

Handout D

Violence Against Women and Children

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A. Introduction

Violence Against Women and Children (VAWC) and poverty are twin problems of women and children all over the world regardless of age, class, race, ethnicity, religion, language and philosophy. Since the dawn of civilization, women and children have been ironically dehumanized and treated like animals or things for pleasure and/or for servitude. Widespread and blatant disrespect for women and children's dignity and the right to quality life continue to this day with the cruelest and most sophisticated forms of violence inflicted against women and children.

Over the years, women have also been awakened by the same despicable experience. They have learned to stand and speak up to make their voices heard from a long period of silence. In an increasing wave of fashion, organized groups of women and men advocated for the elimination of VAWC in the international League of Nations and to the national and local government. They brought gender-based violence that is Violence Against Women and Children to the halls of the executive, legislative and judiciary. Through serious and painstaking advocacy work, they contributed in the formulation and implementation of policies that called for the end of VAWC.

But the war rages and only few battles have been won. Many women continue to be abused in many unspeakable ways that one wonders if indeed we live in this so-called civilized world.

B. Definition of Violence Against Women and Children (VAWC)

United Nations (UN) Declaration Against VAW, Article I:

"...Any act of gender-based violence which results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such act, coercion or arbitrary deprivation of liberty, whether occurring in public or private life..."

Adopted September 1993

In the same Declaration, Article II¹ states that:

"Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs."

C. Forms of VAWC

Violence against women and children can be categorized into the following types of behaviors and often involves more than one of them:

C.1 Categories by Types of Behaviors

(a) Physical Violence: It refers to any act that results to non-accidental and/or unreasonable infliction or physical injury which includes but not limited to: lacerations, fractures, burns, strangulation, human bites and other similar acts. Examples of these include:

- a. slapping
- b. punching
- c. poking victims' eyes with fingers
- d. strangling while victim is sleeping
- e. stabbing with knife or ice pick or other instrument
- f. shoving down the stairs
- g. burning flesh with cigarettes

It must be noted that violence committed against women and children is also depriving them from their rights such as freedom from physical abuse.

(b) Sexual Violence: This refers to violating the woman through the use of sexual acts or any behavior which is sexual in nature. It is imposing sexual behavior when the partner does not fully and freely consent to it. Examples of this form are:

- a. demanding to have sex regardless of his/her condition
- b. forcing him/her to perform sex acts unacceptable to him/her
- c. forcing him/her to dance in the nude before him/her
- d. forcing him/her to watch pornographic videos/other materials
- e. forcing the victim to sleep with him/her and his/her lover in the same room
- f. rape and incest: any act of sexual assault by inserting the penis into another person's vagina, mouth or anal orifice or inserting a finger, any instrument or object into the genital or anal orifice of another person
- g. sexual harassment: Any form of violence committed by an employer, manager, supervisor, instructor/teacher who has

authority, influence or moral ascendancy over another in a work or training/education institution

The persons' right to be free from sexual abuse and the right to make their own decisions are also violated when these acts of violence are committed.

(c) **Emotional Violence:** It refers to any harm to a woman's emotional or intellectual functioning which includes but not limited to: cursing, belittling, rejecting and other similar acts. This type includes behavior such as:

- a. having extra-marital affairs
- b. verbal abuse: Can take the form of humiliation and/or conversations that tear down self-esteem such as calling her names
- c. threats: Words uttered against the person's children, relatives or pets. There are also threats to use a gun or a weapon. These are designed to make her do something that she is not comfortable or unwilling to do.
- d. cutting him/her off from her family or friends or forbidding the person from getting in touch with them
- e. restricting him/her use of phone
- f. taking away the car keys to prevent him/her from leaving the house

Rights being violated include the freedom from physical restriction and freedom to communicate/verbalize.

(d) **Economic Abuse:** This form includes deprivation of women the economic resources – their generation and mobilization. This creates dependency and submissiveness to men and to any established structure of domination, Examples include:

- a. deprivation of basic needs: taking her money and keeping her short of money, food and clothing for her and the children
- b. withdrawal of financial support
- c. abandonment
- d. use of family funds on vices
- e. failing to give medical treatment to an injured child or woman
- f. trying to keep her from getting or keeping a job
- g. not letting her have access to family funds

Rights being violated include the right to belong, the right to have a name, the right to quality medical care, right to equal opportunities, right to reasonable wage and freedom from discrimination.

