

National Baseline Study on Violence against Children and Youth (NBS-VAC) in the Philippines

Laurie S. Ramiro, MA, MMSc, PhD,¹ Bernadette J. Madrid, MD² and Patricia B. Luna³

¹*Department of Behavioral Sciences, College of Arts and Sciences, University of the Philippines Manila*

²*Child Protection Network, Manila, Philippines*

³*Council for the Welfare of Children, Philippines*

ABSTRACT

Objectives. This study aimed to estimate the national prevalence of violence against Filipino children and youth as experienced in various forms and settings.

Methods. About 3,866 young people aged 13-24 years from 172 randomly selected barangays (villages) nationwide participated in the survey. The questionnaire was self-administered, interviewer-administered, or interviewer-assisted, depending on the capability and preference of the respondent. Female respondents were interviewed or assisted by a female field assistant, while male field assistants guided the male respondents. The questionnaire was translated into seven local dialects and administered in the most comprehensible language to the respondent.

Results. Overall, 80 percent of the 3,866 respondents experienced any one form of violence in the home, school, workplace, and community. More than 3 in five suffered from physical, psychological, and peer violence, while 22.4 percent were victims of sexual abuse. Ten percent were physically neglected, while a fourth felt psychologically neglected by their caregivers. More boys claimed to have been sexually abused and physically neglected, while more girls were bullied and witnessed psychological violence in the home. VAC prevalence was, however, found to be highest among LGBTQ+s compared to heterosexual males and females. Despite the high prevalence, less than 10 percent of respondents disclosed their experiences of abuse, primarily to friends and parents. About one in 10 ever sought help from a professional.

Conclusion. There is a need to improve the implementation of child protection programs at the local level, where violence issues of heterosexual boys and girls and LGBTs are addressed.

Keywords: *violence, abuse, children, youth, Philippines*

INTRODUCTION

Violence against children (VAC) is not an uncommon occurrence in the Philippines. Almost every day, there are documented reports of cases of battered and abandoned children, children who were victims of rape and incest, and children victims of prostitution and human trafficking, not to mention those whose peers have bullied and harmed through cyberspace and are victims of armed conflicts and disasters. In the combined Third and Fourth Country Report to the Convention on the Rights of the Child (CRC) Committee, the Philippine government acknowledges the absence of accurate national data on the extent and magnitude of violence against Filipino children. Based on reported cases, most current data are obtained from government and non-government records. It is recognized that many incidents of abuse go unreported because of stigmatization and the cultural notions of privacy, discipline, and appropriate

Corresponding author: Laurie S. Ramiro, MA, MMSc, PhD
Department of Behavioral Sciences
College of Arts and Sciences
University of the Philippines Manila
Padre Faura Street, Ermita, Manila 1000, Philippines
Email: laurie_ramiro@yahoo.com

punishment. In the Philippines, incidents in the family, including interpersonal and domestic violence, are considered private affairs. Hence, Filipino families keep these events a “secret” to avoid damaging the family’s reputation and dignity.

The local literature is not amiss with research on violence against children and youth, although many of these studies had limited focus and coverage. In 2000, a general health survey¹ included questions on VAC and found that among 2,704 adolescents, the overall lifetime prevalence of child abuse was 85.9 percent, where the majority ever experienced physical maltreatment (82.9%) and psychological abuse (59.7%).

While the prevalence of sexual abuse may be under-reported due to shame and stigma, early studies estimated lifetime prevalence rates ranging from 11.4 percent to 13.7 percent.¹⁻³ In research conducted by the Women’s Legal Bureau covering 478 Philippine Supreme Court decisions on rape from 1961 to 1992, 71 percent of the 630 rapists were known to the victims, including relatives, acquaintances, in-laws, persons in authority, and friends.⁴ The 2009 National Demographic and Health Survey indicated that more females are sexually abused and neglected, but more males are abandoned. Physical maltreatment was common in both sexes.⁵

Among all types of violence against children, psychological violence may be the least studied in the Philippines. Available data show that 59.7 percent of adolescents experience psychological violence during childhood, where more males had such incidents than females.¹ The majority of these cases of abuse were in the form of verbal insults, belittling, cursing, and embarrassments. A study on sexual coercion and violence indicated that verbal aggression precedes other forms of interpersonal violence in intimate adolescent relationships.⁶

Aside from the home and community, violence against children is common in the school setting.⁷ In 2008, a study on violence against children in public schools showed that 4 of 10 Grades 1-3 children and 7 of 10 intermediate and high school students are likely to experience any one form of violence.⁸ Children are bullied, labeled by their peers, punished, and embarrassed by their teachers. More male than female respondents indicated having personally experienced verbal, physical, and sexual violence in the school.

Violence against children has also been shown to be a public health issue. Early childhood exposure to violence can affect brain development and increase the child’s susceptibility to various mental and physical health problems that can span into adulthood.⁹⁻¹² One local study pointed out that adverse experiences during childhood are directly related to health-risk behaviors such as smoking, alcoholism, drug abuse, sexual promiscuity, and chronic diseases in later life.¹³

The factors associated with violence against Filipino children may be structural, community-based, organizational, interpersonal, and personal. One of these factors is social norms which include beliefs about the use of corporal punishment to mold the values and character of the child.¹⁴ The concept of *machismo* (or toxic masculinity) and the

submissive and inferior role of the woman in the home and society, in general, are also contributory factors.¹⁵⁻¹⁷ Problems of implementation of laws and policies such as those related to statutory rape and juvenile justice, as well as the inadequacy of programs to combat violence against women and girls, or the absence of programs related to violence against the male gender, even with LGBTs, may also have engendered more space for child abuse and exploitation.

At the organizational level, family financial difficulties coupled with having large families, parental history of childhood abuse, and authoritarian parenting were associated with childhood violence.¹⁸⁻²¹ Lack of parental supervision, single-headed households, absentee parenting, and households with domestic violence are more likely to increase the vulnerability of children to child violence in the home.²²⁻²⁸ Studies also found that sexual violence in the home happens when the child is alone.²⁹ Aside from a step-father’s presence, mothers’ perceived powerlessness to protect their daughters against sexual abuse increased children’s vulnerability to sexual violence.^{30,31} Parental substance abuse was also cited as a risk factor for intimate partner violence. In the WorldSAFE study on violence against women, heavy drinking significantly predicted severe physical violence.²

Several factors also make children vulnerable to peer violence or bullying. Poor physical appearance, low self-esteem, bad temper, lack of social skills, having overprotective parents, and punitive or inconsistent discipline were indicated by Calata’s study as risk factors for bullying.³² In a survey of 1,184 high school students in Batangas City, the contributory factors to school bullying were conduct problems, poor socioeconomic status, gang involvement, drug use, and a history of bullying and violence during childhood.³³ Furthermore, children seen as more sensitive and less socially bold are at an increased risk of experiencing bullying.^{34,35} Poor parental discipline and communication and lack of teacher supervision are common among bullied elementary school children. There is also evidence that children with disabilities are more likely to experience violence.³⁶

OBJECTIVES

While several local studies have shown the types and extent of child abuse and exploitation, no nationwide study specific to violence against children and youth has ever been conducted to provide a generalized picture of the VAC situation in the country. This study aimed to gather national epidemiological data on violence against children and youth experienced in a broader range of conditions and locations. It sought to:

1. Estimate the national prevalence of violence against children and youth in various forms and settings;
2. Determine the prevalence of violence against children and youth by socio-demographic characteristics;
3. Assess the extent of polyvictimization of children and youth aged 13-24 years; and

4. Determine children and youth's extent of disclosure, awareness, and utilization of services related to VAC.

MATERIALS AND METHODS

The study was a nationwide epidemiological survey on VAC using a 3-stage cluster design. The first stage was the selection of primary sampling units (PSUs) consisting of barangays (villages) with approximately 250 households or several small contiguous barangays combined to contain about 250 households.

