

## IMPACT OF PSYCHOLOGICAL INTERVENTION FOR ABUSED CHILDREN WITH LEGAL PROCESS

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### ABSTRACT

Children need to receive multidisciplinary interventions to recover from traumatic experiences. Along with the trauma, children are involved in the legal system to pursue criminal cases against their perpetrators. This is another challenge as these children face alleged perpetrators, relive traumatic experiences and be under scrutiny in testifying during case proceedings. However, children with legal proceedings usually receive biases and little consistency in the treatment of abuse. Despite the significance of psychological intervention in helping prepare child witnesses, dealing with trauma and healing process, not all abused children with on-going court measures are referred to receive it. This study focused on referred abused children and assessed the impact of psychological intervention in going through the case proceedings. The in-depth interviews provided details, status of the case and interventions received to establish the profile of the abused children. The emotional competence of the abused children who received and did not receive any form of psychological intervention was established through results of BarOn Emotional Quotient Inventory: Youth Version. The impact of the psychological intervention was established through the expressed changes after the received forms of psychological intervention. A focus group discussion with multidisciplinary intervention teams validated the findings of the study, confirmed the need to strengthen the psychological interventions in the local government unit and the agreement of implementing the proposed psychological intervention program “TASK(Tabang Asin Pagmamakulog Sa Kaakian): Psychological Wellness Modules to help more abused children and protect them.

*Keywords: abused children, psychological intervention, children with legal proceedings, child protection, forensic psychology*

### INTRODUCTION

Children have been noted as destitute in times of disasters and other critical incidents. They suffer more and are usually overwhelmed with the magnitude of the traumatic events (Cue, 2012; Henley, 2005; Ribaya, 2012; Salluom & Overstreet, 2012; Versoza, 2012). Thus, children need intervention to recover from their traumatic experiences. Receiving multidisciplinary intervention according to studies (Berliner & Conte, 1995; Cohen & Mannarino, 1998; McPherson, Scribano & Stevens, 2011; Sprang, Craig, Clark, Vergon, Tindall, Cohen & Gurwitch, 2012) show more positive outcome in terms of helping these children become functional again in different aspects of their lives. Aside from traumatic events these children experienced, being involved in the legal system to pursue the case against the perpetrator gives additional distress and causes negative effect on their well-being as they testify in court (Berliner & Conte, 1995) as they experience

protracted proceedings (Runyan, et al. 1998), relieve the traumatic experience and face their alleged perpetrators. Consequently, it is important that along with the social preparation, they have received a psychological intervention where disclosure, ventilation of thoughts and feelings were addressed prior to their court ordeal.

Across regions of the Philippines, Bicol region is included in the top ten regions where child abuse is rampant. This is according to the statistics provided by the Department of Social and Welfare Development (DSWD) based on the number of reported cases of child abuse from 1998 to 2007. This study focused on referred abused children from the local government of Ligao City, Albay. There had been a growing concern that the city of Ligao is in its constant 2nd ranking in terms of index of crimes, with rape included in the province of Albay from 2009-2013 Statistics on All Crimes Incidents gathered by the Police Regional Office V. With the presented statistics, there is an alarming need to know the interventions received by these abused children and how each helped in dealing with their traumatic experiences.

Paradoxically, studies (Gray, 1993; Runyan, et al., 1988) stated that children who are given legal intervention usually receive biases and little consistency in the treatment of sexual abuse. On one hand, psychological intervention may help in preparing child witnesses to make them understand their trauma and be psychologically prepared in the proceedings. However, not all abused children with on-going court proceedings are referred to receive it, with the assumption that children deemed capable of handling themselves in the court are not referred anymore for psychological intervention. The results of this study will help to establish if psychological intervention is a strengthening factor as children are going through the case proceedings. It hopes to provide the local government unit as well as to develop measures to provide psychological intervention to reach more abused children and contribute to their best interest and protection.

While there had been American and European studies on child abuse and the court, there is seemingly a dearth of literature and studies on how abused Filipino children go through the legal system as they testify and become involved in the case proceedings. With the existence of R.A. 10029 or the Act to Regulate the Practice of Psychology in the Philippines, it is imperative to have researches to establish the roles of the psychologist in family courts and in forensic psychology. With the lack of published researches, Bicol University will benefit from being the first to have documentation in the Bicol Region. Through this research, a major contribution to the Psychological Association of the Philippines in outsourcing possible experts in the field and documenting a professional specialty in psychology as practiced in the Bicol Region may be achieved.

