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RESEARCH ARTICLE

Case management and psychosocial care services for child and adolescent survivors of rape and sexual abuse

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ABSTRACT

A child's right to life is violated by sexual abuse, which also represents an abuse of power. The case management and psychological care services provided to the child and adolescent survivors of rape and sexual abuse were evaluated in this study. Three (3) Registered Social Workers and five (5) residents from the Home for Women and Children (HWC) in Amas, Kidapawan City, Philippines, took part in the study. Before the incidents, the residents were all high school students aged 14 to 19 years old. Based on the findings, the caseworkers were unable to provide adequate psychological support, and the staff and the caseworkers were also unable to adequately explain to the residents that they could always return for additional help. The clients were uncomfortable telling their stories, felt blamed by the staff and caregivers for the abuse, were bored in the center, and missed their families, and many were still unsatisfied with the care services offered by the HWC because the perpetrator had not been jailed yet, thus, their home is not yet safe for them. The head of the HWC recommends that the client's integration plan be developed, preferably with a six-month aftercare program or monitoring. Also, there must be suitable strategies to avoid and respond to sexual violence. Clients should receive more outstanding psychosocial care, and employees and caseworkers should receive other pieces of training, seminars, and workshops to improve the services provided in the HWC.

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INTRODUCTION

Sexual abuse is an abuse of power over a child and a violation of a child's rights to life and normal development through healthy and trusting relationships. Child sexual abuse is defined by the World Health Organization (WHO) as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. This activity between a child and an adult or another child who, by age or development, is in a relationship of responsibility, trust, or power, that activity being intended to gratify or satisfy the person's needs, is evidence of child sexual abuse (WHO, 1999).

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The "Prevalence of Child Sexual Abuse in Community and Student Samples: A Meta-Analysis," a 2009 metastudy from the University of Barcelona published in Clinical Psychology Review, evaluated 65 research publications from 22 countries to obtain an overall international figure" for child abuse revealed that, prior to the age of 18, a reported 7.9% of men and 19.7% of women in the world suffered sexual abuse. Male rates were 7.%, and female rates were 25.3% in the United States. Africa had the highest prevalence of child sexual abuse (34.%), while Europe had the lowest prevalence rate (9.2%). The prevalence rates in America and Asia ranged from 10.1% to 23.9%. Men (60.9%) and women (60.9%) have the most excellent prevalence rates in South Africa (43.7%). Jordan has the second-highest prevalence rate (27%) among men, followed by Tanzania (25%). Male prevalence rates range from 10% to 20% in Israel (15.7%), Spain (13.4%), Australia (13%), and Costa Rica (12.8%), while the rest nations all have rates below 10%. Abused children are more likely to abuse others as adults, resulting in violence being passed down from generation to generation. Breaking the cycle of violence, and hence creating beneficial multigenerational effects, is therefore crucial. Seven nations reported prevalence rates of over 20% among women: Australia (37.8%), Costa Rica (32.2%), Tanzania (31.0%), Israel (30.7%), Sweden (28.1%), the United States (25.3%), and Switzerland (25.3%) (Pereda, Guilera, Forns, & Gómez-Benito, 2009).

Rape and sexual assault have long-term negative consequences, including social and economic expenses, as well as physical and mental health consequences, such as hurting people's ability to work and engage in family and community life (Brown, Khasteganan, Brown, Hegarty, Carter, Tarzia, Feder, & O'Doherty, 2019). Furthermore, research has indicated that women who have experienced sexual abuse have trouble trusting others, have low self-esteem, have sexual problems, and have more excellent rates of substance usage (Lowder & Oliphant, 2012). Despite the event's age, sexual abuse has been proven to have long-term, irreversible, emotional and physical impacts on women, especially young girls. Sexual assault survivors frequently internalize their symptoms, which can contribute to depression.

Case management and psychosocial care are procedures for planning, obtaining, and monitoring services from various social agencies and employees on behalf of a client, as well as providing intervention to mitigate the negative consequences of sexual abuse. Typically, one agency has the primary responsibility for the client and assigns a case manager to organize services, advocate for the client, and, in some cases, control resources and purchase services on the client's behalf (National Association of Social Workers, 2013). A sexually abused child's long-term health is usually determined by support in addressing the issue and giving psychosocial care to the family or community, as well as protection from additional harm (Lawler & Talbot, 2012).