In each barangay, secondary sampling units (SSUs), defined as "households," were then systematically selected from a master list provided by the local government units. Finally, the elementary units (EUs) comprised individuals aged 13-24 from each sampled household.

One hundred and seventy-two barangays from the 17 regions of the country were randomly selected from the 2010 National Statistics Office records. The allocated barangays per region were chosen with "probability proportional to size." A split sampling approach was used to calculate male and female prevalence estimates for violence victimization. Figure 1 provides a visual map of the study areas.

In each barangay, 25 household units were systematically selected from the list of households obtained from the barangay office. In each sample household, one individual aged 13-24 was chosen as the final respondent. If there were more than one eligible respondent in the household, the last respondent was selected randomly using the KISH method.

Four thousand and three-hundred (4,300) males and females aged 13 to 24 were targeted for the survey. They must have been residents of the area for at least six months and have given their consent to participate in the study. The sample size calculation was adjusted by individual eligibility and response rates, household eligibility and response rates, and household screening rate.

The VAC questionnaire covered the following topics: socio-demographics; potential risk and protective factors such as social capital, adverse childhood experiences, and health-risk behaviors; physical, psychological, and sexual violence; other forms such as peer violence, cyberviolence, physical and psychological neglect, witnessing physical and psychological violence in the home, and collective violence, as well as disclosure, awareness, and utilization of VAC services.

Physical violence was defined in terms of having experienced behaviors that bring about bodily harm, such as being hit or spanked with a hand or stick, having hair pulled, being pinched, pushed or grabbed, having ears twisted, being slapped in the face, kicked, hit or beaten with a belt, or other hard objects, being choked or smothered, being locked up in a small space, tied up or chained to something, being made to stay in one position holding a heavy load, being made to kneel for a long time on any rough surface, and being made to do exercise as punishment. More severe forms such as

being harmed with a knife or a gun, drowned, burned, or scalded, and experiencing physical harm or injury requiring hospitalization were also included. These physical behaviors were evaluated based on Filipino normative practices. In the school setting, the following behaviors were added: being hit with an eraser or chalk; being asked to go out of the classroom, and cleaning the room, toilet, or surroundings of the school.

Concerning psychological violence, verbal abuse (i.e., being teased, insulted, ridiculed, humiliated, called names, threatened, cursed, or being said bad words), threats of actual abandonment, and threats of being harmed were mentioned. Sexual violence was indicated by forced consummated sex and sexual harassment, which included being talked to sexually, being touched or fondled on sensitive parts, taking photos or sex videos of a naked body or any sexual activity, and experiencing attempted sexual intercourse (oral, anal, vaginal).

With peer violence, bullying behaviors such as verbal abuse, being laughed at or made faces, being gossiped, being avoided during class work or play, being grabbed or pushed, destroying personal things, being imitated, being stalked, and being sexually molested were listed as indicators. Cyberviolence includes behaviors such as being screamed at, insulted, belittled, ridiculed, humiliated, threatened, or cursed by someone over the internet or cell phone; being shown photos or videos of sex organs or sexual activities over the internet or cell phone; having received unpleasant messages over the internet or cell phone, and having personal nude pictures or sexual activities posted in the internet or cell phone.

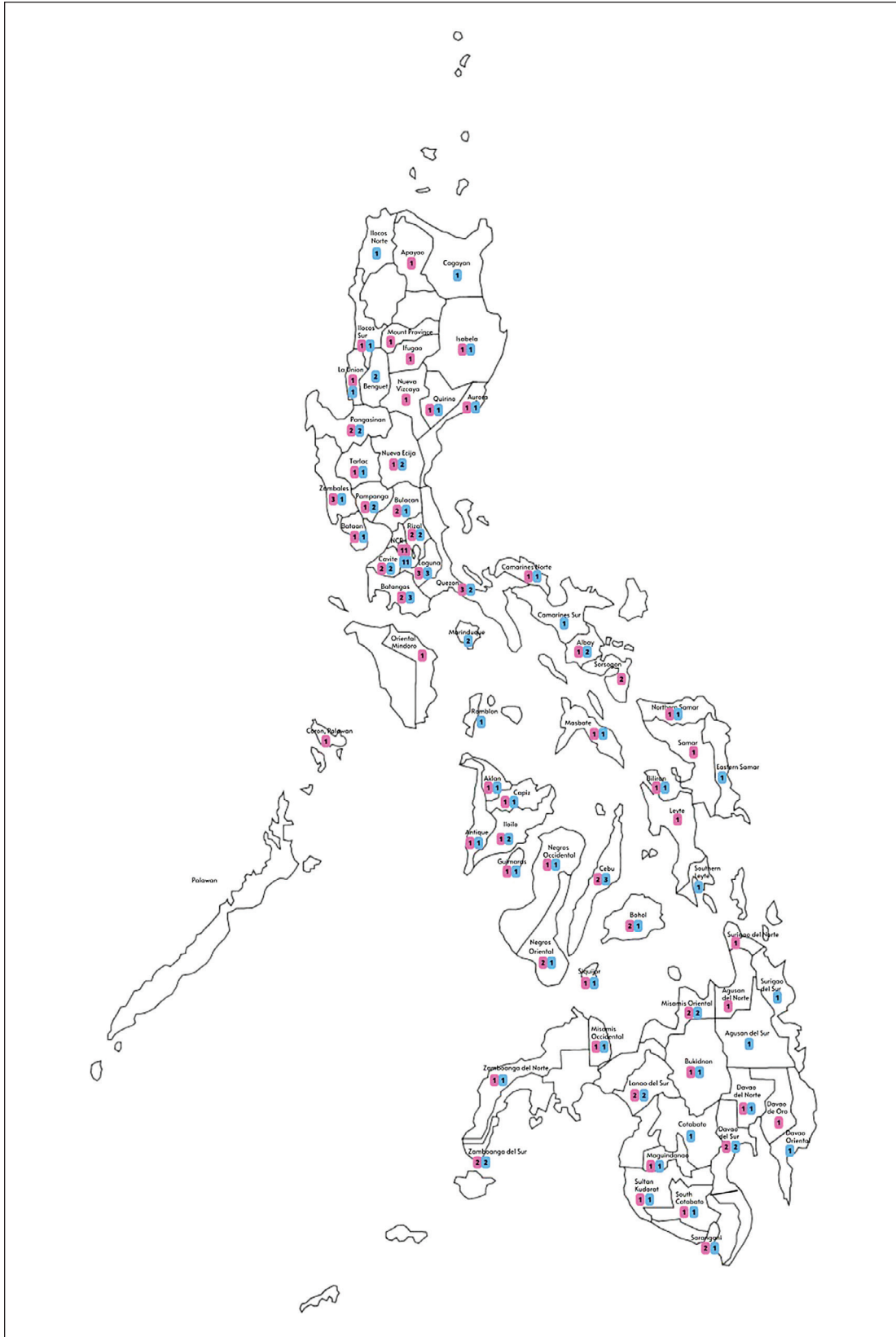
Physical neglect was measured using the following indicators: not given food even if it was available, not being taken care of when sick nor brought to the doctor when needed, and not being able to attend school even if parents can afford it. Meanwhile, psychological neglect was indicated by: feeling not special or important to parents/guardians, feeling unloved by parents/guardians, and feeling that parents/guardians did not understand or appreciate their fears and anxieties.