## CONCEPTUAL FRAMEWORK

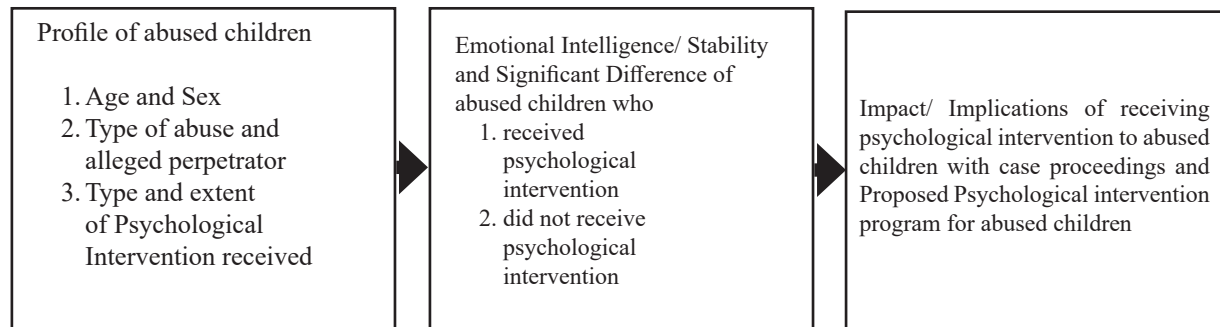


Figure 1. Conceptual Paradigm

The paradigm shows the need to profile the abused children and determine the type and extent of psychological intervention received. This will be pertinent to establish the emotional stability and find out any significant difference between abused children who received psychological intervention and those who did not. By resolving this, implications of the importance of psychological intervention will be verified and recommendations to consistently include this in the intervention program of the abused children will ensue. Completing the T.A.S.K. Psychological Wellness Program will be pertinent to achieve stabilized emotional and social competencies that will improve the socio-demographic and personality profile of the abused children.

## MATERIALS AND METHODS

### Participants

The participants were community clients endorsed by the City Social Welfare and Development Office (CSWDO) Ligao who are survivors of child abuse and qualified with the set criteria. They are also clients from other Agencies (substitute homes) who are admitted in the centers. The set criteria are: The abuse happened when the child was between 0-18 years old, with the time frame of least 3 years from the time of data gathering (December 2013-June 2014); the child is not mentally retarded (to be able to answer the psychological test of Emotional Quotient); the child and parent signed the informed consent form and agreed to participate in the study; and the child is presently residing in Ligao City or is temporarily sheltered (protective/substitute homes) in the Province of Albay but an original resident of Ligao City.

### Ethical Procedures

Informed consent forms were secured from both the parent and the child. In the case of children in substitute homes, the handling social worker/center head and the child signed the informed consent. Original copies of the Psychological test, BarOn Emotional Quotient Inventory, were administered and the scoring and interpretation procedures based on the test manual were closely followed.

## Data-Gathering Procedure

After the informed consent was secured, the conduct of semi-structured interview focused on establishing the profile of the respondents' demographics, case status and details, types of intervention received and types of psychological intervention with the assistance of the City Social Welfare Officer in Ligao City or the social worker of substitute homes was done. The administration of the BarOn Emotional Quotient Inventory: Youth Version to the respondents to determine emotional intelligence of the respondents followed.

After accomplishing the interviews and the administration of the EQ test, data analysis for the emerging themes/common responses in the expressed views and experiences of the abused children were established. A Focus Group Discussion with the multidisciplinary intervention team was conducted to validate initial findings of the study and confirmed the need for psychological intervention in the case management of abused children.

## RESULTS AND DISCUSSIONS

### Profile of the participants

The profile of the participants in terms of age and sex, details of case, types of and views of participants on interventions received, emotional intelligence of those who did and did not receive psychological intervention and a comparison between male and female respondents is based on the set criteria of the study.

