BEST PRACTICES IN CASE MANAGEMENT

of Child Sexual Abuse and their Suitability for Online Sexual Exploitation of Children in the Philippines

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Acronyms & Abbreviations

CBT
Cognitive Behavior Therapy

CSA
Child Sexual Abuse

CSAM
Child Sexual Abuse Material

CSEC
Commercial Sexual Exploitation of Children

DSWD
Department of Social Welfare Development

NBI
National Bureau of Investigation

NCA
National Crime Agency

NLO
Nordic Liason Office

OSEC
Online Sexual Exploitation of Children

TFCBT
Trauma Focused Cognitive Behavior Therapy

TDM
Team Decision Making

RCMP
Royal Canadian Mounted Police

"OSEC and similar types of abuse"
This phrase is used throughout the review as studies included for review examined a broad range of online sexual abuse of children. Given there is no universally agreed upon term, this phrase includes in it's scope:

CAIO
Child Abuse Images Online

IIOC
Indecent Images of Children

TA-CSA
Technology Assisted Child Sexual Abuse

TA-HSB
Technology Assisted Harmful Sexual Behaviors

ICSA
Internet Child Sexual Abuse

Executive Summary

The online sexual exploitation of children (hereafter referred to as OSEC) is an increasingly common phenomenon in the 21st century world and its prolific growth has been documented all around the globe (Grubb, 2019; Keller & Dance, 2019; Reid & Fox, 2020). According to aggregated data from global law enforcement agencies including the RCMP, NCA, NBI and NLO, in 2019 the Philippines received more than eight times as many referrals for cases of OSEC than any other country (IJM, 2020). This positions the Philippines as the global hotspot for this type of trafficking and the country with the largest amount of victim-survivors of OSEC in the world. The intersecting conditions which have enabled this crime to exponentially grow in the Philippines include but are not limited to: comparably high English language proficiency within Asia-Pacific region; accessible and inexpensive internet nationwide; a robust money remittance infrastructure; an existing commercial sex industry and; a well-known destination for travelling sex offenders (IJM, 2020). The rise in amount of referrals for this crime has correspondingly increased the burden on child protective systems around the world to respond effectively to the unique needs of children. Available prevalence estimates include the existence of 750,000 offenders worldwide (NBI, 2009); 81 723 IP addresses used to access CSE material, reflecting a three-fold increase since 2014 (IJM, 2020); 18.4 million reports of child sexual abuse imagery representing 45 million images and videos (Keller & Dance, 2019). Given both the global proliferation of OSEC and the various enabling factors at play, it is likely that the Philippine child protective system is bearing a large majority of the global caseload for this type of abuse. This state of affairs demands attention and due consideration of the best ways in which victim-survivors of OSEC might be assisted to recover from this insidious crime.

Scope and Method

At the time of writing an to the author's knowledge, no studies have yet examined the intersection between OSEC and case management. This finding mirrors the general paucity in research on case management and responses to all forms of human trafficking, especially child sex trafficking (Dell, et al., 2019; Muraya & Fry, 2016; Wilson, Critelli, & Rittner, 2015). The paucity of re-search means that child protection workers and social service practitioners responding to OSEC and similar types of abuse must rely solely on professional judgement and ex-pertise, rather than on evidence as to best practice responses (Martin, 2016). In the ab-sence of an evidence base, the predominant approach recommended by experts in the field, and adopted in this review, is to draw upon existing bodies of evidence for similar types of abuse (Hanson E. , 2017). This report draws upon the rich and longstanding evidence available from the field of Child Sexual Abuse (CSA) to determine best practices which may be suitable to OSEC and similar types of abuse.

To conduct the systematic review, a comprehensive search of nine databases including UP Diliman, Philippine E-journal, Philippine E-Library, Cochrane Library, Child Abuse & Neglect Digital Library, OVID databases, PRO-QUEST, PubMed, SCOPUS. Key words and synonyms for 'best practices', 'case management' and 'chid' formed the basis of the search to identify studies published between January 2000 to September 2020. The search procedures yielded 638 citations. After duplicates and ineligible studies were removed, 77 full-text reports were retrieved and were screened for inclusion. A total of 50 studies were selected and form the basis of the systematic review.

Findings

The results of this systematic review highlighted several intersecting findings which, if adopted, could substantially enhance case management for OSEC survivors in the Philippines. The predominant findings of this report are that;

1. Trauma-informed care and a rights-based approach should underpin all components of case management.

2. There is strong support for adoption of a multidisciplinary approach, especially in identification practices.

3. The quality, timeliness and consistency of the assessment process is a key moderator of the effectiveness of interventions conducted during the recovery stage.

4. There is a strong evidence base to support Cognitive-Behavioural interventions for use in case management to support recovery

5. The overwhelming burden of evidence indicates that prioritization of family-based care placements with trained, matched and monitored carers is more suitable than residential care, except in certain circumstances.

6. There is little agreement regarding what constitutes successful reintegration, however, studies generally recommend that assessment, monitoring, and provision of life skills training should form a large part of reintegration efforts.

Limitations

There were several limitations which impacted upon the process of conducting the systematic review and the outcomes resulting from the investigation. These include;

1. **Heterogeneity of terminology**; One of the issues facing researchers of online sexual abuse of children is the myriad of terms used to describe the crime and the preponderance of typologies, which often have intersecting qualities. The differences in terms and defintions of online sexual abuse of children significantly impairs a singular body of evidence being established.

2. **Paucity of research on OSEC**; If recognised within it's own specific typology, there are precious few studies on OSEC. Those which have been conducted largely focus on legal considerations (Aritao & Pangilinan, 2018), or conceptualising the problem and its scope (Hernandez, et al., 2018; Ramiro, et al., 2019). To date, no studies could be found which examined OSEC and one or more components of case management.

3. **Difficulties accessing Phillipine Journals**; Given the author's location outside of the Philippines, it was difficult to access all the possible databases which may be available to a researcher in the Philippines. Access was denied to certain libraries and University databases which constricted the extent of the search within Philippine databases.

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Recommendations

The Philippine Government is in an opportune position to adopt best practices in case management for OSEC victim-survivors. Adapting best practices from the strong evidence base which exists for case management of child sexual abuse is recommended until more research is available which evaluates case management specifically with OSEC survivors. Based on the results of this systematic review, the author has compiled a list of 31 recommended standards which should inform the delivery of case management services for OSEC survivors in the Philippines (see *Appendix A*). There are certain conditions which if not addressed, will inexorably impede upon efforts to enhance case management responses to OSEC. These are principally; under-resourcing of the child protective system especially for OSEC programs (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013); insufficient staffing and man-power (Roche, 2020); significant variance in competency and adherence to existing standards across regions (UNICEF & Terres des Hommes, 2017) and; the low availability of psychologists in the field of child protection (UNICEF & Terres des Hommes, 2017). Additionally, the paucity of empirical research on OSEC within the Philippines threatens the potential of enhancing case management. In this review, only two peer-reviewed studies were identified which addressed the topic of OSEC and reported Filipino authorship (Hernandez, et al., 2018; Ramiro, et al., 2019). It is incumbent upon the Philippine academe to significantly increase research efforts on the issue given both the paucity of existing research and the significant opportunity to inform responses and practices to address OSEC.

Introduction

Children find themselves at the mercy of a powerful system in the ecology of their world, a system which no single jurisdiction governs, no natural borders limit and no authority holds accountable; cyberspace. Though having reshaped the fabric of society in countless ways to the benefit of children, the internet has also brought about innumerable harms to children of which the most virulent may be the online sexual exploitation of children (OSEC). The simultaneous explosion of global connectivity via the internet and cheap, internet-capable devices has paved the way for online crimes against children to be committed with greater anonymity, targeted specificity and minimal accountability (Aritao & Pangilinan, 2018; Grubb, 2019). The proliferation of OSEC has been noted by major child protection and law enforcement agencies from countries all around the globe however, nowhere else has it proliferated faster and more acutely than in the Philippines. In their recent study on OSEC, International Justice Mission (IJM) found that from 2010-2017 global law enforcement made 287 referrals to the Philippine police for OSEC, accounting for more than eight times as many cases as other countries identified in the study (IJM, 2020).

In response to the exponential increase in prevalence of this crime, many countries have likewise seen an exponential increase in the amount of OSEC cases referred to by global law enforcement agencies. In their recent OSEC study, IJM found that from 2010-2013 investigative units in the Philippines received less than three OSEC cases per year (IJM, 2020). However from 2013-2017, law enforcement agencies witnessed a 58% increase in reporting every year resulting in a total of 237 OSEC cases referred from 2010-2017. This accounted for more than eight times as many cases as other countries identified in the study including India, Thailand and Cambodia (IJM, 2020). Likewise,

the Philippines has also witnessed unprecedented growth in the number of child victims rescued from OSEC. As one of the leading actors in the fight againt OSEC in the Philippines, IJM's casework data indicates that in the seven year period between 2010-2016, 161 child victims were relieved from OSEC (IJM, 2020). Comparatively, in the last four years between 2017-2020, 541 victims have been rescued, comprising almost 80% of the total 702 children rescued since 2010 (IJM, 2020). The increasing prevalence of this crime, indicated by both the rise in referrals and the increase in rescues, has subsequently increased the pressure on child protective systems to respond effectively to the unique needs of victim-survivors. Given the severity and ramifications of sexual crimes committed against children, a highly sensitive and com-

prehensive approach to recovery and therapeutic intervention is commonly necessitated (Hanson E. , 2017). Recovery is further complicated by the fact that OSEC facilitators are often family members (IJM, 2020), thus requiring a comprehensive alternative care system for children who must be removed from their birth family. Such a burden of care poses challenges even for the most resourced and tested child protection systems. The increasing pressure on the child protection system emanating from the increase in prevalence of this crime has revealed significant gaps in the case management process within the Philippines.

Case management is the principal child protection approach adopted by governments around the world to organize services for

children who are in need of care and protection outside the family home (Sartore, Harris, Macvean, Albers , & Mildon, 2015; Department of Justice, 2013). It is widely adopted due to its adaptability to address a wide range of issues and it's comprehensive nature and has been adopted in the Philippines as the primary approach to responding to child exploitation including OSEC (Rapp, Van Den Noortgate, Broekaert, & Vanderplasschen, 2014; Department of Justice, 2013). Case management principally involves the identification, assessment, treatment, monitoring and closure of reported cases of child abuse, neglect or exploitation (Department of Justice, 2013; FACS, 2019). Research on case management in the Philippines is nascent, however the available evidence suggests that the case management system in the Philippines is underfunded, fragmented and ineffective in supporting survivors from rescue to reintegration (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2017; UNICEF & Terres des Hommes, 2017). This is largely due to systemic issues such as under-funding, inadequate resource allocation as well as the lack of consistent implementation of exisiting policies. Furthermore, one of the critical gaps underpinning the fragmented case management system is the lack of evidence informing existing standards which are used to guide practitioners and ensure practices are occurring in the best interest of the child (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2017; Roche, 2020).

In light of the substantial pressure which the Philpines child protection system is facing in addressing OSEC, this systematic review seeks to synthesise what is known about best practices in case management for child sex-ual abuse and how this might better inform practices with OSEC survivors. It is expected that the findings of this systematic review will contribute to a better understanding of the knowledge gaps and the evidence available from similar bodies of research.

Aims

This systematic review examined peer-reviewed journal articles and unpublished grey literature produced from January 2000 to September 2020 to ascertain the best practices in case management of child sex-ual abuse and their suitability to support and enhance the case management process for OSEC survivors in the Philippines. The following research question forms the primary focus of the systematic review

What are the best practices in case management of child sexual abuse and how can they inform responses to online sexual ex-ploitation of children (OSEC) in the Philippines?

The following sub-questions were also examined:

1. What are the strengths and gaps in implementing case management in the Philippines?
2. What are the best practices in case management models and components internationally?

Scope

This systematic review adopts a tripartite fo-cus in considering the unique intersection between case management, OSEC and the Philippines. After a comprehensive search of the extant literature was conducted, it was identified that there were no articles current-ly available which examined case manage-ment practices specifically with OSEC survi-vors. Given the literature on OSEC is nascent, the design of the review necessitated a constructive approach wherein multiple intersecting fields of research were investigated in order to answer the study question. In the absence of an evidence base, the predominant approach recommended by experts in the field, and adopted in this review, is to draw upon existing bodies of evidence for similar types of abuse (Hanson E. , 2017). This review thus draws upon the rich and longstanding evidence available from the field of Child Sexual Abuse (CSA) to determine best practices which may be suitable to OSEC and similar types of abuse. The constructive approach adopted for the review has meant that a large portion of the articles selected for review do not examine OSEC specifically. This is in part due to the emergent nature of OSEC which has only reached the public consciousness within the last five years and is yet to be the subject of extensive research.