Lastly, when a person experiences any form of demolition or deliberate destruction of their homes and if they lived in a place where they have seen people being shot, bombs going off, people fighting, or rioting, show that the respondent has experienced collective violence.

The questionnaire was reviewed by VAC international and local experts, translated into seven local dialects, and pilot-tested among a group of Filipino children and youth.

The actual survey was conducted from June to September of 2015. Before data collection, recruited field assistants were given 12-day training on the technical and ethical aspects of the research. Permission to conduct the study was initially obtained from the community political leaders. The head of the household was also informed about the survey. The study was introduced to political leaders and household heads as an opportunity to learn more about "young peoples' health, safety, education, work, and other life experiences."

The field assistant then made an appointment with the selected young person in a pre-arranged place. During this



Note: Pink boxes denote female respondent areas, and blue boxes are areas where male respondents were interviewed.

Figure 1. Map showing sample areas, by province, by sex, Philippines, 2015.

meeting, the field assistant obtained the child's assent (for minor children) or consent (for those aged 18 years and above) to be interviewed. This was done after explaining thoroughly to the child the purpose and mechanics of the survey and the ethical issues involved. Minor children with no parental consent were dropped from the list.

Intensive rapport was established with the respondent before the interview to facilitate self-disclosure. Since the topic is sensitive, data collection was made flexible according to the competence and preference of the target respondent. The self-administered approach was used for competent respondents; the assisted self-administered method was given to respondents who expressed a need for guidance, and those who could not answer the questions by themselves or said the field assistant directly interviewed preference for such method. Female respondents were interviewed or assisted by a female field assistant, while male field assistants guided the male respondents.

The questionnaire was administered in the most understandable language to the respondent. Three sets of questionnaires were given to the respondents: one in English, another in Filipino (Tagalog), and the other in the local dialect commonly used in the area. For uniformity, the respondents used or wrote their answers in the questionnaire's Filipino (Tagalog) version. Filipino (Tagalog) is the national language taught in school and used as the medium of instruction; hence, many Filipinos are proficient with this language. The English and the local dialects were used as references in case some questions or words were not fully understood in Filipino (Tagalog).

At least two callbacks were required before the selected respondent was dropped. In case of unavailability or consistent refusal, the field assistant was instructed to proceed to the next sample household.

A complete description of the findings, including reporting frequencies and percentages on the principal variables of interest. Prevalence rates were computed to obtain the proportion of children and youth who have experienced various forms of violence. School-related prevalence was calculated using the number of responding children and youth who attended school as the denominator. Workplace-related prevalence used the number of responding children and youth who worked as the denominator. In contrast, the dating-related prevalence was computed using the number of responding children and youth who ever dated a romantic partner. For home and community-related violence, the computation was based on the total number of respondents in the study. The data were calculated using sampling weights to yield nationally representative estimates. For each calculation, confidence intervals were noted.

This study was conducted in conformity with established ethical standards for conducting research among vulnerable populations. Respect for persons, beneficence/non-maleficence, and justice were observed. Parental and child consent/assent were sought. Confidentiality of information

was strictly maintained. Since child abuse is a criminal offense in the Philippines (RA 7610), no field staff who are considered mandatory reporters by law were recruited. Respondents were not asked to sign their names to maintain anonymity.

A referral response plan guided the field staff in case of manifestations of distress among respondents. The response plan included creating a VAC advisory group for grievances, providing referrals to a regional response team, talking to a phone-in counselor for immediate relief, linkage with the local social work and development office, and providing respondents with a list of individuals or local organizations that they can go to in case they need help. The safety of the field staff was also assured by not assigning them to high-risk areas, providing accident insurance, and daily debriefing.

The VAC proposal was given ethical clearance by the University of the Philippines Manila- Review Ethics Board (UPM-REB).

RESULTS

Socio-demographic profile of respondents

Three thousand eight hundred sixty-six (3,863) children and youth finally participated in this study, giving an overall response rate of 90 percent. More than half (57.3%) were 18-24, while the rest (42.7%) were 13-17 years of age. Almost an equal percentage of males (51.2%) and females (48.8%) in both age groups answered the VAC survey, where slightly more than half came from rural areas. Regarding gender identity, 4.5 percent (n=174) of the 3,866 respondents identified themselves as belonging to the LGBTQ+ group. Slightly more than half (51.3%) had a high school education, while about a third (27.5%) reached the college level.

Using the number of toilets in the house as the proxy indicator (WorldSAFE, 1998), the majority (84.5%) of the respondents came from the middle class, with 6.9 percent from the lower class. 2,072 (53.6%) respondents have worked with slightly more males than females. About 72.1 percent of those who had ever worked were aged 18 to 24 years.

Psychosocial profile of respondents

Social capital and relationship status

Family members and friends were the respondents' usual sources of social support. Mothers (39.4%) were regarded as the person in the family whom the respondents thought loved and supported them most, followed by the fathers (15.6%), brothers (10.2%), and grandmothers (4.8%).

Concerning friendships, the majority (44.8%) had 1 or 2 close friends, while 15.7 percent had more than five close friends. Females were more prone to have a small group of close friends, while more males had a bigger group. About a fourth of the 3,866 respondents, with more males, claimed not to have any close friends who can help them with their problems and other concerns in life.

Sixty-three percent of the 3,866 respondents have had romantic partners. Of these, 49.5 percent are males, and 50.5 percent are females. The majority had single partners, but two in five experienced having relationships with three or more romantic partners. About 61.4 percent of those who had any romantic relationship had their first boyfriend/girlfriend when they were 15-19 years old. In contrast, one in three had their first experience of having a romantic partner before the age of 15 years.

Adverse childhood experiences (ACEs) and health risk behaviors

More than half of the 3,866 respondents had one or more adverse experiences during childhood. Parental separation was the most frequent negative experience encountered, with 11.8 percent of the respondents have reported this incident. About 11.2 percent lived with an alcoholic or drug addict, 8.7 percent lived with a relative when they were children, and 8.3 percent had a parent who worked continuously abroad for more than two years.

In terms of health-risk behaviors, more than half (56.4%) of the 3,866 children and youth were alcohol drinkers. Approximately one in three were smokers (32.7%) and internet addicts (27.8%). About 4.6 percent were into illicit drugs, and 6.8 percent had engaged in casual sex. In all health-risk behaviors, more males reported such behaviors than females.

Number of children and youth with experience of any form of violence

In their lifetime, 80 percent of Filipino children and youth aged 13-24 years' experience any form of violence, whether physical, psychological, sexual, or in the form of bullying, cyberviolence, and/or collective violence, and whether the incidents happen in the home, school, workplace, community or during dating.

The estimated lifetime prevalence for males is 81.5 percent, while females have a prevalence rate of 78.4 percent. The difference in prevalence rates between boys and girls showed a near-significant trend.

Age-wise, 78.8 percent of Filipino children aged 13-17 years encountered these experiences of violence compared to 80.9 percent among the 18-24 years old group. This study noted no significant differences between age groups (Figure 2).