The children in the Philippines are protected by the laws of being sexually abused as clearly stipulated, "All children in the Philippines and Filipino children elsewhere are protected from all forms of violence, abuse, exploitation, and discrimination," according to Executive Order No. 53, Strengthening the Committee for the Special Protection of Children, amended for Executive Order No. 275 s.1995. However, serious sexual abuses still occur, and the perpetrators remain permitted of such illegal acts.

Furthermore and in order to further enforce the protection of children and adolescents, in 2002, the Provincial Government of Cotabato constructed the Crisis Intervention Center (CIC), now the Home for Women and Children (HWC), located in Amas, Kidapawan City was based on Republic Act 8505, or the Rape Victims Assistance and Protection Act of 1998. When it first opened, it had five residents and was run by the Provincial Social Welfare and Development Office (PSWDO). It has been assisting mistreated children for almost a decade. The organization provides children's protection, psychiatric counseling, legal support, and educational services.

In cognizance hereto, this study was a formative evaluation of the services provided by the HWC in Cotabato Province. This assessment was used to establish how HWC programs and services were implemented for the clients/residents. Case management and psychosocial care services were evaluated based on how caseworkers implemented them and how satisfied the clients/ residents were with them. The findings shall help improve the HWC's services for satisfaction and recovery.

METHOD

The study utilized the descriptive research design to gather data on the case management services and psychosocial care services implemented to the residents of the HWC in Amas, Kidapawan City, Philippines, in February 2016. HWC, formerly called Crisis Intervention Center (CIC), is a facility where a comprehensive network of services and support activities are available to victims of rape and other forms of sexual abuse, their family, and the community in general, including programs for sexual assault awareness and prevention.

The study respondents included the Casework Supervisor, the Head of the HWC (assessed by the Two Registered Social Workers), and the five (5) residents/ clients in the center who were all girls and between the ages of 14 to 19 years old. There were more than 10 residents during the conduct of the study, but the residents who were currently available for data gathering at the shelter were five (5) residents

A letter requesting permission to conduct the study was submitted to the Provincial Social Welfare Development Office in Amas, Kidapawan City, Philippines. After the approval, the head of the HWC arranged an appointment for data collection and interviews with the clients.

The instruments in this study were all adopted from the Caring for Child Survivors of Sexual Abuse by International Rescue Committee (IRC, 2012) resources. The CCS Guidelines on global research and evidenced-based field practice bring a much-needed fresh, practical approach to helping the child and adolescent survivors and their families recover and heal from the frequently devastating impacts of sexual abuse. The guidelines are rooted in best practices and global standards (IRC, 2012). The instrument was adapted from the checklist developed by the International Rescue Committee (2012) in the Caring for Child Survivors of Sexual Abuse Guidelines. The reason for adopting this guideline in this paper was developed to respond to the gap in guidance for health and psychosocial staff providing care and treatment to child and adolescent survivors of sexual abuse in a humanitarian setting. The casework supervisor of the center completed the first instrument on the self-rating checklist on the Caring for Child Survivors Minimum Standards for Case Management, which consisted of six (6) statements regarding the minimum standards for case management service providers was used to evaluate the minimum standards for case management services. The passing score must be six (6) points to meet the minimum standards for case management.

The second checklist, which the Head of the HWC also completed, was the Supervision Tool Case Management Checklist to review the caseworkers' practices on an individual case by asking the caseworker if she or he completed the task listed for each step of case management. This checklist provides an opportunity to evaluate the caseworker's direct practice and to receive supervision from his or her case manager/supervisor. It composes of six (6) components, namely: (a) create a climate of trust, support, and care, (b) introduction/ engagement and intake and assessment steps, (c) case action planning and implementing the action plan steps, (d) case follow up, (e) case closure, and (f) overall case management provided. It is answerable by yes or no, and there is a space for the statement which is not applicable (n/a). There was also a space where the supervisor wrote her comments about the case worker. The third instrument was the Client's Questionnaire Feedback Form

