aspiration as God has planned for them. We desire to help them reach that dream. If that means God is calling them to be a doctor and even a laborer. We all are to do our best.

Leadership through discipleship approach

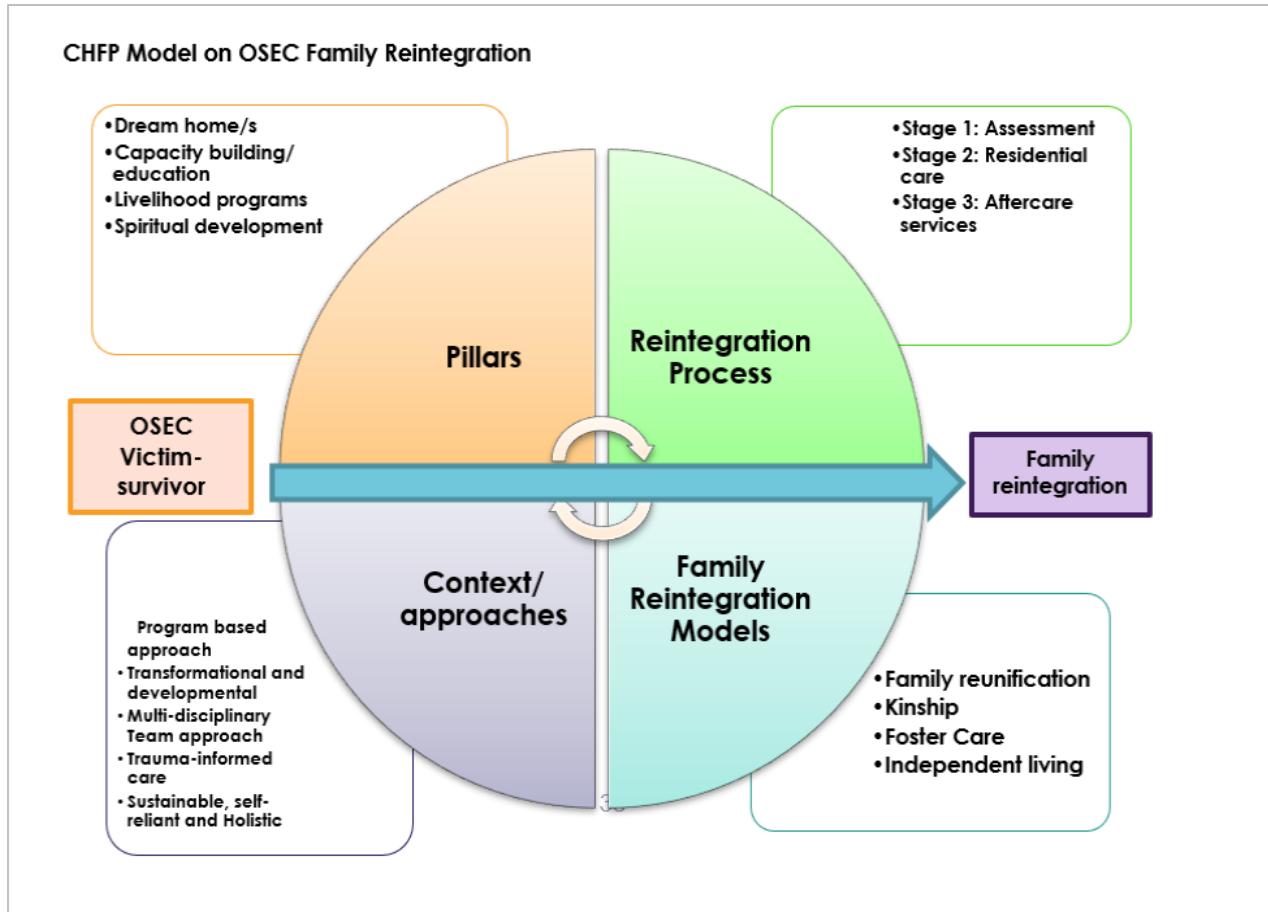
Empowering them to lead others by raising awareness to protect themselves from the risk in their environment, focus on continuous learning, improving self-esteem and be self-reliant in their reintegration with family.

Through education and training in the Bible college or vocational kind, leadership enhancement is in place for the duty bearers and the children themselves.

“Equipping them based on the needed skills to acquire and attending to their medical, mental health condition and legal matters with the guidance of the MDT.”

Documenting Models on OSEC Family Reintegration

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The CHFP Reintegration Process

The CHFP discussed the reintegration program process as follows:

The therapeutic residential care program utilizes the Trauma Informed Care (TIC) in the intervention and strategies in working with children and youth under their custody. Any child admitted to CHFP shall undergo the following process and stages, administered by the social workers and the multi-disciplinary team:

Stage 1: Focusing on the assessment, immediate treatment plan from rescue to five months. Permanency plan must be determined within the five-month care period.

Stage 2: Residential Care Intervention, from medium to long term care, until clients reach the age of majority. CHFP recognizes that some of the children may not be reunited back to their biological families,



or next of kin due to the nature of their cases. CHFP will exhaust all possible resources to ensure that clients are reintegrated back to their community by family reunification, foster or kinship care and/or independent living.

Stage 3: After care services include interventions to ensure successful reintegration of the clients to their community. If reconciliation is not feasible, CHFP shall explore foster or kinship care and/or independent living.

The CHFP social worker shall ensure that the clients have access to these services within and outside the center.

Preparations for the reintegration process

According to the CHFP social worker...

"When it comes to preparing a child for the reintegration process, safety is the main priority. The family had no knowledge of or involvement in the OSEC case. Survivors must be free of abuse and neglect, as well as threats from suspects or others who want to re-victimize them, and they must be able to recognize and manage dangerous circumstances. Another factor is that the legal status reduces the likelihood of future human rights violations. Survivors must be aware of their legal rights. The survivor's mental well-being must also be acknowledged, as evidenced by positive coping skills and empowered attitudes and behaviors. Another factor is the household's economic empowerment. The household/family earns enough money through non-exploitative employment or productive assets. It is also important to consider the survivor's social support, including whether the survivor feels emotionally supported in positive relationships and whether the survivor's family is supportive of the survivor's well-being, does not face discrimination or negative social pressure, and has access to community-based resources and support structures."

OSEC survivors are followed up on for three to six months in collaboration with the CSWDO. The child's transition to his or her family and neighborhood is closely observed. A formal or informal communication was used to deliver an update. Following the monitoring time, the CSWDO social worker must produce an assessment report for the shelter's case termination.

The CHFP OSEC Family Reintegration Model

1. Family Reunification

A child has to be reintegrated. Some of the requirements are that the team agrees that the potential caretaker or family member of the child has the resources, capabilities, and abilities to properly care for the Child. Things to be checked include the financial status, the POI- Proof of Income is needed. To get some type of proof that they are making an income whether it will be a letter from employer or receipts from their store. When they are not able to support the child, the Agency continues to look for partners to help them strengthen their financial need. An example of one young girl's father who became a taxi driver so he has a job in picking passenger at the airport, fix a car broke down as mechanic, for an hour of



fixing it he got Php500. Opportunity is open in the reintegration needs. Livelihood to family, to bless them, encourage them and partnership in place.

The Family Risk Assessment Tool

It is close to what the LGU use with minor twist. The IJM prepared the Family Risk Assessment Tool both for the survivor and family. Said tool is being used by the Compassionate Hope with specific assessment for OSEC. The Tool is being used aside from survivor and family assessment with some tasks on the assessment of survivors' outcome on the five domains: physical, safety, legal, mental wellbeing, educational and livelihood for the survivor. The mental and physical assessment of psychologist is made available for use by the team.

The CHFP has a multidisciplinary team (MDT) that meets and uses the family assessment tool. CHFP also checks on the availability of an external tool when needed to meet the OSEC victim-survivor's complex needs.

The CHF social worker cited that, "CHF successfully reintegrated an 11-year-old boy on August 11, 2021. He was rescued and admitted to the shelter in February 2019. The CSWD Parenting Capability Assessment Report from 2019 indicates positive feedback for the child's reintegration into the family. During the child's stay at the shelter, however, his cousins (who are still in the shelter) revealed that other forms of abuse are being perpetrated by their family members. The child's immediate family was given conditions to follow after a thorough investigation and follow-ups. The LGU social worker revalidated the parenting capability assessment in May 2021, confirming the previous recommendation to reintegrate the client to her mother in San Pedro, Laguna."

A child's progress and permanency plan is updated quarterly. The agency utilizes the Assessment of Survivor's Outcome (ASO) and Family Risk Assessment (FRA) tools to assess the child's vulnerability and risks in the family and community.

Ongoing contact which is provided by CHFP team may include follow-up phone contact or emails on a regular basis (which are to be case noted), an invitation to attend CHFP get-togethers for currently placed children, brief visits from the child's community to extend possible support service, invitations to CHFP workshops or small group programs.

Interview with the child

An interview format is an open-ended question and a friendly environment. There are times the social worker would take the kids in the next room and get some toys and use them according to age group, and then create a kind of friendly and relaxed environment. It is more of a conversation than of being interviewed, creating fun and friendly environment at work in doing sessions but with serious questions.

Information, education and communication about OSEC

It is part of the process about abuse, security and risk in OSEC is done prior to reintegration. Also, part of the requirements, ensures that prior to reintegration, to empower the child to defend himself, be aware that OSEC is a crime and what had happened to them was crime. It is part of the rehabilitation program and the information to educate the children on their rights about OSEC. The parents or guardians are also required to undergo a psycho-education classes, etc. other activities prior to pandemic: psycho education class, parenting, or OSEC for the parents, five or six months before the lockdown.

Signing of contract during the reintegration

Prior to the discharge for each client, the presence of the following is a must: parents or guardian of clients, legal assistance of a lawyer, LGU social worker as witness at the City Social Welfare Department Office (CSWDO). Referral form from CHFP to local CSWDO will continue in support to the OSEC program. Sustainability of reintegration work is achieved with the LGU as very good partner in the assessment of the child. The LGU has good intentions but they handle more than 20 clients. It has some effects on the consistency of the reports sometimes. The CHFP checks and discusses with LGUs on certain red flags.

A contract from the agency that they are accepting the child, is read before them about responsibilities on taking care of their children when they are back home. A discharge form for each client with a statement on the responsibility of the parents to provide the basic needs of the child and assist the child in legal matters, then they will sign it in front of the LGU witness, the CSWDO or the handling social worker of the local government.

A referral form from the Agency to CSWDO, so the child needs can be provided by the CSWDO

LGU as reliable, competent and good in the reintegration process

The LGU is very good partner in terms of the reintegration process of the child since they are mostly in-charge of the family assessment and the community assessment also. After the reintegration, the LGU is nearer to the community of the child than the agency. CHFP social worker stated that

"In collaboration with the LGU-CSWD and partners, CHFP provides collaborative case management, post-trauma counselling, psychosocial education, educational assistance, economic empowerment, and legal assistance to the survivors and their family with the aim to attain restoration and successfully reintegrate to their home communities. Preparing the child for reintegration is CHFP's responsibility while preparation and monitoring the family and community is coordinated to the LGU."