This broad-scope approach diminishes the fidelity of the review to OSEC specifically, however it is argued here, and by several other re-searchers, that until more targeted research is conducted, such an approach is necessary to draw any useful conclusions about rec-ommended practice in this field (Dell, et al., 2019; Hanson E., 2017).
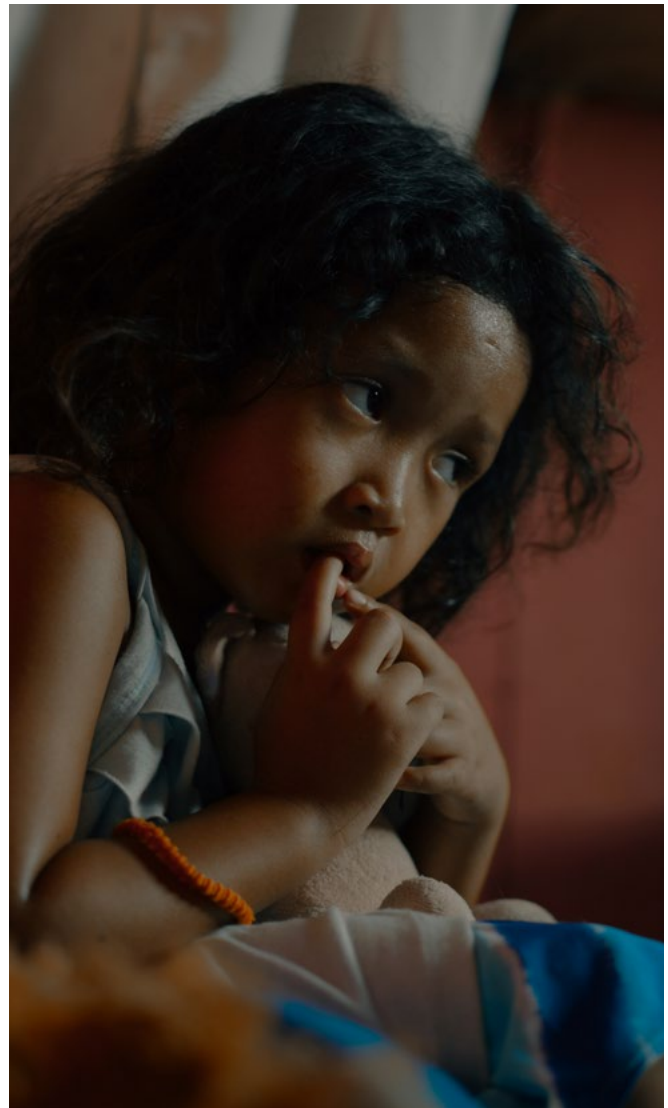
Methodology

This systematic review examined peer-re-viewed journal articles and unpublished grey literature produced from January 2000 to September 2020 which were related to best practices in child protection case manage-ment and their suitability to responding to OSEC. This time period was selected given that the rapid expansion of the internet and technology boom occurred around the year 2000 and therefore, it is unlikely this type of abuse existed before this period. Three strategies were used to locate relevant liter-ature about case management practices for survivors of OSEC. Firstly, a comprehensive search of 9 databases including UP Diliman, Philippine E-journal, Philippine E-Library, Cochrane Library, Child Abuse & Neglect Digital Library, OVID databases, PROQUEST, PubMed, SCOPUS was undertaken using key words and synonyms for "best practices," "case management," and "child." The search procedures yielded 638 citations.

After du-plicates and ineligible studies were removed, 77 full-text reports were retrieved and were screened for inclusion. After full-text screening, 22 studies met eligibility criteria for this review. The other 55 were excluded due to the not meeting one or more of the eligibility criteria outlined in the search strategy.

Secondly a manual bibliographic search was conducted of all the full-text reports which were included from the first search to identify other relevant articles. This strategy yielded a further 5 peer-reviewed journal articles and 13 reports.

The third strategy involved targeted searches on the websites of peak agencies and bodies working to combat OSEC or similar types of abuse against children. This strategy yielded another 10 reports which were included in the final review of literature. After these strategies were complete, a total of 50 studies were se-lected and form the basis of the systematic review.
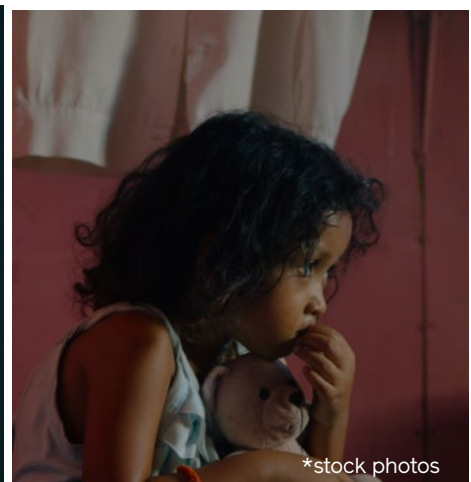
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Literature from the Philippines

According *to aggregated data from global law enforcement* agencies including the RCMP, NCA, NBI and NLO, in 2019 the Philippines received more than eight times as many referrals for cases of OSEC than any other country (IJM, 2020). This positions the Philippines as the global hotspot for this type of trafficking and the country with the largest amount of victim-survivors of OSEC in the world. Despite the significant proliferation of this crime in the Philippines, there is a paucity of Filipino-authored research on OSEC in general. Filipino studies accounted for less than 1% of studies included in this review. There is also a dearth of Filipino-authored literature examining case management practices for children in need of statutory protection. This gap in research meant that the author was unable to locate a single peer-reviewed study with Filipino authorship which addressed the subject of case management for OSEC or similar types of abuse. Furthermore, only two peer-reviewed studies were identified which addressed the topic of OSEC and reported Filipino authorship. Although these studies do not pertain specifically to case management, their findings are summarized below as there is not sufficient literature to draw any general conclusions.

Despite the paucity of empirical literature emanating from the Philippines on this subject, several studies and reports were identified which examined child protection more broadly and provide insight into both the strengths and systemic gaps in implementing case management in the Philippines. A significant limitation of the available literature however is the dearth of evaluation specific to NGO providers, who in the Philippines deliver a significant proportion of services to vulnerable children, especially OSEC survivors. The disproportionate focus on DSWD in the following review does not indicate that more problems exist within DSWD provided services, but rather that less research is available to indicate the state of services provided by NGO's.

Table 1: Filipino Research on OSEC			
Author	**Methodology**	**Main Findings**	**Limitations**
(Hernandez, et al., 2018) Sexual Exploitation and Abuse of Children Online in the Philippines: A Review of Online News and Articles	**Content Review** The study searched Google news for news articles and reports from 1995-2005 about sexual exploitation and abuse of children online (SEACO). The identified 55 reports and news articles dating from 2011-2015 which formed the basis of the review.	1. Reports of OSEC emerged from 9 regions of the Philippines, indicating widespread prevalence. 2. Three types of SEACO were identified: 1. livestreaming of child sexual abuse 2. child sexual abuse material 3. sextortion using minors. 3. Victims ranged from 18 months - 17 years old.	• Conclusions are not generalizable and must be interpreted with caution given the low-level reliability of the data sources • Data is not triangulated and relies solely upon Google news as single data-source
(Ramiro, et al., 2019) Online child sexual exploitation and abuse: A community diagnosis using the social norms theory	**Ethnographic qualitative interviews** The study utilized in depth interviews with 144 key informants selected from two barangays in Manila City. The study also included 6 interviews with police officials, internet shop managers and political officials.	4. Maps with prevalence in area provided in text 5. Study was of social norms and therefore did not target persons who had experienced OSEC but rather the general population within two communities 6. Key drivers of OSEC are the non-confrontationist cultural norms, attitudes of avoiding being *'pakialamero'* (meddlesome), *Pakikisama* (smooth interpersonal relationships and *pakikipagkapwa* (shared identity)	• Study does not adhere to reliable study design and is vulnerable to methodological weakness • At risk of confirmation bias • Findings are exploratory and not generalisable

Strengths in Implementing Case Management in the Philippines

High level of collaboration

One of the critical protective factors in the implementation of an effective case management system for OSEC survivors in the Philippines is the high level of cross-discipline collaboration. For example, in 2018, members of the Nazarene Compassionate Ministries and IJM established the Shechem Assessment Center, the first OSEC specific assessment center in the country. Collaboration is evident not only among social welfare actors but within the investigative forces such as in the establishment of the Philippine Internet Crimes Against Children Center (PICACC) by members of the PNP WCPC, NBI–AHTRAD, UK NCA, Australian Federal Police, and IJM (IJM, 2020). This demonstrated willingness to collaborate with distinct sectors of the child protection, criminal justice and investigative forces fields provides a strong basis for implementing effective case management.

Demonstrated investment to address OSEC

There is evidence to indicate a widespread effort among both government and non-government actors to address OSEC in the Philippines. This is demonstrated through the increasing awareness of OSEC in the public consciousness, the commitments of multi-variate actors to address OSEC and the support among government actors, especially in the department of justice, to adjust practices in order to better address this growing crime. The coalescing of multi-variate actors seeking to address OSEC indicates a widespread receptivity to investing resources and efforts to ending OSEC, all of which will be needed in the implementation of an effective case management system.

Existing policy frameworks

A final strength in the child protection ecosystem in the Philippines are the existing policy frameworks which provide the basis for a case management system. These include but are not limited to the 'Child and Youth Welfare Code' (Presidential Decree 603), 'Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610) and the 'Protocol for Case Management of Child Abuse, Neglect and Exploitation' (Roche, 2020). Given it's pertinency, the latter (hereby referred to as the *'Protocol for Case Management')* is of special consideration. The Protocol for Case Management represents a key effort by the Committee for the Special Protection of Children (CSPC) to implement Republic Act 7610 and highlights the roles and responsibilities of government

agencies and their partners in responding to child abuse (Department of Justice, 2013). Despite its seminal role in providing guidance on the delineation of roles in the case management process, the Protocol does not provide specific standards for case management such as what constitutes an appropriate intervention or how placement options should be prioritized and determined. Furthermore, the Protocol focuses largely on delegating responsibilities but lacks guidance as to how case management should be practically implemented. To quote the opening statement by Sen. Leila M. De Lima, chairperson of the CSPC; "While the Case Management Protocol is an undeniable victory, it is only the beginning. Much needs to be done... *particularly in the development and implementation of standards*" (*italics added*) (Department of Justice, 2013, p. 5).

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Systemic Gaps in Implementing Case Management in the Philippines

Inconsistent implementation of standards

One of the major issues highlighted in the report by UNICEF and Terres des Hommes (2017) is the widespread inconsistency between regions in implementation of case management standards. Other studies have also noted this and identified that inconsistencies pertain to a wide array of practices including; opening cases, reporting cases, writing case study reports and filing practices (UNICEF & Terres des Hommes, 2017; Roche, 2020; Madrid, Ramiro, Hernandez, Go, & Badilio, 2013). For example, DSWD standards stipulate that case study reports should contain all information regarding the services and assessments provided to the child. Furthermore, the standards determine that the reports should be updated at least every six months. Contrary to this, UNICEF & Terres des Hommes (2017) found conflicting practices wherein the type and depth of information captured in the reports varied greatly among DSWD providers. Such inconsistencies in case management practices are not isolated to social work practice within the DSWD, rather they are likely even more pronounced among LGUs and NGO's providing child protection services. The authors' point to the decentralizing of DSWD and the delegation of responsibility to Local Government Units (LGUs) as a major contributor to the significant variation in case management practices.

Under-resourcing and under-staffing of social welfare

A second systemic issue preventing the effective implementation of case management is the pervasive under-resourcing and insufficient staffing infrastructure among LGUs and child protection units dedicated to addressing OSEC (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2020; UNICEF & DSWD, 2016; UNICEF, 2016). Numerous studies have identified that the under-supply of social workers and child protection workers impacts the whole case management system from conducting comprehensive assessments to providing therapeutic intervention. Furthermore, although there appears to be strong legislative infrastructure for child protection resourcing, the actual implementation is often inconsistent and insufficient. For example, legislation (Article 87 of PD 603) mandates that all local councils have an operating Local Council for the Protection of Children (LCPC) (CWC 2010). While these councils are a crucial component of government efforts in the implementation of child protection measures, Madrid et al. (2013) found that in 2013, there was no official data on how many of these LCPCs were functional. Anecdotal evidence provided by UNICEF (2012) identified that LCPCs are functional in 36% of provinces, 56% of cities, 44% of municipalities and 34% of barangays. As a result of the significant under-resourcing of the child protection system, a recent system-level review described the situation as being an "ad-hoc,

underfunded and uneven child protection system" (Roche, 2020).

Absence of evidence-based therapeutic interventions

In their descriptive report pertaining to therapeutic interventions for OSEC survivors, UNICEF & DSWD (2016) outline that there are two therapeutic interventions commonly available for survivors; Trauma Aware First Response (TAFR) and Trauma Informed Philippines Psychotherapy (TIPP). The report highlights that these, alongside the provision of trauma informed care, are the primary vehicles of therapeutic intervention for survivors of OSEC. Although it is positive that such interventions exist and are made available to survivors, upon further investigation, neither of interventions have been clinically tested or evaluated to determine their safety and/or efficacy (Roche, 2020). Without evaluation of the interventions, it is impossible to determine whether they have any impact (whether positive or negative) on the children who are exposed to the them (Dixon, et al., 2013). In the absence of empirical evaluations of the interventions, the stipulated outcomes of the interventions cannot be relied upon and therefore, the safety of the interventions with the children is brought into question (Dixon, et al., 2013).