to evaluate the service the center offered to the children/ adolescents and families affected by violence and assess their satisfaction with their services. The child or adolescent/ client feedback form was one method for the HWC to receive feedback from the children/ adolescents and the families they served. The responses would help the HWC improve its services and better meet the needs of its clients. This is in no way to evaluate individual staff members and was used as a tool to evaluate the practices of the staff/ caseworkers. It was completed through an interview with the child/ adolescent survivors and his/her caregivers if appropriate. The clients were informed that no questions about their case would be asked during the interview, and it was to get information on the services they received and that all responses would be kept confidential. If the child or adolescent/ caregiver can read and write and would like to complete the form on her/his own, this is also acceptable. The child essentially would still be informed that whatever she writes on the form will be treated with the utmost confidentiality. The data was analyzed using the "yes-no" dichotomous response presentation.

RESULT

This chapter presents the results of the evaluation of the case management and psychosocial care services implemented by the HWC. This chapter first discusses two areas regarding case management services on the minimum standards set by International Rescue Committee (2012) and the case management services implemented by the case workers in the HWC. Lastly, it also discusses the evaluation of the psychosocial care services offered by the social workers to the residents/ clients in the HWC.

Evaluation criteria used based on the minimum standards for case management services in Home for Women and Children

This evaluation focuses on the case management services offered in the HWC, and this study was interested in confirming how these services were parallel to the international standards for Caring for Child Survivors (CCS). Data in Table 1 shows the evaluation pertained to the minimum standards for case management services for child survivors divided into two sections: (a) mandatory requirements and (b) optional category. The passing score for the mandatory requirements is six (6) points.

Table 1. Evaluation Criteria Used Based on the Minimum Standards for Case Management Services in Home for Women and Children Amas, Kidapawan City, February 2016.

Mandatory Requirements	**Response**
Case Management staff are trained in Caring for Child Survivors (CCS) and are present in service provider agencies (this means staff delivering services have been trained and pass the core Knowledge/ Skills/ Attitudes competency)	Yes
A supervision system exists for case workers providing care to child survivors.	Yes
Safe, locked filing spaces to keep child records confidential exist.	Yes
Referral System for children is documented for meetings with children and caregivers.	Yes
A private counseling room is available for meetings with children and caregivers.	Yes
Informed consent and confidentiality forms and procedures are adapted for child survivors.	Yes
Optional Category	
Case management forms are adapted and used for child survivors	Yes
Child-friendly materials (toys, art materials, dolls) are available in counseling rooms for case management staff to use with child survivors	Yes
Sexual abuse educational materials are adapted and available for child survivors	Yes
Child supplies (clothes, etc.) are available at the case management service location	Yes
Defined psychosocial interventions offered as part of case management	Yes

Mandatory Requirements. There were six (6) required requirements for case management minimal standards. First, the Head of HWC confirmed that case management employees and caseworkers had been educated to care for child survivors. This also signifies that the HWC followed the Department of Social Welfare and Development's guidelines for cases of violence against women

and children (VAWC). The outcome indicates that the Amas HWC in Kidapawan City follows the Minimum Standards of Practice in Case Management Services.

Optional Category. On the other hand, the optional category of minimal criteria for case management services contains five (5) standard statements. First, the HWC Director agreed that case management forms are used at the center. As previously stated, intake assessments are completed for each case in accordance with DSWD (2008) guidelines, demonstrating the justification for contracting aid or referring to alternative agencies. Individual intake sheets are prepared entirely and correctly, including demographics, abuse history, impacts of abuse, victims' behavior and physical condition, needs and concerns, actions taken/referrals and first plans of the victim-survivors. The findings suggested that the casework supervisor generally believed that the HWC conformed to the minimum standards set by the IRC.

Evaluation of Case Management Services Implemented by the Case Workers.

Table 2 includes findings on the case management services and the study's initial goal. The caseworkers of the Registered Social Workers (RSW) in the HWC used a Supervision Tool for Caring for Child Survivor Case Management Checklist to collect data based on how the two (2) Registered Social Workers as caseworkers executed case management services. The head who supervises the HWC completed the checklist. This checklist evaluation allowed the caseworker to assess his or her direct practice while also receiving supervision from his or her case management/supervisor. The discussion is subdivided into six sections, namely: (1) promotion of climate of trust, support, and care; (2) conduct of introduction/ engagement and intake assessment steps; (3) case action planning and implementation of the action plan steps; (4) conduct of case follow-up; (5) case closure; and (6) over-all case management provided.