Visit the community prior to reintegration and visit to parents

According to the Agency Head, “the visits depends on the LGU social worker’s priorities in their desk. However, it was noted that reports come back mostly with perfect scores for the family assessment even if there are contradicting answers within that report. The Agency calls it red flags and this is when the Agency go back and do its own assessment. Example, on the young mom they integrated with perfect score in their relationship, yet she won’t even call her mom, the relationship is extremely far off. Agency has to relate the kind of information that they know about the relationship with each other. Communication is the key, the LGU may know or not know about the whole picture.

Monitoring the reintegrated children

The Agency sets-up a private Facebook for the child and one would be able to message them. They would able to message the Agency in case there is something going on incorrectly. The child receives a CODE WORD that the parent would not know about. The child would message that something is going wrong, like “I HATE SPAGHETTI AND MEATBALLS”, which signals that he needs help. The Agency who is in close contact with the client, works hand in hand with LGU which is very crucial. The LGU comes and visit the child and responds within 24 hours.

The LGU sends report to the Agency on what they found in that particular instance. The Agency validates if there are concerns through initial visits within two months, and from three to six months surprise inspections. The Agency has the phone number of mother or guardians for some phone calls or Facebook messages.

Extend support services for reintegrated children by connecting them to local church.

Connecting them to local churches on the places where children are reintegrated. There are affiliates, about a hundred churches all over the Philippines, they are encouraged to attend church if they live close to their place. Most of them are Christians. It is something that the center can recommend. With permission, the Agency Head stated...

“Pastors visited and encouraged them as much as possible, give them a meal, share with them care, prayers and show the love of Christ. In the case of the young boy, he shares about the love for the Lord to his mom, aunt and grandmother, came and join the church for three hours. The grandmother raised her hand during an invitation to accept the Lord. They are still connected to the center and the church.”

Partnership with NGOs

Other partners, NGO or other organizations in the community can be tapped to support the need of those reintegrated. The goal is providing opportunities in the area that they need support. Still looking for new partnerships like Teen People Foundation that will increase the capabilities and credibility to do more.

Documenting Models on OSEC Family Reintegration

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Implementation systems/ approaches on OSEC family reintegration

- Communication is the key “who does what?” If needed, there are psychologists who will be called depending on the assessment. No foster care yet.
- The CHFP’s work with OSEC family reintegration is being shared by James Lee Tica in his family matters, radio show.
- Trauma Informed Care (TIC) of which all the staff has undergone.
- Case conferences once a month but also meets on emergency situations on the assessment prior to reintegration.
- Building trust between the agency and the child so that the child would tell the truth.
- Involvement of the family to gain knowledge and awareness about the case
- Avoid revictimization issue, by doing some thorough investigation and family background for reintegration is needed
- Managing dangerous circumstances on exploitation, neglect again, capability of family to assist in legal matters
- Legal rights of the child by teaching them the rights of the child, psycho educational sessions
- Case conference before terminating a case

Proof of making an income from receipts, make sure they have the funds to take care of the child. If not capacitated they look for potential partners for some opportunities. CHFP monitor also the willingness on both parties to assist the families.

“Yes, by communicating honestly with the Family members regardless of what you tell them will make them happy. So many times, people try to tell them what they want to hear but in the long run it ends up making the situation worse. Go ahead and use optional issue as opportunities to build honest and trustworthy relationships.”

2. The Independent living model

The Residential Level 2 Intervention

The head of agency explains the Residential Level 2 Intervention which is offered to clients who are not ready yet to be reunited back to their biological families or next of kin due to the nature of their cases. CHFP will exhaust all possible resources to ensure that clients are reintegrated back to their community by family reunification, foster or kinship care and/or independent living. However, we at CHFP recognizes that in some cases reunification and foster or kinship care may be impossible. The Residential Level 2 is from medium one year to long term care plan, until the clients reach their age of majority. It includes programs on spiritual development, educational program i. e. reaching college, and Internship.

If they are physically and emotionally ready for work then they can join the internship program at CHFP which is one to two hours of responsibilities but paid by the institution and provided with accommodation in the new building for interns.

Case Study of B. K.

B. K. is an 11-year-old child who underwent temporary shelter protection and biopsychosocial rehabilitation at the Compassionate Hope International. B. K. is reportedly an OSEC victim-survivor referred by the LGU Social Worker in San Pedro, Laguna and was rescued in February 2020 when he was 10-year-old. The entrapment operation led to the arrest of the child's aunt for violating R.A. 9208 as amended by R.A 10364 on Expanded Anti-Trafficking in Persons Act of 2012 and rescued six minors including the child and closed cousins. The children were brought to Camp B Gen Rafael T. Crame, Quezon City and underwent initial medico-legal examination.

It was said that the child was smart and kind, who loves math subject, sketching, and playing basketball. Though, the time that the child was admitted to the shelter, it was observed that the child has a heavy heart, quiet and calm, was seen weeping during the first few weeks. The social worker diverted the child's attention into fun activities, house duties such as washing own clothes, cleaning of surroundings, cooking, dishwashing and other responsibilities at the shelter. Also, the child received medical check-up, educational assistance, recreational, psychosocial and spiritual activities during his stay at the center.

The family of the child has been very supportive in his needs. At the shelter, the child was able to talk to the mother every Thursday in a supervised video call and spent some time with her during the family meet up. Also, the shelter provides parenting and psychoeducation sessions, constant communication with the child and the legal process to obtain justice for him. The child participated in the recreational and psychosocial, daily house duties and life skill activities. Said activities have helped him cope with anxiety from family separation. At first, the mother works abroad and the child was under the custody of grandparents and maternal aunt who takes care in the school needs. The child grew in an extended family with grandparents whom he calls them "daddy" and "mommy". They provide his needs, discipline for misbehavior, and do some restriction in going out in the neighborhood.

When the mother received the news about the child, she flew back to the Philippines from abroad to attend to the child needs. The mother of the child is a solo parent who chose to work overseas, without the support of the biological father and left the child under grandparents' care. The parents who were both outside home overlooked the safety, and proper guidance of the child.

The family was dismayed when the child was rescued and recommended for temporary shelter placement. Though at the shelter the child undergone appropriate interventions in terms of

Documenting Models on OSEC Family Reintegration

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psychological needs. The shelter informed the family that the child is in good condition. Also, the social worker visited the family and informed them that the client is in good state. The family attends the psychoeducation sessions and have constant communication with the child. The grandmother acknowledged their negligence in providing proper guidance for the child security and development.

Over a year, the child learned to fit himself in the shelter's activities, he obeyed the house rules, do some interactions with others yet remains self-contained. Likewise, there was an improvement on his social skill by participating in recreational and psychosocial activities, interacts with co-clients but remained self-contained. He became more responsible on daily house duties with less supervision. The life skill activities at the shelter empowered him to handle daily life issues. He needs support in continuing education and dream to become a Pastor.

Based on the social case study provided by the social worker (September 2021), the child is still undergoing preparations for reintegration by the shelter.



AMG Bahay Silungan

Agency Profile

AMG Bahay Silungan, Inc. "ABSI" is a non-stock, non-profit and non-government organization that caters to survivors of sexually-abused and exploited children. It caters to children with ages ranging from seven to seventeen years old. ABSI uses its RAISE program as a model of its services which represents RESTORATION, AWARENESS- RAISING, REINTEGRATION, SUSTAINABILITY, and EDUCATION. ABSI envisions empowered survivors of child victims of sexual abuse and exploitation.

The AMG Philippines started in the late 70's with missionaries Harold and Muriel Lovestrand from 1979 to 1987. They started the work as evangelists doing newspaper advertisements, feeding projects into providing care for children at risk and in need. The purpose of their work include: to develop, equip, transform and empower needy individuals, families and communities through residential care and community-based education, health and nutrition, relief and rehabilitation, psychological, social, economic, and spiritual interventions which promotes individual and community resilience.

At present, the AMG Philippines has 39 Child Development Centers located in different regions of the country, an orphanage in Bacolod, a Technological College in Bulacan, churches and community-based projects.

AMG Shelter

The AMG has five Board of Trustees, with the presence of the team with backgrounds on pharmacology, psychiatry, medical doctor, development worker and clinical psychology. From renting a place into an owned property by the AMG in Alfonso, Cavite near Camella Homes. It has 7,000 square meters fenced lot area, two-storey building, one duplex and basketball court. Activities include life skills and music.



Staffing/Structure	Funding Support:
<ul style="list-style-type: none">• 2 social workers• 6 house parents	<ul style="list-style-type: none">• Faith-based non-government organization based in Netherlands.

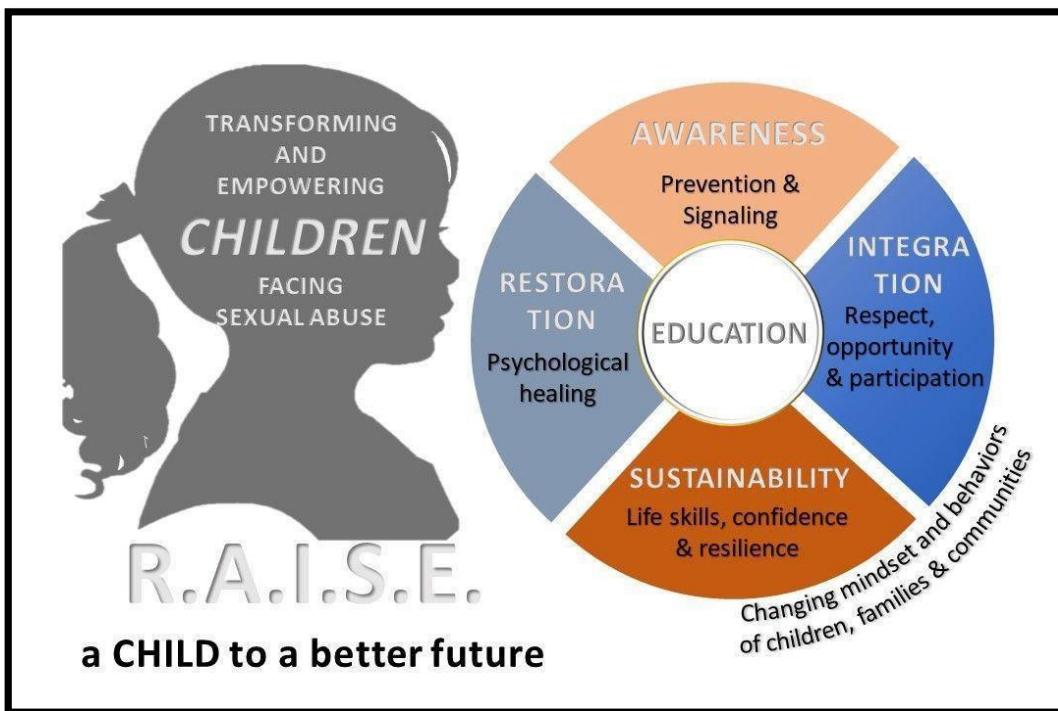
- **Vision:** To transform and empower children facing sexual abuse and exploitation.
 - **Mission:** To provide safety, healing and recovery to abused and sexually exploited children, and to transform and empower them and their families and communities through a residential care and community-based programs.
- **Core Values**
 - Ministry-a ministry that is Christ-centered and is holistic in its approach. It has various program meetings for the needs of the sexually abused and exploited children towards a better physical and spiritual well-being.
 - Work- a response to God's calling to serve the sexually abused and exploited children, their families and communities. To find fulfillment as they impact and influence others exercising freedom to work using our God-given gifts creatively.
 - Integrity – value integrity through honest, truthful and honorable service to God and the beneficiaries.
 - Excellence-value excellence by pursuing high quality service and performance in everything they do to the best of their abilities.
 - Sustainability -value sustainability. It is the ability of the organization to empower the sexually abused and exploited children to continue programs and services efficiently and effectively through a long-lasting impact shown in the lives of the children, families and communities where they live.
 - Partnership-value partnership with children and their families by mutually working together, equally benefiting and being accountable to each other towards the excellent implementation of programs and services that would give glory to God.
 - Relationship – value relationship that is honest and caring motivated by love and compassion which bind in perfect harmony, respecting and treating each other equally that each one is created according to the image of God.

