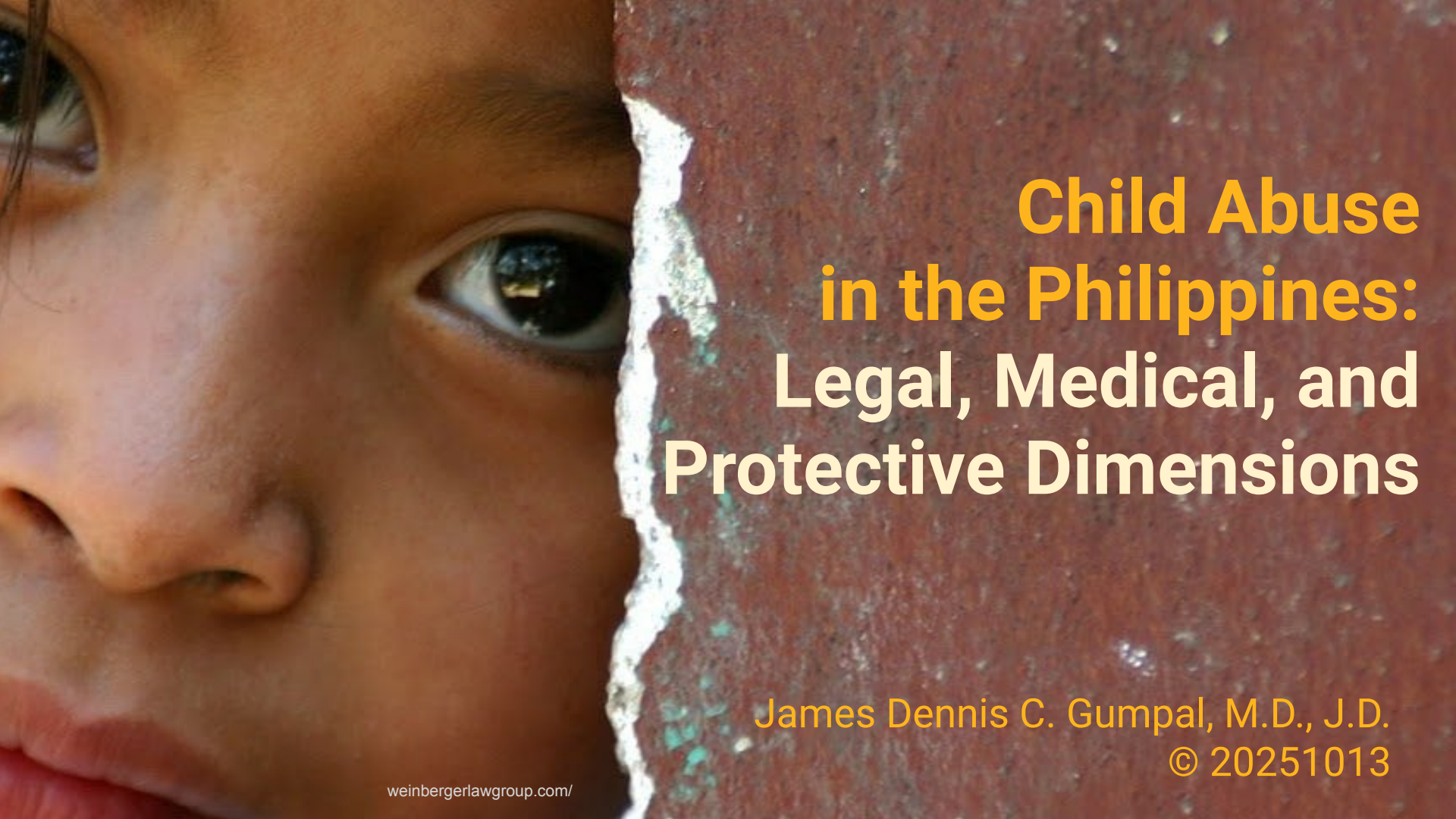




Child Abuse in the Philippines: Legal, Medical, and Protective Dimensions

James Dennis C. Gumpal, M.D., J.D.

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What Is Child Abuse?

- **RA 7610 – Special Protection of Children Against Abuse, Exploitation and Discrimination**
- **Includes physical, sexual, psychological abuse and neglect**
- **Covers acts by parents, relatives, guardians, or others**
- **Courts apply the Rule on Examination of a Child Witness (A.M. 00-4-07-SC)**

Common Forms of Child Abuse by Prevalence

Form of Abuse	Approx. % of Children Affected	Key Source
Physical / Violent Discipline	~50–60 %	CHR–UNICEF 2024; NBS-VAC
Psychological / Emotional Abuse	~60 %	NBS-VAC
Peer Violence / Bullying	~60 %	NBS-VAC
Emotional Neglect	~25 %	NBS-VAC
Sexual Abuse / Exploitation	~20–22 %	NBS-VAC; UNICEF
Online Sexual Abuse	~20 %	SafeOnline 2023
Physical Neglect	~10 %	NBS-VAC

Accidents vs Intentional Harm

- **Accidental injuries:** drowning, road crashes, falls, burns (Acta Medica Philippina 2021)
- **Intentional harm:** physical, sexual, emotional abuse—mostly in home/school (UNICEF VAC 2016)
- Often by someone the child knows