The Head of HWC completed the Case Management Checklist as implemented by the Registered Social Workers (RSW). The result revealed that the checklist's six (6) subsections were adequately implemented by the caseworkers or the Registered Social Workers except for the RSW 1, who could not implement additional psychosocial support in the Home for Women and Children (if appropriate). Further, the caseworkers could not explain to the child and caregiver that they could always come back for further services. Aside from the quantitative response, the Case Supervisor wrote in the form that “the reintegration plan must be formulated prior to the integration of the client, preferably six months after the care program, and there must also be a conducted monitoring.”

Evaluation of Psychosocial Care Services to the Child and Adolescent Survivors

Tables 3 and 4 findings on the satisfaction survey of the clients in HWC reflect that there should be some improvements in the communication between the staff and the caseworkers of the clients. The researcher intended to conduct a total count of the clients at the HWC, but due to the complicated, traumatic, and highly sensitive situations of the other clients, the Provincial Social

Table 2. Case Management Services Implemented by the Case Workers

Introduction/ Engagement and Intake Assessment Steps	**RSW 1**	**RSW 2**
Explain to the child in simple, clear terms about case management services and confidentiality.	Yes	Yes
Obtained informed consent and informed assent from the child and/or caregiver appropriately.	Yes	Yes
Conduct a safe and supportive interview (following the best practices for communication/ interviewing).	Yes	Yes
Collect only the incident details relevant to helping the child and his/her family.	Yes	Yes
Assess the child's safety, health, psychosocial, and legal/ justice needs appropriately	Yes	Yes
Complete the correct forms and documents.	Yes	Yes
Case Action Planning and Implementation of the Action Plan Steps	**RSW 1**	**RSW 2**
Develop treatment goals and an action plan based on the assessment of needs.	Yes	Yes
Involve the child's views and opinions in decision-making according to best practices.	Yes	Yes
Involve the caregiver in the child's care and treatment action plan.	Yes	Yes
Ensure the child's best interests (e.g., making sure any actions taken will safeguard physical and emotional safety) when planning action steps.	Yes	Yes
Explain options for service providers to help meet the child's needs	Yes	Yes
Ask the child and caregiver how much information they would like to have shared during the referral process and how.	Yes	Yes
Obtain information consent/ assessment for referrals.	Yes	Yes
Coordinate the child's needs through safe and appropriate referrals (e.g., accompany the child)	Yes	Yes
Implement mandatory reporting procedures (if applicable).	Yes	Yes
Implement additional psychosocial support your agency offers (if appropriate).	No	Yes
Consult with supervisor on urgent safety concerns raised.	Yes	Yes
Make a follow-up plan/ appointment.	Yes	Yes
Complete the correct forms and documentation.	Yes	Yes
Case Follow-Up	**RSW 1**	**RSW 2**
Meet with the child at the requested time and location for a follow-up appointment.	Yes	Yes
Review initial case goals and action plan to assess the status of the child's needs being met.	Yes	Yes
Re-assess the child's needs (focus on safety) during the follow-up to see if new issues or needs arise.	Yes	Yes
Develop a revised action plan to meet the new needs the child has.	Yes	Yes
Obtain informed consent for additional service providers brought into the child's care and treatment.	Yes	Yes
Make another follow-up appointment with the child and/or caregiver.	Yes	Yes
Case Closure	**RSW 1**	**RSW 2**
Assess, with the child/ caregiver, if all needs have been met and no further case management is needed	Yes	Yes
Review the safety plan in place	Yes	Yes
Explain to the child and caregiver that they can always come back for further services [Supervisor's Comment: The reintegration plan must be formulated prior to the integration of the client. Six months aftercare program (monitoring)].	No	No
Complete the appropriate case documentation	Yes	Yes
Overall Case Management Provided	**RSW 1**	**RSW 2**
Follow the guiding principles in caring for child survivors	Yes	Yes
Complete case management steps and procedures according to appropriate guidelines	Yes	Yes
Receive advice and supervision from her case management supervisor well	Yes	Yes

The Welfare and Development Office (PSWDO) Director and the Head of HWC decided to allow only five (5) or more than 30% of the clients from 10 residents. The clients were sent to the Provincial Social Welfare and Development Office's counseling room for interviews on their experiences with the HWC's programs and services. Clients rated the psychosocial services offered by the HWC using the Client Feedback Questionnaire during the interview. The questionnaire was written in basic English that the clients could comprehend, and it was translated into the Filipino language to elicit more reliable and truthful responses. In order to keep their identity, all of the clients' names chosen as research respondents were kept highly confidential.