With the ongoing issues on sexual abuse and exploitation among children in the communities, AMG clings to working with the children's needs through its programs and services i.e. temporary shelter for survivors of sexual abuse and exploitation where they will be assisted towards full recovery while preparing for the reintegration for families and communities.



"It is our prayer that AMG Bahay Silungan will be able to provide safety, healing, recovery, and justice to OSEC survivors... we will strive to be able to help the survivors. With everyone's help and prayer, we can end the Online Sexual Exploitation of Children." AMG Bahay Silungan, Inc. Executive Director, Ptr. Hector Arana, said as he expressed that AMG Bahay Silungan realized that there are gaps and challenges but believes that together, can help survivors to be reintegrated back to their families.¹⁷

AMG BAHAY SILUNGAN, INC. RAISE MODEL



Source: AMG Bahay Silungan

The AMG has the following programs:

1. Family Approach. Since 2018 to 2021 it handles five to 17 years old boys and girls as long as they are siblings.
2. Reintegration to family, kinship and foster care

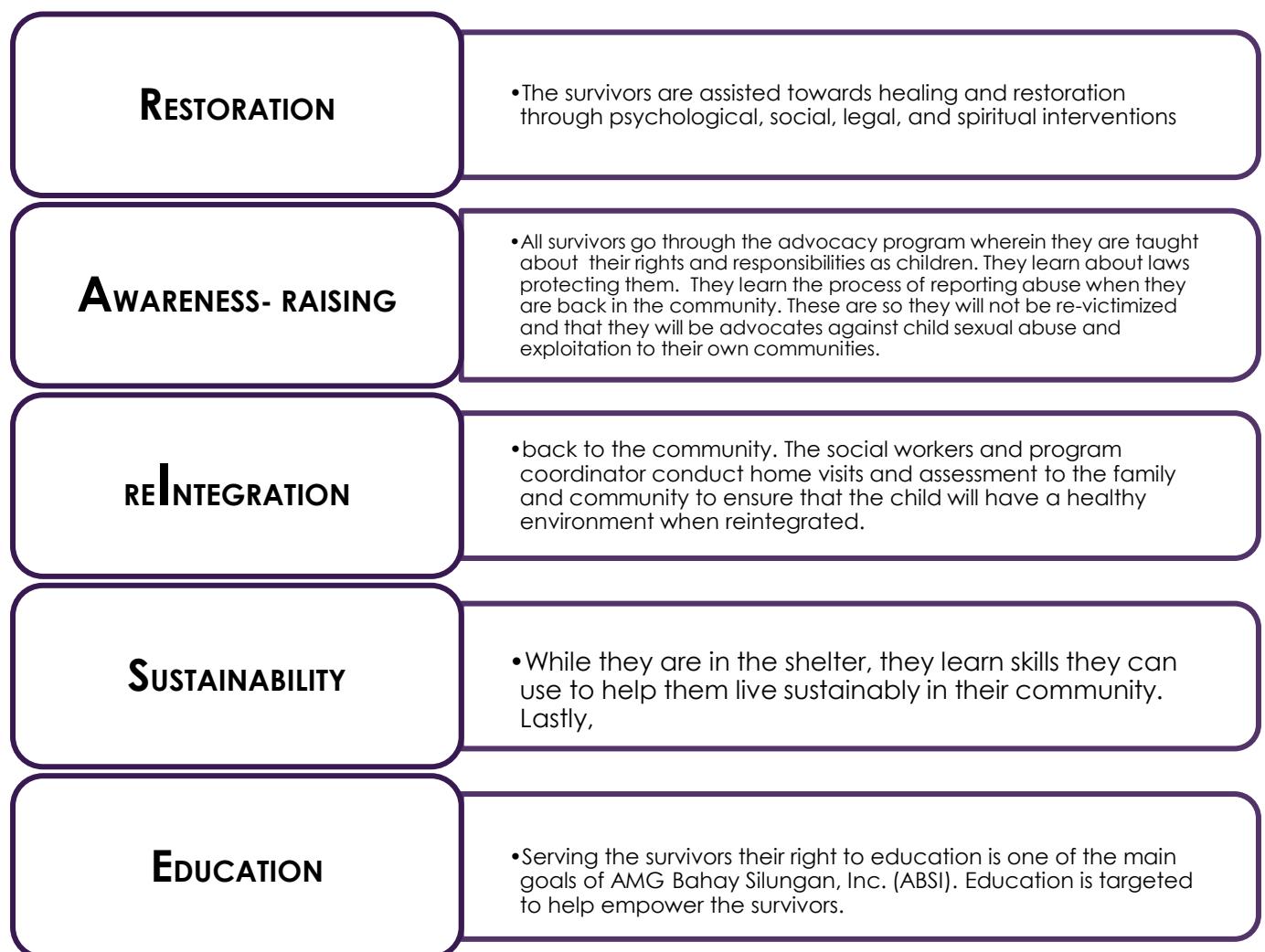
¹⁷ [Five Centers and Shelters sign a Memorandum of Agreement with End OSEC Consortium: Strengthening the support system to OSEC Survivors in After-care Facilities \(thepcmn.org\)](#)



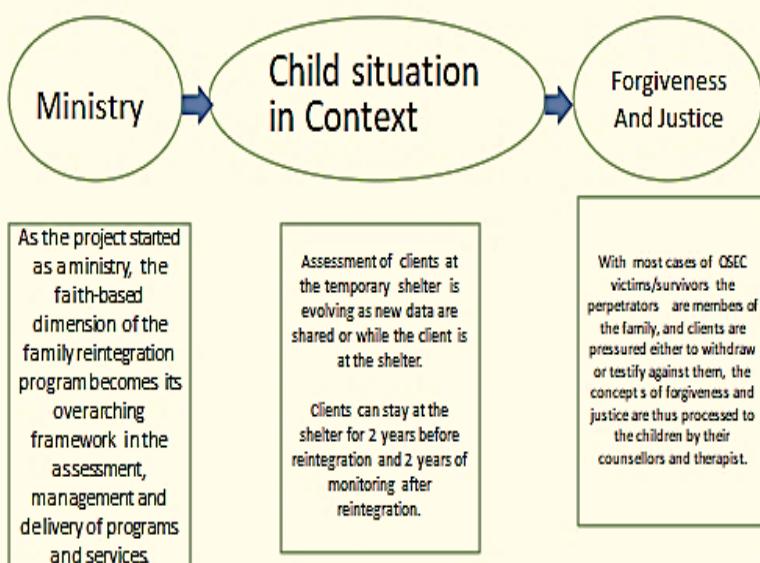
From the rescue time period, reintegration happens up to two years. Of the 31 children, five were reintegrated. Among the five children reintegrated, the two of them the parents were the perpetrators and both in jail.

OSEC Programs and Services

The OSEC survivors go through the same process as the other categories such as sexual abuse. All OSEC survivors admitted regardless of case category go through their RAISE program:



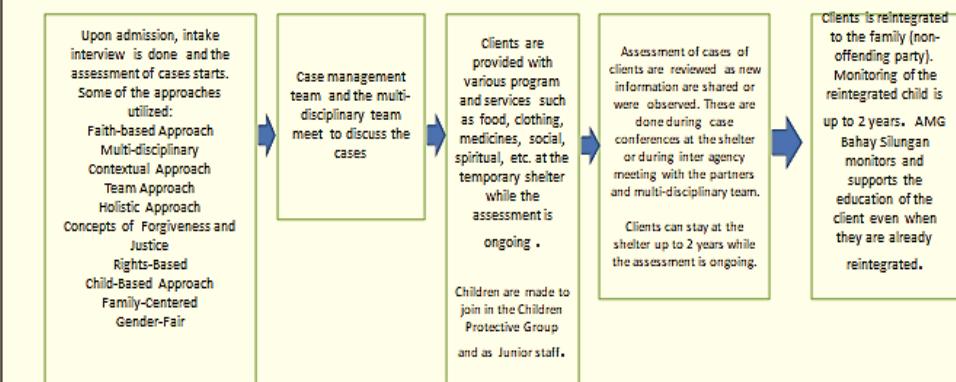
Conceptual Framework of the Family Reintegration Program of AMG-Bahay Silungan





Family Reintegration Model of AMG Bahay Silungan

The Approaches and Process:



Parameters used to indicate readiness of OSEC survivor prior to reintegration

Psychological	✓	Each survivor goes through psychological tests and counseling sessions with the in-house psychometrician. Upon assessment, they can be considered ready.
Social	✓	The behavior and dealing of the survivors with the staff and other survivors, are also considered.
Legal	✓	Oftentimes, the legal case status delays reintegration since the child's testimony has to be finished first to not be affected.
Family	✓	Family preparation financially and emotionally is crucial in the reintegration process. Generally, family settings are not perfect but willingness and cooperation from the families and kins are considered.
Community	✓	Community setting is also checked. The survivors are ensured to have a good community to avoid re-victimization and going eagerly to bad influences.
Skills	✓	All of the children are taught life skills that may help them when they go home. Those who are of age and cannot cope with formal school are taught skills such as carpentry, sewing, handicrafts, and others.