Warning Signs of Abuse

- Inconsistent or implausible accident history
- Delay in seeking care or changing explanations
- Patterned bruises, loop or hand marks, defensive wounds
- Injuries on torso, ears, neck—rarely hit by accident

Medical Documentation

- **Photos** with scale, date, case ID (maintain chain of custody)
- **X-ray/Skeletal survey** – occult or healing fractures
- **CT scan** – acute brain or chest injuries
- **MRI** – subacute or soft-tissue damage
- Observe privacy and consent under the Data Privacy Act

Common Intentional Injuries in Infants and Toddlers

- Bruises on non-bony areas: face, trunk, buttocks, thighs
- Burns from cigarettes, irons, or scalding water (clear margins)
- Shaken baby syndrome – intracranial bleeding, retinal hemorrhage
- Bite marks, ligature marks, patterned abrasions



Unicef

- Fresh and healing wounds of varying ages
- May indicate defensive injuries from abuse
- Pattern or location inconsistent with play accidents

Bruises and lacerations on the right anterior arm



- Linear, looped welts from double electrical cord
- Located on back and upper arm—not self-inflicted
- Indicates repeated, forceful whipping



- **Linear or parallel abrasions matching fork tines**
- **Found on thighs or buttocks—areas usually covered**
- **Indicates intentional infliction / corporal punishment**



- Forced immersion of child in hot water or tub
- Burns on buttocks, thighs, legs with clear waterline
- Uniform depth, absence of splash marks
- Strong indicator of intentional injury



- Immersion burns from forced dipping of limbs in hot water
- Clear waterlines resembling gloves or socks
- Uniform depth; no splash marks—sign of non-accidental injury
- Indicates intentional punishment or abuse

Abdominal and Inguinal burns, “gloves and socks” burns



- Circular, punched-out lesions with scabbed centers
- Often multiple, at different healing stages
- Found on arms, thighs, or trunk—rarely accidental