Table 3. Evaluating Psychosocial Care Services for Child-Survivors in Home for Women and Children (Quantitative Responses).

Clients' Entry to the Home for Women and Children	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
How did you find out about HWC services?	Head of the HWC	RSW (MSW-DO Makilala)	Head of the HWC	RSW (MSWDO-Libungan)	Head of the HWC
Did you ever try to visit the counseling center and find there was no caseworkers present?	No	No	No	No	No
Assistance Given by Home for Women and Children to the Clients	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
What kind of assistance were you expecting from the HWC?					
a. Counseling	Yes	Yes	Yes	Yes	Yes
b. Psychosocial Supports	Yes	Yes	Yes	Yes	Yes
c. Proper Case Management	Yes	Yes	Yes	Yes	Yes
d. Assistance (going to health or safety or legal or other service provided)	Yes	Yes	Yes	Yes	Yes
e. Resettlement and Shelter	Yes	Yes	Yes	Yes	Yes
Were your expectations met?	Yes	Yes	Yes	Yes	Yes
Staff and Caseworkers are Respectful and Provide Comfort to their Clients	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
Were you treated respectfully by the staff and caseworkers?	Yes	Yes	Yes	Yes	Yes
Did the staff and caseworkers make you comfortable sharing your experiences and asking for help?	Yes	Yes	Yes	Yes	**No**
Staff and Caseworkers' Way of Communication with the Clients	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
Did the staff and caseworkers communicate with you in a way you understood?	Yes	Yes	Yes	Yes	Yes
Did you feel like the staff and caseworkers blamed you in any way for what happened?	No	**Yes**	No	No	No
Referral and decision-making:	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
Did you feel pressured by any of the staff and caseworkers to make a decision or do something you did not wish to do?	No	No	No	No	No
Did the staff and caseworkers refer you to any other services?	Yes	Yes	Yes	Yes	Yes
Did the staff and caseworkers follow up and do what was agreed?	Yes	Yes	Yes	Yes	Yes
Clients' Over-all Satisfaction:	**Client 1**	**Client 2**	**Client 3**	**Client 4**	**Client 5**
Do you feel like the Crisis Intervention Center helped you with your problems?	Yes	Yes	Yes	Yes	Yes
Do you feel like the Crisis Intervention Center helped you address problems in your family related to the abuse?	Yes	Yes	Yes	Yes	Yes
Did you generally feel better after meeting with the Home for Women and Children?	Yes	**No**	Yes	**No**	Yes

Table 4. Evaluation of Psychosocial Care Services for Child-Survivors in Home for Women and Children (Qualitative Responses).

Feedback and Other Concerns of the Clients	
Client 1	*"Wala na kay tanan nakong kailangan, ara na."* (There is none because they provided everything I needed.)
Client 2	"None, because everything is provided."
Client 3	*"Wala na…"* (There's none).
Client 4	*"Sana maka-aral na ako sa susunod na year para maka-trabaho na ako."* (I wish I can go back to school next year and be able to find a job after.)
Client 5	*"Ang gusto kong gawin ay makatulong sa mga nangangailangan at gusto ko pang i-improve ang trabaho para sa kabataan."* (I want to help others who need help and improve programs for youth.)

The evaluation (refer to Tables 3a and 3b) focused on the issues and concerns relating to the client's entry to the Home for Women and Children, assistance given by the center, caseworkers' respect and comfort to the clients, communication to clients, referral and decision-making, clients' over-all satisfaction, and feedback and other concerns of the clients.

Entry to the Home for Women and Children. The respondents were aware of the HWC's services as a result of recommendations from the local MSWD office's social workers, and three (3) were referred directly to the Head of the HWC. When they visited the counseling center, the respondents also felt that caseworkers were there. As a result, the staff and caseworkers are serious about their obligations and responsibilities in caring for child survivors, client comments and other problems.