Low availability of Psychologists

Two concurrent systemic issues exist in the Philippines pertaining to the role of psychologists within the case management system. Firstly, in accordance with RA 10029 (2009), anyone providing any form of counseling,

coaching, or debriefing must be a licensed clinical psychologist (UNICEF & Terres des Hommes, 2017). This legislation restricts social workers or allied health professionals from providing formal therapeutic support to children such as counselling or therapy. Secondly, access to psychologists remains a key issue with commonly low levels of registered psychologists in many regions of the Philippines (UNICEF & DSWD, 2016; UNICEF & Terres des Hommes, 2017). These two issues conspire together to significantly reduce the actual likelihood of all OSEC survivors receiving some or any form of therapeutic intervention. Indeed, the provision of therapeutic interventions to all OSEC survivors and moreover, many other children experiencing mental health distress, is considered "ideal" rather than standard practice or mandatory (UNICEF & DSWD, 2016).

Residential facilities not conducive to individualized care

Currently, the majority of DSWD-operated facilities for abandoned, abused, neglected or exploited children including victim-survivors of OSEC are residential care facilities (Roche, 2020). Furthermore, it is common that these facilities will cater to a broad range of children who are victims of sexual abuse, trafficking and other forms of exploitation (Roche, 2020; UNICEF & Terres des Hommes, 2017). This poses challenges to implementing individualized interventions to address the unique issues faced by OSEC survivors within the context of a generic facility. It also raises concern regarding placement of both girls and boys in the same facility without due regard

to the safety of this practice. This is in contravention to best practices which highlight the importance of facilities which encourage the providision of individualized care (see 'best practices' section for more detail).

Filing systems vary greatly between DSWD, LGUs, and regions

Practices in filing and documentation between DSWD, LGUs and between regions also appear to be prone to discrepancies and pose a challenge for consistency in the case management process. This pertains to issues such as how case folders are maintained, stored, completed and managed as well as practices regarding the opening, assessing, or referring of a case. In their analysis of DSWD case files, UNICEF & Terres des Hommes (2013) found significant variation in the contents of case folders, noting that some folders contained detailed information whilst others very little. They propose that a contributor to this gap in practice is that LGU social workers are not regulated by DSWD and thus do not always follow DSWD case management guidelines.

Table 2: Non-Filipino research on case management or OSEC in the Philippines				
Reference	**Study Purpose**	**Study Type**	**Participants / Methods**	**Relevance to this systematic review:**
(ECPAT & Religions for Peace, 2016) Protecting Children from Online Sexual Exploitation: A guide to action for religious leaders and communities	To provide faith leaders with guidelines in their efforts to protect children from the threat and impact of online sexual exploitation.	Non-empirical, topical report (Grey Literature)	0	**Low relevance** The report devotes a large portion to unpacking the relevance of addressing OSEC for various religions. The final section outlines some basic principles such as creating safe spaces and raising awareness.
(Lopez & Tan, 2016) Global Kids Online: Executive Summary	To develop a profile of children who use the internet including how often they access it, their exposure to explicit content, their risks and vulnerabilities to exploitation online and the protective factors to their use of the internet.	Research Report	114 children Interviews Focus Group Discussions	**Low relevance** Given the small sample size and the focus on children's internet use, this study contributes little to an understanding of case management practices.
(Madrid, Ramiro, Hernandez, Go, & Badilio, 2013) Child maltreatment prevention in the Philippines: A situationer	To gather information regarding the situation of child maltreatment as well as relevant primary prevention policies, programs and resources in the Philippines.	Journal Article	Yes, but not reported Stakeholder Interviews	**Medium relevance** Provides a critical evaluation of the policy atmosphere in the Philippines. Provides useful insights into systemic gaps which underpin case management procedures.

Table 2: Non-Filipino research on case management or OSEC in the Philippines				
(Radford, Allnock, & Hynes, 2016)	To provide a practical compendium to inform system-level responses on prevention, identification, intervention and monitoring of child sexual abuse and exploitation	Research Report (Evidence Review)	0	**Low relevance** Provides evaluation programs for a broad range of child sexual abuse circumstances. Online sexual abuse is only mentioned 4 times in the report and is not the focus of the report.
(Roche, 2017) Child Protection and Maltreatment in the Philippines: A Systematic Review of the Literature	To provide a summary and analysis of the core child maltreatment issues in the Philippines and examine child protection policy responses.	Systematic Literature Review	0	**Medium Relevance** Provides a critical evaluation of the child protection system in the Philippines and contributes to understanding of the systemic gaps underpinning case management. Does not consider OSEC specifically.
(Roche, 2020) Residential care as a child protection mechanism in the Philippines: An analysis of children's life histories and their community-based protection	To investigate the social and cultural contexts of residential care in the Philippines and its relationship to child protection, and to specifically engage the perspectives and insights of children and young people, the welfare system in which they are embedded, and the policy actors that shape their experiences of residential care.	Research Report (Thesis)	79 (mixed) Interviews	**Medium Relevance** Critically examines the principal child protective mechanism used for vulnerable children in the Philippines; residential care. Engages children's perspectives. Identifies but does not focus specifically on OSEC .

Table 2: Non-Filipino research on case management or OSEC in the Philippines				
(UNICEF & Terres des Hommes, 2017) Live-Streaming Online Child Sexual Exploitation in the Philippines (Regions III and VII)	To assist the DSWD in providing appropriate care and Philippine-specific interventions for survivors of live-streaming OSEC by building a stronger profile of child-victim-survivorss in the Philippine context, developing a stronger understanding of their emotional and behavioral impacts and provide recommendations for Philippine-Specific interventions, based upon local and international practice.	Research Report (Grey Literature)	36 (mixed) Case Studies Interviews Focus Groups	**High Relevance** Provides an in-depth analysis of the systemic gaps in implementing interventions for OSEC survivors. Examines available interventions and on-the-ground practices with survivors.
(UNICEF & DSWD, 2016) Psychosocial Care and Therapeutic Intervention for Children Victims of Online Sexual Exploitation and Abuse	To describe the features of OSEC and detail the ideal standards in the care of survivors including what therapeutic interventions should be provided to them.	Descriptive report (Grey Literature)	0	**High Relevance** Provides insight into the limited available therapeutic interventions for OSEC survivors. Details some of the protocols for case management of OSEC survivors.
(UNICEF, 2016) Perils and Possibilities: Growing up online	To ascertain young people's opinions and perspectives on the risks they face coming of age in a digital world, including their use of the internet and exposure/engagement to online abuse and exploitation.	Research Report (Grey Literature)	10 000 (children & young people) Survey	**Low Relevance** Study primarily provides statistics relating to young peoples use and engagement with risks online, but does not focus exclusively on the Philippines or on case management.

Best Practices in Case Management

For the purpose of this systematic review the definition of case management adopted is derived from the Philippines Protocol of Case Management and is described as "a procedure to plan, seek, and monitor services from different social agencies and staff on behalf of a client." (Department of Justice, 2013, p. 11). Specifically, the core components which comprise this process are: identifi-cation; assessment; intervention, placement and; closure and review. These have been selected based on the most commonly occuring configurations across case management models internationally (Department of Justice, 2013; FACS, 2019; Macy & Johns, 2011; Muraya & Fry, 2016). It is common for these elements to be termed differently or for slight variations of the elements to feature in an agency or professional context, for example the term 'placement' may not be used widely in the Phillippines. However, these terms have been chosen based on the majority usage within the literature.

The literature available regarding case management for victim-survivors of OSEC or similar types of abuse can broadly be categorised as either addressing *models* of case management or specific *components* of case management. Where studies address models of case management, the process from identification to review or closure is critically analysed as a whole unit and suggestions are made as to the progression, timeframe and organization of the system.

Conversely, where studies address elements of case management, each phase within the continuum is targeted and interrogated as an isolated unit of focus. This section replicates these distinctions by summarizing firstly the best practices in case management models as whole and secondly the literature regarding best practices in each of the five elements of case management addressed herein.

Core Principles Underpinning Case Management

Trauma-Informed Care

A central pillar which undergirds the implementation of effective case management is the integration of trauma-informed care. Four studies highlighted the crucial role that aligning every component of case management with trauma-informed care plays in the effective care of victim-survivors (Hanson, 2017; Heffernan & Blythe, 2014; Macy & Johns, 2011; Muraya & Fry, 2016). However, given its ascendancy within child protection as a catchphrase, it is critical to explicate exactly what the term means in the context of case management.

Trauma-informed care is an organizational structure and treatment framework that involves *understanding*, *recognizing*, and *responding* to the effects of all types of trauma and seeking to employ practices that do not traumatize or re-traumatize (National Child Traumatic Stress Network, 2020).

Table 3: Three components of Trauma-Informed Care *(adapted from National Child Traumatic Stress Network, 2020)*		
Understanding	**Recognising**	**Responding**
: what it means to be a victim of trauma : how standard care responses can be re-traumatizing : that *all* behavior has meaning	: 'symptoms' of trauma : the impact of trauma and trafficking specifically : that caregiving adults in non-clinical settings can be primary vehicles of therapeutic care	: through building supportive, trusting and consistent relationships, : by ensuring the safety of the child : by minimising re-victimization

Although there are different variations, the six key principles which are commonly referred to when defining trauma-informed care:

Safety › Ensuring the physical and psychological safety of children

Trustworthiness & Transparency › Providing all the necessary information needed in a clear and accurate manner and maintain appropriate boundaries to protect the child

Choice & Control › In every way that is appropriate, enabling the child to express their opinion and be involved in decision making processes about their lives

Collaboration › Encouraging peer support with others who have a shared lived experience to promote recovery and sharing power with the survivor

Empowerment › Identifying, building on and offering opportunities for growth in the survivors areas of strength

Language access and cultural competency › Ensuring the service provision is sensitive to the language, culture and unique identity of the survivor whilst being aware of personal biases which may cause disparity or

barriers

(Hanson E., Promising Therapeutic Approaches for Children, Young People and their Families following online sexual abuse, 2017; Heffernan & Blythe, 2014; Macy & Johns, 2011; Muraya & Fry, 2016)

Other principles not mentioned above which are noted in the literature include: simultaneously addressing concurring problems, building resilience and minimizing potential for revictimization (Macy & Johns, 2011).

Rights-Based Approach

Similarly, the literature also corroborates the need to integrate a rights-based approach into case management systems designed for survivors of all forms of trafficking. By nature, a rights-based approach is an outcome-focused approach because the expected outcome is an improvement in the rights and well-being of children, achieved ultimately by the elimination of child sexual abuse and sexual exploitation. A rights-based approach integrates the principles set forth in the various international conventions which outline the intrinsic rights of children. These include the Convention on the Rights of the Child (CRC), the Optional Protocol on the sale of children, child prostitution and child pornography (OPSC) and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol).

Given the expansive nature of the conventions pertaining to children rights, a report by UNICEF provides certain indicators that a rights based approach is being successfully implemented. The report identifies that indicators of a rights-based approach being adopted are:

1. Child sexual abuse and exploitation are recognized as crimes against children, where the child is a victim and not seen to be responsible or criminalized by the victimization.
2. The child's best interests, especially the child's safety and wellbeing, are given priority.
3. Consensual and experimental sexual activity in intimate relationships between adolescents of similar ages and capacities are not criminalized.
4. Recognition that children understand the implications of taking part in sexual acts at different ages and therefore provide guidance and protection that is appropriate to meet the child's evolving capacities.
5. Children are supported to have a say in decisions affecting their well-being.
6. Children's rights are translated into state legal responsibilities and accountabilities to take action upon.
7. Equity is promoted to ensure that *all* children are safe from sexual abuse and exploitation without discrimination. There is a proactive prioritization of reducing the risks faced by the most disadvantaged children in a society.

8. Other indicators that a rights-based approach is being implemented are noted by Muraya & Fry (2016) and include that children: receive care without discrimination; are involved in decision-making about their care; are made aware of their rights; are respected and afforded measures of privacy and confidentiality which is due them.

Existing Models of Case Management

Although a vast array of anti-trafficking agencies and organizations currently operate in the world today, there is an equally vast array of practices adopted in relation to case management (Wilson, Critelli, & Rittner, 2015). This is understandable given the nuances in different types of human trafficking and the complexities of aftercare which are heterogenous and significantly influenced by country contexts and agency approaches. Despite this, the absence of evidence-based models of case management for trafficked victim-survivors either of OSEC or of any kind of human trafficking in the world today, poses a significant barrier to effective practices with survivors (Dell, et al., 2019; Muraya & Fry, 2016). This is a major gap in practice and has led several authors to propose frameworks of service delivery based on a combination of practice experience and primary research in order to provide recommendations as to the best practice models of case management.