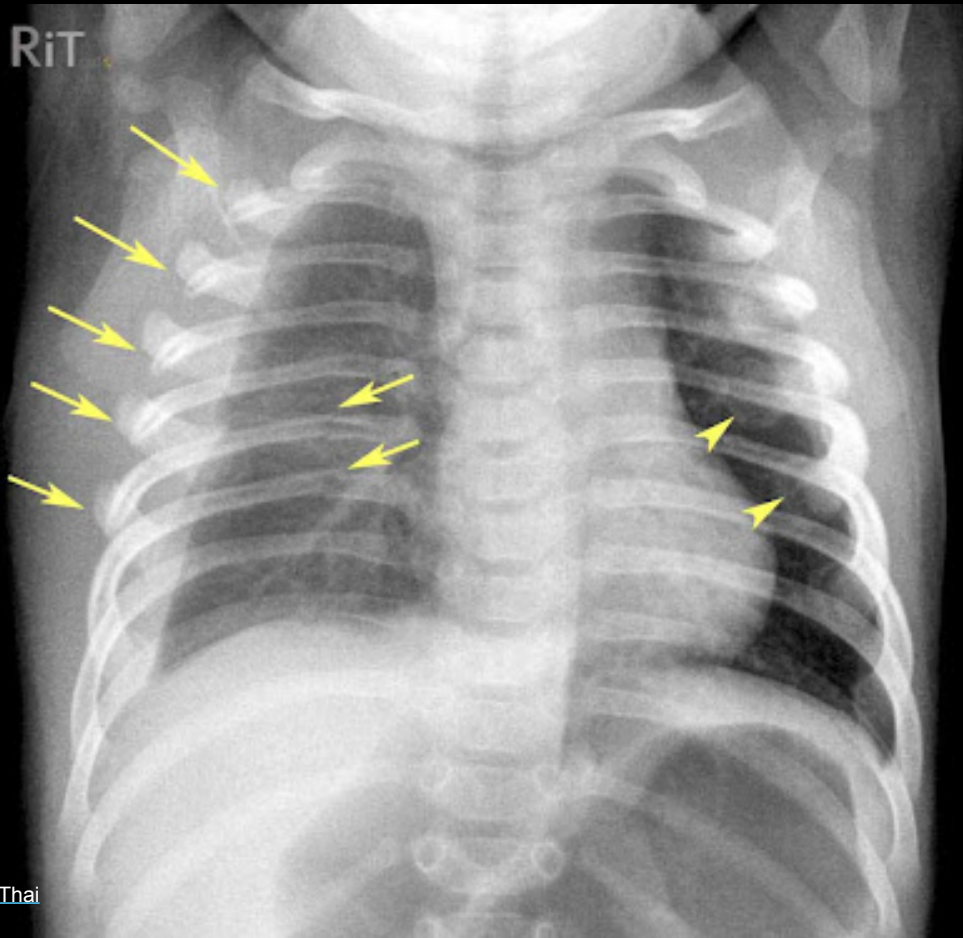
Multiple cigarette burns on the face



Flat iron burns on the forearm

X-ray Findings of Physical Abuse

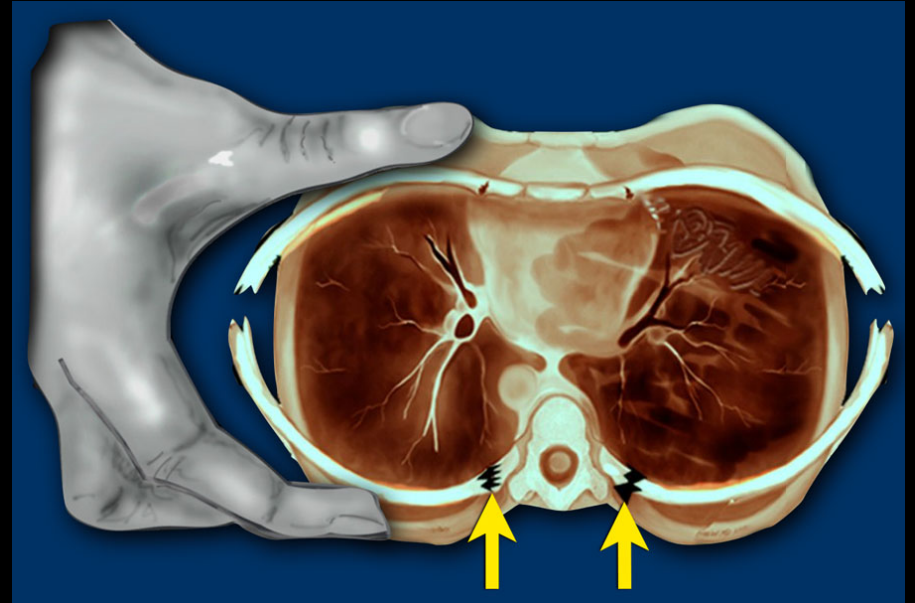
- Multiple fractures at different healing stages
- Posterior rib fractures (from squeezing chest)
- Classic metaphyseal lesions (“corner” or “bucket-handle”)
- Skull fractures inconsistent with reported fall height



- Highly specific for non-accidental injury
- Caused by forceful squeezing or compression of the chest
- Often seen in shaken baby or smothering episodes



Research Gate



Radiology Assistant

Bilateral posterior rib fractures on a 3-month-old girl

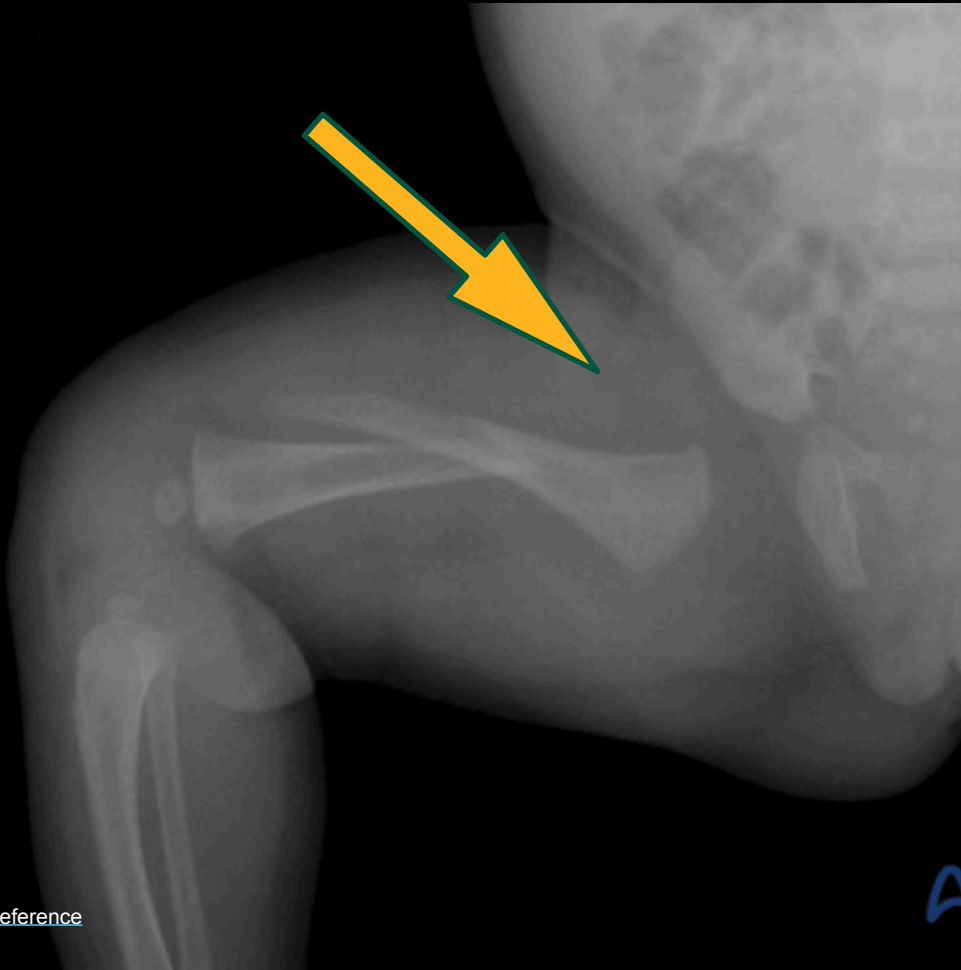


[Surgery Reference](#)



- Bleeding beneath the dura mater, compressing the brain
- CT shows midline shift to one side
- Strongly associated with shaken baby or blunt head trauma
- Life-threatening—requires immediate care

Spiral fracture on the humerus



[Surgery Reference](#)

