BACKGROUND

- The Philippines was found to be the global epicenter of livestream Online Sexual Exploitation of Children (UNICEF) in 2016
- With internet use growing heavily and the economic challenges caused by the prevailing pandemic, OSEC rapidly increased in the Philippines
- The Department of Justice reported 264% increase in reports of OSEC in 2020
- It is estimated that around 2 million Filipino children experienced OSEC in 2021 (ECPAT, UNICEF, INTERPOL, 2022)
RESEARCH OBJECTIVES

• To add to the limited pool of knowledge on OSEC specifically on its impact to the mental health of survivors; to understand the dynamics of families that engage in OSEC at a time of pandemic; and evaluate interventions that may work for the OSEC population.
RESEARCH PROBLEMS

The study investigated the following:

1. Mental health profile of OSEC survivors rescued during the pandemic in the domains of trauma and problem behaviors

2. Impact of various modalities of therapeutic interventions in the reduction of trauma symptoms

3. Lived experiences of the care-providers in residential facilities handling the OSEC survivors during the lockdown

4. Family dynamics and driving factors among families who engaged in OSEC during the pandemic
METHODOLOGY

Research Design

• The entire process of the study employed a mixed method design

• The research involved assessment of the children obtaining quantitative data on pre and post intervention.

• The results were augmented through in-depth interviews with the social workers and non-perpetrating family members
METHODOLOGY

• Convenience sampling
• Validation process is quasi-experimental
• Participants included the following:
  – 89 OSEC survivors rescued during the pandemic
  – 10 social workers providing interventions to survivors in residential facilities
  – 10 non-perpetrating family members
METHODOLOGY

- The study utilized standardized tests and research instruments:
  1. Psychological Trauma Assessment Questionnaire (PTAQ)
  2. Child Behavior Checklist 6-18 (CBCL) and Youth Self Report
  3. Semi-structured interview guide for families and social workers
METHODOLOGY

**Intervention Group**
- Pre-assessment
- Provided by trained social workers and counselors with Trauma-focused interventions
- Post assessment conducted after 4 months

**Control Group**
- Pre-assessment
- No intervention provided
- Post assessment conducted after 4 months

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KEY FINDINGS
Q1: MENTAL HEALTH PROFILE

- Overall mean trauma symptoms score of the participants is 37.5 which is below the cut-off score
- Girls obtained relatively higher score than boys (39.1 and 33.7 respectively)
- Survivors within the age range of 12-14 years obtained the highest score in trauma symptoms, followed by the 15-17 years age range, with mean scores of 42.9 and 39.1 respectively.
- Survivors who independently (46.8) engaged into OSEC and those whose perpetrators were family members (43.8) obtained the highest mean score compared to other type of perpetrators
Q1: MENTAL HEALTH PROFILE

Trauma Symptom Scores of OSEC Survivors Across Gender and Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8</td>
<td>28.5</td>
<td>34.6</td>
<td>30.4</td>
</tr>
<tr>
<td>9-11</td>
<td>25.6</td>
<td><strong>38.0</strong></td>
<td>31.8</td>
</tr>
<tr>
<td>12-14</td>
<td><strong>47.5</strong></td>
<td>31.7</td>
<td><strong>42.9</strong></td>
</tr>
<tr>
<td>15-17</td>
<td>41</td>
<td>28.5</td>
<td>39.1</td>
</tr>
<tr>
<td>Total</td>
<td>39.1</td>
<td><strong>33.7</strong></td>
<td>37.5</td>
</tr>
</tbody>
</table>

Trauma Symptoms of OSEC Survivors Across Gender and Relationship with the Perpetrator

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>45.2</td>
<td>40.8</td>
<td>43.8</td>
</tr>
<tr>
<td>Relative</td>
<td>35.3</td>
<td>25.6</td>
<td>33.3</td>
</tr>
<tr>
<td>Community</td>
<td>30.6</td>
<td>28.8</td>
<td>29.9</td>
</tr>
<tr>
<td>Independent</td>
<td>46.8</td>
<td>NaN</td>
<td>46.8</td>
</tr>
<tr>
<td>Total</td>
<td>39.1</td>
<td>33.7</td>
<td>37.5</td>
</tr>
</tbody>
</table>
Q1: MENTAL HEALTH PROFILE

- Majority of the scores in the CBCL and YSR fell within the normal range.