Comprehensive and Coordinated Case Management

IMMEDIATE NEEDS

CRISIS SAFETY SERVICES
CRISIS SHELTER SERVICES
BASIC NECESSITIES
LANGUAGE SERVICES
EMERGENCY MEDICAL CARE
CRISIS LEGAL ADVOCACY

ONGOING NEEDS

PHYSICAL HEALTH CARE
MENTAL HEALTH CARE
SUBSTANCE ABUSE SERVICES
SAFETY SERVICES
TRANSITIONAL HOUSING
IMMIGRATION ADVOCACY
LEGAL ADVOCACY
LANGUAGE SERVICES

LONG-TERM NEEDS

LIFE SKILLS TRAINING
LANGUAGE SKILLS
JOB SKILLS TRAINING
LONG-TERM HOUSING

Continual focus on: (1) Safety and (2) Trauma-informed service delivery
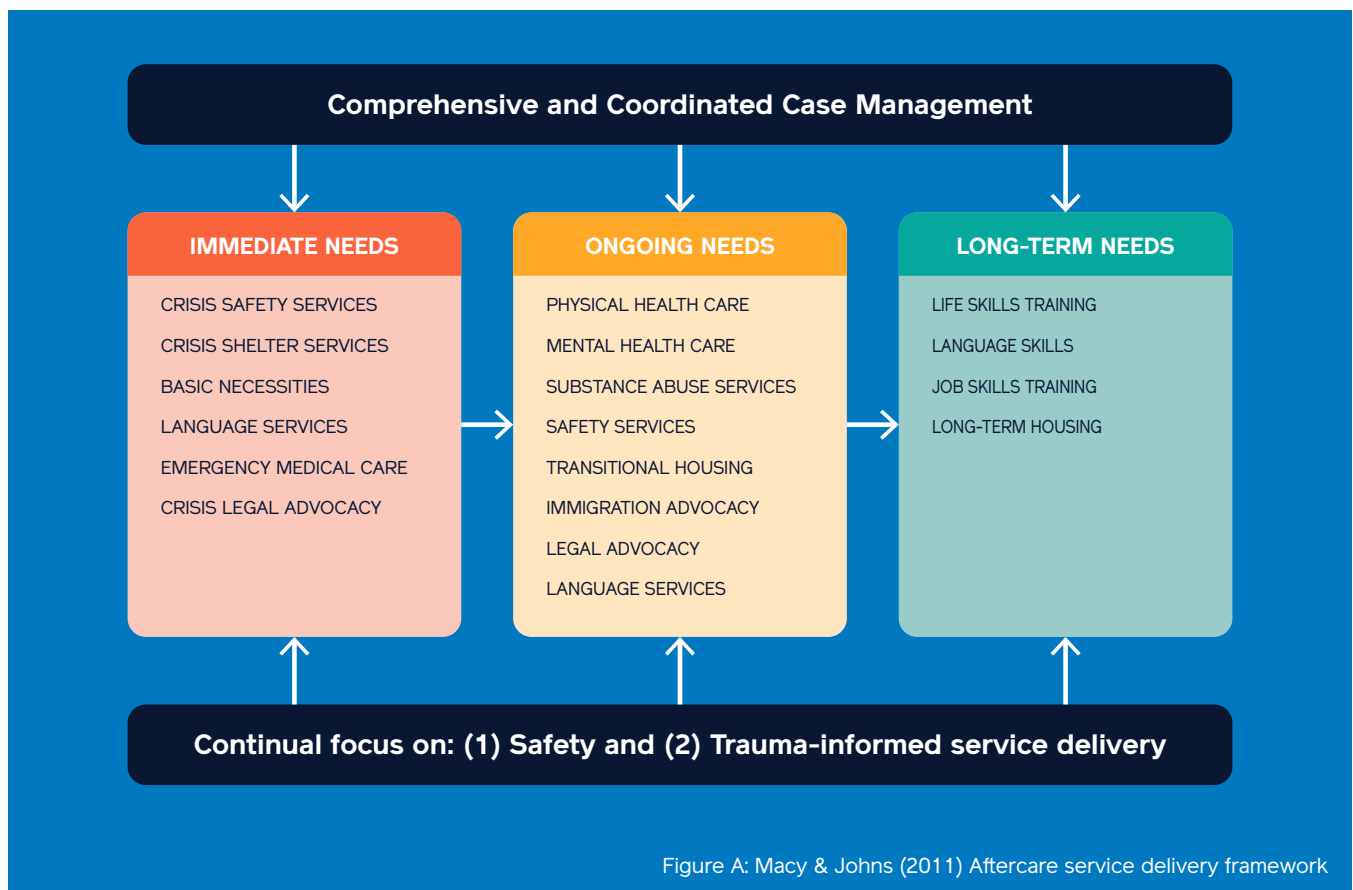
Figure A: Macy & Johns (2011) Aftercare service delivery framework

One of the seminal studies in constructing a service delivery framework for survivors of sex trafficking was conducted by Macy and Johns (2011). The US-based study conducted a systematic review of 20 studies which examined services for international survivors of sex trafficking into the United States. Based on the findings of the studies reviewed, the authors proposed a three-stage taxonomy of aftercare needs comprising; 'immediate needs', 'on-going needs' and 'long-term needs' (Macy & Johns, 2011). The three categories of needs correspond to particular services which should be provided during each phase and are underpinned by two key principles; 1. Comprehensive and coordinated case management and; 2. Continual focus on safety and trauma-informed service delivery (see figure 1). The utility of this model is fundamentally in proposing that the services provided to survivors should change in correspondence with the changing needs of survivors and in documenting the kinds of services which correlate to the different types of needs.

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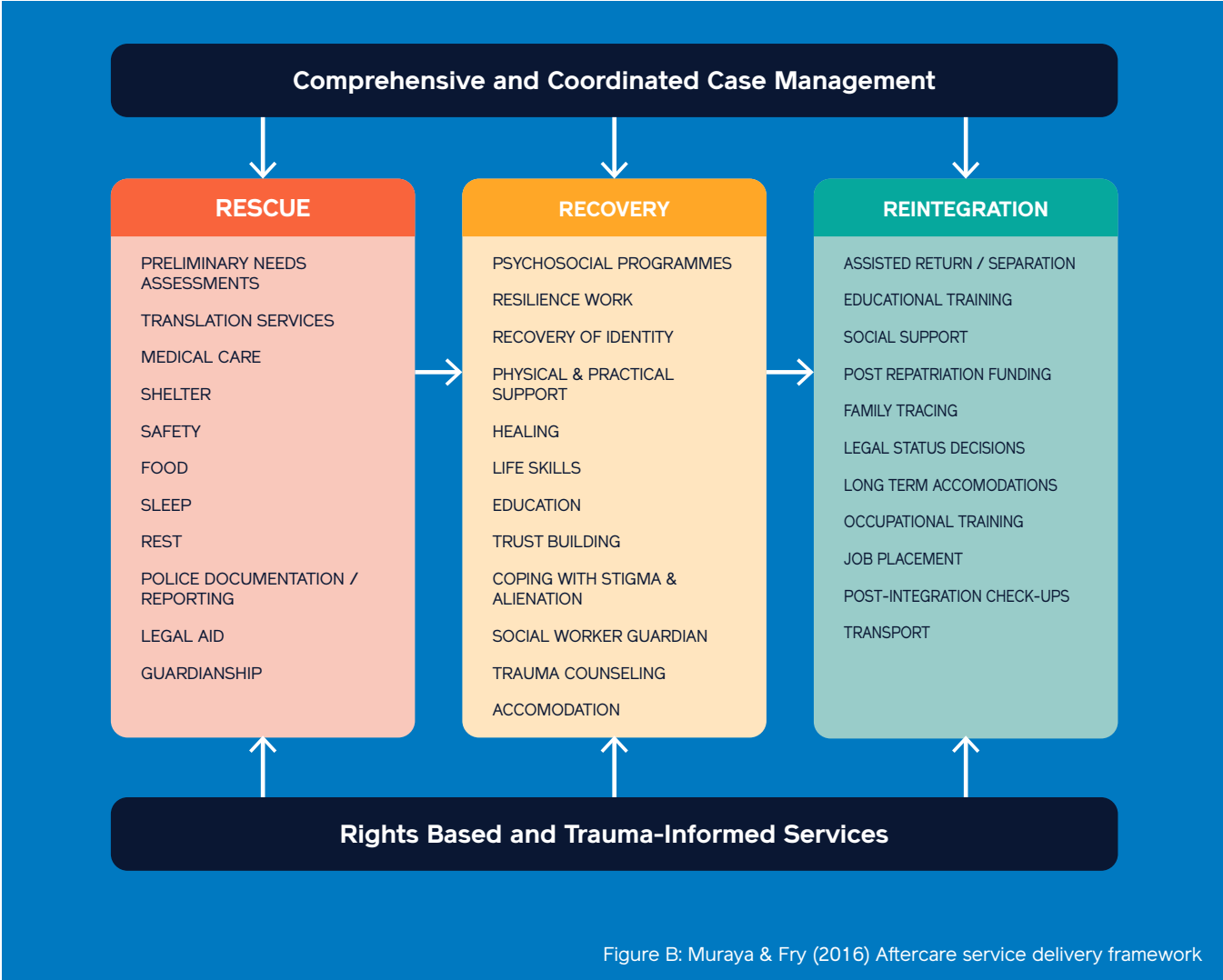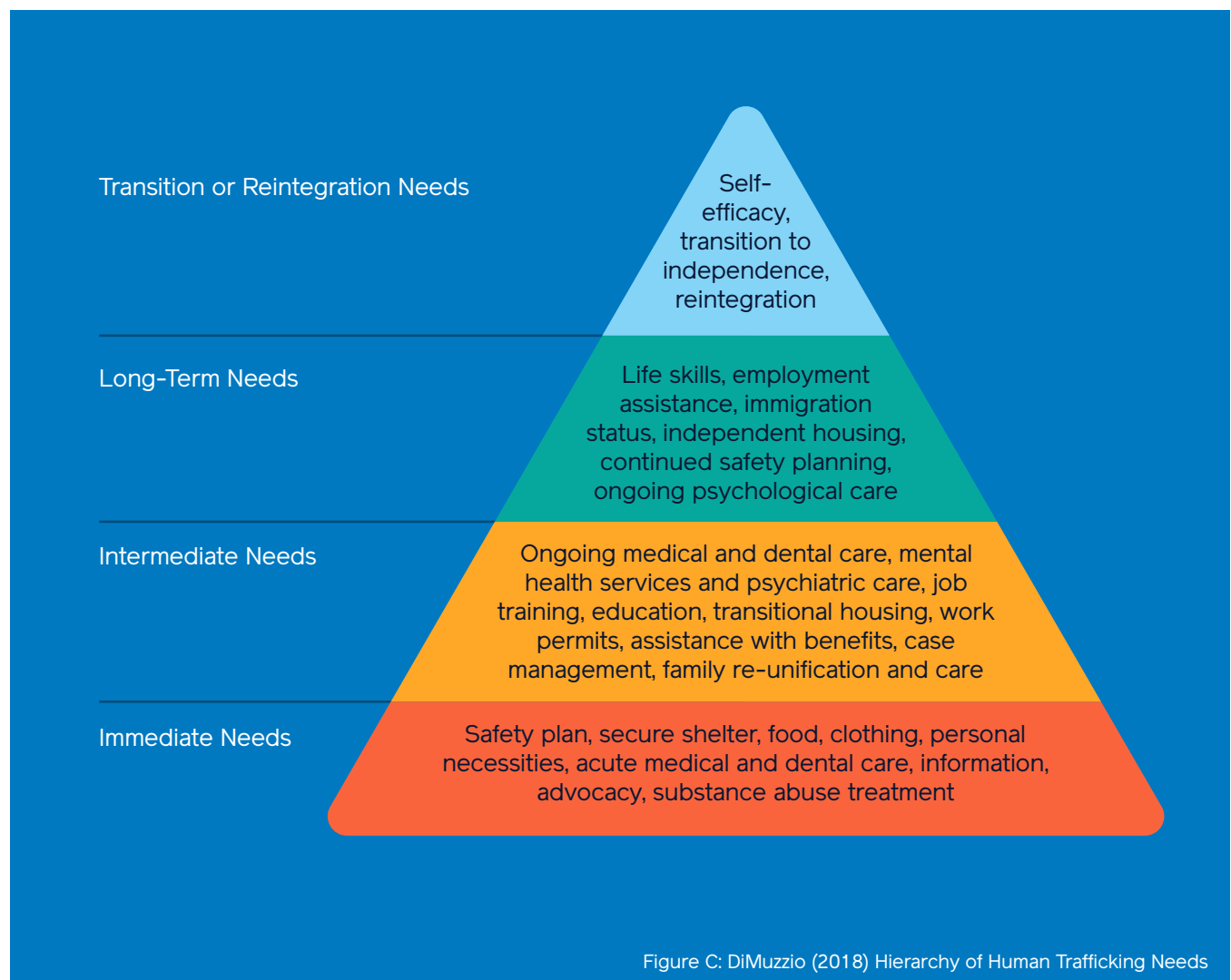

Figure B: Muraya & Fry (2016) Aftercare service delivery framework

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This seminal work was built upon later by Muraya and Fry (2016) in their systematic review of 15 articles evaluating services for child victim-survivors of sex trafficking around the world. Their contribution to extending the original framework is two-fold. Firstly, in considering arti-cles beyond the scope of USA, they bring greater attention to the need for multi-disciplinary,

Transition or Reintegration Needs
Self-efficacy, transition to independence, reintegration

Long-Term Needs
Life skills, employment assistance, immigration status, independent housing, continued safety planning, ongoing psychological care

Intermediate Needs
Ongoing medical and dental care, mental health services and psychiatric care, job training, education, transitional housing, work permits, assistance with benefits, case management, family re-unification and care

Immediate Needs
Safety plan, secure shelter, food, clothing, personal necessities, acute medical and dental care, information, advocacy, substance abuse treatment

Figure C: DiMuzzio (2018) Hierarchy of Human Trafficking Needs

multi-agency and multi-national collaboration in order to implement effective case management.

Secondly, they conceptualize the three phases of service delivery in correlation to the common stages of aftercare case management; 'Rescue', 'Recovery' and 'Reintegration' (see figure 2). Furthermore, Muraya and Fry (2016) provide greater interrogation of practices which are effective within elements of the case management process, namely: assessment; case planning; and recovery interventions.