- Femur fracture in a non-ambulatory child is rarely accidental
- Caused by twisting or direct blunt force
- Must raise strong suspicion of abuse

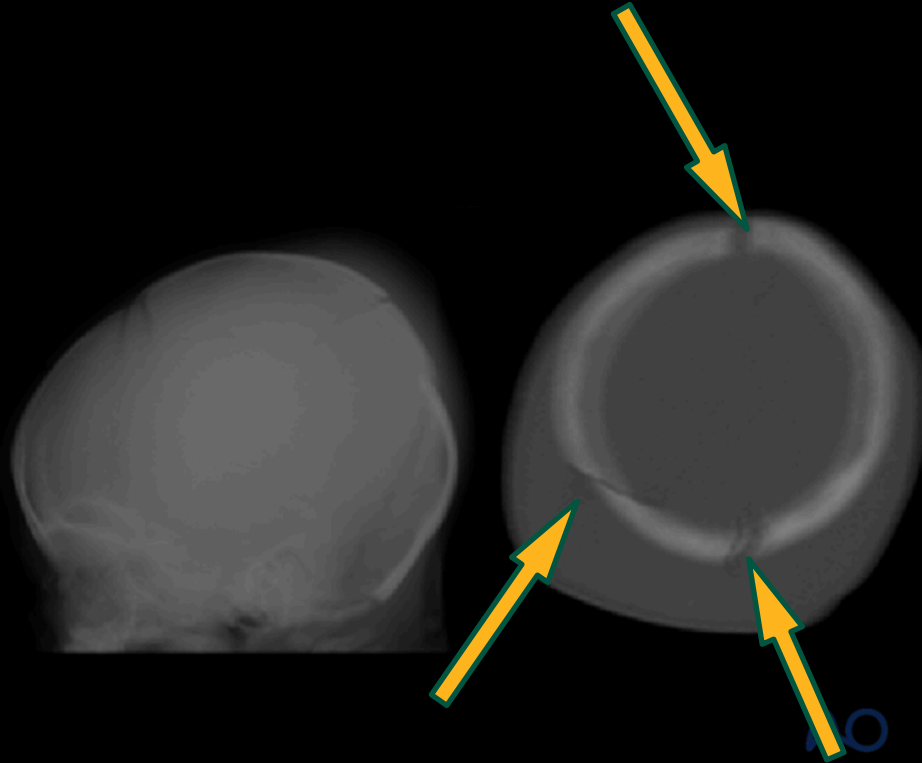
Spiral fracture on the humerus



Surgery Reference

- Old and new fractures seen on X-ray
- Indicates repeated trauma over time
- Highly suggestive of battered child syndrome

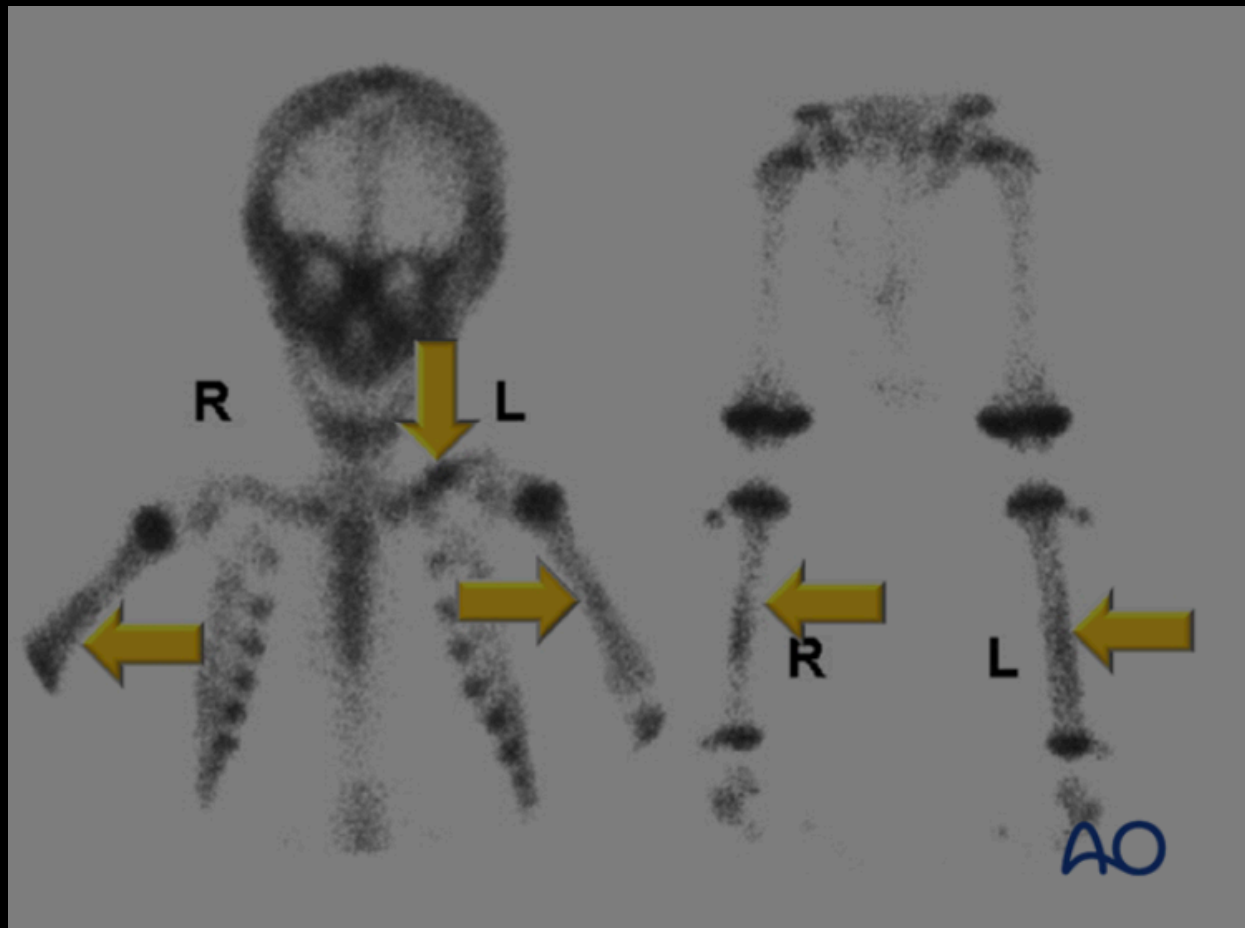
Limb fractures at different stages of healing