The current prevalence of VAC

About 3.3 percent of the 3,866 respondents aged 13-24 reported having experienced any form of physical maltreatment during the past 12 months. Meanwhile, 2.6 percent experienced psychological violence in verbal abuse, threats, and felt or actual abandonment in the past year. Of the 3,866 children and youth aged 13-24, 1.4 percent experienced unwanted touch in the past 12 months, with more males having been significantly more exposed to these types of sexual abuse than females. About 0.6 percent expe-

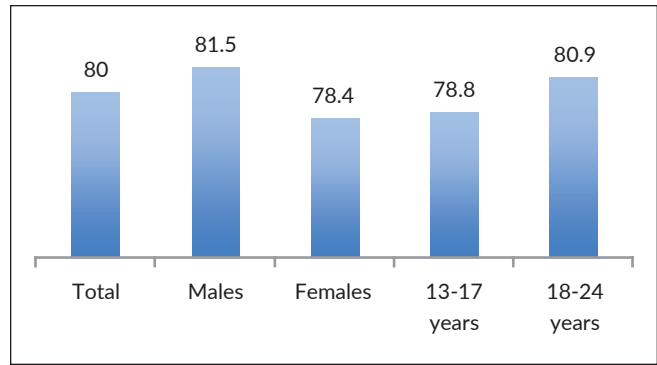


Figure 2. Proportion of children and youth who experienced any form of violence in their lifetime, by sex and age group, NBS-VAC Philippines, 2015.

rienced attempted sex and forced consummated sex, with no significant differences between boys and girls.

By forms of violence

The results of the survey further show that 3 in 5 Filipino children and youth aged 13-24 years experienced physical (64.2%) and psychological violence (61.9%) as well as peer violence (61.5%). Slightly more than a fifth (22.4%) suffered from sexual violence. One in two (51.3%) had experienced cyber violence.

Furthermore, about 10 percent of Filipino children and youth aged 13-24 years were physically neglected, while a fourth felt psychologically neglected by their parents or guardian. About 57.4 percent witnessed psychological violence in the home, while 41.4 percent experienced having seen or heard someone being physically harmed in the house. Around 12.8 percent encountered collective violence in their lifetime (Table 1).

Table 1. Lifetime prevalence of various forms of violence among children and youth aged 13-24 years, NBS-VAC Philippines, 2015

Forms of Violence	Prevalence Rate	95% CI	
		Lower	Upper
Physical Violence	64.2	62.5	65.9
Psychological Violence	61.9	60.2	63.6
Sexual Violence	22.4	20.9	23.9
Peer Violence	61.5	59.7	63.2
Cyberviolence	51.3	49.5	53.0
Physical Neglect	10.3	9.3	11.4
Psychological Neglect	25.5	24.0	27.1
Witnessing Physical Violence	41.4	39.7	43.1
Witnessing Psychological Violence	57.4	55.6	59.1
Collective Violence	12.8	11.6	13.0

By setting

Table 2 shows that most forms of physical and psychological violence occurred in the home and school settings. However, sexual violence was more common in the community, with more males (15.1%) experiencing this. More males (10.2%) than females (6.9%) also experienced sexual violence in the home. However, 9.5 percent of respondents dating experienced sexual violence, predominating females (9.7%).

Age-wise, respondents aged 13-17 years encountered sexual violence mainly in the home (10.1%), while the majority of those aged 18-24 years had this experience in the community (11.0%) and during dating (10.3%).

In terms of types, sexual harassment was most common in the community (7.6%) and during dating (6.6%). Forced consummated sex occurred the most during dating (6.7%).

By sex

Males and females differed significantly in their experiences of sexual and peer violence, physical neglect,

Table 2. Lifetime prevalence of physical, psychological, and sexual violence among children and youth aged 13-24 years, by setting, NBS-VAC Philippines, 2015

Setting	Physical violence % (95% CI)	Psychological violence % (95% CI)	Sexual violence % (95% CI)
in the Home (N=3,866, M=1,979, F=1,887)	56.5 (54.8-58.2)	36.9 (35.2-38.5)	9.1 (8.2-10.2)
in School (N=3,839, M=1,876, F=1,963)	16.2 (14.9-17.6)	34.4 (32.8-36.1)	4.4 (3.7-5.2)
in the Community (N=3,866, M=1,979, F=1,887)	12.2 (11.1-13.4)	23.6 (22.2-25.2)	9.6 (8.6-10.8)
in the Workplace (N=2,072, M=1,126, F=946)	6.8 (5.5-8.3)	27.0 (24.7-29.4)	3.4 (2.6-4.4)
during Dating (N=2,433, M=1,206; F=1,227)	6.9 (5.7-8.3)	12.5 (11.0-14.2)	9.5 (8.2-11.0)

Table 3. Lifetime prevalence of various forms of violence among children and youth aged 13-24 years, by sex, NBS-VAC Philippines, 2015

Forms of Violence	Male (n=1,979)	Female (n=1,887)
Physical violence	66.2 (63.8-68.6)	62.1 (59.7-64.4)
Psychological violence	64.1 (61.7-66.4)	59.7 (57.2-62.0)
Sexual violence*	26.4 (24.2-28.7)	18.2 (16.3-20.2)
Peer violence *	57.5 (55.0-59.9)	65.7 (63.2-68.0)
Cyberviolence	53.1 (50.6-55.5)	49.4 (46.9-51.8)
Physical neglect*	12.1 (10.6-13.8)	8.5 (7.2-10.0)
Psychological neglect	25.0 (22.9-27.2)	26.0 (24.0-28.2)
Witnessing physical violence at home	39.5 (35.8-43.2)	43.5 (39.2-47.3)
Witnessing psychological violence at home*	53.5 (51.0-56.0)	61.4 (59.0-63.8)
Collective violence	12.6 (11.1-14.4)	12.9 (11.3-14.6)

and witnessing psychological violence in the home. Boys had considerably more sexual violence and physical neglect incidents, while girls received more harm from peers and saw more psychological violence in the home (Table 3).

By gender identity

VAC prevalence was reported to be highest among the LGBTQ+s compared to heterosexual males and females. Seventy-five percent of the 174 LGBTQ+s claimed to have been physically maltreated, compared to 65.9% and 61.8% of heterosexual males and females. About 78.5 percent were psychologically abused, while more than a third (33.8%) claimed to have been sexually violated. In contrast, 63.7% of heterosexual males and 60% of heterosexual females suffered psychological violence, while 28.8% of the former were sexually violated compared to 21.4% among the latter.

Among the LGBTQ+s, 82 percent of gays compared to 70.2 percent of lesbians and 71.3 percent of bisexuals claimed to have been physically maltreated in their lifetime. Similarly, more gays were psychologically abused (gays=85.1%; lesbians=75.8%; bisexuals=72%) and sexually violated (gays=36.7%; lesbians=23%; bisexuals=25.8%).

By age

The findings further indicated that the majority of young people aged 18-24 experienced more incidents of psychological violence, sexual violence, cyber violence, collective violence, and witnessing psychological violence in the home. In contrast, those aged 13-17 had predominantly suffered from physical maltreatment, peer violence, psychological neglect, and witnessing physical violence in the home (Table 4).