One of the most recent contributions to the development of a service delivery framework was established by DiMuzzio (2020) and draws more on Maslow's (1943) hierarchy of human needs than previous frameworks established (Figure 3). Despite its conceptual divergence from the previous models, DiMuzzio (2020) reiterates much of what is highlighted by both Macy & Johns (2011) and Muraya & Fry (2016), with the exception of adding a fourth stage title 'transition/reintegration needs'. The hierarchy model proposed by DiMuzzio (2020) also places greater emphasis on a linear progression of service provision which has some limitations given the often non-linear progression of survivors who may return to traffickers and therefore diverge from the sequence of service delivery.

Other models of service delivery exist which may be beneficial for use with child victim-survivorss of sex trafficking but which have not yet been evaluated with this population. For example the Attachment, Regulation and Competency (ARC) framework developed by Kinniburgh, Blaustein, Spinazzola, and van der Kolk (2005) and the Multimodal Social Ecological framework by Hopper (2017).

Identification (Rescue)

Integration of a multi-disciplinary approach

Practices in the identification (also commonly termed 'rescue') of child victim-survivors of sex trafficking are heterogenous and differ depending on country, agency and professional contexts. Though available literature is limited, one of the findings reiterated by multiple authors is that there is a positive impact associated with incorporating a multi-disciplinary approach to identification practices. In their study, Farrel et. al (2020) evaluate the impact of utilizing the Multidisciplinary Team (MDT) Approach to address CSEC in the USA. They did this by conducting interviews with thirty-six participants from six countries who were part of a recently implemented MDT. Thematic analysis of the interview data revealed that respondents identified improvements in: effective identification and awareness of CSEC survivors; collaboration and communication across departments and; practices which prioritized the best interests of the child. Specifically, Farrell et al (2020) reported that the adoption of an MDT

approach shifted law enforcement practices from rushing forensic interviews to prioritizing meeting the immediate needs of the child first before conducting the interview. Barriers to the effectiveness of implementing an MDT approach noted included navigating conflicts of interest among different professions, absence of clear leadership, and attrition or drop-out of members due to individual expectations not being met. Despite the positive potential described in the article, the study did not utilize a comparison group and therefore results cannot be generalized and must be interpreted with caution.

Miller et. al (2020) also corroborate the benefits of a multi-disciplinary approach in identification practices through his analysis of the Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children (FRP), developed in Los Angeles, USA (Walker Brown , Quraishi, & Guymon, 2015). They highlight that across the four-year study period, the multi-disciplinary tool enabled 59% of children identified to receive immediate medical care within the first 72 hours of rescue. The authors do not however, utilise a comparison group or provide details of the normal rate of receipt of medical checks, therefore it is difficult to ascertain whether the tool is responsible for an increase in medical checks.

Assessment

Conducted as soon as possible

An effective assessment is a crucial pillar in the effective care of child survivors of sex traf-

ficking, and in many ways guides a significant majority of the case management process. McIntyre (2014) emphasizes that without an effective assessment, positive outcomes for the rescued child can be significantly jeopardized either through inappropriate treatment, placement or mismatched services. One of the recurrent recommendations in the literature pertains to the necessity of conducting needs assessments at the earliest possible time (Muraya & Fry, 2016; McIntyre, 2014). This is essential for numerous reasons including addressing time-sensitive medical needs such as pregnancy or sexually transmitted diseases, higher likelihood of cooperation from children and establishing a clear plan that is in the child's best interests (McIntyre, 2014). Though there are no standards which explicitly outline the recommended timeframe in which an initial assessment should be conducted, common practices range from completing the intake or preliminary assessments within 36-72 hours of the identification of a child at risk (Miller, Arnold-Clark, Walker Brown, Ackerman-Brimberg, & Guymon, 2020).

Assessments conducted by trained psychologists or social workers

Several studies also corroborate on the importance of having trained professionals conduct the assessment in order to ensure it is done with sensitivity to the unique impacts of trafficking and sexual abuse. Four articles stressed the critical importance of a child-sensitive assessment process which ensures that all the information necessary is obtained without harming or retraumatis-

ing the child (Frederick, 2005; Muraya & Fry, 2016; UNODC, 2007; Van der Keur, 2013). It is recommended that assessors are trained and qualified to conduct assessments which are; child-friendly, developmentally appropriate, trauma-informed and do not push or lead children to disclose information before they are ready (Muraya & Fry, 2016). Furthermore, Macy & Johns (2011) stress the importance of trust building and being able to build rapport with children. Although there is no explicit consensus about the types of trained professionals who should conduct the assessment, the professions most commonly listed include psychologists, social workers and forensic paediatricians.

Gather a comprehensive set of information

In line with trauma-informed care and the principle of minimising re-traumatisation, current literature recommends that assessments gather a comprehensive set of information on the child to avoid the need for repeated assessments (McIntyre, 2014; Muraya & Fry, 2016; Rigby & Whyte, 2013). Specifically, the child's circumstance and history of exploitation; family background, physical functioning, psychological state, social needs, legal needs, literacy levels and protection needs (Muraya & Fry, 2016). Some authors extend the suggestion and recommend the use of specific assessment tools which are suitable to trafficked victim-survivors such as the Genogram[1], Ecomap[2] and Social History[3] (McIntyre, 2014). Two trafficking-specific assessment tools were identified in the litera-

ture including McIntyre's (2014) dual-domain assessment model and IJM's Assessment of Survivor Outcomes (ASO). To the author's knowledge, only the ASO has been subject to empirical evaluation and has been validated for use with trafficking populations (IJM, 2018).

Be in the child's language

One of the critical tenets of trauma-informed care is ensuring language access and cultural competency in order to minimize disparities in service access produced by monocultural or monolingual services (Heffernan & Blythe, 2014). Given that the assessment involves obtaining sensitive and intimate details about the child's life, family and abuse experienced, it is recommended where possible to ensure the assessor speaks the same language as the child (Muraya & Fry, 2016). This principle is in accordance with article 2 of the United Nations Convention on the Rights of the Child (UN, The Convention: On the Rights of the Child, 1989). Where the assessment cannot be conducted in the child's language, a qualified interpreter who is sensitive to the needs of survivors should be sought (Macy & Johns, 2011). Furthermore, it is advised that the role of interpreter never be undertaken by persons accompanying the survivor due to the conflict of interest and sensitive nature of the assessment process (Macy & Johns, 2011). When the assessment, including the tools provided and any activities utilised within assessment, is conducted in a language-sensitive manner, it enhances the capacity for trust-building, establishing rap-

port and ultimately ensuring an accurate and comprehensive assessment (Heffernan & Blythe, 2014; Muraya & Fry, 2016).

Be updated and revised until end of service provision

An assessment is both the first stage in the aftercare continuum of care and a continual process which runs throughout the entirety of case management. The literature suggests that an effective assessment is approached as an ongoing process which is continually revised and updated throughout the continuum of care (Muraya & Fry, 2016; Rigby & Whyte, 2013). The ASO, one of the few empirically validated assessment tools for trafficked victims, requires revision at baseline and then every 6 months thereafter until a standardized score is obtained which indicates 'restoration'. Consistent with this approach, the ILO recommends that an assessment be continually reviewed by the case manager in order to monitor progress and ensure the right services are being provided at the right times (ILO, 2006).

Forms the basis of care plans

The utility of an assessment is intrinsically connected to its interpretation and implementation (McIntyre, 2014). The best therapeutic interventions which are not aligned to a comprehensive assessment can be ill-matched and waste valuable resources. For this reason, numerous articles stress the critical importance of care plans and case management activities being delivered on the basis of the assessment (McIntyre, 2014; Muraya & Fry, 2016; Rigby & Whyte, 2013; UNODC, Protocol on inter state rescue and post rescue activities relating to persons trafficked for commercial sexual exploitation, 2007). Rigby & Whyte (2013) stress that helping a child to narrate and understand their past experiences during assessment, in a sensitive and child-centered way, is critical not only to helping children to understand themselves but in the formation of future plans and interventions.

Intervention (Recovery)

Therapeutic Interventions

Therapeutic interventions are an intrinsic part of the case management process given the need to manage and treat possible trauma sequelae associated with the abuse (Hanson & Wallis, 2018). Though the impacts of OSEC are still being enumerated in the literature, children who experience sexual abuse commonly manifest a range of post traumatic symptoms. Trauma sequelae which is known to commonly be exhibited in child survivors of sexual abuse include: intrusive and reoccurring thoughts of the traumatic experience; avoidance of reminders of the trauma (often places, people, sounds, smells and other sensory triggers);

emotional numbing; irritability; trouble sleeping or concentrating and; physical and emotional hyperarousal (Holtzhausen, Ross, & Perry, 2016). The necessity of therapeutic intervention is therefore critical in addressing the frequently reported impacts of trauma resulting from sexual abuse.

Studies on therapeutic interventions for survivors of trafficking recurrently highlight the scarcity of literature available and the weak evidence base to determine effective practices with this population (Dell, et al., 2019; DiMuzio, 2020; Hanson E., 2017). Not a single study was located which evaluated therapeutic interventions with OSEC survivors or survivors of similar kinds of abuse. Only one article was identified in the review (Hanson E. , 2017) which considered promising interventions for use specifically with victim-survivors of OSEC. The recommendations provided in the study were, however, based on a review of practices with child sexual abuse victim-survivors given the dearth of OSEC-specific literature. This appears to be the predominant approach, given the scarcity of research on practices with OSEC survivors (Dell, et al., 2019). Hanson (2017) identified that a multi-faceted approach to intervention that draws on a variety of therapies such as CBT, abuse-specific therapy and supportive psychotherapy is most effective for improving social skills, sexualized behavior and behavioral problems. The article also provides a useful analysis of what the key goals of therapy should be when working with victim-survivors of OSEC in addition to some suggestions based on evidence in child sexual abuse about the therapeutic methods which can achieve these goals (see Table 4, Table 5).

The remainder of the intervention literature included for review focused on interventions with

non-OSEC populations, and often did not specify a type of trafficking. Additionally, studies often did not disaggregate findings in accordance with age and therefore report on findings of interventions used with both children and adult survivors of trafficking, though some exceptions are noted (O'brien, Jordan, Honeycutt, Wilsnack, & Davison, 2019). Several studies noted the use of evidence-based or manualized treatment interventions with trafficked populations. Interventions noted within the studies reviewed included CBT, TFCBT, DBT, narrative therapy, Integrative Treatment of Complex Trauma for Adolescents, EMDR, therapeutic witnessing and solution focused therapy (Allert, 2017; Dell, et al., 2019; DiMuzio, 2020; Wilson, Critelli, & Rittner, 2015). Despite the application of these interventions to victim-survivors of trafficking, the persistent theme among studies was that there is no evidence to suggest any of these interventions are effective with this specific population. The unanimous conclusion of almost all intervention studies reviewed was that there is insufficient evaluation of programs within the human trafficking literature to ascertain which interventions are effective and which are not (Dell, et al., 2019; O'brien, Jordan , Honeycutt, Wilsnack, & Davison, 2019; Wilson, Critelli, & Rittner, 2015). In their systematic review of exit and post-exit interventions for survivors of human trafficking., Dell et. al (2019) conclude that "While not ideal, until we build better evidence for exit and post-exit interventions for survivors of human trafficking, practi-tioners will need to rely on expert opinion and evidence of effects of interventions for similar problems" (Dell, et al., 2019, p. 192).

Given the embryonic state of the extant literature in this field, most studies recommend drawing upon the evidence base for interventions which cover similar problems or populations with similar characteristics. One of the populations considered most similar are children who have experienced sexual abuse, especially where the abuse has been perpetrated by a family member (see table 3). For this reason the following section summarizes best practices in interventions pertaining to child sexual abuse.

Table 4: Similarities and differences between OSEC and CSA	
OSEC Survivors	**CSA survivors**
Abuse is primarily sexual in nature	
Perpetrator of the abuse is often family member	
Children often require alternative parental care if removed from abusive parent	
Abuse is not age-specific, but includes a range of very young, adolescent and older youth	
Abuse is perpetrated through means of technology and is facilitated over the internet	Abuse is perpetrated through contact
Abuse can be experienced perpetually even after rescue because abuse images continue to be circulated online	Abuse is often time-bound and 'ends' after child is removed from the abusive environment

Table 5: Key goals for therapy with OSEC survivors	
Address negative beliefs	Sexual abuse can lead to children developing negative beliefs about themselves and others, such as 'I'm worthless', 'I was to blame', and 'there is no-one I can trust', held explicitly and/or implicitly. Helping children to come to more adaptive understandings of themselves has a myriad of positive knock-on effects.
Create safety amidst ongoing trauma	Many children who have experienced online sexual abuse are left struggling with the reality of images of their abuse remaining online or the possibility of these images being disseminated in the future. This can create a sense of ongoing trauma, leading to hypervigilance, fear and shame, and the desire to escape from it can at times prompt self-harm and suicidality. The goal of therapy should be to find ways to help children overcome feelings of trauma and fear even when images may still be circulating.
Engage family or caring adults in the therapeutic process	The support and validation that families, especially parents and carers, give to children in general, and specifically in relation to revelations of sexual abuse, profoundly influence how a child is affected by that abuse over the long term. Therapeutic effectiveness can be improved by working with parents and carers to (1) develop their supportive approach to their child, (2) enhance their support specifically of their child's therapy and (3) help them process and understand their own feelings about the abuse.
Address self-objectification and body esteem	Sexual abuse may lead to body shame, body dissatisfaction and self-objectification which may in turn contribute to other problems such as disordered eating and depression. Chronic distrust of others, dissociation and trauma processing strategy are further factors that might be usefully targeted in therapy with the expectation of multiple positive knock-on effects.
Source: Hanson (2017) Promising Therapeutic Approaches for Children, Young People and their Families following online sexual abuse. In J. Brown, Online Risk to Children: Impact, Protection and Prevention (pp. 123-142). London: NSPCC & Wiley and Sons.	