Assistance Given by the Home for Women and Children to the Clients. All respondents stated they received counseling/psychosocial support, effective case management, help (such as referrals to health, safety, legal, or other service providers), material assistance, resettlement, and shelter. In addition, 100% of the respondents said their expectations had been met.

Staff and Caseworkers are Respectful and Provide Comfort to their Clients. The responders all felt that the personnel and caseworkers at the center treated them with respect. This feeling means that the staff and caseworkers aid the clients' recovery with the center's positive and courteous attitudes. However, almost all respondents agreed that the center's employees and caseworkers helped them feel at ease while sharing their stories and seeking assistance. Client 5, however, was exceedingly hesitant to speak up. This condition could be due to her feeling humiliated to reveal her abuse story. She barely concealed her shyness during the interview by pressing herself into her seat. However, no further questions were asked because they would receive accusations of abuse.

Staff and Caseworkers' Way of Communication with the Clients. The clients said HWC's staff and caseworkers communicated with them clearly and understandably. This condition ensures no communication barriers between employees and caseworkers, allowing for open discussion of abuse situations. Furthermore, nearly all of the respondents stated that the employees and caseworkers were not to blame for what had happened to them. However, client 2, who felt blamed for the abuse that happened to her, stated,

> ''*Kasi siguro, mahilig akong mag-apply ng make-up tapos sabi ng isang staff na kaya daw nangyari yun sa akin kasi sa pagiging maarte ko*". (Maybe because I like applying make-up and one of the staff blamed me that maybe it happened to me because I was too beauty conscious.)
>
> (Client 2)

This finding contradicts the findings in Table 2, in the promotion of a climate of trust, support, and care, that "caseworker's communication with the child uses simple, clear, and non-blaming language."

Referral and decision-making. The clients believed that the HWC employees and caseworkers did not pressure them. All respondents thought HWC personnel and caseworkers referred them to additional services they needed and said that they had received all the information required to assist them. All respondents thought HWC personnel and caseworkers followed up and followed through on their promises.

Clients' Overall Satisfaction. HWC was thought to have benefited all of the responders with their issues. HWC, according to all of the respondents, assisted them in dealing with their family problems related to the abuse. Three (3) of the respondents said that meeting with HWC made them feel better in general. However, two (2) of the respondents felt that they did not feel better because,

"… kasi nafe-feel ko na masyadong tahimik dito at nami-miss ko na ang family ko." (I felt that the place is too quiet and boring and I already start missing my family.)

(Client 2)

"… hindi, kasi hindi pa po nahuli ang aking step farther". (… no, because my step father was not yet arrested.)

(Client 4)

Feedback and Other Concerns of the Clients. Two (2) of the respondents believed that there was nothing they could suggest or give feedback about because everything that they needed was all given:

"Wala na kay tanan nakong kailangan, ara na." (There is none because they provided everything I needed.)

(Client 5)

"None, because everything is provided."

(Client 2)

"Wala na…" (There's none).

(Client 1)

The other two (2) of the respondents commented that,

"Sana maka-aral na ako sa susunod na year para maka-trabaho na ako." (I wish I can go back to school next year and be able to find a job after.)

(Client 4)

"Ang gusto kong gawin ay makatulong sa mga nangangailangan at gusto ko pang i-improve ang trabaho para sa kabataan." (I want to help others who need help and improve programs for youth.)

(Client 3)

The findings generally revealed that one (1), i.e., Client 5, did not feel comfortable sharing their experience and asking for help. Client 2 believed that the staff and caseworkers blamed her in any way for what happened. Moreover, Clients 2 and 4 expressed contradicting responses when they were asked, in general, about their feelings after meeting with the HWC, but the remark of Client 2 stimulated alarm when she gave her overall feedback and concern that there was nothing more that she needed, but she confessed that she still did not feel better because her stepfather, who was her perpetrator, was not yet arrested. In other words, the inconsistencies in the remarks of the clients/ residents posed problems that need to be addressed when care is needed. This condition means that when the child or adolescent is reintegrated into her family following care from the HWC, the home environment safety must be taken into account