### Identified Participants

From the provided list of the City Social Welfare and Development Office (CSWDO) Ligao, 93 children who reported abuse cases came from 38 of the 55 barangays of Ligao but only 60 or 64.5% participated in this study. Similarly, 18.3% moved to other locations, 10.8% refused to participate, 4.3% cannot be located by the local government unit, and 2.1% (other reasons) are mentally deficient. Table 1 shows the identified participants, the actual number of those who participated and the reasons for those who did not.

**Table 1.** Distribution of identified participants

Identified Participants	Frequency (f)	Percentage (%)
Participated	60	64.5
Refused	10	10.8
Moved to other locations	17	18.3
Cannot be located	4	4.3
Other reasons	2	2.1
<b>TOTAL</b>	<b>93</b>	<b>100</b>

**Distribution of Present Age and Sex of Participants**

From the total 60 participants, 88.33% comprised of female participants while 11.67% comprised the male participants. For the female participants, the highest age frequency is within the ages 13-15, with 32.07% and only 1.89% within the age range of 22-24. For the male participants, equal age frequency with 28.57% was noted in age ranges of 7-9 and 13-15 with only one male participant who is 11 years old. Table 2 shows the distribution of participants in terms of present age and sex.

**Table 2.** Distribution of present age and sex of participants

Present Age, in years	Sex				Total	
	Male		Female		f	%
	f	%	f	%		
7-9	2	3.33	6	10	8	13.33
10-12	1	1.67	9	15	10	16.67
13-15	2	3.33	17	28.33	19	31.66
16-18	2	3.33	14	23.34	16	26.67
19-21	0		6	10	6	10
22-24	0		1	1.67	1	1.67
Total	7	11.66	53	88.34	60	100

**Details of the case**

In the details of the case as shown in Table 3, the following are considered: Case category, Relationship to the alleged perpetrator, Case level and Status of case. In the Case category, 33.33% are incest cases where all 20 victims are girls, 48.33% are rape cases where all 29 victims are girls, 16.67% are physical abuse cases where 6 are boys and 4 are girl victims and 1.67% is a girl victim of verbal abuse. In the Relationship to the alleged perpetrator, the highest frequency in incest cases were the biological fathers with 35%, for rape cases 72.4% were neighbours, in physical abuse cases, 40% were biological fathers and in the verbal abuse case, the teacher was the perpetrator. In the Case level, 70% of the incest and physical abuse cases and 89.67% of the rape cases are in the Regional Trial Court level. Other cases only reached the CSWDO and Barangay levels.

**Table 3.** Details of abuse cases of the participants

Case Category	Incest	Rape	Physical Abuse	Verbal Abuse
<i>Frequency</i>	20 (all girls)	29 (all girls)	10(6 boys)	1(girl)
<i>Relationship to Alleged Perpetrator</i>	Father -7 Uncle-5 Multigenerational-3 Grandfather-2 Stepfather-1 Cousin-1 Brother-1	Neighbor-21 Acquaintance-3 Employer-2 Houseboy-2 Teacher-1	Father-4 Uncle-1 Neighbor-3 Acquaintance-1 Teacher-1	Teacher-1
<i>Case Level</i>	CSWDO-6 RTC-14	CSWDO-3 RTC-26	Barangay-3 RTC-7	Barangay-1
<i>Status of Case</i>	CSWDO-did not pursue case RTC-on-going	CSWDO-did not pursue case RTC-on-going	Barangay-settled RTC-dismissed-2 Settled-1 On-going-4	Barangay: Settled

**Types of Interventions received by the Participants**

In the types of interventions received, 48.33% of the participants expressed that they received financial, social, and psychological interventions, where the CSWDO and psychologist are involved in the sessions ranging from 2 to 10 meetings. However, it is interesting to note that 51.67% of the participants did not receive psychological intervention, where 6.67% only received financial and social intervention, 21.67% only received financial intervention and 23.33% did not receive any type of intervention at all. The data are shown in Table 4.