Table 6: Promising methods of fulfilling therapeutic goals	
Assessment & Formulation	A nuanced understanding of a child's areas of difficulty, vulnerability, resilience and strength, and the thoughts, feelings and coping styles below the surface, assists in formulating a sensitive and responsive treatment approach. It may be best developed through using a variety of tools, such as ongoing careful listening to the child's verbal and non-verbal communication, gathering information from parents and teachers and age-appropriate psychometrics.
Engagement & building a strong therapeutic relationship	When there are trauma-related difficulties, a large proportion of children and their families drop out of therapy prematurely so building engagement should arguably be the first goal of therapy. Most fundamental to engagement is a strong therapeutic alliance, and this is also key to broader therapeutic effectiveness. Rapport between therapist and client is developed by the therapist being genuine, empathic, compassionate, hopeful and validating.
Developing positive body esteem	One promising approach to helping young people relate positively to their body is developing their appreciation of their body's functions and how their body sustains them in a diversity of ways. Body appreciation and connection are also enhanced through creative, sensory and movement-based activities (e.g., dance, yoga, cooking, gardening) conducted mindfully, and meditations focused on body appreciation and acceptance.

Table 6: Promising methods of fulfilling therapeutic goals	
Reducing the impact and threat of abuse images circulating	In all cases in which images are circulating (or may do so in the future), steps should be taken to explore whether these images could be removed. New and adaptive conceptualisations of the images can be explored – for example, they can be thought of as images separate from oneself, communicating only something about the offender and not the young person (they are the abuser's fantasy and deception).
Overcoming shame & self-blame	A majority of children in therapy for sexual abuse–related difficulties report feelings of shame or self-blame (Deblinger & Runyon, 2005), and they may be particularly intense following online abuse involving images or 'victim participation'. A caring and respectful therapeutic relationship is the starting point for reducing shame.
Facilitating support for families	Family-focused interventions should be part and parcel of interventions for children who have experienced online sexual abuse, given the extent to which a family's approach affects their child's recovery and wellbeing.
Source: Hanson (2017) Promising Therapeutic Approaches for Children, Young People and their Families following online sexual abuse. In J. Brown, Online Risk to Children: Impact, Protection and Prevention (pp. 123-142). London: NSPCC & Wiley and Sons.	

Interventions with Victims of Child Sexual Abuse

The vast majority of trauma-focused interventions with empirical support for use with children and youth who have experienced sexual abuse are typically cognitive-behavioral therapies (Hanson & Wallis, 2018). These include CBT, DBT, Exposure Therapy, Sensitisation Therapy and the most effective and widely disseminated therapy; TFCBT (Martin, 2016). Although each of these therapies contain nuances in their implementation, they have several cross-cutting elements which are common to them all. The following section is a distillation of the critical principles which underpin these evidence-based interventions for treating child sexual abuse and other similar issues.

Psychoeducation about trauma and its impact

The basic principle behind psychoeducation is that children must be able to understand the way which trauma impacts the human body in order to understand the way which their trauma may be impacting their own body. It commonly involves explaining the physiological operations of traumatic stress to children in a developmentally friendly way. This includes typical reactions to traumatic stress as well as why they happen and what the therapy will do to help address these (Hanson & Wallis, 2018).

Affective modulation

Traumatic events are primarily held or stored within the body and often are not experienced in a way that is articulated but felt. Affective modulation is the process of learning to regulate one's emotions which have undergone significant disruption or disorganization as a result of the traumatic event. In assisting children to regulate their affect, children are empowered to

manage trauma-related anger, grief, self-hatred, anxiety or shame in a constructive way (Bass, Bearup, Bolton, Murray, & Skavenski, 2011).

Gradual exposure to trauma memories

There is a growing evidence base to support the efficacy of gradual exposure in assisting victim-survivors to process the trauma which they have experienced. This involves repeated exposure to details of the trauma as a way to extinguish trauma-related emotional and behavioral responses. This treatment strategy helps to improve cognitive processing of the traumatic event(s) and has been demonstrated to facilitate recovery (Hanson & Wallis, 2018).

Involvement of a supportive caregiver in trauma-focused treatments

Evidence based therapies often include components of the treatment which are directly or conjointly facilitated with caregivers of the child. This is in recognition of the fact that a child's caregiver will be a primary influence on the effectiveness of the therapeutic intervention, whether through positive reinforcement or through negative opposition. The involvement of caring adults in the trauma-focused intervention has been shown to decrease drop-out, improve parent-child relationship and increase family engagement. Furthermore, in the case of OSEC, providing psychoeducation to caregivers about the abuse can reduce parental anxiety and increase understanding about the child's exploitation (Bernardon & Pernice-Duca, 2010; Hanson & Wallis, 2018; Hanson E., Promising Therapeutic Approaches for Children, Young People and their Families following online sexual abuse, 2017).

Cognitive processing to address unhelpful or inaccurate cognitions

One of the central tenets of evidence-based, trauma-focused interventions is cognitive processing (also called restructuring) or the correction of cognitive distortions. Cognitive processing seeks to help children to address the trauma-related beliefs or thoughts about themselves. It helps children to name the distortions, such as "It is my fault," or "I was a willing participant" and provide more accurate and adaptive ways of understanding the abuse. Cognitive processing is commonly facilitated through assisting children to identify the distorted thought, consider the assumptions behind the thought, identify the evidence supporting the thought and generate alternative thoughts. This process has been shown to effectively reduce trauma symptoms in children who have experienced sexual abuse (Martin, 2016; Hanson E., Promising Therapeutic Approaches for Children, Young People and their Families following online sexual abuse, 2017).

Placement (Recovery)

Given that a large percentage of OSEC cases involve trafficking by family members, survivors

must often be removed from their homes and placed in alternative care settings (IJM, 2020). In the absence of literature pertaining to best practices in the placement of survivors of OSEC or national standards in alternative care in the Philippines, the following best practices are surmized from four key sources; the United Nations Guidelines in Alternative Care (UN, 2010); the Australian National Standards for Out-of-Home-Care (Department of Families, Housing, Community Services, 2011), the Ireland National Standards for Foster Care (DHC, 2003) and the Guidelines for the Alternative Care of Children in Kenya (UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014). This section considers best practices within two forms of alternative care: family based care and residential care.

Family-based Care | Foster and Kinship Care

Prioritization of family-based care such as foster or kinship care

All standards reviewed made explicit and implicit reference to the importance of prioritizing family-based settings of alternative care such as foster care and kinship care settings. Some standards made explicit reference to research evidence which has substantiated the benefits of these settings, especially for younger children. The critical importance of providing a family-like environment for children and young people requiring care was especially stressed within the UN guidelines which also recommended adequate investment in the development of a foster care system.

UN Guidelines	Standard 22, 23, 154
IE Standards	Implied by all standards*
AUS Standards	Implied by all standards*
Kenya Guidelines	Section 1, p. 20

*Both the Ireland and Australian standards are exclusive to foster and kinship care based on longstanding evidence that these forms of care are more suitable than residential care for most children.

Alternative care providers should implement rigorous, multi-disciplinary approaches to decision-making that include the full consultation of children, families and legal guardians.

Three key principles were evident in national standards and the UN guidelines regarding the process of decision-making for the placement of a child in alternative care. Firstly, the process should be *comprehensive*. This term was often used in Standards to denote the procurement of all the information necessary to make an informed and appropriate decision. Secondly, the process should be *multidisciplinary.* The Standards frequently mentioned of the utility of collaboration among a variety of qualified professionals to reach the best possible outcome for the child. Thirdly, the process should be characterized by *full consultation.* The critical importance of involving children, families and legal guardians in the decision mak-

ing process was stressed in several of the national standards and the UN guidelines.

UN Guidelines	Standard 57
IE Standards	Standard 6
AUS Standards	Standard 5
Kenya Guidelines	Section 1, p. 20

All persons providing alternative parental care should receive a thorough assessment of their competency, willingness and safety to provide care to a vulnerable child

All Standards reviewed had statements outlining the procedures by which carers should be assessed and, often, approved by a relevant authorizing body. A thorough assessment of persons providing alternative care is critical to ensuring children are provided with safety and stability. This form of assessment also serves as a filter to ensure only those adults who are competent and trustworthy of caring for a child are entrusted with the placement of a child in their care.

UN Guidelines	Standard 55
IE Standards	Standard 14
AUS Standards	Standard 12
Kenya Guidelines	Section 3, p. 62

A system should be devised in order to train staff to assess and match the needs of the child with the abilities and resources of potential foster carers

The best practice principles regarding child-carer matching in placement decisions which underpinned the standards recurrently cited the central importance of working for the 'best interests of the child.' In several of the standards, it is stipulated that this can be achieved through establishment of a system which considers the child's needs as outlined in their initial assessment alongside the competencies and resources of available carers. The Irish Standards particularly stress the importance of matching through recommending that children spend time with the proposed carer prior to placement in order to express their informed view (DHC, 2003).

UN Guidelines	Standard 118
IE Standards	Standard 8
AUS Standards	Standard 1
Kenya Guidelines	Section 3, p. 62-63

All persons providing alternative care should undergo training in appropriate parenting suitable to the child prior to receiving a child placement

All Standards unanimously encouraged the provision of training for persons providing alternative care and most concurred that this should be provided before the placement of a child

in a care setting. Differences emerged regarding the implementation of this principle. For example, the Irish standards recommend that training needs assessments are conducted in order to inform the development of training. Furthermore, the UN guidelines recommend that professional support also be provided alongside training. However, all documents stressed the importance of establishing infrastructure to provide regular training to carers.

UN Guidelines	Standard 71, 103
IE Standards	Standard 16
AUS Standards	Standard 12
Kenya Guidelines	Section 3, p. 62

A strategy of training should be in place which facilitates training for specific needs of the child including such things as behavioral management, special needs and prevention of harm and self-harm

The Standards commonly included recommendations regarding the need to provide ongoing training which corresponded to the specific challenges which children may experience. Specific mention of training for AIDS/HIV, disability, behavioral problems, harming others and self-harm were made in the UN Guidelines with others making provisions for this indirectly in their documents (UN, Guidelines for the Alternative Care of Children, 2010).

UN Guidelines	Standard 115, 116, 117
IE Standards	Standard 16
AUS Standards	Standard 12
Kenya Guidelines	Section 3, p. 62

Care plans should be individualized, based on a thorough assessment, regularly updated based on the needs of the child and working towards permanency

Best practices regarding care plans included that they be established to meet the individual needs of each child and that the initial assessment formed the basis of the care plan. Furthermore, the Standards stipulated the importance of ensuring regular period were set for the reviewing and updating of the plans based on the changing needs of the child. Finally, permanency was stressed as a critical goal of every care plan and guidelines stated the importance of keeping permanent placement as a priority issue.

UN Guidelines	Standard 12, 60, 63, 67
IE Standards	Standard 7
AUS Standards	Standard 4
Kenya Guidelines	Section 1, p. 20

Care plans should be conducted at the earliest time possible, ideally before the child is placed

Three of the four Standards stated the importance of establishing care plans as early as possible, with one standard reporting a 1-month window within which care plans must be conducted (UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014). The early-as-possible principle is reiterated among other literature due to the significant knock-on effects of a care plan and its foundational importance in the placement phase.

UN Guidelines	Standard 61
IE Standards	Standard 7
AUS Standards	
Kenya Guidelines	Section 1, p. 20

All carers should be subject to regular monitoring and reviewed by a competent authority ideally with the use of a standardized monitoring tool

The majority of standards also stipulated the necessity of establishing systems of monitoring and review of persons providing alternative care in order to protect children from undue treatment within care. Regular monitoring also serves to ensure the child's needs and best interests are still in alignment with their placement, and facilitates space for review if the placement is no longer suitable. Standards reiterated the importance of having a qualified authority to engage in the monitoring and the utility of a standardized tool for monitoring (UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014).