Table 4. Lifetime prevalence of various forms of violence among children and youth aged 13-24 years, by forms of violence, by age, NBS-VAC Philippines, 2015

Forms of Violence	13-17 years % (95% CI)	18-24 years % (95% CI)
Physical violence	66.0 (64.0-67.9)	62.9 (60.3-65.4)
Psychological violence	58.2 (56.1-60.2)	64.7 (62.2-67.2)
Sexual violence	19.1 (17.5-20.8)	24.9 (22.6-27.2)
Peer violence	65.0 (63.0-66.9)	58.9 (56.2-61.4)
Cyberviolence	43.8 (41.8-45.9)	56.8 (54.2-59.4)
Collective violence	11.8 (10.5-13.3)	13.4 (11.8-15.3)
Physical neglect	10.1 (8.9-11.4)	10.5 (9.0-12.2)
Psychological neglect	26.8 (25.0-28.6)	24.6 (22.4-26.9)
Witnessing physical violence in the home	41.9 (39.9-44.0)	41.0 (38.5-43.7)
Witnessing psychological violence in the home	55.8 (53.7-57.8)	58.6 (55.9-61.2)

Note: a test of significant differences may not be possible with the age groups because the time frame for those aged 18-24 years is longer, resulting in biased conclusions

By residence location

In terms of residence location, more respondents in both age groups who come from the urban areas experienced physical maltreatment (68.4% vs. 60.9% rural), psychological abuse (65.1% vs. 59.4% rural), and sexual molestations (24.5% vs. 20.7% rural).

Polyvictimization of children and youth aged 13-24 years

About 15.6 percent of the 3,866 children and youth aged 13-24 encountered incidents of physical, psychological, and sexual violence simultaneously. Males (18.5%) had significantly more experiences of polyvictimization compared to females (12.5%).

Perpetrators and techniques of instilling violence against children and youth

In the home, fathers (20.8%) and mothers (20.9%) were the usual perpetrators of physical violence. Mothers commonly inflicted milder forms of corporal punishment, but fathers (23.8%) were the usual perpetrators of severe physical violence, including those needing medical treatment. The most common forms of physical maltreatment were hitting or spanking with a hand or stick, pulling hair, pinching, pushing, grabbing, or twisting of ears (51.0%), and being slapped in the face, kicked, hit, or beaten with a belt or other hard object (30.4%). About 3.8 percent were threatened or harmed with a knife or gun, drowned, burned, or scalded, and received physical harm or injury requiring hospitalization.

In the school, teachers usually hit the school children with an eraser or chalk (31.8%), twisted ears (26.0%), or pinched (32.8%). In the community, 11.1 percent were slapped, hit with a fist, beaten, and kicked, while 1.6 percent were physically harmed, which required hospitalization. Neighbors (22.1%) and strangers (11.5%) were the most common perpetrators of physical violence in the community, while slightly more than 3 percent were police (3.7%) and local officials (3.6%).

With psychological violence, children and youth suffer from verbal abuse (33.3%) from mothers (44.5%) and fathers (39.8%). Fathers were also the common sources of severe psychological violence, such as abandonment (6.4%).

The commonly-cited perpetrators of widespread sexual violence in the home were cousins (8.4%), brothers (8.3%), other relatives (7.1%), and fathers (5.9%). Among boys, the brother (8.1%), cousin (8.0%), other relatives (6.8%), and father (4.6%) were mentioned most frequently. In comparison, cousins (9.2%), brothers (8.7%), other relatives (7.6%), stepbrothers (7.2%), stepfathers (6.4%), and fathers (4.6%) were mostly reported to be the perpetrators of widespread sexual violence among girls. For forced sexual attempts, father (15%), grandfather (12%), and cousin (9%) were among those who predominantly attempted forced sex. Cousins (9%), other relatives (9%), fathers (7%), as well as brothers, stepbrothers, and stepfathers (5%) were cited as the usual perpetrators of forced consummated sex.

In the community, neighbors (29.5%), people not familiar with the respondents (22%), and gangsters (2.3%) were reported to be the common perpetrators of any form of sexual violence against children and youth. About 12.7 percent of males compared to 6.4 females claimed to be victims of sexual violence in the community. Unwanted touching was experienced by 7.6 percent, followed by attempted sex (4.6%) and forced consummated sex (1.4%). Verbal insistence (20%), being sweet-talked (17%), verbal deception (13%), being threatened to tell secrets or exposed to shame (11%), and bribery through giving gifts, money, and other favors (10%) were the usual techniques used by these community perpetrators. About 8 percent were drugged or made to drink alcohol, 5 percent were physically assaulted, and 3 percent were threatened with a weapon.

Sweet talking (37.8%), verbal insistence (29.1%), and deception (16.4%) were most common among dating partners. Females were more prone to these coercion techniques, including being threatened with a weapon (2% vs. 0.8 males), although more males claimed to have experienced slapping, hitting, or physically assault (3.7% vs. 2.0% females).

Disclosure of Abusive Experiences

Only 6.3 percent of the 3,866 respondents disclosed their abusive experiences to someone, with an almost equal proportion among males and females (Table 5). Psychological violence was most commonly reported among the various types of violence, followed by physical violence. The least disclosed abusive experience was sexual violence, with only 3.3 percent of respondents revealing the experience to someone.

Specifically, more males disclosed their experiences of physical and sexual violence to someone, while females found it easier to tell their abusive psychological experiences. Younger respondents found it easier to admit their physical (7.2%) and psychological (9.1%) abusive experiences, while more among the older group told other people about their sexual experiences (3.8%).

The persons whom they made their first disclosure were their friends (44.8%), followed by their mothers (11.6%) and fathers (8.7%). Except for the teacher (1.8%), disclosure to professionals and community leaders such as religious and political community leaders was minimal.

Table 5. Disclosure of violence as reported by 13 to 24-year-old respondents, by sex, 2015 NBS-VAC Philippines

Type of violence	Overall % ^a (95% CI ^b)		
	Total (n=3,866)	Males (n=1,979)	Females (n=1,887)
Overall	6.3	6.2	6.5
Physical violence	7.0 (6.2-8.0)	7.5 (6.3-8.9)	6.5 (5.4-7.8)
Psychological violence	8.7 (7.8-9.7)	7.5 (6.4-8.8)	9.9 (8.5-11.4)
Sexual violence	3.3 (2.7-4.1)	3.6 (2.7-4.6)	3.1 (2.2-4.2)

Awareness and utilization of child protection services

Among the 3,866 respondents, about 32 percent (n=1,237) were aware of the child protection services they can utilize for their needs. More girls (34.3%) were aware of these services than boys (29.8%). Expectedly, more among the older age group (34.2%) were conscious of these services.

Among the 1,237 respondents aware of child protection services, 11.5 percent have consulted or utilized Child Protection Units or Woman/Child Protection Units in their province or region (13.3% females vs. 9.5% males). About 35.7 percent have attended orientation seminars, training, awareness programs, and other services on child protection and child welfare conducted by the government for young people. Almost the same number of males (34.3%) and females (37%) attended these since most of the school's seminars and awareness programs were conducted.

Help-seeking

Several respondents sought help from a professional for their various concerns, including health, safety, education, family, and social relationships. Among the persons whom the young people sought help from were teachers (15.2%) and guidance counselors (6.3%), which makes the school a preferred venue for consultations and advice. They were followed by religious people (3.6%) and barangay officials (3.6%).

Among those who did not seek help, a majority (41.6%) did not consider the abusive act a problem. Others were shy or afraid to consult (16.4%), were confident that they could solve the problem by themselves (18.5%), or had someone to confide with (13.5%) who are primarily friends, family members, and other relatives.

Some other reasons why the respondents did not ask for help from professionals were: didn't want more trouble, no time to consult, a person might not believe, not comfortable with them, were afraid of being blamed, did not personally know them, could not trust them and perpetrator makes threats.