- OSEC survivors scored higher in the domains of Internalizing Problems than in Externalizing Problems.

- More survivors fell within the Borderline and Clinical ranges in the following syndrome areas: Anxious Depressed, Withdrawn Depressed, Social Problems, Depressive Problem, Anxiety Problem, all of these are related to internalizing behaviors.
Q1: MENTAL HEALTH PROFILE

<table>
<thead>
<tr>
<th>Severity Range</th>
<th>Internalizing Problems</th>
<th>Externalizing Problems</th>
<th>Total Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>41</td>
<td>57</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>48.81 %</td>
<td>67.86 %</td>
<td>54.762 %</td>
</tr>
<tr>
<td>Borderline</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>7.14 %</td>
<td>9.52 %</td>
<td>11.905 %</td>
</tr>
<tr>
<td>Clinical</td>
<td>37</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>44.05 %</td>
<td>22.62 %</td>
<td>33.333 %</td>
</tr>
</tbody>
</table>
Q2: IMPACT OF INTERVENTIONS

- OSEC survivors in the control group had no significant difference in their pre-test and post-test scores after 4 months. The overall mean score of the trauma symptom increased from 30.75 to 35.81 for the control group.

- OSEC survivors who received interventions in the form of individual and group processing of their experience, the trauma score means significantly decreased from 34.12 to 23.55.

- Overall, the results show that trauma focused interventions, as opposed to no interventions, are better.
### Q2: IMPACT OF INTERVENTIONS

**Comparison Between Control and Intervention Groups on Trauma Symptoms**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Pre-Test Means</th>
<th>Post-Test Means</th>
<th>Difference Between Pre- and Post-Test</th>
<th>Level of Significance P(T&lt;=t) one-tail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>32</td>
<td>30.75</td>
<td>35.81</td>
<td>↑5.06</td>
<td>0.150</td>
</tr>
<tr>
<td>Intervention Group</td>
<td>32</td>
<td>34.12</td>
<td>23.55</td>
<td>↓10.57</td>
<td>0.004**</td>
</tr>
</tbody>
</table>
Q3. LIVED EXPERIENCES OF CARE PROVIDERS

SWs experienced helplessness, frustration, burnout and other mental health issues

“I was burned out because I can’t go out and 24/7, I am here. That was the system during that period, I was absorbing all the stress(es) of the children to the point that I got also sick for one month. When the children get sick, it’s another difficult situation because we cannot admit them to the hospital immediately.” (SW9)

They learned and adopted to new ways of delivering case management services

“My responsibilities as a social worker, more work caused a Pandemic but at the same time I also learned how to do other tasks and time management. I also became more computer literate because zoom, google meet and other online meeting platforms. We became more creative in activities and at the same time resourceful. We conduct sports fests, music fests to entertain the children.” (SW3)
They had improved relationships with the survivors during the pandemic

“They had improved relationships with the survivors during the pandemic. The bonding we formed helped the children to open up more frequently … a greater connection was developed.” (SW9)

They found HILOM, trauma-informed care trainings, mentoring, and coaching that they have received to be helpful.

“They found HILOM, trauma-informed care trainings, mentoring, and coaching that they have received to be helpful. Trainings and supervision from WHI are really helpful because they made us aware at the same time the capability buildings emphasized the background of OSEC. The presence of the partners is a very big help, you have the expertise in terms of child therapy” (SW8)

“HILOM workbook is a great factor of having an effective therapeutic intervention. It’s very effective and useful, especially in developing coping mechanism. Example, breathing exercise is just really simple but for them that’s big.” (SW1)
Q3: LIVED EXPERIENCES OF CARE PROVIDERS

OSEC survivors displayed more bouts of anger, resentment, fear and distrust.