The OSEC Family Reintegration Process

The process of reintegration entails the following:

1. To share information, orientation, and purpose about the AMG
2. Assessment of the social worker, psychologist, psychometrician including the assessment of the case management team composed of social worker, psychologist, spiritual director, house parents, on-call medical doctor, lawyer, IJM community-based social workers (3 CSWD), local churches/Christian churches
3. Therapeutic plan
4. Once restored, reintegration process next
5. Family sessions: capacity sessions (4 times), psycho assessment before deciding for family reintegration
6. Partnership with government office on the RAISE Program, institutional fund raising, monitoring for two years

The steps in Family Reintegration follows:

- **An assessment on the child condition**-AMG help the children understand the situation. Establish trust with the child and prepare them and the case management agree for the family reintegration. Assessment involved participation of the victims/survivors in the family reintegration program. They are also involved in the formulation and implementation of policies which encompasses with the child protection policy. Their participation to the AMG Program encouraged some of them to take up social work classes in the future.
- **Attention to values on forgiveness and justice**- the child knows that the people involved are still family or relatives, which bring pressure to them not to testify. The child does not see the risk or problem in the online activity since it has “no touch” and bring money to family.
- **Feedback through the testimony of the child**- on how he/she overcomes the situation, by speaking the truth about it through feedback, child got some pressures in the flow of the case since the perpetrators are family or relatives.
- **Monthly case conference** to check on development, house parents journal and child journal, voice out concerns, consultative on the implementation of policies, protectors-children’s group monthly meeting, activities and child protection policy. The child is included in the consultation.
- **Assess the readiness for the family reintegration**- psychologist process the family reintegration. In case of suicidal tendency, bipolar of the child, he/she is referred to psychologist for some assessment and psychiatrist for some medications. Analysis for OSEC include: values/family, poverty, economic, education and psychological aspects. Limitation happens when the family is the perpetrator and the case hearing with the social worker
- **Reintegration to partners**: the local church for the spiritual intervention, local DSWD to monitor on education and livelihood program and LGU.
- **Continuum of care**

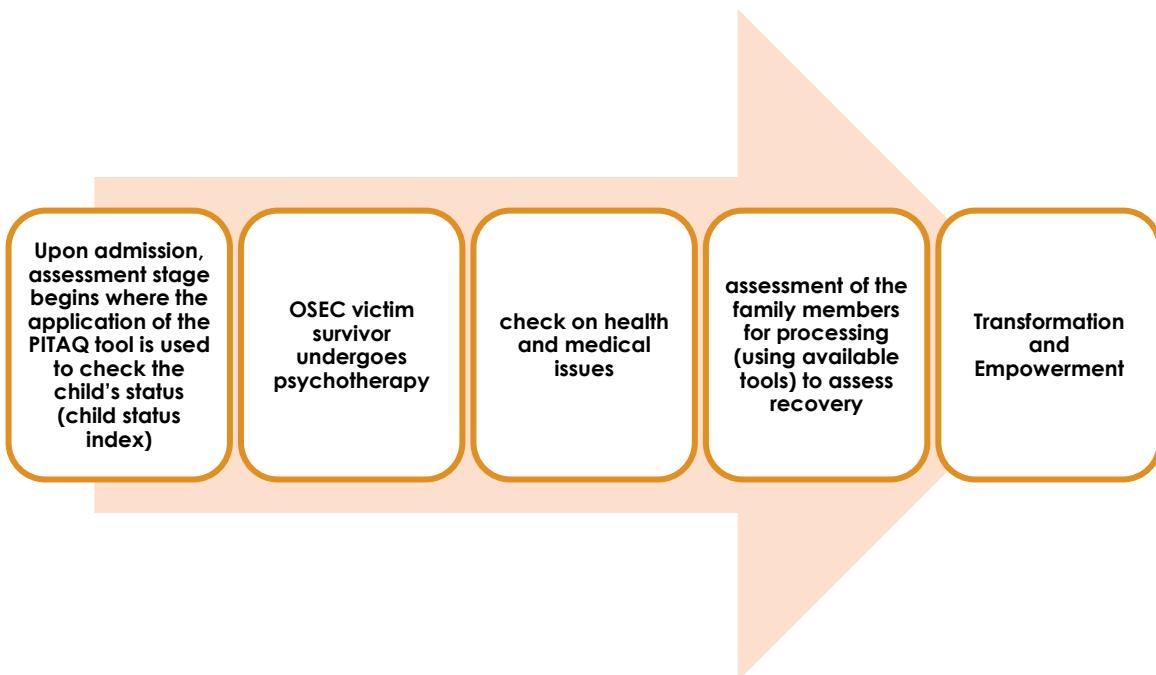
Documenting Models on OSEC Family Reintegration

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- Four years monitoring per child, but extends to five years due to pandemic
- Independent living depending on availability for family reintegration

Healing and Recovery at AMG

AMG uses the term “Transforming and Empowering” to describe the healing and recovery phases. It also focuses on resiliency and prepares children for advocacy. There are different approaches in the healing and recovery processes. Available tools are used as reference to determine if the child status has already improved.



Documenting Models on OSEC Family
Reintegration

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Indicators of healing and recovery period within the facility:

- Lowering of PITAQ
- Results of Assessor Survivor Outcome [ASO]
- Relationship with other children, and staff
- Triggers are overcome
- Full healing and recovery happens upon reintegration with the family





Religious of the Good Shepherd

Agency Profile

The Religious of the Good Shepherd (RGS) has a mission to the most neglected and marginalized. The First Good Shepherd home was in Sta Ana, Manila in 1921.

"Good Shepherd provides services to girls, women and children who are trafficked and seeks to address the root causes. We work to unmask the links between trafficking and polices related to economic justice, violence against women, discrimination against the girl child, inadequate migration and refugee systems, and the promotion of the social acceptance of the prostitution of girls and women. Political will coupled with genuine and sustained implementation of legal provisions and fully financed human rights-based policies, services and actions are the only antidotes to victimization at the hands of traffickers."

The Congregation of Our Lady of Charity of the Good Shepherd received accreditation from the Economic and Social Council of the United Nations in November 17, 2021¹⁸ thru a letter Submitted by Winifred Doherty, NGO Representative. The OSEC program of the RGS is under the St Mary Euphrasia Integrated Development Foundation, Inc. (SMEIDFI), the development arm that works towards protection of women and children, justice, peace and integrity. In partnership with IJM, PNP and local CSWD, a program for OSEC survivor was adopted in September 2018 up to now for those children who were fresh from rescue and who were from commercial sex, trafficking and exploitation. It was decided to focus on OSEC under the Good Shepherd Reception Center, established in 2000 for the OSEC survivors.

RGS manages 16 facilities: 1 assessment facility, 10 satellite crisis intervention centers for women and children, and 5 residential care facilities that are long term care facilities (i.e., stay for two to three years), with program on Gender-based Violence against women and children.

Target Clients

- The center accepts rescued victim from one-year-old to 17-year-old for girls and one to 10 years old for boys. This is especially for siblings.
- The Total number of rescued victims that RGS are taking care since the start of OSEC program reached 30. There was a total of 16 reintegrated children: two were reintegrated to family, eight for kinship care, and six for the licensed foster care.

¹⁸ [written-statement-to-the-high-level-panel-appraisal-of-the-ga-global-plan.pdf \(wordpress.com\)](http://written-statement-to-the-high-level-panel-appraisal-of-the-ga-global-plan.pdf (wordpress.com))

Documenting Models on OSEC Family Reintegration

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- Clients are called “program participants”

Staff & funding Source

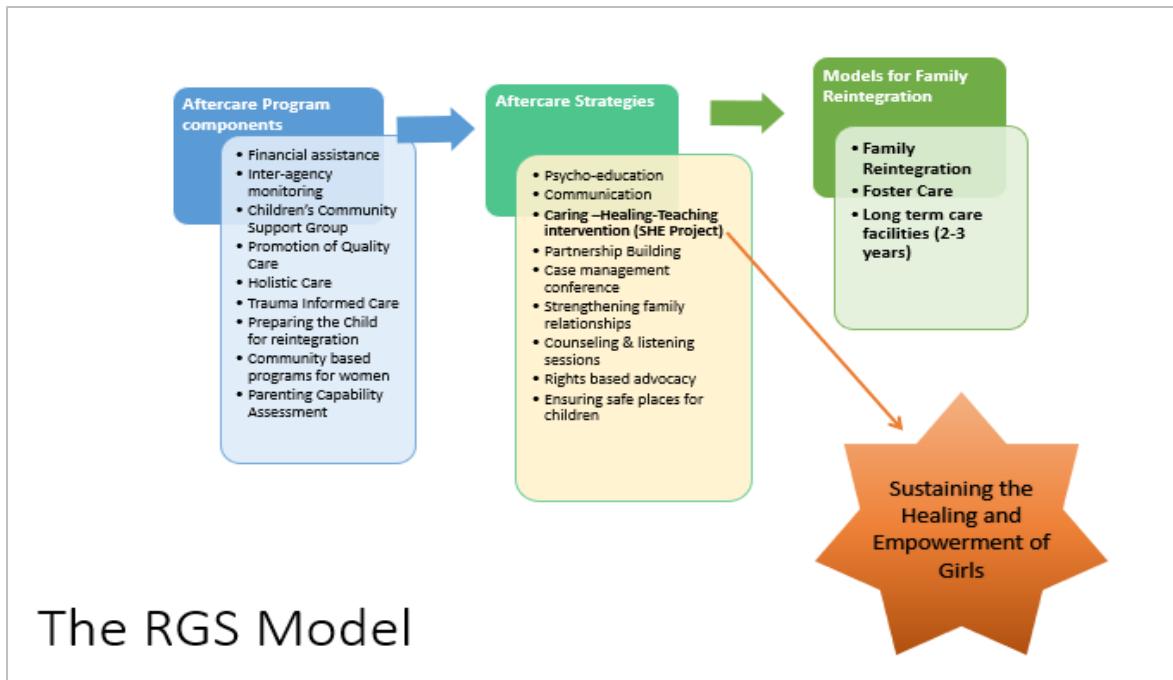
Staffing/Structure	Funding Support:
<ul style="list-style-type: none">• 1 Head- Program Coordinator;• 1 social worker for case management;• 1 social worker in partnership with IJM to conduct family intervention;• house parents;• cook	<ul style="list-style-type: none">• Religious of the Good Shepherd Foundation

The Aftercare Program Components

The aftercare program components of RGS encompasses a broad range of interventions that includes psycho-education not just for the OSEC victim survivor but as well as their families. Promotion of quality of care is emphasized which is anchored on a child centered approach that is rights based and ensures the protection and safety of children. Counseling and listening sessions are given priority to support the healing process of the child victim-survivor and the family as well. Holistic care is practiced and it improves along the way.

Documenting Models on OSEC Family Reintegration

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The RGS Model

To sustain the healing and empowerment of OSEC victim-survivors (girls), they have a SHE Project which follows a caring---healing---teaching approach towards recovery and resilience.

After the rescue, basic info on what happened and briefing from the trauma is conducted; the program participants are provided with basic necessities, medical attention as part of caring in the temporary shelter,

Reconciliation. The process of reconciliation is deemed necessary in the process of family reintegration. The children are being prepared while still at the RGS. Reconciliation is acknowledging the legal cases of the children, their rights to be with family. RGS lobbied about it even if the mother is the perpetrator (i.e. the child is not mad to mother though she is the perpetrator).

Constant communication between the OSEC victim survivors and their family are being established. Communicating with those family members who are left behind should also be given attention i.e, when mother is in jail.

"It is hard for the social worker to follow-up or it is through the LGU, the mental health of the family member is affected because he is separated from the child/ren and wife. There are children who receive calls or letters from mothers while they are at the center. Sometimes they asked for picture, letter, or call from mother. It's the children's rights. Relationship between them (parent-survivor) is improved."

Documenting Models on OSEC Family Reintegration

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Partnership building is important to ensure that the needed support and assistance will continue even after the family reintegration has been completed. Financial assistance to fund the various programs and activities come from partners. While there are yet no partner churches in the after care, priority was partnership with LGU. However, the process of building partnership with local churches in the community is important and is in the exploratory process since RGS is also a faith-based organization.

Monitoring and coordination with different agencies is needed to help the children in the community. The children created a community support group in the National Capital Region. They are the reintegrated children from the RGS. This is to be consistent in monitoring.

Aftercare programs prioritized partnership with local government units to conduct monitoring. Children also organize support groups in the communities. Preparing the program participants in the facility helps in the reintegration process. The center orients the child on Karapatan Pambata, responsibility, kind of abuse, safety from online activity and how to rescue them.

The Agency gives emphasis on reconciliation even if the family members are the offending party. Quality of care is very important. There are instances wherein the children are able to connect/ write letters to the offending member of the family. It is difficult to consider respecting the right of the child (requesting to see the offending parent) and prohibitions on legal actions.