DISCUSSION AND CONCLUSION

The NBS-VAC survey shows a high overall prevalence, with 80 percent of Filipino children and youth have experienced any one form of violence in their lifetime. More than 60 percent are physically and psychologically abused and bullied, and almost one in four children and youth are sexually violated. These findings were similar to previous studies where a high prevalence of violence among Filipino children and youth was noted.^{1,37,38} The study also shows that polyvictimization is common among children who experience violence. This means that experiencing one form of violence puts the child at risk of encountering other forms of violence. Therefore, prevention and intervention services should target all violence against young people.

Both Filipino boys and girls, including LGBTQ+s, are at high risk of experiencing physical, psychological, and sexual violence in any setting. But perhaps, one finding that

makes the Philippine VAC results distinctive is the high prevalence of violence reported by boys compared to girls, showing a significant statistical trend. There is a general belief that girl children are more at risk, especially for sexual violence.³⁹ However, past Philippine studies have shown that males are as vulnerable to different forms of abuse with high reported numbers.^{1,6} This phenomenon may be true in the Asian context as results from other Southeast Asian countries that have done VAC studies show the same trend.⁴⁰⁻⁴² The evidence underscores the importance of developing response and support programs, interventions, and advocacy strategies that are appropriate for boys as much as girls.

The results also confirm earlier studies that corporal punishment is common among Filipinos.^{1,37,43} Many Filipinos view corporal punishment as a manifestation of parental love and concern and are culturally considered a "normal and even necessary" disciplinary technique.^{44,45} Children even regarded corporal punishment as "acceptable," even more than the degree of acceptability by parents and professionals.^{3,14} These views were also noted in this study, where conversations with community leaders and teachers expressed their concerns that children may become "disrespectful and unruly" because of the legal prohibition of harmful disciplinary acts in schools.

The issue of corporal punishment and other forms of violence in the home also reflects a well-known and researched pattern of violence that is intergenerational.⁴⁶ Parents who were victims of childhood violence continue to practice violent discipline with their children as this is what they have been conditioned to. The Parenting across Cultures Study cited that "beliefs in the normalcy and necessity of corporal punishment predict both mother's and father's use of corporal punishment."⁴⁷ The data in this study indicate a higher likelihood that these children may also use corporal punishment and other forms of violence in the home with their future children, perpetuating intergenerational violence against boys and girls.

Similarly, verbal abuse was perceived as an everyday occurrence in many settings. For instance, cursing and shouting at a child are often regarded as "natural reactions" in classroom situations and seen as typical expressions of anger.⁸ The same can be said with parent-child and intimate partner relationships.^{1,6,48}

Despite the high prevalence of violence among boys and girls, disclosures are low at 6.3 percent. Most of them disclosed their abusive experiences to their friends and, to some extent, to mothers and fathers. They rarely revealed the violence they experienced to professionals, but when they did, teachers were the usual persons they disclosed to and sought help from. Teachers are often approached because schools conduct seminars on child rights, and children spend most of their time in school. However, community interviews revealed that several teachers lack appreciation and understanding of children's rights. According to the teachers talked to, when children become aware of their rights, they become more "hard-headed," and some children (and parents) would even "threaten the teachers of being reported to the

Department of Social Work and Development (DSWD).” Statistics from the Women and Child Protection Units also show that teachers report the least among professionals.⁴⁹

These results imply that access and awareness of where to report abuse and violence must be scaled up among young people and professionals. There is also a need to educate young people about what is acceptable behavior and what is not and to lower tolerance toward the use of violence in all settings. Appropriate methodologies to reach boys in interventions and advocacies also need to be developed. However, more research must be done on what kind of support is required to increase reporting and access to child protection services among children, specifically on “what works” for boys and young men. Furthermore, frontline professionals who deal with children, such as teachers, health professionals, and daycare workers, must be required to undergo a training program on the recognition, reporting, and referral of child abuse cases. Teachers and other professionals should also be trained to respond to the child in a child-sensitive manner without revictimizing them.

The results of this study led the Council for the Welfare of Children (CWC) and the National Network to End Violence against Children (NNEVAC), a multi-sectoral body, to translate the study’s findings into specific actions.⁵⁰ The Philippine Plan of Action to End Violence against Children (PPAEVAC) was developed by UNICEF and CWC, taking into consideration all existing government policies, such as the National Strategic Framework for Action to End Violence against Children, consistent with the vision, goal, and strategies of Child 21 and the National Plan of Action for Children, and following the Comprehensive Program for the Protection of Children. The PPAEVAC is also guided by the ASEAN Guidelines for a Non-Violent Approach to Nurture, Care, and Development of Children in All Settings and the ASEAN Regional Plan of Action on the Elimination of Violence against Children.⁵¹ Importantly, INSPIRE, the seven strategies shown to have evidence on reducing violence against children, helped frame the PPAEVAC. Regional consultations with parents, children, caregivers, and service providers collectively shaped a common vision for a society free from violence against children.

The results of this study were also used for the Safe Schools project with the Department of Education. The project trains teachers on the 4Rs of child abuse. This involves training on the potential signs of abuse (recognition), taking note of abusive acts (recording), sharing these observations with others (reporting), and contacting authorities for immediate intervention (referring). The prevention of sexual abuse, victimization, and offending behavior, was also included in the curriculum for grades 7 and 8.

Six pre-conditions, outcomes, and key result areas (KRAs) were validated by these regional consultations necessary to reduce VAC in the country.

1. Parents and caregivers are aware of and are practicing evidence-based parenting skills and positive discipline

toward building a safe, nurturing, and protective environment.

2. Children and adolescents demonstrate personal skills in managing risks, protecting themselves from violence, reporting their experience of violence, and seeking professional help when needed.
3. All children in need of special protection have access to appropriate and quality protective, social, mental, health, legal, economic, and judicial services, ensuring that violence and trauma are prevented from recurring.
4. Well-developed and effectively managed Monitoring and Evaluation system for PPAEVAC is in-place.
5. All VAC-related laws are in place and are effectively enforced.
6. Multi-stakeholder child protection structures and systems are operational and effectively functioning at the national, provincial, municipal, city, and barangay levels.

All sectors of society must work together for the key result areas to be achieved. Each key result area has a lead government agency, such as the Department of Social Welfare and Development (DSWD), leading KRA 1, which is on practicing evidence-based parenting skills. While DSWD leads this KRA, all other government agencies (NGOs, faith-based organizations, academe, and others) have specific roles to play in accomplishing this goal. This collaboration calls for political will and extraordinary leadership from government and all sectors of society.

The NNEVAC also recognizes the importance of achieving the Sustainable Development Goals (SDG) in attaining the Philippine Plan of Action to End VAC. Three SDG targets address violence directly (one, under Goal 5 on achieving gender equality and empowering women and girls, and two, under Goal 16 on promoting just, peaceful and inclusive societies). The three targets are:

- Target 16.2: End abuse, exploitation, trafficking, and violence against children.
- Target 5.2: Eliminate all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.
- Target 16.1: Significantly reduce all forms of violence and related death rates everywhere.

However, all the other SDGs are just as crucial in addressing the pre-conditions to end VAC such as SDG 1 (elimination of poverty), SDG 3 (good health), SDG 4 (quality education), SDG 8 (decent work and economic growth), SDG 10 (reduced inequalities), and SDG 11 (sustainable cities and communities). The PPAEVAC uses Thomas Frieden’s Health Impact Pyramid to reflect the primary, secondary, and tertiary interventions needed in the population to reduce the prevalence of violence against children, with the SDGs serving as the base of the pyramid as illustrated in Figure 3.⁵²

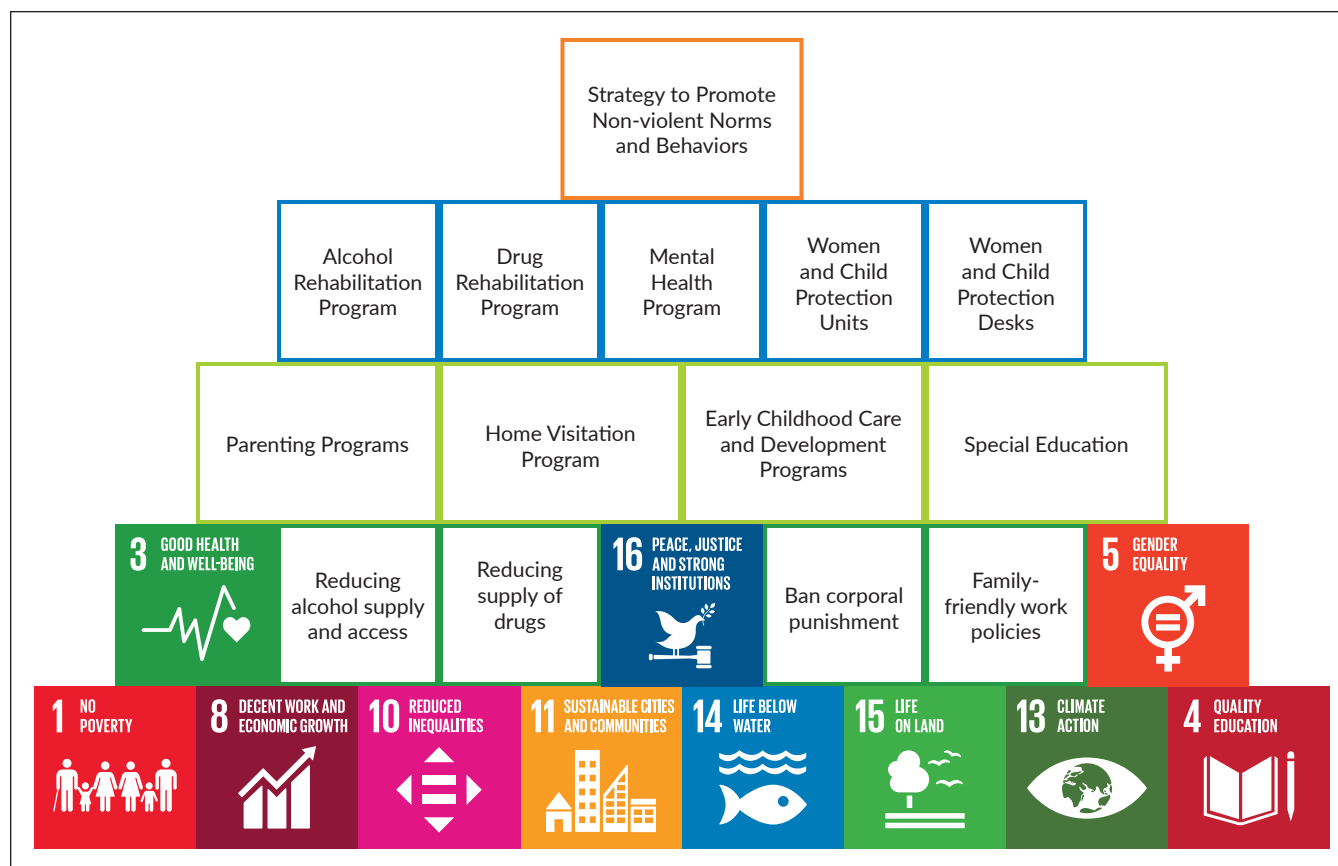


Figure 3. Impact pyramid for interventions to reduce physical violence against children.

Source: Frieden, Thomas R. *Framework for Public Health Action: The Health Impact Pyramid*. *American Journal of Public Health*, April 2010, Vol 100, No. 4; 590-595.

To conclude, single solutions cannot solve a multi-factorial issue such as child abuse and exploitation; neither can solutions be lodged in just one department, ministry, or sector of society. There should be a national-level priority-setting body with the capacity to allocate the resources necessary to develop a sustainable and accountable infrastructure to achieve the goal of significantly reducing VAC by 2030.

Acknowledgments

This work was supported by UNICEF-Philippines, Consuelo Zobel Alger Foundation, and the Institute of Health Policy and Development Studies of UPM-NIH. We also thank the NBS-VAC Steering Committee for their technical and moral support of the project.

Statement of Authorship

All authors contributed in the conceptualization of work, acquisition and analysis of data, drafting and revising and approved the final version submitted.

Author Disclosure

All authors declared no conflicts of interest.

Funding Source

The study was funded by the UNICEF, Consuelo Zobel Alger Foundation, and Institute of Health Policy and Development Studies, National Institutes of Health, University of the Philippines Manila.

REFERENCES

1. BSNOH:Department of Health-NIH-UPManila. Baseline Surveys for the National Objectives for Health, Project Report, 2000.
2. Ramiro LS, Madrid BJ, Amarillo Ma.LE Domestic Violence in Urban Filipino Families, *Asian Journal of Women Studies*. 2004; 10 (2), 97-119.
3. Santos Ocampo PS, Ramiro LS, Madrid BJ. An Epidemiological Study of Child Abuse and Neglect in Selected Schools in Urban and Rural Settings. Project Report, 2000.
4. Women's Legal Bureau, Inc. Understanding Incest in the Philippines (1998). Available from: <http://www.childprotection.org.ph> August 2002
5. National Statistics Office (NSO) [Philippines], and ICF Macro. 2009. National Demographic and Health Survey 2008. Calverton, Maryland: National Statistics Office and ICF Macro.
6. Ramiro LS. Physical Intimacy and Sexual Coercion among Adolescent Intimate Partners in the Philippines. *Journal of Adolescent Research*. 2003; 20 (4), 476-96.
7. Theoklitou D, Kabitis, N., Kabitsi, A. Physical and Emotional Abuse of Primary School Children by Teachers. *Child Abuse & Neglect*. 2011; V. 36, 64-70.