UN Guidelines	Standard 55, 130
IE Standards	Standard 19
AUS Standards	
Kenya Guidelines	Section 3, p. 64

Residential Care

Currently, institutional care is the predominant form of alternative care intervention for vulnerable children in the Philippines (Roche, Child Protection and Maltreatment in the Philippines: A Systematic Review of the Literature, 2017). Available data suggests that in 2015/2016 placement in residential settings outnumbered foster and kinship care placements by more than 5:1, with a recorded 5819 children in residential care in 2015 (Roche, Child Protection and Maltreatment in the Philippines: A Systematic Review of the Literature, 2017) and 1,020 children in foster placements in 2016 (DSWD, 2016)[4]. Furthermore, these figures are likely an underestimation of the actual amount, given that they do not take into account the numbers of children in the 197 DSWD licensed residential care facilities and children shelters (Roche, 2017). Though more recent and accurate data is not available to indicate the current distribu-

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[4] Note: Datasets from different years have been used as a indicative amount only due to the unavailability of comparable data from the same year.

tion of children in alternative care, it provides an indication of the numbers of children in alternative care. Given the dominant use of institutional settings for the care of children, it is worth briefly summarizing available literature. Furthermore, due to the heterogeneity in language and diverse practices in institutional care, it is imperative to provide a clear definition of the term. For the purpose of this report, the definition used is that provided by Ijzendoorn, et al., 2020 (p.255) who describes institutional care as "a publicly or privately managed and staffed collective living arrangement for children that is not family based. These institutions include orphanages, children's institutions, group homes, children's shelters, infant homes, children's villages, and similar residential settings for children."

International Guidelines on the Use of Institutional Care

For the past decade, it has been the prevailing opinion of international research and leading practitioners alike that children outside of parental care should be placed within a family-based care environment (Ijzendoorn, et al., 2020; Briggs & Hunt, 2015; Li, Chng, & Chu, 2019; Smyke, et al., 2012; James, 2011). Due to the challenges in recruiting and maintaining a pool of willing substitute parents, however, almost all countries make use of some form of institutional care to varying degrees (Petrowski, Cappa, & Gross, 2017). The evidence suggests however, that institutional care is only effective under certain conditions, and if it is used inappropriately can lead to long-term harmful effects on children (United Nations, 1989; UNICEF, Republic of Kenya, & Save The Children (Sweden), Guidelines for the Alternative Care of Children in Kenya, 2014; James, 2011).

Small, family-like settings where ratios do not exceed normative household compositions

The burden of evidence suggests that there are three main conditions under which institutional care can be a beneficial intervention for children requiring alternative care. The first condition is that the group-care setting is a small, family-like setting where the ratio of children to carer does not exceed that which would be considered normal in the wider community (James, 2011; Li, Chng, & Chu, 2019). This principle is reiterated in the United Nations guidelines for Alternative Care of Children, statement 123 which implores "facilities providing residential care should be small and be organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation." (UN, 2010, p. 23). Studies which have reported positive outcomes associated with residential care have mainly been small-scale, family-like settings which have a small number of professionalized staff who are often trained in therapeutic parenting (Hardera, Zeller, Lopez, Kongeter, & Knorth, 2013; McCurdy & McIntyre, 2004). For example, the Watoto Village in Uganda, adopts a 1:8 ratio of house-parent to children because it is considered a normal orientation of nuclear families in the culture to have between 5-8 children in the home (UN, Household Size and Composition Around the World 2017 – Data

Booklet (ST/ESA/ SER.A/405, 2017; Watoto, 2017). Furthermore, the few available evidence-based residential and group home programs such as the Teaching Family Model, Sanctuary Model, or the Stop-Gap Model tend to adopt group sizes of between 8-12 children maximum (James, 2011).

Residential care as principally a transitional, temporary arrangement

The second condition which promotes safe use of institutional care is that it should be a temporary arrangement which is established with the express goal to transition children into more suitable family-care arrangement including reunification, foster care or kinship care (Li, Chng, & Chu, 2019; Smyke, et al., 2012). This is explicitly outlined under statement 123 of the UN Guidelines noting that "the objective should generally be to provide temporary care and to contribute actively to the child's family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting" (UN, 2010, p. 23). This principle is further reinforced by the extensive amount of research which has documented the deleterious effects on children of all ages of prolonged placement in large residential settings. Evidence indicates that large residential settings are strongly associated with delays in physical growth, cognitive development, brain development and attention (Doom, Gunnar, & Georgieff, 2014; Fox, Levitt, & Nelson, 2010; Juffer, Van IJzendoorn, & Bakermans-Kranenburg, 2017; Kennedy, Kreppner, & Knights, 2016).

Residential care as a last resort; only when necessary and not for children under three

The third condition is that it should only be considered as a last resort, when it is identified to be necessary and constructive for a child and is generally considered unsuitable

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for any child below the age of 3 (UN, Standard 21 and 23, 2010; UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014). In their recent systematic review of evidence regarding the effects of institutionalization on development, Ijzendoorn et. al (2020) reported that there is a higher level of cognitive, physical and development delay among children who enter residential care at a younger age than those who are older. Other studies have noted the fundamental role of attachment in early childhood and the ways in which residential settings which do not facilitate a parental attachment to the child can have detrimental impacts on the early development of a child's brain and psycho-social functioning (Briggs & Hunt, 2015; Ijzendoorn, et al., 2020).

Closure & Review (Reintegration)

Closure and review of services to survivors, synonymous with the term 'reintegration', has been described as the most difficult stage in the case management process (Frederick, 2005; Surtees, 2013). One of the profound challenges in this final stage of case management is the heterogeneity in definitions of 'reintegration' and the conditions which constitute a basis for case closure (Dell, et al., 2019; Muraya & Fry, 2016). For over a decade, researchers have called for greater efforts to be invested in establishing an agreed upon definition and subsequent indicators of reintegration (Asquith & Turner, 2008; Crawford & Kaufman, 2008; Muraya & Fry, 2016). However, to date, no standard or internationally agreed upon definition of reintegration has been proposed (Dell, et al., 2019). This has led to a wide range of definitions and subsequent indicators which have been adopted by agencies and used within research (see table 8). Broadly, the definitions include those conceptualising reintegration as: a process following recovery; a process synonymous with recovery; the process of return to one's family or community; the restoration of rights, health and social life; the return to life as it was before the abuse occurred and; holistic and sustainable reinsertion of the person into society (Asquith & Turner, 2008; Crawford & Kaufman, 2008; Dell, et al., 2019; ECPAT, Connecting the Dots: Supporting the Recovery and Reintegration of Children Affected by Sexual Exploitation, 2017; Surtees, 2013).

Table 7: Definitions of reintegration in the literature		
Study	**Definition**	**Indicators of Reintegration**
ECPAT (2017)	"The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."	

Asquith & Turner (2008) (Cited in Muraya & Fry, 2016)	"holistic process involving practical, emotional, education/training and social support of the individual"	
SAHARA and JIT (2004, p. 3)	"The absolute acceptance of the returnees by their respective families and by society, without any discrimination."	
IOM (2007, p. 81)	"is to provide for a victim's safe, dignified and sustainable return and a normalized life"	
(Surtees, 2013)	"the process of recovery, and economic and social inclusion following a trafficking experience"	1. Settlement in safe environment 2. Access to reasonable standard of living 3. mental and physical well being 4. opportunities for personal, social and economic development 5. Access to social and emotional support
UN GIFT (2008, p. 35)		1. Self-reliance 2. Safety (including being not at risk of re-trafficking or further exploitation
(Buet, Bashford & Basnyat 2012, p. 55).		1. Self-reliance 2. Independence

Support for the development of a standard definition and complementary indicators of reintegration is unanimously agreed upon within the literature (Asquith & Turner, 2008; Dell, et al., 2019; ECPAT, 2017; Macy & Johns, 2011; Muraya & Fry, 2016). However there are three main barriers to the achievement of this goal. Firstly, the political, social and economic arrangements embedded within each country or community play a large part in shaping people's experiences of trafficking and therefore, their experience of reintegration (Hepburn & Simon, 2010). For example, sex trafficking in India is inextricably linked to the caste system and will continue to impact a survivors process of reintegration. Whereas this social arrangement will not equally define reintegration for a survivor in the Philippines. Secondly, many definitions and measurements of reintegration focus on achieving self-reliance or economic independence. The over-emphasis on economic independence is significantly problematic given the widespread poverty which is common to many communities of origin (Frederick, 2005). Focusing primarily on economic factors can minimize the importance of adopting a holistic approach to reintegration that recognises returnees' social, psychological, health and religious needs (Derks, 1998). Surtees (2013) thus argues that a holistic measurement of reintegration should consider factors beyond the economic domains which is reflected in the indicators suggested in her article. Lastly, survivors experiences of reintegration are highly influenced by the type of trafficking they were subjected to (Crawford 2010). For example: survivors of labour trafficking who are trafficked across countries or borders may require repatriation

services; survivors of commercial sexual exploitation of children may require family finding services and; survivors of online sexual exploitation of children who are trafficked by their parents may require placement in an alternative family setting.

The challenges to establishing a standard measurement of reintegration are many, however there are promising practices which have been highlighted in the literature. The following best practice principles represent a summary of practices which have been recommended in the extant literature for reintegration.

Reintegration Assessment of family and/or community

Three articles recommended conducting an assessment prior to considering reintegration in order to ascertain whether the decision is in the best interests of the child (Frederick, 2005; Muraya & Fry, 2016; UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014). The Kenyan Guidelines recommend the implementation of a multidisciplinary assessment of the child's parents to assess their socioeconomic status, physical health and psychosocial health in addition to their capacity to care for the child (UNICEF, Republic of Kenya, & Save The Children (Sweden), 2014). They also recommend that the assessment consider what supports are needed to achieve reintegration effectively. Other studies promote the implementation of a community assessment which considers whether reintegration into the community of origin is in the best interests of the child (Frederick, 2005; Muraya & Fry, 2016). These assessments would occur in addition to the ongoing assessment of the child which would ensure that the child is ready, interested and psychologically prepared for the process of reintegration.

Post-integration monitoring to be conducted with consent

In alignment with the principle of maintaining safety, two articles recommended that post-reintegration monitoring be conducted with the consent of the survivor. Muraya & Fry (2016) stress the importance of gaining the consent of the survivor, given that unsolicited monitoring could increase stigma in the community if it is not conducted prudently. They propose that post-reintegration monitoring is important in order to ensure the longevity and sustainability of reintegration.

The process of reintegration must be owned and led by the survivor

A critical component for promoting effective reintegration noted in the Vienna Forum Report (UNGIFT, 2008) is the promotion of full ownership by the survivor. The report notes that reintegration efforts cannot be sustained long term if the process is not fully owned and led by the survivor themselves. The report identifies 'self-reliance' as one of the critical factors which contributes to a sense of the survivor owning the process. Other studies have debated the utility of measuring self-reliance as an indicator of reintegration given that the

widespread poverty which many victim-survivors live within often impedes economic independence needed to become self-reliant (Frederick, 2005; Surtees, 2013).

Provision of Life Skills Training

One of the most frequently mentioned recommendations for reintegration is the provision of life skills training which prepare survivors for reintegration or support them during the process (Frederick, 2005; Macy & Johns, 2011; Muraya & Fry, 2016). The critical skills reiterated in most articles include safety planning, life planning, emotional management, interpersonal communication, vocational training and job searching skills (see table 9). In support of this principle, a study in Cambodia found that vocational training and education is a large determinant in whether or not the child reintegrates well or returns to a trafficking situation (Van der Keur, 2013).

Table 9: Common life skills training noted in the literature	
Finance management	Job searching skills
Transportation use	CV writing
Safety planning	Education enrolment
Life planning	Vocational training
Decision making	Interpersonal communication
Conflict resolution	Emotional management
Problem solving	

Conclusion

The proliferation of OSEC has been noted by major child protection and law enforcement agencies from countries all around the globe however, nowhere else has it proliferated faster and more acutely than in the Philippines (Grubb, 2019; Keller & Dance, 2019; Reid & Fox, 2020). The increasing pervasiveness of this crime, indicated by both a rise in global referrals referrals (IJM, 2020) and the increase in rescues (IJM, 2020), has subsequently increased the pressure on child protective systems to respond effectively to the unique needs of victim-survivors. Such a burden of care poses challenges even for the most re-sourced and tested child protection systems and has revealed significant gaps in the case management process within the Philippines. The available evidence sug-gests that the government case management system in the Philippines suffers from multi-faceted systemic issues. Previous research has described the Philippine case management system as underfunded, fragmented and ineffective in supporting survivors from rescue to reintegration (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2017; UNICEF & Terres des Hommes, 2017). One of the critical gaps underpinning the fragmented case management system is the lack of evidence in-forming existing standards which are used to guide practitioners and ensure prac-tices are occurring in the best interest of the child (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2017; Roche, 2020)

At the time of conducting the study and to the authors knowledge, no studies have examined the intersection between OSEC and case management in the Philippines. The paucity of research means that child protection workers and social service practitioners responding to OSEC and similar types of abuse must rely solely on professional judgement and expertise, rather than on evidence as to best practice responses (Martin, 2016). In the absence of an evidence base, the predominant approach recommended by experts in the field, and adopted in this review, is to draw upon existing bodies of evidence for similar types of abuse (Hanson E. , 2017). This systematic review has drawn upon the rich and longstanding evidence available from the field of Child Sexual Abuse (CSA) to recommend best practices which may be suitable to OSEC and similar types of abuse.

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RECOMMENDATIONS

Based on the results of this systematic review, the author has compiled a list of 31 recommended standards which should inform the delivery of case management services for OSEC survivors in the Philippines (see **Appendix A**). Underpinning these standards are the following implications derived from the literature examined within this review. Firstly, responders in the child protection system are encouraged to adopt or continue to implement multidisciplinary practice which has been found to enhance collaboration and lead to more effective identification practices for survivors. Secondly, the strong evidence base for cognitive-behavioural interventions such as Trauma-Focussed Cognitive Behavioural Therapy (TFCBT) has been highlighted as having significant potential for use with survivors of OSEC (Allert, 2017; Dell, et al., 2019; DiMuzio, 2020; Wilson, Critelli, & Rittner, 2015). At present there are no evaluations of the use of this intervention with OSEC survivors (DiMuzio, 2020; Wilson, Critelli, & Rittner, 2015). It is recommended that Philippine case management providers evaluate how existing interventions could integrate the core components of cognitive-behavioural interventions or better-yet, to implement existing interventions with evidence.