Surgery Reference

- Depressed or complex skull fracture seen on CT
- Often from blunt force or shaking impact
- Inconsistent history or delay in care suggests abuse

Head CT scan showing cranial fracture



Surgery Reference

Isotope bone scan showing fractures

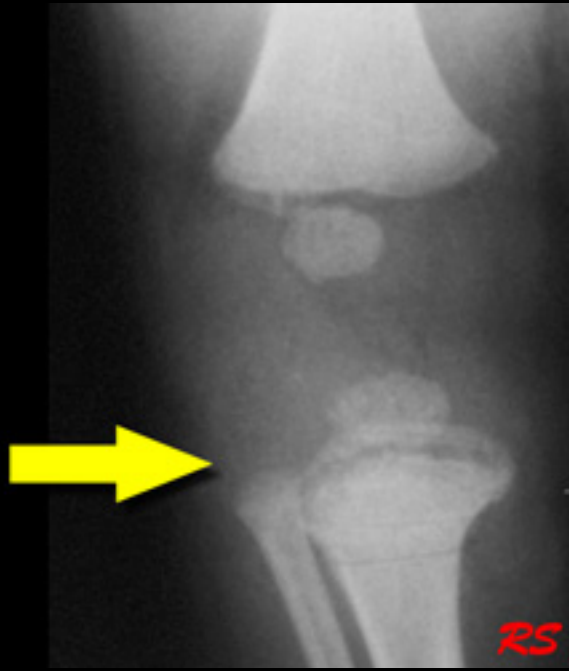


- Shearing injury at the bone's metaphysis
- Seen in violent shaking or pulling of limbs
- Highly specific indicator of non-accidental trauma
- Common in infants under 1 year

Bucket handle tear and metaphyseal fracture in the distal tibia and fibula



- Shearing injury at the ulnar metaphysis
- Seen in forcible pulling or twisting of the arm
- Highly suspicious for non-accidental trauma

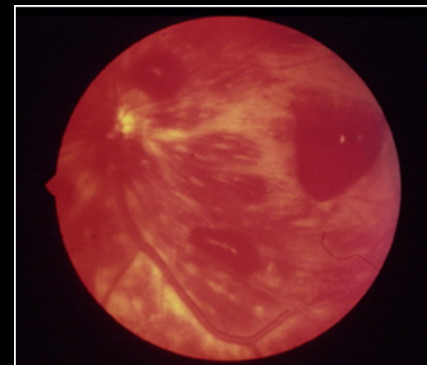
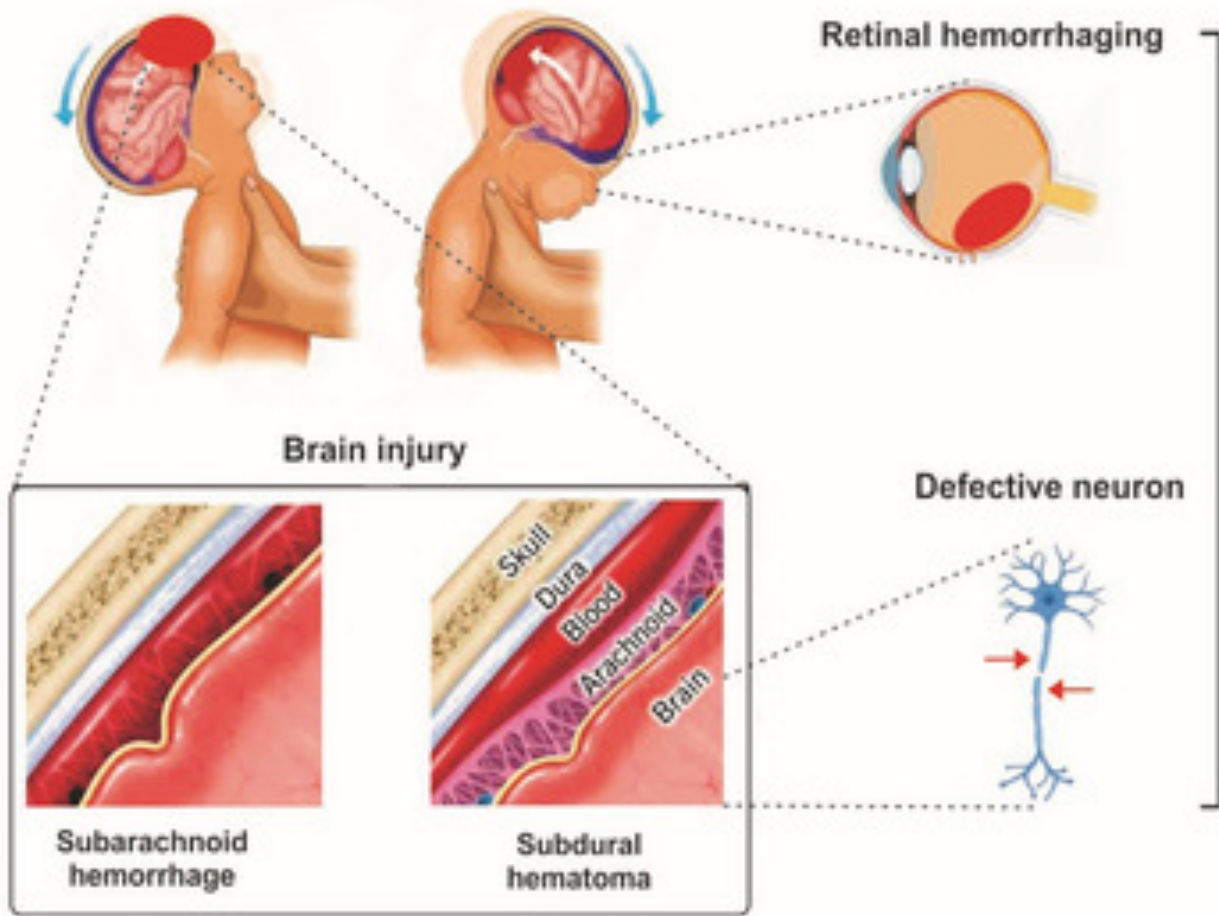


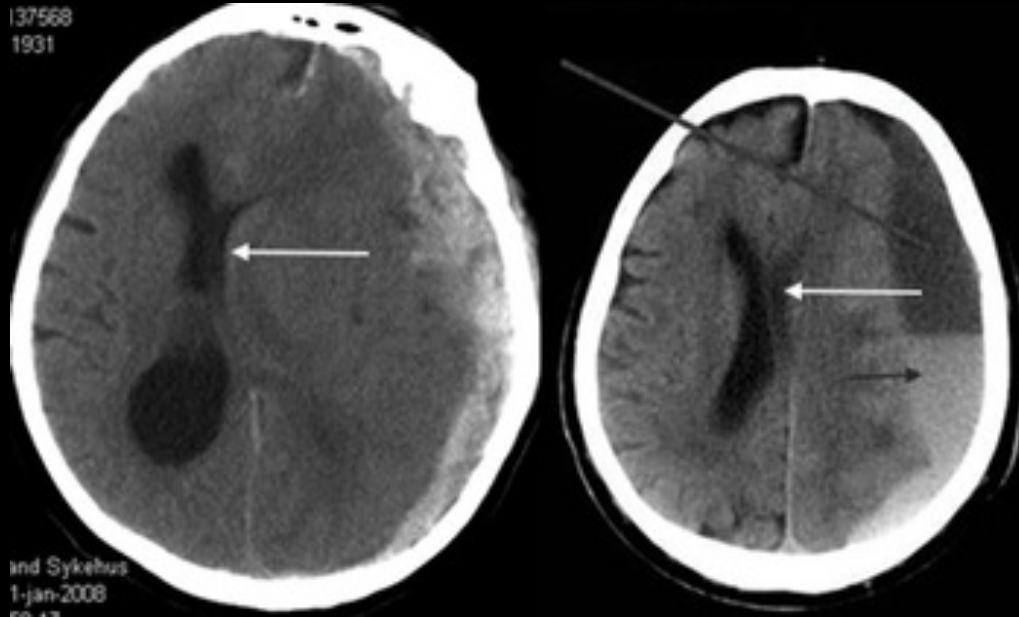
- Bucket handle fractures are essentially the same as corner fractures.
- The avulsed bone fragment is larger and seen 'en face' as a disc or bucket handle.

**Bucket handle fracture in proximal tibia.
The metaphyseal fracture fragment is seen as a disc or bucket handle.**

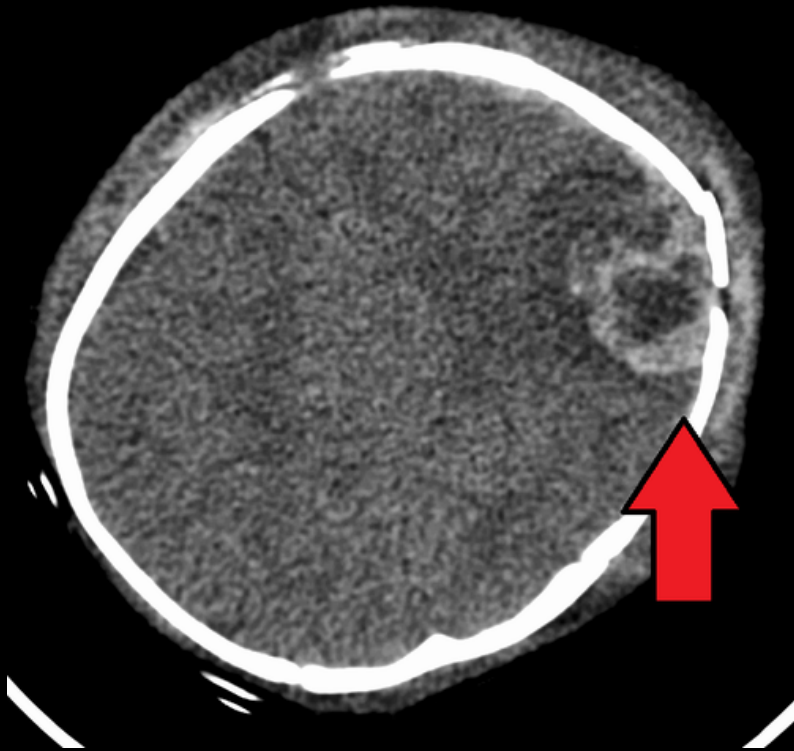
Internal Soft-Tissue Injuries (CT vs MRI)

- **CT scan:** acute brain bleeds, lung and liver lacerations, rib or chest trauma
- **MRI:** subacute or chronic subdural hematoma, spinal cord injury, soft-tissue or ligament tears
- **Best practice:** CT for emergency triage; MRI for detailed dating of injuries





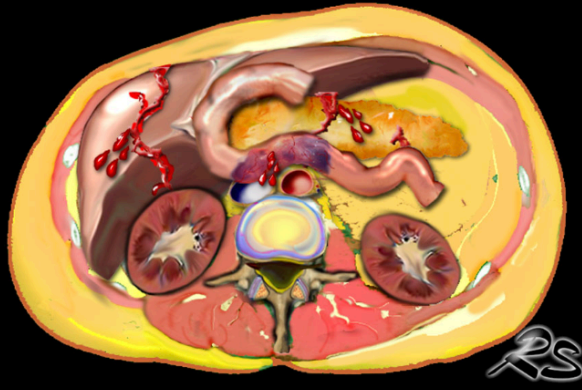
- Twisting force applied to limb
- Common in child abuse under 3 years
- History inconsistent with mechanism of injury



[Wikipedia/James Heilman, MD](#)

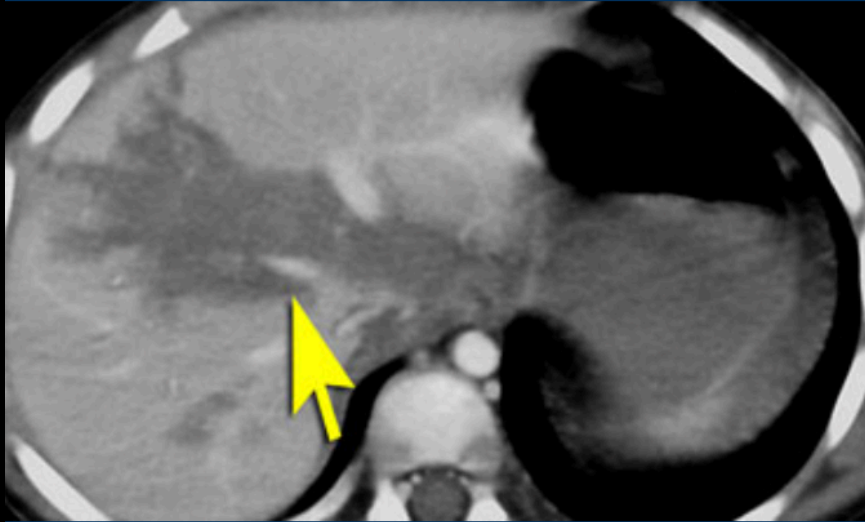
- Brain bleeding beneath fracture site
- Often from blunt force impact
- CT/MRI shows hemorrhage with fracture continuity
- Strong indicator of non-accidental head trauma

Parenchymal hemorrhage with adjacent skull fracture



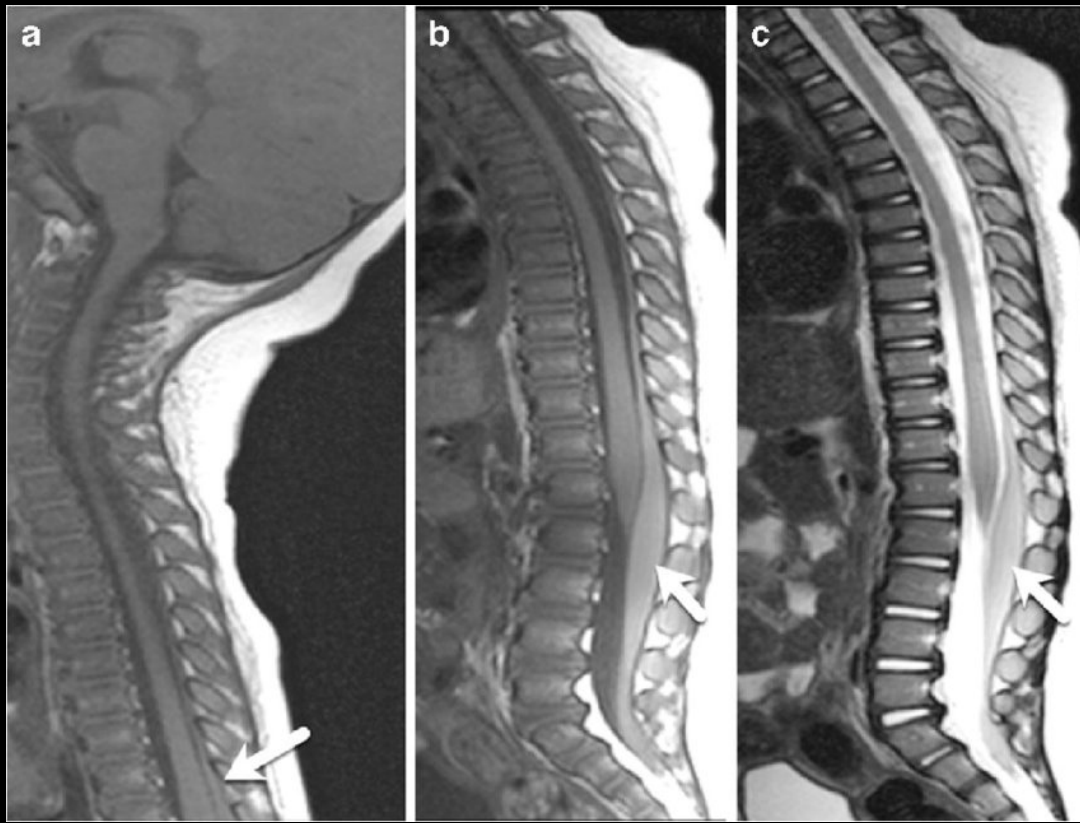
- Commonly involved: liver laceration, duodenal hematoma, and pancreatic laceration
- Highly suspicious for non-accidental trauma

The CT shows pancreatic laceration in child abuse.



- Result of blunt abdominal trauma—often forceful blows or kicks
- May present with shock or internal bleeding
- High suspicion for abuse when history is unclear or delayed
- Ultrasound/CT confirms injury pattern

The CT shows liver laceration in child abuse.



Pediatrics Pearls

- 6-month-old infant with suspected shaking injury
- Sagittal T1-W MRI shows small isointense SDH along cervical–thoracic spine
- Indicates transmitted force from violent acceleration–deceleration
- Highly specific finding in abusive head trauma

Abusive head trauma in a 6-month-old girl. A Sagittal T1-W MRI of the cervical–thoracic spine demonstrates spinal subdural hemorrhage (SDH), which is small and isointense to cord (arrow).

Why Children Are Abused and Who the Abusers Are

- **Causes:** poverty, parental stress, substance abuse, domestic violence, unrealistic expectations, mental illness
- **Common abusers:** parents (especially mothers under stress), step-parents, live-in partners, caregivers, close relatives
- **Cycle of violence**—abusers were often victims themselves

What should a lawyer prepare in child abuse cases

Preparation Area	Key Documents / Actions	Legal Basis
Complaint & Affidavits	Complaint-affidavit, witness statements	Rule 110, Sec. 3(c), ROC
Medical & Forensic Evidence	Medico-legal report, photos, WCPU findings	RA 7610 §27
Protection Orders	BPO, TPO, PPO	RA 9262 §§8–15
Custody & Privacy Motions	In camera, videoconference, protective custody	A.M. No. 004-07-SC
Coordination & Follow-Up	DSWD, PNP-WCPD, VAWC Desk	RA 7610; DILG MC 2010-12

How a child abuse case is prosecuted

Stage	Responsible Agency	Legal Basis
Report / Disclosure	Barangay VAWC Desk / PNP WCPD / DSWD	RA 7610 §32; RA 9262 §30
Investigation	PNP WCPD / NBI / DSWD	Rule 112, Rules of Criminal Procedure
Filing of Complaint	Prosecutor's Office	Rule 110 §3(c)
Filing of Information	Prosecutor → Family Court	RA 8369; Rule 110 §7
Trial & Protection	Family Court / DSWD	A.M. No. 004-07-SC

Role of the Barangay VAWC Desk in Protecting the Child (RA 9262; DILG MC 2010-12)

Key Role	Description
Frontline Protection	First responder ensuring child's immediate safety and separation from abuser.
Documentation & Safety	Receives, records, and handles complaints confidentially using child-sensitive procedures.
Protection Orders	Assists in issuing and enforcing Barangay Protection Orders (BPOs).
Referral & Coordination	Links child victims to DSWD, police, and medical or legal services.
Prevention & Education	Conducts awareness drives and promotes a child-protective community.
Monitoring	Keeps confidential records and submits reports to LGU and DILG.

Protective Mechanisms

- Protective custody by DSWD for abused or endangered child
- Protection Orders under RA 9262 for mothers and children
- Shelters and safe houses for temporary care
- Confidentiality – no public disclosure of child's identity

Roles of Professionals

- **Health workers:** identify, document, treat, refer
- **Social workers:** ensure safety plan, coordinate with shelters
- **Police/Prosecutors:** collect evidence, file criminal case
- **Judiciary:** apply child-sensitive procedures and speedy trial

Key Takeaways

- Abuse leaves physical and legal evidence—document early.
- Intentional vs accidental injury can be differentiated clinically.
- Prompt reporting and prosecution protect future victims.
- The child's safety and dignity override all other interests.

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