8. UNICEF-PLAN International Inc. National Baseline Study on Violence Against Children in Selected Public Schools, Project Report. 2008
9. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of Childhood Abuse and Household Dysfunction to Many Leading Causes of Death in Adults: the Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998;14:245-58.
10. Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF. Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood. *J Affect Disord.* 2004; 82(2):217-25. doi: 10.1016/j.jad.2003.12.013. PMID: 15488250.
11. Anda RF, Croft JB, Felitti VJ, Nordenberg WH, Giles BF, Williamson GA, et al. Adverse Childhood Experiences and Smoking during Adolescence and Adulthood. *JAMA.* 1999; 282: 1652-8. 10.1001/jama.282.17.1652.
12. Brown DW, Anda RF, Tiemeier H, Felitti VJ, Edwards VJ, Croft JB, et al. Adverse Childhood Experiences and the Risk of Premature Mortality. *Am J Prev Med.* 2009; 37(5):389-96. doi: 10.1016/j.amepre.2009.06.021
13. Ramiro LS, Madrid BJ, Brown DS. Adverse Childhood Experiences (ACE) and Health-Risk Behaviors among Adults in a Developing Country Setting, *Child Abuse & Neglect: International Journal.* 2010; 34: 842-85
14. PLAN Philippines. Understanding Child Discipline and Child Abuse: Comparing Perspectives of Parents, Children, Professionals and Community Leaders. Project Report, 2005.
15. Angeles L. (2001). The Filipino Male as "Macho-Machunurin": Bringing Men and Masculinities in Gender and Development Studies, *Kasarinlan.* 2001; 16 (1)
16. Yacat J (2016). Masculinity and Machismo. Presentation during the VAC Research Forum. Manila Hotel, Philippines, April 2016.
17. Aguiling-Dalisay G, Mendoza RM, Mirafelix EJL, Yacat JA, Sto. Domingo MR, Bambico FR. Pagkalahake: Men in Control? Filipino Male Views on Love, Sex and Women. *Pambansang Samahan sa Sikolohiyang Pilipino,* 2000.
18. Navarroza MR. (2006). Perception on the Effects on Self-confidence of Physical Punishment as a Means of Correcting Negative Behavior. *Davao City: University of Southeastern Philippines* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
19. Jungco R, Garingo K, Gregore MJ. (2013). A Comparative Analysis of Child Abuse Incidence in Iloilo City. Iloilo: Western Visayas. Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
20. Fernandez BJ, Kaquilala C, Joo CL, Musa W. (2004). Physical Abuse: Experiences and Responses. *Davao City: Ateneo de Davao University.* Cited in: UNICEF (2016), A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
21. Mendiola EP. (1999). Filipino Concepts and Practices of Child Discipline and Child Abuse. *Manila: De La Salle University.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
22. Balana GY, Moreno DM. (2009). Situational Analysis of Children in Sex Trade. *Davao City: Ateneo de Davao University.* Cited in: UNICEF (2016).. A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
23. Banez MA (2015). The Status of the Well-Being of 7 to 17 Year Old Girls in 7 Davao City Barangays. *Davao City: Talikala Inc. & Awo International.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
24. Calma FA, Don M, Dy KR. (2010). La Nina Ingrata: A Case Series on the Forms of Abuse among Prostituted Children in Davao City. *Davao City: Davao Medical School Foundation.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
25. Caina GYK, Nasa JA, Padilla G. (2011). The Social Functioning of Rape Victims Before and After the Intervention. *Davao City: Ateneo de Davao University.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
26. Curamen RM. (2009). Appropriateness of the Programs and Services of Nueva Ecija Home for Sexually Abused Children. *Baguio City: University of the Cordilleras.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
27. Garvida PUF, Roa PLA (2008). The Personal Report of Communication Apprehension (PRCA) and the Behavioral Assessment of Speech Anxiety (BASA) of Child Victims of Sexual Abuse in Baguio City. *Baguio: University of the Philippines Baguio.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
28. Ventura LL (2014). Self-concept of Sexually Abused Children. *Baguio City: University of the Cordilleras.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
29. Terol EH. Cases of Sexually Abused Adolescent Girls with Mental Retardation in the Philippines. *Journal of Child and Adolescent Trauma.* 2009; 2(3): 209-227. DOI:10.1080/19361520903120525.
30. Fuentes AS (2005). Bodies as Site of Violence, Resistance and Power: A Study on the Negotiation Process of Girl-Child Prostitution in Three Cities (Davao City, General Santos City, and Cagayan de Oro City). *Davao City: Ateneo de Davao University Graduate School.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
31. Canieso RL (2003). The Healing Process of Incest Survivors and Factors Mediating the Impact of Incest and the Healing Process: A Retrospective Study. *Davao City: Ateneo de Davao University.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
32. Calata JV (2013). Attitudes and Perceptions of Teachers and Student-Perpetuators Toward School Bullying: A Basis for the Development of Bullying Prevention Program. *Manila: University of Santo Tomas.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
33. Ong JS (2008). Antisocial Behavior on School Violence: Prevalence, Correlates, and Predictors Among High School Students of Selected Public Schools in Batangas City. *Manila: University of Santo Tomas.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
34. Garingo AS. Manila: (2007). Bullying Among Selected Public and Private Elementary and High School Students in Bacoor, Cavite. *Manila: University of the City of Manila.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
35. Bayhon, GA (2001). Bullying in an Elementary School: An Exploratory Study. *University of the Philippines.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
36. Tumadiang, N. S. (2009). Bullying and Learners with Attention Deficit-Hyperactivity Disorder in A Regular School. *University of the Philippines.* Cited in: UNICEF (2016). A Systematic Review of the Drivers of Violence Affecting Children in the Philippines.
37. Lansford JE, Alampay LP, Al-Hassan S, Bacchini D, Bombi AS, Bornstein MH, et al. Corporal Punishment of Children in Nine Countries as a Function of Child Gender and Parent Gender *Hindawi Publishing Corporation, International Journal of Pediatrics* 2010. doi:10.1155/2010/672780
38. Runyan D, Viswanathan S, Hunter W, Ramiro L, Hassan F, Bordin I. et al, International Variations in Harsh Child Discipline, *PEDIATRICS.* 2010; 126, (3), 701-11
39. Jewkes R, Levin J, Mbananga N, Bradshaw D. Rape of girls in South Africa. *Lancet.* 2002; (359) 319-20.
40. Hutt D. Sexually abused males in Cambodia, Southeast Asia, 2015. Available from: <http://sea-globe.com/sexual-abuse-of-males-cambodia-southeast-asia-globe/>
41. Pembaruan S. May 4, 2014. KPAI: 400 Anak Per Tahun Jadi Korban Kekerasan Seksual

42. Canave B. July 31, 2013. The New Asian Media, TAIWAN: Yes, Young Man, You Could Be a Rape Victim, Too.
43. Hassan F, Sadowski LS, Bangdiwala SI, Vizcarra B, Ramiro LS, De Paula CS, Bordin IAS. Physical Intimate Partner Violence in Chile, Egypt, India, and the Philippines. *Inj Control and Saf Promot* 2004; 11 (2) 111-6.
44. Madrid BJ, Ramiro LS, Hernandez SS, Basilio N, Go J (2013). Child Maltreatment in the Philippines: A Situationer. *Acta Med Philipp*, 47;1 (23 Jan-March).
45. Jocson RM, Alampay LP, and Lansford JE. Predicting Filipino Mothers' and Fathers' Reported Use of Corporal Punishment from Education Authoritarian Attitudes, and Endorsement of Corporal Punishment *International Journal of Behavioral Development* 2012; 36: 137
46. Overlien, C. "Children Exposed to Domestic Violence: Conclusions from the Literature and Challenges Ahead" *Journal of Social Work*, 2010; 10, 80-97.
47. Alampay, LP. Parenting in the Philippines. In H. Selin and P. Schvaneveldt (Eds.), *Parenting Across Cultures: Childrearing, Motherhood, and Fatherhood in Non-Western Cultures*. The Netherlands: Springer. 2014
48. Ramiro LS, Hassan F, Peedicayil A. Risk Markers of Severe Psychological Violence against Women: A WorldSAFE Multi-Country Study. *Inj Control and Saf Promot* 2004;11(2), 131-9
49. Child Protection Network Annual Report, 2015, Manila, Philippines.
50. Council for the Welfare of Children, Philippines. 2nd National Plan of Action for Children 2012.
51. Council for the Welfare of Children, Philippines. National Strategic Framework to End Violence Against Children 2009.
52. Frieden, Thomas R. Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, April 2010; (100) 4; 590-595.

**Have you read the current trends in
Medical and Health Research in the Philippines?**

Acta Medica Philippina

The National Health Science Journal

Access Online: www.actamedicaphilippina.upm.edu.ph