DISCUSSION

The result for the first objective (see Table 1) of this current study on the evaluation that the HWC revealed that it could conform to the minimum standards set by the IRC. The findings in the study are inconsistent with the Philippine government's directive establishing a Protocol for Case Management of Child Victims of Abuse, Neglect, and Exploitation through the Committee for the Special Protection of Children (CSPC), as mandated by Executive Order 53 on 11 August 2011. This protocol is a series of guidelines for ensuring the rights of children who have been abused, neglected, or exploited. From the time a child abuse case is reported or referred until it is closed, the procedure underlines the roles and obligations of government agencies and their partners, ensuring that child victims are treated in a child-sensitive and appropriate manner. Moreover, based on the findings of Jones, Atoro, & Walsh, Cross, & Shadoin (2010), child/ adolescent survivors are referred to in an environment that is as un-intimidating and appealing to children as possible (child-friendly).

Furthermore, additional findings revealed in the second objective that although child/ adolescent survivors of sexual abuse received psychosocial support, caseworkers were unable to offer additional

psychosocial support, and staff members/ caregivers were unable to let the clients/ residents know that they could always turn to them for assistance (see Table 2). Pieces of literature support the study findings that the children/adolescents should receive psychosocial support (including efforts to absolve any feelings of guilt or blame) also resources for the caregiver that will ensure supporting the child emotionally (Campbell, Greeson, & Fehler-Cabral, 2013; Denis, Seyller, & Chariot, 2016; Du Mont, Macdonald, Kosa, & Smith, 2016).

The findings for the third objective of the study (see Table 3a and 3b) revealed that a client did not feel comfortable sharing their experience and asking for assistance. There was also 1 client who believed that the staff and caseworkers blamed her abusively for what happened to her. Moreover, two (2) expressed contradicting responses when they were asked, in general, about their feelings after meeting with the HWC. However, one client's response raised the question when she gave her overall feedback and concern that there was nothing more that she needed because everything was already given, but she gave a somewhat contradicting view about her first remark that she did not feel comfortable at the HWC. In other words, the inconsistencies in the clients'/ residents' remarks somehow posed strong evidence of possible underlying issues regarding the care given to them.

Contrary to this study's findings, according to Campbell et al., 2013; Collings, 2011; Du Mont et al., 2016; Jones et al. (2010), child/adolescent survivors should receive a non-judgmental response that communicates that the survivor is believed. Furthermore, other studies found that children/ adolescent survivors should receive a response that prioritizes the child or adolescent's safety and needs and ensures that no further harm occurs (Collings, 2011; Palusci, Cox, Shatz, & Schultze, 2006). Nonetheless, according to the IRC (2012), care centers should offer specialized skills in child-centered communication to effectively care for clients. Their work, whether as health or psychosocial workers, requires them to exchange information with clients efficiently and effectively.

CONCLUSION

HWC met the Minimum Standards (for mandatory requirements or the optional category) for Case Management Services to their clients who experienced sexual abuse. Although psychosocial support is provided to child survivors, caseworkers cannot provide additional psychosocial support; the staff and caseworkers could not explain to the child and caregiver that they can always turn to them for help. Some clients felt uncomfortable sharing their experiences, blamed the staff for the abuse, were bored and missed their family, and were still unsatisfied because their stepfather had not yet been arrested, according to the evaluation of the psychosocial care services provided by the staff and caseworkers. Another client expressed her desire to return to continue her schooling to be able to find a good job. That means the child and adolescent survivors' care must also focus on home environment safety when she is reintegrated into her family after the care of the HWC.

Based on the study's findings, it is recommended that the basic standards in the provision of case management services in the HWC should be maintained. Additionally, based on the Case Supervisor's comments, a reintegration plan must be formulated for the client. Preferably six months after the care program or monitoring must also be conducted, ensuring the safety of the home environment away from the perpetrators and possible venues that invite abuses in all forms, especially sexual abuse; and there must be appropriate ways of preventing and responding to sexual violence involving critical stakeholders in the community.

DECLARATION

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Author contribution statement

Khadiguia Ontok-Balah composed the research.

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The data described in this article can be accessed by contacting the author.

Declaration of interest's statement

The author declares no conflict of interest.

Additional information

No additional information is available for this paper.

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