C.2 Most Common Forms of Violence Against Women and Children

The Philippine Plan for Gender-Responsive Development (PPGD) by the National Commission on the Role of Filipino Women (NCRFW) lists and defines sixteen common forms of VAWC in the Philippines as the following:

1. **Domestic Violence:** Defined as “the physical as well as the psychological or emotional abuse of women by the husband or live-in partner, including withholding or withdrawal of affection and financial support, marital rape and other forms of sexual abuse.”
2. **Marital Rape:** Includes “forcing the wife to have sexual intercourse, striptease, do unacceptable sexual acts, and other sexual brutalities.”
3. **Incest:** “Commission of sexually inappropriate acts or acts with sexual overtones, with a child or adolescent, by an older person or adult who wields authority through emotional bonding with that child or younger person.”
4. **Reproductive Rights Violations:** “Cover forced pregnancy, forced sterilization, forced abortion, or denial of information to safe birth control methods and reproductive technologies.”
5. **Rape:** Defined under the Revised Penal Code as “carnal knowledge” of a woman, rape occurs under at least one of three specific circumstances: there must have been use of force or intimidation; the victim is “deprived of reason or was unconscious;” and the victim is under 12 years old
6. **Sexual Harassment:** Is any unwanted or uninvited sexual attention that creates an intimidating, hostile or offensive environment in the school or workplace. It usually occurs when the harasser is in a position of power or authority over the victim.
7. **Sex Discrimination:** Occurs when women, because of their gender, are accorded a lower status and are not allowed equal access to education, employment, social and other opportunities for advancement.
8. **Lesbophobia/Homophobia:** Because of their sexual orientation, lesbians are subjected to discrimination, ridicule, harassment or verbal and physical abuse.
9. **Medical Abuse:** Unwanted or unnecessary surgical interventions, including internal examinations, caesarian sections, hysterectomies and other unwarranted surgical procedures.
10. **Abuse of Women with Physical or Mental Disabilities:** Vulnerability of disabled women to various forms of abuse ranging from verbal and sexual ridicule, physical molestation, to rape.
11. **Culture-bound Practices Harmful to Women:** Include arranged marriages, the undue importance given to virginity, and religious practices that bind women irrevocably, even to dangerously violent men.
12. **Ritual Abuse within Religious Cults:** Women are used as sacrifices or offerings in secret and pseudo-religious ceremonies where they are sexually violated, abused and raped.

13. **Sexual Slavery, Prostitution and International Trafficking of Women:** Abducted women who were sexually abused and kept as chattels, especially during the Japanese Occupation of the Philippines in World War II; giving sexual favors in exchange for cash or other material remuneration; women subjected to various forms of inhuman treatment that range from battery to rape to murder.
14. **Pornography and Abuse of Women in Media:** Degrades and dehumanizes women, reducing them into sex objects only too willing to satisfy men's lust.
15. **Abuse of Women in Internal Refugee or Relocation Camps:** Women displaced by natural disasters or armed conflicts are subjected to sexual harassment, rape and other forms of physical and sexual violation.
16. **Custodial Abuse:** A woman who is a protégé or under the care or authority of an individual is abused physically, sexually, or economically.

The forms of violence enumerated are generally in the following categories: physical, sexual, emotional, psychological, and economic. The most prevalent forms of VAWC are domestic violence, rape, incest, sexual harassment, and prostitution.

D. The Magnitude of VAWC in the Philippines

D.1 VAWC Cases

Domestic violence ranked highest in terms of number of cases reported by the Department of Social Welfare and Development, the Barangay Mapulang Lupa Women's Desk and the Women's Crisis Center. Rape and incest followed closely. Cases of sexual harassment were also listed.

Type of Source	Source of Data	Period Covered	Total No. of Cases
Government	Department of Social Welfare and Development (DSWD)	1991-1999	55,523 ²
Government	Local Government Unit (Women's Desk, Barangay Mapulang Lupa, Valenzuela City)	2000-2001	189 ³
NGO	Women's Crisis Center (WCC)	1989-2001	3,500 ⁴
People's organization	DAW Coalition	1998-2000	89 ⁵

*Figure does not account for the larger number of old cases attended during follow-up counseling

The DSWD also reported a total number of 11,845 cases of child abuse from a period covering January to December 1999. These ranged from abandonment, neglected, sexually-abused (rape, incest and acts of lasciviousness), sexually-exploited (victims of pedophilia, prostitution and pornography), physically abused or maltreated, victims of armed conflict, child labor, and child trafficking. A total

of 7,437 of these cases were reported in the community and 4,408 were admitted in their centers.

On Physical Violence: Studies have shown the gravity of the physical form of violence:

- 10% of 8,500 women, 14-49 years were physically harmed by a friend, family member or husband⁶
- 3% were hurt when they were pregnant⁷
- 11 out of 12 women in 3 urban poor communities have been physically battered at least once⁸

Kalookan NGO Hotline Services for Battered Women Documented

- 82% of 600 cases of battered women experienced being boxed, slapped, kicked⁹
- 50% said partners did not give them economic support
- 4 out of 10 reported that their husbands have other women

On Rape Cases: The analysis made by the Department of Sociology at UP Diliman from 1985 – 1995 showed that:

- average age of victim is 16.22 years
- girls 15 years and below make up 46% of reported rape cases
- 17% of women who are raped victims were done by their fathers or father surrogate
- average age of offender is 30.29 years
- only about 50% of raped victims fought back

On Other Forms of Violence: Studies show that:

- 50% of victims claimed that they were not given economic support by their partners
- 4 out of ten reported that their husbands had other women

Based on the Center for Women's Studies, UP Diliman on "*Breaking the Silence: The Realities of Family Violence in the Philippines and recommendations for Change*" also show that:

- the combination of physical + verbal + economic abuse is 36 and higher
- violence that escalates from verbal to physical is 30%
- molestation to rape is 23%

D.2 VAWC Narratives

The Story of Z

Z was twenty when she met Dante who was 24. Both were workers in the same factory. They fell in love with each other and decided to live together. The union bore three children. The physical battering began early in their live-in relationship. Dante hit her back so hard with his fist that she would be strongly shaken. She felt like her ribs would collapse. The beatings occurred for no real reason. When Z tried to protect herself from the beating, Dante would turn his violent outburst towards their children. This was the most unbearable part of the abuse for Z. Once, the schoolteacher noticed the ugly marks of physical abuse on their second grader. The teacher reported the case to the school principal. The school principal brought the matter to the attention of the Barangay. The couple was summoned. Z saw an opportunity to report also her own experience of physical abuse from Dante. Z tried to endure the repeated abuses until a certain point. She called for a separation but Dante refused to agree. The Barangay tried to mend the relationship. Z was convinced to give the relationship a chance under the condition that one incidence of physical battering in the future will make her leave and end her relationship with Dante. Sadly, Dante did not live up to the agreement. The hard beatings happened again. Z went back to the Barangay to formalize her complaint and proposal for a separation. Z insisted that Dante and the Barangay honor the previous agreement. Z saw that as her only option to end the violence in her life.

The Life of Ana

Ana is a high school sophomore in a public school. She is an honor student. Her three siblings are girls like her. In the middle of the school year, Ana ran away from the family abode. She turned to a classmate and close friend for help. She could no longer take the sexual abuses of their father, which started when she was seven. Ana disclosed that her father raped her many times on different occasions in a span of seven years. She also fears for her siblings who she suspects will be the next victims after she ran away. The friend's family sought help from the Barangay. The Barangay consulted a people's organization (PO), the DAW Coalition for actions to take. The PO advised the Barangay to refer the matter to the local DSWD because the parties involved are a minor and her own father. The DSWD took custody of Ana. The father was arrested and is now in jail. Ana's elder sister also disclosed to the DSWD that she suffered the same fate in the hands of their father. Ana and her sisters are now beginning to reconstruct their dreams of a better life for each one of them.

E. Understanding the Problem

E.1 Myths and Facts

The culture of violence and male dominance characterizes Philippine society. The common reactions of society on any form of VAWC are generally to blame the victim and to excuse the perpetrator. The common responses to VAWC are:

- | | |
|---|---|
| a. She asked for it: | she is a nagger
she is a flirt
she wears sexy clothes
she goes home late at night
she ignored his attention
she is weak
she is dumb |
| b. He couldn't help himself: | he was drunk
he was drugged
he's just a man who couldn't resist a woman |
| c. So why doesn't she leave? | She can't get another partner
she loves pain
but she'll just go back:
just one kiss and she'll come back |
| d. It's a family affair, a private matter: no one's business but the family's | |

The fact is:

- VAWC cuts across all ages, class, beliefs, practices
- the incidence of sexual violence that happened in the home is as high as those that occurred in other places
- the number of perpetrators who were under the influence of alcohol or drugs are almost the same as the number of men who were not
- several factors affect the victim/survivor's decision to end the violence such as emotional and economic dependence, personal and the family's safety, society's expectations and pressure, among others

- no one deserves to be beaten, humiliated, ridiculed, sexually-assaulted, intimidated, harassed; there is no excuse for resorting to violence to resolve conflict
- NO means NO
- VAWC is a violation of human rights, hence, must be treated as a public crime that endangers lives and damages property

E.2 Other Myths and Facts About VAWC

Myth 1: Violence against women and children is just a momentary loss of temper:

Fact : Domestic violence is the conscious use of power in order to dominate and control the woman and the child.

Myth 2: Women provoke the violence from their husbands by nagging and being demanding.

Fact : “Nagging” or any negative behavior on the part of the women does not merit a violent response from the man.

Myth 3: Husbands and parents have the right to do what they want to their wives and children respectively

Fact: Abusive husbands and parents think that they have the right to do whatever they wish because they believe their wives and children are their properties. But violence is never an acceptable part of the relationship. No person has the right to be abusive or violent to another persons, whatever the relationship is.

Myth 4: Battered women asked for it. Otherwise, why wouldn't they leave their partners?

Fact: A battered woman does not really want the relationship to end. What she wants is for the violence and abuse to stop. No woman desires to be abused.

Myth 5: Batterers are abusive because of alcohol or drugs.

Fact : Many abusers do not use drugs or alcohol. They often use alcohol as an excuse to avoid taking responsibility for violent behavior. Although alcohol or drugs may facilitate the violent behavior, these are not the real causes of the violence.

Myth 6: Abusive men are violent to everyone with whomever they get into conflict.

Fact : A batterer is usually violent only towards his partner or child to show his power and control over her. Batterers have been known to be kind and gentle to other people while being violent to their partners.

Myth 7: Domestic violence is a private family issue. Domestic violence is a social problem.

Fact: It affects individuals, families and societies. It is everybody's business and a human rights violation.

Myth 8: Domestic violence only occurs in urban or rural poor households.

Fact: Although poverty may compound the effects that domestic violence has on a woman, it occurs both in urban and rural areas, in poor and affluent communities.

E.3 Roots of the Problem

Violence against women and children whether they occur in public or private (the home) places, takes its roots to three major factors that tend to contribute to a person's violence against a woman or a child. Based on the long and collective experiences of crisis workers and anti-VAWC advocates on dealing with the problem, these are:

1. Certain societal conditions and beliefs encourage violence

Men	Women
superior	inferior
dominant	submissive
strong	weak
master	slave
leader	follower

Traditionally, women and men were regarded such gender roles and characteristics by society. Social scientists refer to this kind of system of society as patriarchy or patriarchal society. Under this kind of system, men were given proprietary rights over women and children. Men exercised power and control over women and children, including the use of force, intimidation and threat that characterize violence. The gender divide that places women in the private-public sphere and men in the public-private sphere strengthens such conditions and beliefs.

2. Certain responses from the community perpetuate violence

Sadly, communities sanction the perpetuation of violence over women and children. Perpetrators of VAWC found a convenient excuse for their acts of violence through the set of unequal values enshrined in laws and found in traditional beliefs and practices. Women and children are treated as objects of desire and pleasure and are believed to be willing victims of any form of violence. Society will hesitate to, or will not at all, intervene in a VAWC situation as it is deemed a private matter.

As the Women Crisis Center aptly puts it, “traditional values often undermine formal affirmation of the equality of all citizens.”

3. Certain psychological characteristics have been found to be common among offenders who use violence

Perpetrators of VAWC have internalised the traditional gender roles and values that perpetuate and excuse acts of violence against women and children. Low self-esteem, feelings of insecurity, jealousy and possessiveness are the most common characteristics displayed by perpetrators of VAWC.

From one generation to another, the family, school, church, media and the State institutionalized these values in society. These were deeply imbedded in each one of us. We learned and were caught in a situation where gender roles of men and women were not equal. But if we simply take some time to really analyze and reflect on the way things are, we will begin to ask:

- Is gender-based violence good for society?
- Does it build self-esteem and contribute to self-respect?
- How in the world can rape, incest, sexual harassment, domestic violence, among others, effect progress and development in society?
- Should violence against women and children be a normal part of our lives?
- Can VAW end?

E.4 Cycle of Violence

- a. Tension-building stage: There is an increasing stress in the relationship as one partner controls and dominates the situation while the victim (usually the woman) is frightened to do anything and is eventually powerless to prevent a violent outburst.
- b. Violent outburst/battering incident: Violence may not always be physical. It may involve extreme physical harm to the victim or emotional scarring which is not visible to the casual observer. The batterer (usually the man) justifies his behavior as teaching the victim a lesson. The victim usually has no control of the outburst – only a safe hiding place. She may even deny the seriousness to appease the batterer and to end the abuse.
- c. Pursuit Phase or the Honeymoon Phase: The abuser may feel remorse or sorrow for his behavior and may be fearful that his partner will leave him. He attempts to recover lost ground by asking forgiveness, giving presents, making promises about the future and modifying his behavior.

When forgiveness has been sought, it may be a time of great closeness for the couple. However, given the problems of daily life, tension will rise again and may gradually lead them back to the build-up phases and the cycle begins again.

E.5. Consequences of VAWC

Gender-based violence like VAWC has serious consequences to health. According to Lori Heise in a 1994 World Bank Report, the following are the non-fatal and fatal outcomes of VAWC:

E.5.1 Non-Fatal Consequences

a. Physical Health Consequences

- Injury
- Unwanted pregnancy
- Sexually Transmitted Infections
- Headaches
- Obstetrical and Gynecological Problems (Pelvic inflammatory disease, Chronic pelvic pain, miscarriage, unwanted pregnancy)
- Alcohol/drug abuse
- Asthma
- Irritable bowel syndrome
- Injurious health behaviors
- Smoking
- Unprotected sex

b. Mental Health Consequences

- Post-traumatic stress disorder
- Depressions
- Anxiety
- Sexual dysfunction
- Eating disorders
- Multiple personality disorder
- Obsessive-compulsive disorder

E.5.2 Fatal

- Homicide
- Suicide
- HIV/AIDS

E.5.3 The Economic and Social Costs of VAWC

Society is not aware of the effects of VAWC on development. VAWC hampers the participation of women and children in development. Lack of concentration in work, loss of interest to achieve, absences, and even job resignation are the direct harmful effects of VAWC on development. The office also gets a bad reputation due to the incidence of VAWC. Women are equal partners of men in development and nation building. Hence, VAWC must be eliminated so that women can develop their full potentials in order to contribute in society's progress.

E.5.4 Effects of VAWC on Children

Children of battered women are at a considerable risk of developing a range of psychological problems. The most frequently reported psychological disturbances suffered by these children include: depression, anxiety, suicidal tendencies, phobias, withdrawal and overt psychosis. Most commonly reported psychosomatic complaints include headaches, pains, stuttering, bed-wetting and sleep disturbances. Children also exhibit behavior problems, particularly aggression and have difficulty in their relationships with peers.

F. Prevention of VAWC

There are many varied ways on how we can all start to put an end to VAWC and change our lives and society. Here are several of them:

F.1 Primary Prevention of Crime and Anti-Social Behavior

There are key personal and psycho-social strategies to combat VAWC. These include:

- adopting gender-sensitive and non-violent language in everyday social interaction
- non-violent disciplining of children
- self-defense courses versus arming oneself

- avoid sex role stereotyping in child rearing and other interaction
- organize neighborhood patrols and systematic ways of watching out for one another

F.2 Crisis Intervention: It is a necessary response to VAWC. The VAWC victim needs immediate relief from the violent situation. Local government units, specifically the Barangay, are in the frontline of receiving VAW cases in the community. The DOH has established a Women and Children's Protection Unit in the 38 retained hospitals and 6 LGU hospitals that provide gender-sensitive medical care to victims and survivors of violence. The school and company-based structures such as Women's Desks and the Committee on Decorum and Investigation (CODI) that will function in a similar way are the mechanisms for crisis intervention.

F.3 Awareness-Raising: It is an important element of VAWC prevention. The prevailing culture of violence and male dominance are values carried by every unaware and unconscious individual. The call for the transformation of mindsets and attitudinal change is emphasized in awareness-raising activities like discussion groups, fora, symposia, cultural and sports events.

F.4 Skills Training: of planners, leaders, authorities, service providers and volunteers on gender sensitivity, crisis intervention, paralegal, advocacy and other relevant courses is a valuable component of VAWC prevention and elimination. The development and formation of anti-VAWC advocates through multi-disciplinary training has been mainstreamed and integrated in training programs of government, non-government and people's organizations. Schools must also take the same route to develop teachers and students as gender-sensitive individuals. As future leaders and implementers of society, adolescents will ensure that the succeeding generations will work towards gender equality and equity in society.

F.5 IEC Materials Development: will provide the much-needed visual material support on information about VAWC. Majority of the people are interested to receive visuals that are educational and convey action messages. The useful types of IEC materials are videos, posters, comics, stickers, flyers, info kits, primers, banners, bookmarks, among many others. Although t-shirts, caps and mugs are not standard IEC materials, they are popular medium for information dissemination.

F.6 Advocacy: brings the issue to the attention of those who make policies and programs that govern our daily lives. One of the major achievements of the women's movement in the Philippines is to do just that. Gender mainstreaming and the institutionalization of gender and development (GAD) policies in government bureaucracy are now expressed in programs, activities and projects that address women's issues and gender concerns.

G. Protocol in Identifying Victims of Violence

G.1 Look for the following physical features

- bleeding injuries to the heads and face; eye injuries
- single and multiple bruising
- concussions
- perforated eardrums
- fracture jaw, collar bone, pelvis, ribs
- burns, scalds

G.2 Look for psychological features

- depression
- anxiety
- insomnia
- headaches
- chest palpitation
- suicidal behavior
- crying spells
- restless, fearful
- drug abuse
- unusual behavior to children

G.3 Arouse suspicion if victim exhibits the following

- Accompanied by males who answer all the questions
- Gives explanation that does not account for the injury
- Avoids eye contact while explaining causes of injury
- Shows extreme agitation/anxiety while explaining
- Minimizes injury or blames self for being clumsy
- Gives an exaggerated denial of violence as cause of injury
- Gives a quick ready-made response before being asked

G.4 Recognizing a Potential Batterer

- the man reports that he was physically or psychologically abused as a child
- his father battered his mother
- he plays with guns and uses them to protect himself against other people
- commits random acts of violence against objects or things
- drinks alcohol to excess
- becomes enraged when his partner does not listen to his advice
- appears to have dual personality
- there's a sense of overdoing his kindness or cruelty
- has rigid ideas of what other people should do or shouldn't do

H. Guidelines in Providing Intervention

H.1 Tips in Providing Intervention

- (1) it is important to see the victim alone in the privacy of a counseling room of WCPU when inquiring into the cause of the injury and related history
- (2) interview the client in an open, non-threatening manner with direct inquiry regarding possible abuse
- (3) take time to question the client and conduct follow-up
- (4) report all observations on the client's behavior
- (5) document observations of client's history, mental and physical assessment
- (6) ensure confidentiality of information

H.2 Steps in Crisis Intervention

- (1) control discharge of emotions: focus on the affect and control rate of discharge with probes
- (2) practice rational thinking: includes identifying clearly the problem, avoiding perceptual scanning and focusing on the problem at hand
- (3) generate alternatives: : soliciting the client's solution first, extend options if possible
- (4) provide practical help: a continuum from simple assurance to hospitalization
- (5) mobilization of social support: includes the family, relatives, neighbors or community groups

I. Key Messages

In the pursuit for peace, justice and freedom for all, VAWC does not have a significant place in society. It does not foster well being. It is a threat to the common good of humanity and nature. End VAWC!

1. Violence Against Women and Children (VAWC) and poverty are twin problems of women and children all over the world regardless of age, class, race, ethnicity, religion, language and philosophy. VAWC cuts across all ages, class, beliefs, practices.
2. VAWC is a violation against the basic rights of women and children and a deprivation of their fundamental freedom

3. VAWC does not have a significant place in society and does not foster well being. It is a threat to the common good of humanity and nature. VAWC is a serious health burden.
4. VAWC can be physical, sexual, emotional, psychological, and economic form of abuse
5. The incidence of sexual violence that happened in the home is as high as those that occurred in other places
6. The number of perpetrators who were under the influence of alcohol or drugs are almost the same as the number of men who were not
7. Several factors affect the victim/survivor's decision to end the violence such as emotional and economic dependence, personal and the family's safety, society's expectations and pressure, among others
8. No one deserves to be beaten, humiliated, ridiculed, sexually-assaulted, intimidated, harassed; there is no excuse for resorting to violence to resolve conflict
9. VAWC is a barrier to women and children's participation in development
10. VAWC is a violation of human rights, hence, must be treated as a public crime that endangers lives and damages property

Annex 1 : List of Women and Children Protection Units

CENTER FOR HEALTH AND DEVELOPMENT – ILOCOS

Ilocos Norte

Mariano Marcos Memorial Hospital and Medical Center
Batac, Ilocos Norte

Chief of Hospital: Dr. Mary Lu B. Magno OIC
Contact Persons: Dr. Monalisa Pastrana Obstetrician-Gynecologist
Dr. Emelia Agulay Pediatrician
Telephone No.: (077) 792-3144

La Union

Ilocos Regional Training and Teaching Hospital
San Fernando, La Union

Chief of Hospital: Dr. Lourdes Otayza
Contact Persons: Dr. Mildred Pocsidio
Dr. Hazel Balbido
Telephone No.: (072) 242-3924 or 242-1143 or 242-5543

Dagupan City

Region 1 Medical Center

Chief of Hospital: Dr. Gil del Rosario
Contact Persons: Dr. Gwendolyn Luna Obstretician-Gynecologist
Dr. Brenda Urbano
Dr. Cristita A. Tambiao
Telephone No.: (075) 522-0041 or 515-2967

CENTER FOR HEALTH AND DEVELOPMENT – CAGAYAB VALLEY

Tuguegarao

Cagayan Valley Medical Center

Chief of Hospital: Dr. Emmanuel Acluba
Contact persons: Dr. Jose Danter Marcos
Dr. Claire Gonzales
Dr. Sandra Salazar Pediatrician
Telephone No.: (078) 844-0033

Rizal

Rizal Provincial Hospital

Contact Person: Dr. Luzviminda Marcial

Quezon

Quezon Memorial Hospital

Contact Person: Dr. Olga Etorma Obstreticial-Gynecologist
Telephone No: 710-4404

CENTER FOR HEALTH AND DEVELOPMENT – BICOL

Naga City

Bicol Medical Center

Chief of Hospital: Dr. Edgar Esplana
Contact Persons: Dr. Imelda Escuadra Psychiatrist
 Dr. Nelida Estrella Severo Neurologist
Telephone No.: (054) 811-8529 or 811-6170

Legaspi City

Bicol Regional Training and Teaching Hospital

Chief of Hospital: Dr. Jose Daep
Contact persons: Dr. Sally Macinas
 Dr. Cynthia Parcon
Telephone No.: (052) 483-0807 or 480-0014 local 249

Daet

Camarines Norte Provincial Hospital Daet, Camarines Norte

Contact Persons: Dr. Myrna Rojas
 Dr. Fe Minor

Masbate

Masbate Provincial Hospital

Contact Person: Dr. Cynthia Llacer

CENTER FOR HEALTH AND DEVELOPMENT – WESTERN VISAYAS

Iloilo City

Western Visayas Medical Center

Chief of the Hospital: Dr. Jose Fermin
Telephone No.: (033) 321-1797 or 321-2537

Bacolod

Corazon Locsin Montelibano Regional Hospital

Chief of Hospital: Dr. Domingo P. Vega OIC
Contact Person: Dr. Crizalito Invetado
Telephone No.: (034) 435-1591

CENTER FOR HEALTH AND DEVELOPMENT – CENTRAL VISAYAS

Cebu City

Vicento Sotto Memorial Medical Center

Chief of Hospital: Dr. Eusebio Alquizaia
Contact Persons: Dr. Filomena de los Santos Internal Medicine
 Dr. Yvonne B. Redoble Pediatrician
 Dr. Dahlia L. Yu Pediatrician
 Dr. Naomi Poca Pediatrician
Telephone No.: (032) 253-9891 or 253-1294

St. Anthony Mother and Child Hospital

Chief of Hospital: Dr. Robert Denopol
Contact Person: Ms. Eutilla Tahanlangit
Telephone No.: (032) 272-2763 or 262-7208 or 261-9984

Bohol

Gov. Celestino Gallares Memorial Hospital Tagbilaran City

Chief of Hospital: Dr. Nenita Moraga-Po
Contact Persons: Dr. Nona Luz Pizarra
 Dr. Trinidad Araneta
Telephone No.: (038) 411-4831

CENTER FOR HEALTH AND DEVELOPMENT – EASTERN VISAYAS

Tacloban City

Eastern Visayas Regional Medical Center

Chief of Hospital: Dr. Adelaida Aspirin
Contact Person: Dr. Violeta C. Perez
Telephone No.: (038) 411-3181 or 411-4831

CENTER FOR HEALTH AND DEVELOPMENT – WESTERN MINDANAO

Zamboanga City

Zamboanga City Medical Center

Chief of Hospital: Dr. Rolando Bucoy
Contact Persons: Dr. Leila Nelia Estrella
Dr. Yolanda B. Johan
Telephone No.: (062) 993-2555 or 991-2934 or 991-0573 or 992-2832

Mindanao Central Sanitarium Pasabolong, Zamboanga City

Chief of Hospital: Dr. Gearado M. Aquino
Telephone No.: C/o CHD Western Mindanao

CENTER FOR HEALTH AND DEVELOPMENT – CARAGA

Surigao City

CARAGA Regional Hospital

Chief of Hospital: Dr. Hilarion Damiao Jr.
Contact person: Dr. Lucila A. Clerino
Telephone No.: (086) 231-7090 or 826-3157 or 826-2459

Ozamis City

Mayor Hilarion Ramiro Sr. Regional Training and Teaching Hospital

Chief of Hospital: Dr. Jose C. Villanueva
Contact Persons: Dr. Loreta T. Tomada Obstetrician-Gynecologist
Dr. Mercy SL. Senados Pediatrician
Telephone No.: (088) 521-0022

Surigao Norte

Provincial Health Office

Contact Person: Dr. Cosnerie Seguis

Agusan del Sur

Provincial Health Office

Contact Person: Dr. Tomas Centino, Jr.

CENTER FOR HEALTH AND DEVELOPMENT – NORTHERN MINDANAO

Cagayan de Oro City

Northern Mindanao Regional Training and Teaching Hospital

Chief of Hospital: Dr. Jose C. Acaylar, Jr.
Contact Person: Dr. Corazon Mata
Telephone No.: (088) 856-4147 or 725-7357

CENTER FOR HEALTH AND DEVELOPMENT – CENTRAL MINDANAO

Cotabato City

Cotabato Regional and Medical Center

Chief of Hospital: Dr. Ariadne Silongan
Contact Persons: Dr. Nurinda Arumpac
Dr. Teresita Mansilla
Dr. Ceril Borromeo
Telephone No.: (064) 421-2192 or 421-9294

CENTER FOR HEALTH AND DEVELOPMENT – SOUTHERN MINDANAO

Davao City

Davao Medical Center

Bajada St. Davao City

Chief of Hospital: Dr. Gerardo Cunanan
Contact Persons: Dr. Regina de la Paz-Ingent Obstetrician-Gyne
Dr. Aimee Bretana Pediatrician
Dr. Agnes B. Padilla Psychiatrist
Dr. Imelda Mallorca Psychologist
Telephone No.: (082) 222-1347 or 227-2731

Tagum City

Davao Regional Hospital

Chief of Hospital: Dr. Romula Busuego
Contact Persons: Dr. Emilie Ugdang
Dr. Mariebeth Juarez Obstetrician-Gynecologist
Telephone No.: (084) 218-2823

CENTER FOR HEALTH AND DEVELOPMENT – CORDILLERA AUTONOMOUS REGION (CAR)

Baguio City

Baguio General Hospital and Medical Center

Chief of Hospital: Dr. Manuel Factora
Contact Persons: Dr. Xenia J. Fabay Pediatrician
Dr. Asuncion Ogues Obstetrician-Gynecologist
Dr. Gilda Wong Psychiatrist
Telephone No.: (074) 442-3165 or 442-3809 or 442-6230 or 443-8342

CENTER FOR HEALTH AND DEVELOPMENT – NATIONAL CAPITAL REGION (NCR)

Manila

Jose Reyes Memorial Medical Center

Medical Center Chief: Dr. Ma. Alicia Lim
Contact Persons: Dr. Marina Alcalde
Ms. Corazon P. Tolentino
Telephone No.: (02) 732-1077 or 711-9508 or 711-9491

Tondo Medical Center

Medical Center Chief: Dr. Victor de la Cruz
Contact Persons: Ms. Blesilda Lacopia
Ms. Anita Brana
Telephone No.: (02) 252-6101 or 252-8661

Quezon City

East Avenue Medical Center

Medical Center Chief: Dr. Nenita Fernandez OIC
Contact Persons: Dr. Anita Flores Pediatrician
Dr. Alma F. Ramirez Obstetrician-Gynecologist
Telephone No.: (02) 434-2511 or 929-4080 or 928-0611 local 237

Caloocan City

Jose N. Rodriguez Medical Center

Medical Center Chief: Dr. Remigio Reyes
Contact Persons: Dr. Jocelyn Maala
Telephone No.: (02) 939-2253 or 902-2553

Marikina City

Amang Rodriguez Medical Center

Medical Center Chief: Dr. Ricardo Gonzales
Contact person: Dr. German Tan Cardoso Obstetrician-Gynecologist
Telephone No.: (02) 998-2485

Pasig City

Rizal Medical Center

Medical Center Chief: Dr. Romeo Cruz
Telephone No.: (02) 671-4216

SPECIAL HOSPITALS WITH WOMEN AND CHILDREN PROTECTION UNIT

Dr. Jose Fabella Memorial Hospital

- provide personalized 24- hour quality medical care services to pregnant women victims and survivors of violence

Chief of Hospital: Dr. Ruben Flores
Contact Persons: Dr. Teresita Beronilla Obstetrician-Gynecologist
Dr. Guillerma Panay Obstetrician-Gynecologist
Telephone No.: (02) 734-5561

San Lazaro Hospital

- for victims and survivors of violence who are suffering from infectious and communicable diseases at the time of abuse or who have suffered from these diseases as a consequence of violence

Chief of Hospital: Dr. Benito Arca
Contact Person: Ms. Haideliza T. Tan Social Worker
Telephone No.: (02) 732-3776 or 732-3107 or 711-6979

Quezon City

National Children's Hospital

- for children victims and survivors of violence

Chief of Hospital: Dr. Ma. Isabelita V. Gozon
Telephone No.: (02) 721-9125 or 711-4276 or 724-0656

Philippine Children's Medical Center

- for children and adolescent victims and survivors of violence

Medical Center Chief: Dr. Lilian V. Lee
Contact Persons: Dr. Fusca Picson Pediatrician
Ms. Ma. Luisa Tolentino Social Worker
Telephone No.: (02) 924-6601

Philippine Orthopedic Hospital

- for victims and survivors of violence who are suffering from trauma or who have traumatic injuries as a result of violence

Chief of Hospital: Dr. Jesus Duenas
Contact Persons: Dr. Lally Beredo
Ms. