

Experiences of child sexual abuse clients in a Women and Children Protection Unit: brief report

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The growing problem of child sexual abuse (CSA) in the country has led the government to establish a set of standards for the delivery of hospital-based services to the survivors, in order to ensure that their needs are addressed promptly and effectively. Hence, the establishment of Women and Children Protection Units (WCPU) in all Department of Health (DOH) hospitals was mandated through a department administrative order.¹ However, many WCPUs across the country are beset with operational problems such as inadequate facilities and equipment, and a scarcity of full-time service providers with proper training to handle survivors of CSA.² These problems impede the delivery of optimal services required in managing clients in the WCPU.

In this study, we explored the health care experiences of CSA clients of the WCPU of Southern Philippines Medical Center (SPMC). Specifically, we wanted to describe the clients' perceptions on the physical structures, staff, processes, and services in the WCPU.

In 2009, we conducted a qualitative study through in-depth interviews with survivors of CSA seen at the SPMC WCPU. Of the 15 participants we interviewed, with ages ranging from 7 to 17 years, 14 were female, and only 1 was male.

Survivors of CSA seen at SPMC WCPU are composed of walk-in clients, referrals by local government units and referrals from Outpatient Department (OPD) or Emergency Department (ED) of SPMC. For ED and OPD referrals, once a history of sexual abuse is suspected or elicited from a client, the attending physician then directs the client to go to the WCPU, which is located adjacent to one of the hospital patient wards. The ED and OPD physicians, however, manage any physical injury before sending clients to the WCPU.

To get to the WCPU, clients pass through a hospital ward, and through a dimly-lit, narrow corridor. In the unit, the social worker on duty orients the clients and their parents or legal guardians on the services provided by the WCPU and obtains their informed consent/assent for the performance of a medical examination by the WCPU physi-

cian. The social worker then records the clients' data, including personal information, psychosocial history, and other information pertinent to the sexual abuse. If necessary, the social worker may also take photographs of the clients' physical injuries as part of medicolegal case documentation. The WCPU physician then conducts another round of history taking and performs a physical examination on the clients in the presence of a social worker. It is usual for WCPU physicians to have other responsibilities, which require them to be away from the unit sometimes, and which may lengthen the waiting time of WCPU clients. Oftentimes, due to irregular area assignments among social workers, clients are being handled by different social workers, such that one social worker does the interview, while another accompanies the clients to the examination room to act as a witness during the medical examination or procedure.

For this study, we obtained written informed assent from the participants, as well as written informed consent from their parents or legal guardians prior to the actual interviews. The interview questions were framed to elicit the participants' feedback on the physical structures, staff, processes, and services in the WCPU based on their own experiences. We interviewed each participant separately, with or without the presence of parents or legal guardians, for around 30 minutes. We audio recorded the interviews and took field notes. We analyzed data from audio recordings and field notes using the grounded theory approach.

In general, the results of the study revealed displeasure of the participants with some physical features and processes in the WCPU. In terms of physical structure, the study participants disliked that they had to see patients as they pass by a hospital ward before they could reach the WCPU office. Some participants were uncomfortable with the examination room as it was too brightly lit, had no soundproofing, and was separated from the rest of the common room only by curtains. The participants also complained that the comfort room had an opening on one wall, and that the door could not be



locked. The participants expressed that these physical features bring about feelings of being too exposed, and a sense of lack of privacy and security.

In terms of the unit's processes and services, most participants felt impatient with the long waiting time before being attended by the WCPU physician. Some participants also expressed that the physical examination by the physician evoked fears, anxiety, and unpleasant memories, while others found the procedure physically painful. Another process that the participants disliked was the need to see more than one social worker to fulfill the required documentation process.

The participants also commented positively on several aspects of their WCPU experience. They were particularly thankful that the staff were friendly and respectful, had

good attending and interviewing skills, were generous in sharing useful information, and were successful in providing WCPU clients an atmosphere of positive therapeutic communication. Generally, the participants claimed that their experiences at the SPMC WCPU was helpful and satisfying, as it made them feel better.

The participant's accounts and perceptions on their experiences at the SPMC WCPU highlight important aspects of the health care that WCPU clients are receiving. The positive therapeutic atmosphere provided by the competent and compassionate staff in the unit must be maintained. However, the issues on structures and processes that evoked unpleasant emotions on participants and made them uncomfortable need to be addressed appropriately.

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Ethics approval

This study was reviewed and approved by the Department of Health XI Cluster Ethics Review Committee (DOH XI CERC reference P08111401).

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