The Center utilizes a Program-based approach to carry out the following objectives:

Program-based Approach

To provide a comprehensive assessment and wrapped around residential based intervention to children and youth needing special protection, such as but not limited to survivors of abuse and exploitation (trafficking and OSEC).

To facilitate permanency plans for each of the clients either through reunification, foster care, kinship care and or independent living.

To facilitate access to quality social services towards promoting client's full potentials.

To deliver quality services by employment of qualified, trained, and passionate team.

To educate and engage the stakeholders towards advocating for the protection and promotion of the rights of Filipino children and youth.

To ensure programs, services and activities are well implemented, the Agency Monitoring System, conducts the following activities: Staff Meetings, Group and Individual Consultations, Checks and Balances from the Board to the Staff, Case conference, case notes and progress reports are for specific cases.

Models of OSEC Family Reintegration at RGS

1. Family reintegration Model [Family/ Kinship]. For children with non offending parties. Development of a child inside a center is limited as to compare in living in a family and community. Kinship- relatives who are willing to take care of the children. They are also taught about how to take care of the children.
2. Licensed Foster Care in partnership with NGOs
3. Referral to residential centers “Sometimes the children would choose to be transferred to residential care centers (in one instance).”

Rescued children have difficulty understanding the situation. Children are taught the children on their rights and responsibilities; psychoeducation (how to be protected online).

RGS caters to younger boys as well.

Participation of LGU: Coordination is being done. There is a referring LGU social worker who refers the children in the specific community where they will be transferred. They play a very crucial role. Transfer of custody is being signed. When the child will have special needs, the LGU social worker visits them. They also provide LGU assistance that can be offered to the child and family (i.e. educational assistance). Need

Documenting Models on OSEC Family Reintegration

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constant follow up with the LGU because they have too much workload, so the Agency also assists in the monitoring. Agency also needs coordination with other agencies. RGS also provides direct assistance to the family as part of aftercare program.

Strengths of RGS: 1. partnership ; holistic (OSEC cases are given top priority because of the advocacy work from NGOs and stakeholders); given full support by the different agencies; 2. Respect on choices of the children (“super ang mga bata”); 3. Quality of Care; 4. Awareness raising on OSEC

When the Agency started, OSEC “yumanig sa amin lahat” (they were shocked)....specially when they handled the very young children (1 year old); RGS simulates a “family structure”, but with OSEC, there are special needs of children that requires very specific and special intervention=→ challenge is when preparing the children for family reintegration. It was also we do not close the possibility of possible reconciliation of the family.

The Agency strongly pushes/ advocates that the children are reunified/ reintegrated to the family in a safe place even if the legal process is still in progress. In certain situations where conflict in decisions between bringing back the child to family versus legal implications....the Agency goes down to the community and check on the family situation and readiness to reintegrate. The partnership (IJM) supports community visits to assess the real situation of the family. The Agency pushes for their stand in terms of bringing back the child to the family.

Protocols/ mechanisms should be in place with consideration of what the child really wants or chooses to do.

V. Summary of Interviews at the community level

Highlights of interviews with the mothers

The interview with the mothers became challenging as both mothers were quite busy with work and had difficulty in meeting the scheduled interviews. During the conduct of the documentation process, the research team was fortunate to get the schedules of the two mothers who both had experienced on how their daughters were rescued and the process it entailed before the full reintegration took effect.

Interview with Rosiel C.

Rosiel was the mother of Susan, a 14-year-old OSEC survivor-victim. The mother shared her story about the personal experience after her daughter was rescued and brought to the Antipolo DSWD and later referred to FLIM residential care facility. She relates that it took a while before she saw her daughter (took around two months). Looking for her daughter was very difficult as she went as far as NBI in trying to trace where she was brought. According to Rosiel, her boss and family friend helped and assisted them in trying to look for the child and after two months of waiting they were finally informed by Antipolo DSWD Office that the child was brought to FLIM residential care facility. Rosiel was then informed and instructed by FLIM Social Worker on how she can visit her daughter.

The first visit of Rosiel with her daughter happened outside the care facility (information on exact location was not disclosed to the mother). The arrangement was to maintain security of the residential care facility. During the first visit Rosiel with her daughter was emotional as they both cried upon seeing each other.

The mother further disclosed that her daughter was 14 years old when she was rescued and brought to the facility. The mother also shared that her daughter continued her education (from Grade 5 to Grade 7 through Alternative Learning System (ALS) inside the shelter, learned to ZUMBA, went to church, and also learned life skills such as cooking, baking and doing house chores. Mother also shared that her daughter knows how to look at “red flags” of OSEC to protect herself from being revictimized.

Rosiel had diligently and obediently followed instructions on how she can support the reintegration of her daughter to their family. Rosiel further informed that she was visited by both FLIM and LGU social worker to ask and assess their capacity to support the child. She responded that both her husband and herself have livelihood to support the family. Rosiel is a tricycle barker from 9AM to 10PM near Vista Mall. She earns Php500 per day in the tricycle transport station. The husband is a tricycle driver who earns between Php400 to Php500 per day.

After four years of stay in the shelter, Susan (now 18 years old) was finally reintegrated and Rosiel described how her child has been transformed towards improving herself and gaining back self-

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confidence. Rosiel also shared that the DSWD social Worker continues to monitor and check on status of Susan and reminds to be careful always.

Interview with Carolina , 45 years old, mother of Alma and Mary (OSEC Victim-survivors).

According to Carolina, it was her daughter May Ann who informed her that her two siblings were rescued (as informed by her cousin). Carolina was unable to get immediate information on where her children were brought at the time. She went to the Barangay and Crame to ask information but to no avail. After a month of waiting, Carolina was finally called by social worker of FLIM to inform that City Social Worker of Taguig and FLIM Social worker will be talking to her about the case of her two daughters. Carolina sought information from Taguig City Link Office in relation to her daughters being rescued and was given information on where they are currently being safely sheltered at FLIM.

She was then informed that before she can see her children, she needs to attend certain seminars. It took her one year before she was able to see her daughters. She also disclosed that they were not allowed to talk about the case and any problem. It is really more of “kamustahan” or sharing good experiences. Carolina disclosed that there were several requirements that she had to fulfill before she was able to see her daughters.

FLIM finally informed her about the final release wherein Carolina had to meet FLIM lawyers to discuss the case of her daughters. The reintegration process was carefully explained to her. During the reintegration process, the City SWD Social Worker (Taguig city) had her signed some documents prior to the actual release of the two children.

Carolina noted that the two children did experienced trauma after the incident. However, she also noted that there was certain level of maturity that she observed with Alma. Mary was still carrying some emotional and behavioral concerns for which she is being monitored and managed. At the shelter, Mary was diagnosed to have some cognitive development delays that needed therapy and some medication. The medication continues even when she was reintegrated. Both children were not interviewed by the research team. The mother said Mary is under medication and felt afraid that an interview can trigger possible trauma as OSEC victims-survivors. Alma expressed that she does not like to be interviewed too. Mary has manifested bouts of tantrums at the shelter. Alma (who was younger) has become more matured and showed strength. It was Alma who takes care of her sister and protected her in a way when other peers would begin to tease Mary. Most often her two daughters would relate beautiful stories to her about their experience inside the FLIM residential care facility. Carolina shared that the two sisters had showed a strong relationship.

She was also informed that that the two children have already testified in court and that FLIM will continue to monitor the case. The perpetrator was a family relative (a cousin).

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To assist the family, Carolina was given an opportunity to work with the LGU of Taguig as Barangay coordinator. As barangay coordinator, she joined the “Tapat na Kasama”, group that proclaims the mayor’s help and services from the mayor to the underprivileged in Taguig City. i.e. Birthday gift for senior citizen. As coordinator she receives Php300/day at six days in a week. Carolina also disclosed that as part of LGU support and assistance to the family, they became members of the 4Ps program of the DSWD.

The close monitoring of the LGUs social workers and inclusion of the mother of Mary and Alma in the 4P's program is some of the support mechanisms in the community that enable the continuum of care in the OSEC Family Reintegration Program.

Interview and FGD with the Social Workers of the City Social Welfare Development Office

The interview with the social workers of the City Social Welfare and Development Office centered on their collaboration and work during the OSEC Victim-survivor rescue and reintegration process.

Questions	Response
1. What are the assigned roles and responsibilities of LGU social workers in terms of monitoring of OSEC Victim/survivor? Is there an LGU resolution that provides specific policies/ guidelines on handling of OSEC victims/survivors? How many LGU SW staff are assigned to handle OSEC cases?	<ul style="list-style-type: none">• Social worker is present from the time of rescue; Coordination still happens with the shelter even after the rescue• LGU social worker's role is generalist; no specific division for OSEC cases. Role to strengthen family and community in a safe environment.• Regular case conference on child needs; via zoom or messenger chat• Local social worker focus on family, assisting on eligibility.• Monitor the child and family; Monitoring is focused on community and family of OSEC victim/survivor, if reintegration is possible.• If the family is OK for the reintegration, follow up / after care next, once reintegrated. For example, livelihood or casual or contractual work at the LGU• For feedbacking, psycho-education is done with the family.• Capability assessment is done if okay for reintegration, i.e. scholarship program and financial assistance from the LGU, NGO augmentation, to supplement and support.• Partnership with the shelter, IJM, government organizations and CSWD; Collaborative effort with LGU, IJM and other agencies to

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	<p>subsidize on lacking resources, for those who are willing to help; DSWD National provides technical assessment / services.</p> <ul style="list-style-type: none"> • LGU social worker accompany the agencies for home visits • Case conference is part of monitoring on how to help the family and empower the client to say NO to OSEC
2. In your understanding what does it entail to carry out the monitoring of aftercare support for OSEC victims-survivor and their family at the community level?	<ul style="list-style-type: none"> • Collaboration is important. • Involve them in the planning aspects. • Faith-based are helping its fight against OSEC. LGU on livelihood program. DepEd on educational assistance. LGU on scholarship program i.e., uniform, shoes. Other agencies with different services or support. • LGU has resolution, a local ordinance on trafficking which include OSEC. • LGU monitor the case, the shelter provide feedback • Coordination with LGU and shelters • Involve the family in the government program, planning and implementation. “help people help themselves” • “Hindi natatapos ang case sa reintegration”. i.e., cases are still on going. Monitoring has to continue to minimize relapse, participation and involvement at the community level • Community involvement at the barangay level. • social worker-“mahaba-habang pasensiya at commitment sa community”
3. In your experience, what are the areas that needs the most attention and aftercare programs for the OSEC victim survivor and her family at the level of the community? How are you able to respond to these needs? Who are the other members at the community level whom you think can become a part of the community support team? Have you explored these partnerships?	<ul style="list-style-type: none"> • Women’s desk, “Pag hindi supportive ang barangay sa ibang lugar ang entrapment” • “Trained ang mga barangay for child protection, they know na may rescue. tulungan silang magbantay ng bata” • Principles of confidentiality • Assistance • Protection of children in the community -Barangay captains (Council for the protection of children) and DSWD and other agencies, LGU Taguig, DILG, IJM, ECPAT, PACT • Preserve confidentiality • Available resources of the client (financially capable) • education and scholarship • Social worker must be knowledgeable to tap resources • Justice system in court – “matagal ang turn-over” • “Biglang dami din, minsan may lock down” • Community support team • Orientation education to partners

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	<ul style="list-style-type: none">• Faith-based involvement:<ul style="list-style-type: none">◦ Community education◦ Psycho-education◦ NGOs (World Vision)◦ Advocacy in the law enforcers◦ CSWD◦ DILG◦ DEPED◦ IJM◦ DSWD 4P's• Issue on confidentiality• Assistance of partners• Basic needs and education (DSWD, DEPED and LGU)• "Team Effort" in monitoring using one tool.• Policy guidelines to avoid too much meeting on trafficking, OSEC and street children• Unified monitoring on policy on programs/services
<p>4. What are the challenges that you experienced in so far as fulfilling the tasks and responsibility of monitoring the child and her family at the community level?</p>	<ul style="list-style-type: none">• Negative reaction of family• Important protection of family• Security and protection of the social worker (i.e. Habeas corpus); DOC 70 2006 November 7, 2006 case against social worker custody against children• Patience (e.g. "init ng ulo ng tao, nadaan sa paliwanag, di umabot sa kasos")• Protocol of DOJ• LGU guidelines protocol in cases of OSEC• Conflict with co-social worker in LGU monitoring• Unified Tool for monitoring framework (too many tools to accomplish from different agencies; can we not come up with a single monitoring framework/ tool?)• Program Monitoring-collaborative / coordination• Inter-agency policy specific on OSEC• Team building with different partners• Support group of partners/DSWD work together• Protect each other as professionals at "magkakatrabaho" (LGU and shelter)• Trust issue• No shelter yet in San Pedro• Nag draft ng ordinance in 2007, establishing shelter, 11 years ago

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	<ul style="list-style-type: none">• Mandanas-Ruling LGU lahat ng resources ay donation sa LGU based on LGU code; “Pag-isipan ng advocates”
5. What are your recommendations to improve policy, actions, program monitoring at the community level for OSEC clients being referred to the LGU?	<ul style="list-style-type: none">• Exact tools in the monitoring at the community level• Networking /consultation with different agencies• Policies and guidelines

Analysis/Recommendations:

As observed during the interview, the social workers at the LGU level are managing various clients and performed different roles. The monitoring of the OSEC victims-survivors in the family reintegration program is one among the various tasks of the LGU social workers. The different shelter and assessment facilities who were part of this research recommended that a social worker from the LGU is assigned specifically in the management and monitoring of OSEC victims-survivors in the community. The agencies preparation of the children while in their facilities for the eventual family reintegration can be ensured with the close monitoring of the cases in the community.

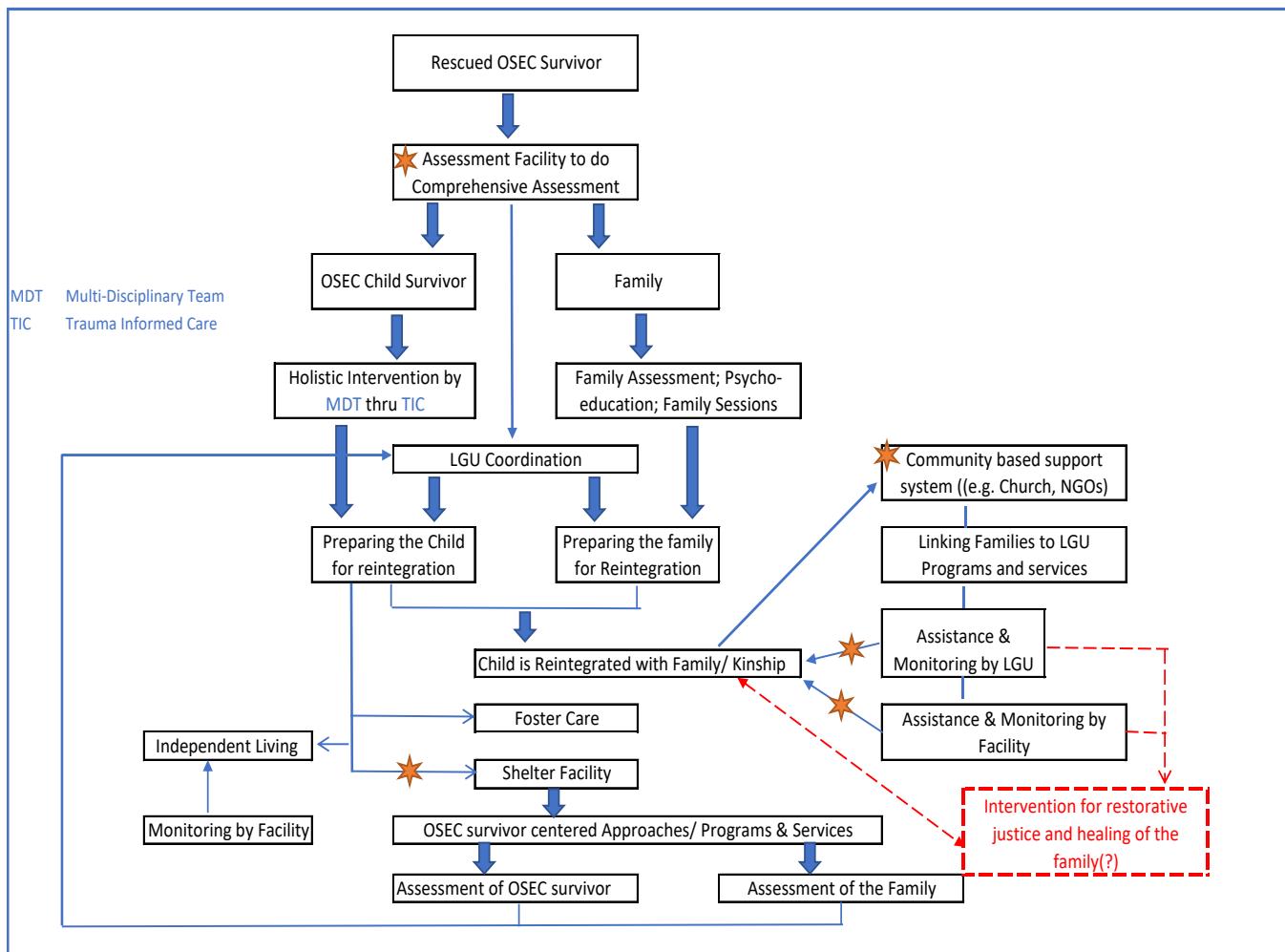
The research team proposes the following tasks of the OSEC monitoring social worker in ensuring the continuum of care for OSEC victims-survivors when reintegrated with their families : (1) connecting the children and the families on needed support to protect the children from revictimization and enhancing the economic status of the family; (2) educating the Barangay Child Protection Council (BCPC), organizations (faith-based, private, homeowners, schools, etc) about OSEC issue; (3) advocating for the crafting and issuances of ordinances and policies in the community that protect the children, and (4) promoting child protection structures and mechanism in schools, churches, communities, internet café, etc.

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VI. Summary of Key findings on OSEC Specific Family Reintegration Model

Graphical Illustration of the OSEC Specific Family Reintegration Model



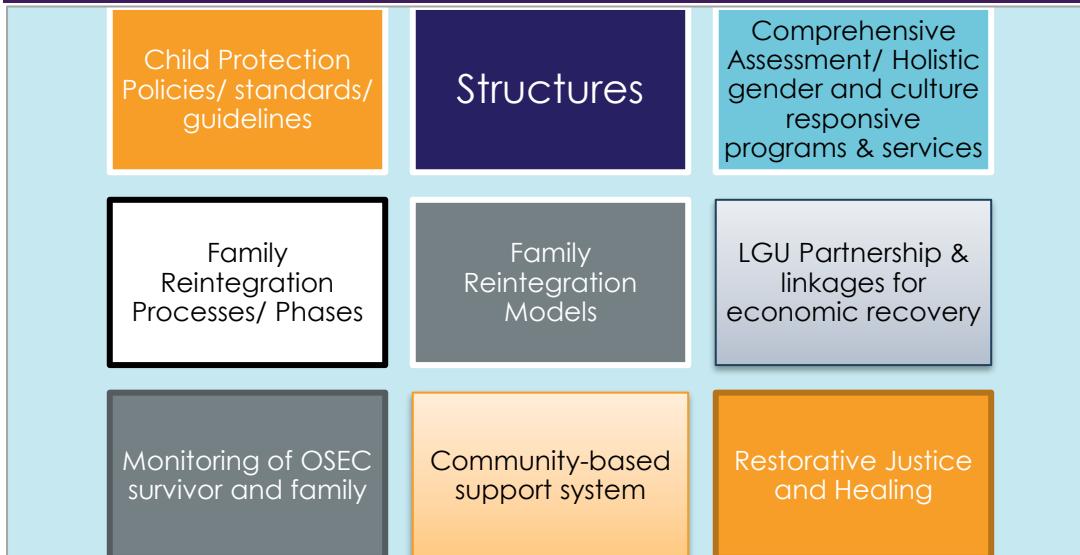
The graphical illustration above reflects the OSEC specific **Family Reintegration Model in the Care Continuum Perspectives**. This model consolidates and presents the overall process flow in ensuring

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that the continuum of care for the OSEC victim survivor is being maintained and supported all throughout the reintegration phases.

VII. Key Elements of an OSEC Specific Family Reintegration Program



Elements	Key area description
Child Protection Policies and Standards	UNCRC Child Protection Policies (i.e. Child Protective Custody, etc) Guidelines on Children's Reintegration. Report, 2016. Inter-agency Group on Children Reintegration DSWD Memo 2015-020 (as reference) but need to develop an OSEC Specific Guideline/ IRR
Structures	Assessment Facility "Safe houses" Temporary Residential Care Facilities Licensed Foster Care
Comprehensive Assessment/ Holistic gender and culture responsive programs & services	Comprehensive assessment (e.g. 14 day induction sessions) Multi-disciplinary Team Approach

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	<p>Trauma informed care Approach</p> <p>Gender-culture sensitive/ age-appropriate interventions</p> <p>Holistic programs and services (physical, psychological, emotional, spiritual) including educational assistance; life-skills, livelihood trainings and sessions</p> <p>Orientation on Child's Rights and Protection (safety nets on use of social media); Family reintegration sessions for both the OSEC victim-survivor and the parents</p> <p>Psycho-education sessions</p> <p>Healing, recovery, transformative, empowering</p>
Family Reintegration Processes/ Phases	<p>Highlighted on the continuum of care as follows:</p> <p>Rescue</p> <p>Admission</p> <p>Assessment of OSEC victim-survivor and family</p> <p>Case management</p> <p>Referral and Coordination with key stakeholders (i.e. LGU partners)</p> <p>Preparing the OSEC victim-survivor (using available assessment tools)</p> <p>Preparing the family for reunification (using available assessment tools)</p> <p>Coordination with community- based support mechanisms; partnership with other NGOs and CSOs (e.g. Faith- based groups) in the community</p> <p>Choosing which Model is most appropriate to the child (with child participation in decision making process)</p> <p>Final processing of the child towards actual reintegration process including close coordination with the LGU</p> <p>Transfer of the OSEC victim survivor to the family and post-integration monitoring</p>
Family Reintegration Models	<p>Non-offending family/ Kinship</p> <p>Foster placement</p> <p>Shelter Facilities</p> <p>Independent Living</p>
LGU Partnership & linkages for economic recovery	<p>Connect with existing LGU/ DSWD economic livelihood opportunities (i.e. 4Ps, livelihood skills training, other support programs)</p>

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	Partnership building to strengthen community support system
Monitoring of OSEC survivor and family	Monitoring by LGUs Monitoring by Facility Community based mechanisms to support monitoring by LGUs (e.g. Barangay, Youth organizations, schools, 4P's parent leaders, women groups/ organization)
Community-based support mechanism	Explore and build partnerships with local churches for continuing spiritual support during the healing and recovery stage → strengthening the support group & fellowship Connect with barangay structures for sustained child protection thru BCPC (Barangay Council for the Protection of Children) Partnership with youth programs to advocate and implement child protection policies in the barangay Establish partnerships with community-based NGOs for continuing support system and child protection awareness and activities Strengthen community education thru partnership with schools and other support groups on child protection and OSEC awareness and advocacy

VIII. Analysis of the OSEC Specific Family Reintegration Model

An analysis of the OSEC Specific Family Reintegration Model has been validated/ cross-checked using the guidelines/ standards identified in the literature review. It may also include additional concepts that may be used in formulating future protocols/ guidelines related to OSEC concerns.