**Table 4.** Types of intervention received by the participants

Intervention	Frequency	Person/s Involved	Duration/Number of Sessions
Financial, social and psychological	29	CSWDO and psychologist	Financial:2-4 Social: 2 sessions Psychological: 10 sessions
Financial and social	4	CSWDO	Financial:2-4 Social:2 sessions
Financial	13	CSWDO	2-4 times
None	14		

**Description and Categories on Type of Interventions Received and Perceived by the Participants**

From the common responses of the participants, they viewed and categorized only three types of interventions: Financial intervention covered financial assistance for the victim and her family,

being provided with money for food provisions, and transportation to be able to attend the court hearings or psychological sessions. For the social intervention, they are interviewed about the abuse, plans for pursuing a criminal case against the alleged perpetrator, social counselling to be ready to talk with the police and the prosecutor, and to receive referral for the sessions with the psychologist. Psychological intervention included undergoing a psychological assessment, receiving psycho-educational activities, where play and expressive arts are involved, attending special classes for protective behaviour, personal safety plan, and talking about trauma. All of these are reflected in Table 5.

**Table 5.** Description and categories on type of intervention received as perceived by the participants

Financial	Social	Psychological
1. <i>Binigyan po ng financial assistance</i> (was given financial assistance)	1. <i>Kinausap tungkol sa nangyari, tinanong kung anong plano sa nangyari, kung magkakaso</i> (was asked about what happened, plans and if we will pursue with a criminal case)	1. <i>Nag-exam tapos may mga activities: nagdrawing, nagsulat, nanuod ng mga video</i> (took exams, there were activities: drawing, writing and watch videos)
2. <i>Nagbigay po ng tulong pinansyal para sa pamilya</i> (was given finances for the family)	2. <i>Nag-counseling, kinausap ako sa nangyari sa akin, tinulungan magsalita sa pulis</i> (received counselling, talked about what happened, assisted to disclose to the police)	2. <i>nag-aral tungkol sa kung paano maiwasan ang abuso, pano maging ligtas</i> (learned how to avoid abuse, how to be safe)
3. <i>Lumapit kami tapos binigyan kami ng pera at pamasaha para makapunta sa hearing at sa (psychological) sessions</i> (we sought help and we were given money to attend court hearings and psychological sessions)	3. <i>Ininterbyu, tinulungan para makapag-(psychological) session</i> (was interviewed, assisted to have psychological sessions)	3. <i>Nag-usap tungkol sa trauma, anong mga pwedeng gawin kapag nakita ulit ang kalaban, mga pagprotekta sa sarili</i> (Talked about trauma, what can be done when the perpetrator is seen again, learned about protective behaviors)

**Description and Categories on Type of Interventions Provided as Perceived by the Multidisciplinary Team**

Table 6 shows the description and categories on types of interventions provided. From the focus group discussion with the multidisciplinary team composed of social workers, police officers, city planning officer, gender and development focal person and psychologist, the following are the types of interventions which they claimed to have provided to their clientele who are victims of abuse: Financial Intervention where the CSWDO leads the service and provides 4 to 6 sessions depending on the case. These involve educational needs, food provisions and travel expenses. Social

intervention also led by CSWDO provides 4 to 6 sessions depending on the case. These include social counselling, social preparation, home visit, livelihood and training. Legal intervention where the Philippine National Police and Judiciary are involved, covers assistance with Women and Children Protection Department, National Bureau of Investigation and Prosecutor’s office. This intervention usually lasts for 2 meetings or depending on the case, until the prosecution is finished. Medical Intervention involves the consultation with the physician or psychiatrist. They provide physical examination, medication and/or referral to psychiatrist/specialist. Medical consultation depends on the case, but is usually around 4 to 6 times. Psychological Intervention which involves the psychologist-consultant included psychological assessment, psychotherapeutic sessions, therapeutic play, and expressive arts which usually consists of 5 to 10 meetings.

**Table 6.** Description and categories on Type of Intervention received as Perceived by the Multidisciplinary Team

Intervention	Activity/Project	Person/s Involved	Duration/Number of Sessions
Financial	Educational needs, food provisions, travel expenses	CSWDO	4-6 times, depending on the case
Social	Counselling, social preparation, home visit, livelihood, training	CSWDO	4-6 times, depending on the case
Legal	Assistance with WCPD, NBI, Prosecutor	PNP, Judiciary	2-nth times, depending on the case
Medical	Physical examination, medication	Physician, Psychiatrist	4-6 times, depending on the case
Psychological	Assessment, Psychotherapeutic sessions, therapeutic play, therapeutic art	Psychologist	5-10 sessions, depending on the progress of the child

**Emotional Intelligence of Participants**

The profile of the participants in terms of their emotional intelligence was measured through the BarOn Emotional Quotient Inventory: Youth Version. Those participants aged 19 and above, where administered BarOn Emotional Quotient Inventory: Short. The overall emotional quotient of the participants is Low. Looking at the complete scales the following are the overall results: Intrapersonal skills, Average; Interpersonal skills, Low, Stress management, Average; Adaptability, Low; General Mood, Low and Positive Impression, Average.