Thirdly, many articles stressed that the quality, timeliness and consistency of the assessment process are key moderators of the effectiveness of interventions conducted during the recovery stage (Muraya & Fry, 2016; McIntyre, 2014). Studies assessing child protection in the Philippines recurrently identify lack of consistency and poor implementation of existing standards as commonplace (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013; Roche, 2017; UNICEF & Terres des Hommes, 2017). Efforts to bolster consistency and implementation of existing standards are recommended on a local level to reduce the chasm between policy and practice. Lastly, there is international consensus that in a majority of cases where a child must be removed from their birth family because of abuse, placement in a family-based care alternative such as foster, kinship care or adoption is the next best thing. Given the high level of dependence on residential care settings in the Philippines (Roche, 2017), there is critical need to increase advocacy, funding and sustained efforts to expand family-based care alternatives for children.

The Philippines Government and social service sector are in an opportune position to adopt best practices in case management for OSEC victim-survivors. These include a high level of collaboration between NGO's, law enforcement and legal actors in addressing OSEC, demonstrated investment to address OSEC from the justice system and child protection system and growing political will to position the Philippines as a global leader in the fight against OSEC (IJM, 2020). Targeted enhancements to the case management response to OSEC must undoubtedly draw upon these strengths in order to be successful. Similarly, there are certain conditions which if not addressed, will inexorably impede upon efforts to enhance case management responses to OSEC. These are principally; the multi-faceted systemic challenges which have dogged the Philippine child protection system and; the paucity of empirical research on OSEC within the Philippines. The principal systemic challenges which pose a threat include; under-resourcing of the child protective system especially for OSEC programs (Madrid, Ramiro, Hernandez, Go, & Badilio, 2013); insufficient staffing and manpower (Roche, 2020); significant variance in competency and adherence to existing standards across regions (UNICEF & Terres des Hommes, 2017) and; the low availability of psychologists equipped for responding to child protection concerns (UNICEF & Terres des Hommes, 2017). It is incumbent upon the Philippine academe to significantly increase research efforts on the issue given both the paucity of existing research and the significant opportunity to inform responses and practices to address OSEC.

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APPENDIX A

		CORE STANDARDS
1	**Integrated response**	Case management is coordinated with the whole continuum of care in view, integrating into the planning process the resources and actors required for identification, assessment, intervention, placement and reintegration of victim-survivors.
2	**Trauma Informed Practices**	All phases of case management are specifically aligned with the core principles of trauma informed care. Specifically, within every component of case management concerted effort is made to minimize revictimization, prioritize the child's voice and ensure transparency.
3	**Culturally Sensitive Practice**	Every effort is made to ensure that every component of case management is sensitive to the language, culture and unique identity of the survivor. Actors in the case management system strive to be aware of religious, cultural or language biases which may cause disparity or barriers in service access or provision.
4	**Developmentally Sensitive Practices**	All actors within the case management system are sensitive to the developmental stages of children and communicate with them accordingly. Children are provided with developmentally appropriate information about their abuse and information about the processes involved after identification.
5	**Rights Based**	Children are treated with dignity and respect and receive care without discrimination. Concerted efforts are made to ensure children are involved in decision-making about their care; are made aware of their rights and are afforded measures of privacy and confidentiality which is due them.
6	**Ongoing monitoring and evaluation**	Ongoing monitoring and evaluation is planned for from the beginning of the case management process. Children's progress, their changing needs and the extent to which they are benefitting from interventions is regularly monitored and responded to accordingly.

| 7 | **Multidisciplinary Response** | Identification practices adopt a multidisciplinary approach ensuring that law enforcement, child protection workers and legal representatives collaborate to achieve the best interests of the child. Where possible, actors from different disciplines are involved in the planning, implementation and review of identification procedures. |

ASSESSMENT STANDARDS

8	**Gather a comprehensive set of information**	The assessment process should be comprehensive in order to minimise re-traumatisation. Core areas which are ascertained during the initial assessment include information about; the child's circumstance and history of exploitation; family background, physical functioning, psychological state, social needs, legal needs, literacy levels and protection needs. Where possible, widely-used assessment tools are incorporated into the process.
9	**Conducted as soon as possible**	The assessment process is initiated at the earliest possible time, ideally within 24 to 72 hours of identification of the child. Early assessment should be initiated in order to address time-sensitive medical needs, utilise higher likelihood of cooperation and establish a clear plan that is in the child's best interests.
10	**Assessments conducted by trained professionals**	Suitably qualified professionals are trained to provide assessments which are: child-friendly, developmentally appropriate, sensitive to the unique impacts of trafficking and sexual abuse, trauma-informed and do not push or lead children to disclose information before they are ready. Professionals should be competent in trust building and capable of building rapport with children. Suitable professions include psychologists, social workers, forensic paediatricians and professions of similar or equivalent training.
11	**Be in the child's language**	Every effort is made to conduct the assessment in the native language of the victim-survivor. If the assessor does not speak the child's language, a qualified interpreter is present who has experience with survivors of trafficking, and can interpret in a child-friendly manner.

12	**Be updated and revised until end of service provision**	There is a system in place to facilitate the regular reviewing of the assessment process from identification until the end of service provision. Assessments are regularly reviewed and updated, reporting on the changing needs of the child and the services provided to meet these needs.
13	**Forms the basis of care plans**	Assessments are used to form the basis of individualised care plans for victim-survivors. Interventions and placement considerations are formed in light of the outcomes and recommendations provided through the assessment process.

INTERVENTION STANDARDS (RECOVERY)

14	**Engagement & building strong therapeutic relationship**	A strong, ongoing therapeutic relationship is established with the victim-survivor by the therapist being genuine, empathic, compassionate, hopeful and validating.
15	**CBT-Based**	Interventions for victims-survivor seek to incorporate one or more components of CBT including psychoeducation, gradual exposure, affective modulation and cognitive processing.
16	**Developing positive body esteem**	Body shame, body dissatisfaction and self-objectification are targeted within interventions. Victim-survivors are assisted to develop an appreciation of their body's functions and how their body sustains them in a diversity of ways. Ideally, this is conducted through creative, sensory and movement-based activities such as dance and yoga.
16	**Reducing the impact and threat of abuse materials**	Victim-survivors are assisted to overcome feelings of trauma and fear even when abuse materials may still be circulating. They are empowered to explore new and adaptive conceptualisations of the abuse materials. Steps are taken to explore whether these images could be removed.
17	**Adaptation of evidence-based interventions**	Efforts are made to implement evidence-based interventions with victim-survivors. Where interventions have not been tested for the population in question, efforts are made to adapt the material to the new context, in partnership with relevant intervention specialists.

18	**Addressing shame & self-blame**	Concerted efforts are made to address self-blame and shame as key areas of therapy. Explicit implicit narratives about self-enactment of the abuse are challenged. Victim-survivors are assisted to develop more accurate and adaptive understandings of themselves.
19	**Facilitating support for families**	Where appropriate, efforts are made to work with parents and carers to develop their supportive approach to their child. Caregiving adults are supported to process and understand their own feelings about the abuse.

PLACEMENT STANDARDS

20	**Prioritisation of family-based care such as foster or kinship care**	Where a child must be removed from their birth family, placement in a family-based setting such a foster care or kinship care is prioritised above a residential setting.
21	**Thorough assessment of parental competency, willingness, and safety**	There are procedures governing the assessment and approval of carers by a relevant authorizing body. A thorough assessment of persons providing alternative care is completed to ensure only those adults who are competent and trustworthy are entrusted with a child.
22	**A system for matching and training caregivers**	A system is in place to be able to effectively match the needs of children with the competencies of caregiving adults and provide caregivers with targeted training in parenting strategies relevant to the child's type of abuse
23	**Individualised care plans**	An individualised care plan is developed, at the earliest time, for each child which is based on their assessment and outlines clearly the steps which will be taken to achieve permanency as soon as possible.
24	**Regular monitoring and reviewed**	Persons providing care to children are subject to regular monitoring and review to ensure the child's needs are being met and their best interests are still in alignment with their placement.
25	**Low carer-child ratios in residential care**	Where residential care is in the child's best interests, ratios of staff-child are kept as low as possible, ideally no larger than the average household composition in the country.
26	**Residential care as a temporary arrangement**	Where residential care is in the child's best interests, it is considered a temporary arrangement until the child can be placed in a permanent home.

| 27 | **Residential care only when necessary** | Residential care is only considered when necessary and is not considered for children under the age of 3 unless there is strong reason to believe it is in their best interest |

CLOSURE & REVIEW STANDARDS (REINTEGRATION)

28	**Reintegration Assessment of family and/or community**	Prior to considering reintegration for a victim-survivor, an assessment of the receiving family or community is conducted in order to ascertain whether the decision is in their best interests.
29	**Post-integration monitoring to be conducted with consent**	Once a victim-survivor is reintegrated, consent is obtained in order to provide ongoing monitoring for a time period to ensure longevity of the transition.
30	**Reintegration process is owned and led by the victim-survivor**	The victim-survivor is empowered to own the reintegration process and demonstrates leadership and initiative in the process of reintegration.
31	**Provision of Life Skills Training**	Victim-survivors are provided with a range of relevant and practical life skills in order to support their reintegration back into community.

APPENDIX B

SEARCH STRATEGY

UP DILLMAN	
#	**SEARCHES**
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolescent* or minor* or child*).ti,ab.

UP DILLMAN	
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 6 (n = 27)

PHILIPPINES E-JOURNAL	
#	SEARCHES
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.

2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 6 (n = 181)

PHILIPPINES E-LIBRARY

#	SEARCHES
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or ad-olesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or ad-olesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.

	PHILIPPINES E-LIBRARY
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 5 and 6 (n = 56)

	COCHRANE LIBRARY
#	**SEARCHES**
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.

	COCHRANE LIBRARY
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 (n = 16)

CHILD ABUSE AND NEGLECT DIGITAL LIBRARY

#	SEARCHES
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.

CHILD ABUSE AND NEGLECT DIGITAL LIBRARY

5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 (n = 45)

OVID DATABASE

#	SEARCHES
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.

	OVID DATABASE
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 5 (n = 72)

#	SEARCHES
PROQUEST	

#	SEARCHES
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.

	PROQUEST
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 5 and 6 (n = 37)

	PUBMED
#	**SEARCHES**
1	exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	(exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.

	PUBMED
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 (n = 140)

SCOPUS	
#	**SEARCHES**
1	(exp "best practices"/ or exp "good practices" / or exp "evidence-based" / or "effective") OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh. OR ("systematic review" or "meta analysis" or "quasi experimental" or "synthesis review" or "narrative review" or "prospective review").id,sh.
2	exp "case management"/ or exp "service delivery"/) OR (assessment* or treatment or service or identification or intervention or placement).id,sh. OR (assessment* or treatment or service or identification or intervention or placement).ti,ab.
3	(exp "survivors"/ or "victims" / or "children") OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*). id,sh. OR ("young person" or "young people" or "young adult" or "young m*n" or "young wom*n" or youth* or teen* or juvenile* or adolesc* or minor* or child*).ti,ab.
4	(exp "online sexual exploitation"/ or exp "online sexual abuse"/ or "live-stream abuse" / or internet child sexual abuse) OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*) id,sh. OR (child sexual abuse material* or online sexual exploitation of children* or online child sexual exploitation* or internet crimes against children* or child sexual abuse images*).ti,ab.

SCOPUS	
5	"Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") id,sh. OR "Child sexual abuse"/ or "sexual abuse of children" / or "sexual abuse") ti,ab.
6	Articles from peer-reviewed journals from 2000 onwards in the English language only
7	1 and 2 and 3 and 4 and 5 and 6 (n = 64)

OUTPUT: OVERVIEWS OF DATABASE SEARCH

Database	Date of Search	Total # of citations identified	Total # of citations after abstract screening	Total # of citations after full-text read	Systematic review management software used:
CHILD ABUSE AND NEGLECT DIGITAL	12-09-2020	45	9	3	Microsoft Excel
UP DILIMAN	15-09-2020	27	3	1	Microsoft Excel
SCOPUS	20-09-2020	64	16	5	Microsoft Excel
PHILIPPINES E-JOURNAL	13-10-2020	181	5	2	Microsoft Excel
PHILIPPINES E-LIBRARY	18-10-2020	56	4	2	Microsoft Excel
COCHRANE LIBRARY	24-10-2020	16	3	2	Microsoft Excel
PUBMED	07-11-2020	140	16	7	Microsoft Excel
OVID	12-11-2020	72	13	2	Microsoft Excel
PROQUEST	13-11-2020	37	8	3	Microsoft Excel
Totals		**638**	**77**	**27**	

Initial Total = 638 articles (duplicates not yet removed)

300 duplicates and ineligible studies removed

Updated total = 338 articles (for abstract screening)

261 studies removed after abstract screening

Full text reports retrieved = 77 articles

50 studies removed after full-text read

Final peer-review reports included = 27 articles