Currently practiced/ present



Partially practiced/ present



Practice may still be further improved or absent

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Standards/ Guidelines	Key points	Practice in Current Model	Remarks
Principles			
Prioritize family unity and be child-centered.	<ul style="list-style-type: none"> * It is vital to recognize the central importance of family unity to child well-being and development * to actively explore reintegration with a child's family of origin as the first priority to pursue. * Families and children must be at the center of all reintegration support efforts. 	  	Based from the documentation of Agency practice and sharing of social workers, family unity and child centered approaches is given priority in their programs and services
Embed reintegration in wider child protection systems	<ul style="list-style-type: none"> * Safe and effective support for reintegration must be embedded within broader systems to protect children. * There should be adequate funding to support reintegration, clear legislation and guidance on all of the stages of the reintegration process, and a skilled child welfare workforce able to support it. * In all cases, it is important to work with all parts of the child protection system, including government actors, community groups, 	  	<p>This is being practiced among the different social welfare agencies (NGOs) supporting OSEC</p> <p>There is still a need for the government to formulate an OSEC specific law and IRR and budget appropriation to support OSEC related activities</p> <p>The participating agencies described this area as part of the Multi-discipline Team which works together to provide</p>

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	<ul style="list-style-type: none"> religious leaders, and children and families. It is also vital to work with other systems, such as health, education, justice, and social protection. 		assistance to OSEC victim survivor
Take a rights-based approach	<ul style="list-style-type: none"> All efforts to promote safe and effective reintegration must be based on a consideration of the full range of rights included in the UNCRC, and relevant national laws. All children, regardless of age, gender, ability or any other status, have a right to the preservation of family unity. They have a right to participate in all decisions that affect them, and decisions regarding their reintegration should be made with their best interests as a primary consideration. 	  	<p>The rights-based approach specifically from the perspective of the child (OSEC victim-survivor) was clearly given respect and priority during the family reintegration process in all the participating Agencies</p>

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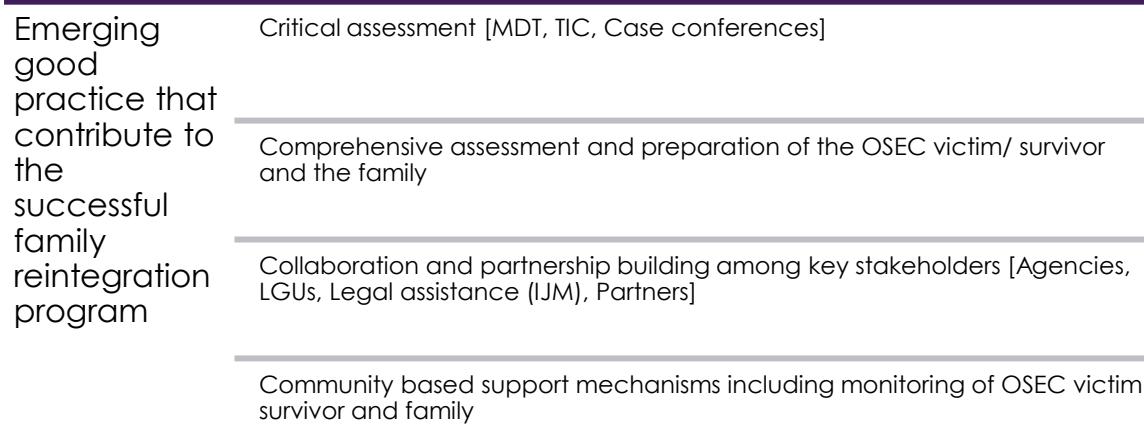
Do no harm	<ul style="list-style-type: none"> • All reintegration processes should aim to benefit and not harm children. • This includes consideration of issues such as preventing abuse by staff or other stakeholders, stigma, informed consent, and confidentiality. • All agencies should carry out a risk assessment to identify and mitigate against the risks associated with each reintegration program, and particular efforts will need to be made in program involving public advocacy or awareness raising. • As the benefits of reintegration usually far outweigh the harm, the existence of some risk should not be used as an excuse not to reintegrate children. 	   	<p>This is currently practiced by the 5 agencies</p> <p>Child protection policies are in place</p> <p>All participating agencies follow a risk assessment tool to ensure the safety and protection of the OSEC victim-survivor at the family and community level</p> <p>Discussions during the case conferences by the Multi-Discipline Team to ensure that risk issues and concerns are being deliberated to arrive at a consensus</p>
Engage a range of stakeholders	<ul style="list-style-type: none"> • It is vital to involve a range of stakeholders in the reintegration process including children, families, communities, schools, the media, government actors, non-governmental organizations and the private sector. 		<p>This area needs to be furthered strengthened at the community level to encourage participation from the community- based duty-bearers</p>

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	<ul style="list-style-type: none">* Mapping and coordinating reintegration and related services is important for effective collaboration.		This area specifically at the community level may still need some further improvement to strengthen specifically community based support mechanisms
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The Figure below presents the emerging good practices that was observed in both the assessment and residential care facilities that contributes to a successful family reintegration process.





There were very crucial activities that were identified in preparing the OSEC victim/survivor and the family for the reintegration process

Crucial activities in preparing the OSEC victim/ survivor and the family for reintegration

Referral and coordination with key stakeholders (i.e. LGUs, partners)	Preparing the OSEC victim/ survivor (using available tools)	Preparing the OSEC victim/ survivor (using available tools)	Choosing which Family reintegration model is most appropriate to the child	Coordination with community based support systems (e.g. FBOs, NGO, BCPC, schools, etc)
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Addressing the Recommendations of the 2020 Report on the Study Online Sexual Exploitation in the Philippines [International Justice Mission]

Key Recommendations in the 2020 Status in the 5 OSEC Implementing Agencies Online Sexual Exploitation in the Philippines Report

Increase capacity-building opportunities for non-government and government service providers.

Capacity building activities among the government and NGOs (particularly in the OSEC implementing agencies) was carried out to ensure appropriate services to OSEC victim survivors are at par with quality standards

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<p>Government and non-government service providers should ensure a collaborative, trauma-informed, appropriate, and holistic system of care exists to address the unique needs of OSEC survivors on an individual, family, and community level</p>	<p>All of the five implementing Agencies have expressed the close collaboration of the team (Multi-disciplinary team) to provide a Trauma Informed Care approach which is holistic and covers the continuum of care perspective from the facilities and back to the families in the communities</p>
<p>Ensure comprehensive and holistic delivery of community-based interventions and services to survivors and their families</p>	<p>The comprehensive and holistic delivery of community-based interventions are closely coordinated with the social workers of the LGUs. However, the OSEC care institutions also shared their limitations in trying to expand and maximize the available mechanisms and resources at the community level.</p>
<p>Provision of timely psychological and counselling services</p>	<p>Provision of appropriate psychological and counseling services were given priority from the time the child has been rescued and admitted in the safe house until they are prepared for the family reintegration process. They have expressed that this is an important component of the healing and recovery process.</p>
<p>Provision of educational assistance for the child</p>	<p>From the time that the children were admitted at the specific OSEC care facility, educational assistance has been identified as one of the OSEC program components</p>
<p>Livelihood training and assistance, which may include job referrals and placement</p>	<p>Livelihood skills, training and opportunities are being offered to both the OSEC victim survivor (depending on their age group) as well as the family members to support the economic recovery</p>
<p>Conduct Parent Effectiveness Sessions (PES) or Family Development Sessions (FDS)</p>	<p>PES and PDS is part of the regular sessions provided to families during the preparatory phase of the reintegration process</p>
<p>Awareness-building about online sexual exploitation of children and cyber safety education</p>	<p>All 5 Agencies had expressed the importance of awareness raising and advocacy work in terms of understanding OSEC and cyber-safety</p>

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	<p>education. This is part of their orientation to both the OSEC victim survivor as well as the family members</p>
Ensure that regular monitoring and evaluation of reintegrated survivors and their families are implemented	<p>Monitoring of the OSEC victim survivor and their families is one crucial area that needs further improvement. Since the monitoring of the OSEC victim-survivor falls under the responsibility of the local social workers, they need the additional help to monitor</p>
Strengthen advocacy efforts and awareness-building about online sexual exploitation of children in communities.	<p>Most of the OSEC implementing Agencies had implemented advocacy and awareness raising activities on online sexual exploitation in children among the victim survivors and their families. Partnership with other organizations to raise OSEC awareness at the local community level needs to be strengthened further.</p>
Allocate more funds to implement and sustain reintegration programs and increase the number of LGU social workers working on OSEC	<p>It was being noted that most of the funding support for OSEC interventions in the implementing Agencies are coming from various sources, majority of which are grants coming from external sources. Given the nature and complexity in the management of OSEC family reintegration process, sustainability plans needs to be developed to ensure the continuity of OSEC services in the continuum of care (i.e. community level)</p>
Strengthen and expand the foster care program and independent living program	<p>The implementing Agencies have shared foster caring and independent living as options in the OSEC family reintegration model although some challenges had also been posed in terms of availability of licensed foster caring while independent living also poses some risks to the adult OSEC survivor.</p>

IX. Implementation Gaps and Challenges

Stages in the Reintegration Process	Key points	Implementation Gaps/Challenges shared by the Agencies	Observations
1. Tracing, assessment and planning	<ul style="list-style-type: none"> * Assessment of the child * Family tracing and Best Interests * Determination Assessment of the family * Assessment of the community * Developing a plan 	<ul style="list-style-type: none"> ➤ Difficulty in the referral ➤ Limited resources to support the plan 	<p>The 5 Agencies had presented crucial steps (both in the Assessment Centers and in the Temporary Residential Care Facilities) describing the assessment of both the OSEC victim survivor and the family during the preparatory phase of the family reunification.</p> <p>Assessment results are carefully discussed and a Comprehensive Assessment Report by the MDT or a Helping Plan is being accomplished</p>
2. Preparation of children and families	<ul style="list-style-type: none"> * Ensuring a caring environment pre-reintegration * Tackling discrimination and issues of identity * Addressing abuse, neglect, violence and exploitation in the family * Meeting mental and physical health needs, responding to addiction * Supporting children with disabilities * Planning for education and life skills training 	<ul style="list-style-type: none"> ➤ LGUs delay in submission of PCAR, resulting to delays in reintegration process ➤ Court hearings are being reset resulting to delays in the reunification/reintegration process ➤ difficult explaining the situation to the children and the family (e.g. family were angry because of the separation with children); challenge is how to engage with the family given the situation; 	<p>Note that most of these areas are already being practiced in the 5 agencies; thorough assessment of both the OSEC victim-survivor is carried out to ensure the readiness and preparedness of both the child and the family; this stage is crucial for the healing and recovery of the OSEC victim-survivor and the family as well</p> <p>We noted that more effort is exerted when dealing with an OSEC victim with an offending parent as it would entail a deeper understanding and</p>