“When they arrived here, they’re full of anger, resentment, they blame themselves always, they feel they were betrayed. Mostly, they felt like they were stabbed at the back when they were delivered in the shelter and labeled as survivors or rescued which makes it difficult for us to intervene with them, after we overcome this circumstance.” (SW1)

Behaviorally, they were observed to be passive, aggressive, clingy, and manifest highly sexualized behavior.

“There are children also who are clingy, that even when you’ll just have to go to the comfort room, they’ll follow you. They are lost in terms of boundaries.” (SW9).

“For young females, it will manifest in the way they behave, they’re quite sensual. Other when they’re comfortable with the place, they masturbate. Others usually invite other children to do sexual activities when they become comfortable with the place.” (SW8)
Q3: LIVED EXPERIENCES OF CARE PROVIDERS

| There were negative thought processes such as suicidal ideation, denial of abuse, self-devaluation and self-blame. |
| "They always think that they are no longer lovable and if someone will love them, it requires sexual performance. Some said they feel like they're dirty.” (SW5) |
| "They don’t have a grasp of what happened to them, they don’t have the understanding and concept of the abuse and they resort to self-blame why their family members go to jail.” (SW6) |

| The therapeutic interventions helped the survivors gain interpersonal skills, emotional regulation, and better academic performance |
| "They became more expressive; open they usually use the coping skills that was taught by Restore. They can already identify their emotions and knows what to do with it. (SW1). |
| "They’re more knowledgeable now with abuse and their triggers. They are now able to utilize coping even when they’re alone.” (SW2) |
| "They are able to express emotions in a constructive way, able to control anger and emotion-based actions-addressed impulsivity.” (SW4) |
Q4: LIVED EXPERIENCES OF FAMILIES

The families were adversely affected by COVID-19 economically and socially driving them to engage in OSEC

- “They (the children) can hear my wife and I argue. I lost my job during the pandemic, I resorted to doing sidelines (odd jobs). That’s almost no income, then we resorted to lending. When I lost the regular source of income that we had we also resorted to mortgaging the home appliances. I also got sick; I had edema.” (Father respondent).

The pandemic is a serious factor making children vulnerable to OSEC as parents cannot monitor their children because they had to find a way to earn

- “I think if there was no COVID, yes, it could not have happened. He will not be busy selling butche (delicacy) every afternoon, he might not be invited to go to birthdays because probably that time he is normally at the school ground. He could have been busy with his assignments and other school-related activities if it was face-to-face (class). They wouldn’t have the time to go to the beach out of boredom.” (Mother respondent)
Q4: LIVED EXPERIENCES OF FAMILIES

Family members had variety of distress reactions because of the child’s OSEC victimization which included shock, anger, frustration and depression.

• “I thought I have protected her so much, but it turns out that my efforts were not enough. I have protected them, then these happened in two of my children. I questioned myself as a mother, am I a failure? Am I useless?” (Mother respondent).

The OSEC experience impacted the dynamics of the family relationships

• “I have many ill feelings towards my wife. I was devastated that she was able to do it and it led to this. I was able to experience not being able to hold my children, not even talk to them, and not even able to see them even from afar.” (Father respondent).
CONCLUSIONS

1. Overall, OSEC victimization had an impact of the mental health of survivors.

2. Trauma focused interventions showed promising impact in improving trauma levels as opposed to no interventions.
CONCLUSIONS

3. The social workers experienced emotional difficulties as they dealt with more psychological disturbances among the survivors.

4. The family was adversely affected by COVID-19 economically and socially driving them to engage in OSEC which caused distress in the family dynamics.
RECOMMENDATIONS

1. Assessment of survivors on their mental health should inform programming and policies in government and non-government care institutions.

2. Evidence-based and developmentally appropriate therapeutic interventions should be embedded in the aftercare services to facilitate recovery of survivors.
RECOMMENDATIONS

3. Institutionalizing capacity building and staff care for social workers and house parents are recommended through a sustainable staff development program.

4. Family interventions; education and training on managing disturbances of OSEC survivors; and sustainable economic empowerment program should be implemented to alleviate financial and social distress during the pandemic.
Thank you!