**Table 7.** Emotional intelligence of participants

Scales	Very High	High	Average	Low	Very Low
Intrapersonal	6.7%	10%	48.3%	31.7%	3.3%
Interpersonal	3.3%	3.3%	20%	31.7%	11.7%
Stress Management	3.3%	5%	51.7%	36.7%	3.3%
Adaptability	3.3%	5%	28.3%	41.7%	15%
General Mood	3.3%	3.3%	30%	41.7%	15%
Positive Impression	5%	15%	43.3%	28.3%	6.7%
<b>Total EQ</b>	<b>3.3%</b>	<b>6.7%</b>	<b>31.7%</b>	<b>33.3%</b>	<b>15%</b>

**Comparison of EQ between Male and Female Participants, between Participants who received and did not receive Intervention and between Male with and without and Female with and without Intervention**

In Table 8, data show the differences among male and female participants with regards to their EQ levels and the impact of received or absence of intervention. In comparing the participants with and without received psychological intervention: 48.34% of the participants received psychological intervention and they have average emotional quotient with 25.01%. While 51.66% of the participants did not receive psychological intervention and they have low emotional quotient with 23.34%. Interestingly, the participants who received psychological interventions have 3.33% with very high emotional quotient and 6.67% with high emotional quotient, with the bulk of the respondents from the female respondents. On the other hand, those who did not receive psychological intervention had no scorers for very high and high emotional quotient but with 11.66% and 10% for very low and markedly low scores.

Looking closely at the comparison of male and female participants, there are more male participants who did not receive psychological intervention and their EQ levels leaned towards lower scores. On the one hand, more female participants received psychological intervention and their scores leaned more towards higher levels. Consequently, between male participants with and without and the female with and without psychological intervention, the following are the results: On male participants with received psychological intervention; one has high EQ and another has Average EQ. On male participants who did not receive psychological intervention; two have average EQ, another two have very low EQ and one has markedly low EQ.

Finally, the female participants who received psychological intervention; 23.34% had average EQ and 8.33% for those with very high and high EQ. On the other hand, female participants who did not receive psychological intervention also 23.34% with low EQ and more participants with very low and markedly low EQ (21.66%)

**Table 8.** Percentage of the participants' EQ in terms of sex and with/without received intervention

EQ Levels	Male, N=7				Female, N=53				Total, across Sex	
	With (f)	%	Without (f)	%	With (f)	%	Without (f)	%	With %	Without %
Very High	0	0	0	0	2	3.33	0	0	3.33	0
High	1	1.67	0	0	3	5	0	0	6.67	0
Average	1	1.67	2	3.33	14	23.34	2	3.33	25.01	6.66s
Low	0	0	0	0	6	10	14	23.34	10	23.34
Very Low	0	0	2	3.33	2	3.33	5	8.33	3.33	11.66
Markedly Low	0	0	1	1.67	0	0	5	8.33	0	10
Total	2	3.34	5	8.33	27	45	26	43.33	48.34	51.66

**Impact of Psychological Intervention of Participants who received Psychological Intervention**

The narratives of the respondents who received psychological intervention are the following: *Before* psychological intervention: Anger: Towards self—self-blaming, suicidal ideation and attempts, shame and guilt. Towards others—being secretive, lying, blaming parents, revenge, hurting back perpetrator. Fear: Isolating self, separating from family members, fear of seeing the perpetrator again, dreaming of the abuse, and seeing and meeting men. Hyper-arousal: disturbed sleep, easily startled, irritable, ill-tempered. Affect changes: blank expressions, blank stares, crying spells, feelings of helplessness and hopelessness, talking alone, denial, and lack of interest in activities.

*After* psychological intervention: Anger towards self—self-blaming, shame and guilt were diminished, suicidal ideation and attempts stopped, knowing that the abuse should be blamed on the perpetrator alone. Anger towards family members were addressed through support sessions, feelings of revenge was directed into productive outlets: getting back to school, work and home activities and filing a formal/legal complaint/case against the perpetrator. Hyper-arousal and affect changes weakened with the received assertiveness training, identification and labelling of feelings, self-esteem building, strengthening protective behaviour and preparation of a personal safety plan.

Respondents who did not receive psychological intervention expressed that they are still the same. Anger, fear and behavioural changes are still present. Most of them stopped going to school or work and preferred to stay home. Others claimed that they were helped by family members and friends but still cannot understand why the traumatic experiences happened or if they are finally safe away from the perpetrators.

**Proposed Psychological Intervention Program for Abused Children with Case Proceedings**

The feedback from the focus group discussion confirmed the need for psychological intervention in the case management of abused children. The data gathered and the impact of psychological intervention in dealing with traumatic experiences pointed out to a need for a psychological intervention program for abused children with legal proceedings.

**T.A.S.K.** an acronym which stands for Tabang Asin Pagmamakulog Sa Kaakian (Help and Concern for Children) is a proposed psychological wellness program composed of four modules for each of its project component. The modules are: “Getting Over It: Trauma-Focused Intervention, “Legal Pressures: Handling Case Proceedings”, “Keep Moving Forward: Goal-Setting and Personal Safety and “How are you now? Follow through/After-care intervention. The modules are based on the Trauma Focused-Cognitive Behavioral Therapy model (TF-CBT) and its PRACTICE components: **P**sycho-education, **R**elaxation, **A**ffective regulation and modulation, **C**ognitive coping and processing, **T**rauma narrative and cognitive processing of the traumatic experience(s), **I**n-depth mastery of trauma reminders, **C**onjoint sessions and **E**nhancing future safety and developments (Cohen, Mannarino, & Deblinger, 2006).

From the identified list of the CSWDO, more of the abused children are female. This could mean that there is a higher incidence of abuse among girl-children rather boy-children. This had been emphasized in researches, where girl-children are seen to have more problems besetting them over boy-children (Silva, 2006) and that the girl-child is identified as one of the twelve critical areas of concern under the Beijing Platform for Action (UN, 2010). However, this could also mean that there is less number of reported cases where the boy-child is the victim. Researchers also pointed out that the crimes tend to have a gender angle: boys were the perpetrators while girls were the victims (Villafuerte, 2013) and the gender distribution trended towards more boys than girls who are in conflict with the law (Knowles, 2010). Interestingly, there were more girls who refused to take part in this study, explaining that they do not want to be reminded anymore of the abuse which happened and more in numbers of those who were not located anymore. However, despite this seemingly gender angle, it was consistent with girl and boy-children, ages 13-15 have the highest frequency as to their present ages, making them around 8 to 12 when they were first abused.

Four case categories were drawn out from the data. Here, the gender angle continued to surface, where the highest incidence, rape, followed by incest has all girl-children victims. Two other forms of abuse, physical and verbal, were identified, where only the physical abuse involved boy-children. Apparently, there are more reported sexual offenses against girl-children than boy-children. These data are congruent with the statistics provided by the Department of Social Welfare and Development from 1999 as reported by Virola (2007) where a total of only six male victims were reported against the 686 female victims. The data gathered are also consistent with previous researches that in incest cases more biological and stepfathers are involved (Erickson, Walbek & Seely, 1987; Villafuerte, 2014). Aside from the incest cases, the rape and physical abuse cases also revealed the highest frequency for father-perpetrators. Others are male family members, neighbors, employer, acquaintance, houseboy and teachers. These seem to illuminate what was discussed in the considerations for sexual abuse where power—physical, emotional and age play large roles in abusing (utaparenting.org, 2007).

Based on researches, abused children should receive different forms of intervention so as to build their functionalities as an individual. Among these interventions are justice system to be served (Velazco, 2006) and to be reformed to eliminate bias (Gray, 1993), integrated medical and mental health evaluation (McPherson & Stevens, 2011) and counselling and therapy prevent further damage (Velazco, 2006).

However, majority of the respondents did not receive psychological intervention as most types of the intervention are forms of financial assistance rather than for the psychological well-being of the victims. Most of them claimed that they received money assistance, others were interviewed and socially counseled by social workers and others did not receive any form of intervention. They have low emotional intelligence indicating that the seemingly unprocessed trauma may be attributed to their ineffectiveness in emotional and social capacity in dealing with daily demands.

On the other hand, the multidisciplinary team claimed that apart from the financial, social and psychological intervention, they also provided legal, medical and as part of the financial intervention, educational activities, trainings and livelihood were provided. This shows some discrepancies in the perceptions of the participants and the multidisciplinary team that need to be addressed. This may also imply that a clear case management should be communicated so as to discourage any negative impact to the abused child. More professionals should be trained in giving different forms of intervention so as to elude the findings of Berliner & Combe (1995) that intervention provided are associated with increased distress and testifying.

Based on the results, those participants who expressed to have received psychological intervention have average emotional intelligence indicating adequate emotional and social capacity, with moderate regulation of behaviors, actions, and management of lives under normal circumstances. Researches emphasize that adequate capacity for emotional and social skills to would be victims show resilience in handling difficult circumstances and this may be improved through receiving psychological intervention. As such, resilience is an important capacity to face, overcome and be strengthened by life's circumstances (Grotberg, 2010). This can be achieved through engaging in therapy services that have a positive effect with successfully achieving treatment goals (McPherson & Stevens, 2011) and providing the child with mental and emotional inputs that can correct or heal the consequences of having been at risk (Velazco, 2006).

Further, in comparing male and female participants, it was noted that receiving or not receiving psychological intervention placed some bearings on the results. Seemingly, receiving psychological intervention for both male and female participants had better emotional intelligence. This further shows that receiving psychological intervention appeared to have assisted in improving emotional and social skills of victims of abuse.

Narratives of the respondents who received psychological intervention show the following themes: Cognitive-Emotional (Anger-- towards self and others, Fear—thoughts and feelings); Hyper-arousal and Affect Changes. These reported emotional reactions diminished and functionality of the victims improved as normalcy—going back to school/work, involvement in productive activities, awareness with protective behaviors, and equipped with a personal safety plan.

On the other hand, those respondents who did not receive any psychological intervention had no clear indicators if they were able to cope constructively or became functional again based on home management or personal practices alone. Although the data of this study were not able to assess the participants if they experienced post-traumatic stress disorder (PTSD) or other anxiety and depressive disorders, it was established in researches (Sprang et al., 2012) that attrition of PTSD, oppositional defiant and major depressive disorders are from early drop out in treatments.

These respondents are survivors of highly critical incidents: incest--perpetuated by fathers, uncles, stepfathers, others multigenerational, rape, physical and verbal abuse. Those who did not receive psychological intervention may not have fully disclosed, reported their traumatic experience and have unprocessed trauma. Researches pointed out chains of child abuse must be broken to prevent further abuse as they become adults as they have a higher risk for victimization in adulthood (Lamont, 2010; Villafuerte, 2014), especially in the cases of multigenerational incest and undisclosed traumatic childhood experiences.

## CONCLUSION

Majority of the respondents did not receive psychological intervention as most types of the intervention are forms of financial assistance rather than for the psychological well-being of the victims. Comparing male and female participants, it was noted that receiving or not receiving psychological intervention placed some bearings on the results. Seemingly, receiving psychological intervention for both male and female participants had better emotional intelligence. This further shows that receiving psychological intervention appeared to have assisted in improving emotional and social skills of victims of abuse.

There was a clear implication that the abused children were helped by the psychological intervention received. Thus, a psychological intervention program for abused children with case proceedings should be structured, consistent, with defined time frame and follow through activities should be implemented. The proposed psychological wellness program, T.A.S.K. or Tabang Asin Pagmamakulog Sa Kaakian (Help and Concern for Children) hopes to help more children get through their case proceedings.

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The researcher is full of gratitude and appreciation to the families of the children survivors for agreeing to partake in the research and the children survivors who ventilated their thoughts and feelings about their cases and involvement in the legal system and wholeheartedly agreed to disclose details of circumstances that led to their court proceedings. The researcher fervently hopes that the interview sessions also proved to be therapeutic in the nature of ventilation and the processing of their experienced trauma.

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