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	<ul style="list-style-type: none"> * Household economic strengthening and material support * Other forms of support * Determining who will carry out monitoring and follow-up support 	<ul style="list-style-type: none"> ➤ Difficulty of referring OSEC victim-survivor with disabilities 	<p>emotional healing from the child's perspective</p>
3. Child's initial contact with family and reunification	<ul style="list-style-type: none"> * Initial contact with families * Family reunification 	<ul style="list-style-type: none"> ➤ The Parenting Capability Assessment Tool (LGU tool) is being used. “super tagal” (very slow response) and even sometimes delays the process. ➤ conflict in decisions between bringing back the child to family versus legal implications 	<p>Connecting the OSEC victim-survivor with their families is given priority to begin the healing and recovery process but with safety nets in place to ensure their protection</p> <p>We noted in one interview that the mother verbalized her anxiousness and frustration in trying to look for her child who was rescued but without the parents knowledge on the whereabouts of their child.</p>
4. Post-reunification support	<ul style="list-style-type: none"> * Monitoring child well-being * Follow-up support * Spontaneous or sudden reunification * Reintegration and prevention of separation strategies 	<ul style="list-style-type: none"> ➤ Follow up of the continuum of care plan when the OSEC victim is reintegrated with the family ➤ Need for an After Care Social Worker ➤ Some services offered by the MDT during the reintegration 	<p>Monitoring and continuity of aftercare support for the OSEC victim-survivor may need further enhancements at the community level; This has to be further explored given the limitations and workload of some local social workers to address regular monitoring of the clients in some areas.</p>

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		<p>were not granted to the family</p> <ul style="list-style-type: none"> ➤ Lack of monitoring of the survivor and family due to massive workloads of LGU social worker ➤ There are survivors who were reintegrated to different places (e.g. province) and eventually returned to the place they were rescued ➤ Lack of access of families to assistance towards economic recovery 	
	<ul style="list-style-type: none"> • Identification and tapping of community-based support mechanisms to continue the support in the aftercare of OSEC victim survivor and their family towards healing and recovery • Advocacy and continuous community 	<ul style="list-style-type: none"> ➤ Poor linkages with other agencies (NGOs, GOS, local churches, individual advocates) at the community level ➤ Sustaining the program and 	<p>Community -based support and mechanisms should be installed alongside with the preparation of the OSEC victims-survivors for family reintegration.</p> <p>We observed the limitation in the conduct of community based education on OSEC to raise awareness of OSEC</p>

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	<p>education on OSEC issues in the family and community</p> <ul style="list-style-type: none"> Healing and recovery issues for children and the families whose members of the family are the identified perpetrator/s 	<p>services at the community level</p> <ul style="list-style-type: none"> ➤ Conflict between decisions on whether the child should already be reintegrated prior to legal proceedings 	<p>issues and to critically assess family and cultural values that serve as gaps in the family reintegration program</p> <p>Continuous processing of issues and assistance to OSEC victims-survivors whose family members are accused as perpetrators of OSEC of their children or kins.</p>
5. Case closure	*		

X. Policy Gaps, implications and Recommendation

Policy Gaps/ Implications	Proposed Policy Recommendations
<p>Legal mandates with emphasis on OSEC specific family reintegration interventions, programs and services are not yet available.</p> <p><i>Explanatory note: While there are several laws that are being used as reference in the implementation of OSEC related interventions for children (i.e. laws on anti-trafficking, child protection policies, anti-sexual abuse and exploitation in children) among others, the complexity of family reintegration among OSEC victim-survivor warrants a specific law and IRR to further guide its implementation.</i></p>	<p>Review existing policies related to child protection and other related policies</p> <p>Push/ advocate the passing of the law and crafting of the IRR defining OSEC specific guidelines and protocols to include well defined OSEC family reintegration interventions;</p> <p>Budget appropriations should be stipulated in the IRR of the laws that provides assistance to the family after reunification/ reintegration to improve economic recovery</p> <p>Support the conduct of participatory action research to evaluate and establish evidences of promising practices on OSEC interventions, programs, services among GAs/ NGOs (Agencies)/ FBOs providing OSEC services.</p>

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	<p>An evaluative research can provide the evidences to support key elements of the OSEC-specific standard protocols and practice guidelines on OSEC Family Reintegration to help implementing Agencies.</p> <p>Note: The Documentation of OSEC Family Reintegration Models can serve as reference points in defining these standards of practice and guidelines.</p> <p>The current protocols and standards being implemented by the Agencies can serve as inputs to the IRRs or guidelines to be developed in an OSEC specific program and services</p> <p>Standards Manual and Guideline can be formulated based on the promising evidences from the OSEC implementing agencies</p>
Current guidelines and protocols are not OSEC-specific	Guideline defining an alternative interim structure (e.g. shelter, foster care, independent living) before the actual reintegration process based on child's expressed choices and status of the family can be formulated
Funding support to assist the families even after the actual reintegration are insufficient to address the needs of the reintegrated OSEC victim survivor and her family.	<p>Guidelines should include the provision of necessary and much needed budgetary appropriation/ allocation to support economic recovery of the family and to prevent revictimization of the OSEC victim-survivor.</p> <p>Advocacy to LGUs should be sustained to ensure that OSEC programs and services will be given priorities more so under the Mandanas-Garcia ruling of the Supreme Court which transfers bigger share/ large chunk of the internal revenue allocation to local government units</p> <p>Explore the possibility of establishing public -private partnership in providing assistance to NGOs supported facilities catering to OSEC cases</p>
Need to ensure that OSEC related issues and concerns are taken up and discussed in specific inter-	Review and amend current/ existing national and local government committees and inter-agency councils that can already include OSEC specific issues

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agency committees (at the various levels of public welfare system) to address and resolve policy and operational issues in OSEC implementation	
There is an observed gap in terms of interventions to address offending family members since they still are part of the reintegration process. It was being noted that OSEC victim-survivors still yearn to see and talk to their offending parent/s despite the wrongdoing.	A policy intervention may need to be carefully studied on restorative justice and healing for the OSEC victim and the offending family member. It was noted in the documentation process that family reconciliation is key towards healing and recovery of the OSEC victim-survivor .
Post-reintegration safety, security, stigmatization and discrimination poses a big risk to the OSEC victim survivor during the healing process.	The law should mandate the set standard for community protocols that provides safeguards to the OSEC victim-survivor and family to prevent stigma and discrimination; while this may be under the jurisdiction of the BCPC, clarity in terms of how to respond to the needs of the OSEC victim survivor and the family should be well defined.
OSEC family reintegration should always prioritize the reintegration of the child with the family. If not possible, the other models should be explored as an option	OSEC mandates, implementing rules and regulations and other guidelines should be in alignment with international standards in terms of child rights and protection, OSEC principles, concepts, and practices with full consideration of the Filipino context, values, and acceptable norms.
Lack of human resource to provide support to the OSEC victim survivor and the family in the reintegration process. Explanatory note: It was being noted that the reintegration process entails close monitoring and provision of assistance to the OSEC victim-survivors and their families to prevent re-victimization. LGU social workers need the extra hand and support to perform	Policy should consider that LGUs shall have additional human resource to have dedicated people on OSEC related issues and concern for the child and the family. Partnership agreements should be established between the NGOs and LGUs to define specific roles and responsibilities to support the OSEC victim survivor and the family after reintegration.

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expected tasks with the follow up of OSEC cases.	
Monitoring of OSEC victim survivor at the community level is wanting	Develop the monitoring framework/ design and tools to include OSEC indicators and parameters to track the OSEC victim survivor and their families during reintegration (for LGUs, NGOs, and community- based mechanisms)
Discussions on OSEC related issues and concerns at the LGU level (more specifically in “hot spot” areas) need to be reinforced and sustained	<p>Policy on the creation of inter-agency committees on OSEC at the local levels to monitor OSEC related issues and concerns</p> <p>Forged partnerships with different sectors (GOs, NGOs, FBOs, Private sector) at all levels to create an inter-agency committee on OSEC concerns</p> <p>Establishing the feedback mechanisms from community back to the referring agency/ institution.</p>
Difficulty in tracking OSEC victim survivor and their family after reintegration in some areas	Development of an OSEC database (at the LGU level) to support tracking and monitoring of OSEC victim-survivor and their families

XI. Conclusion

Based from the documentation of the narratives that was shared by the five OSEC Implementing Agencies we have drawn the following conclusion:

1. The current implementation of the OSEC Family Reintegration intervention is anchored on existing laws that covers OSEC situation but is not very specific to OSEC needs and requirements
2. Case Management of OSEC victim-survivor is very specific and individualized. Guidelines in handing children who belong to the younger age groups (i.e. below three years old) need special attention and care.
3. The OSEC Implementing Agencies follow a common pattern (model) or stages in the family reintegration process but may have different strategies/ approaches/ activities. The OSEC victim-survivor care continuum begins from the time the child is rescued until he/she is reunited back to the family. The regular assessment and psycho-education of the child and the family helps a lot in having a better understanding of what happened and how to cope with the situation.
4. Preparing both the OSEC victim survivor and the family is a crucial step towards the early reconciliation process. While it may be beneficial to a non-offending family or kinship, the process of reconciliation may be quite challenging for those parents who are the offending party. Discussions on restorative justice may need to be explored along the course of preparations for the family members.
5. The guiding principles on OSEC Family Reintegration were evident in the narratives described by the implementing Agencies
6. Given the comprehensive assessment and holistic approach in the management of OSEC victim-survivor, we see the need to have staffing complementation that should be based at the family and community level. It is understandable that community- based strategies to support the OSEC Family Reintegration would require quality monitoring time to address the immediate needs of the child and the family. A task which is under the watch of the LGU but we do understand the complexity and workload being assigned to social workers. The OSEC Family reintegration processes require adequacy in human resource requirements (e.g. Facility based, family based, and community based assigned) that should complement/ harmonize with each other.
7. Community-based mechanisms to provide the safety nets and protection to the OSEC victim-survivor and the family is crucial element of the reintegration process. Partnership building and community networks of OSEC advocates can help raise awareness and support to the family in creating an environment which is non-discriminatory and contributes to their healing.
8. The sharing of experiences of the social workers on the Agencies in the Focus Group Discussion (FGDs) provided information and levelling off of some terminologies, understanding of the approaches /policies and validated the models used in the Family Reintegration Program in the Agencies.

9. The interviews of the OSEC victims-survivors affirmed the various intervention programs and services the Agencies implemented during their stay at the facilities of the Agencies (shelter and assessment) to prepare them for the reintegration to their families, kins or to another shelter facility. For those OSEC victims-survivors whose parents were the perpetrators, the reintegration was more difficult to see their parents accused in court or behind bars for the crime committed.
10. The interviews with the social workers at the LGUs showed their efforts to monitor the situation of the OSEC victims-survivors in the community despite their many tasks and workloads in the local DSWD.

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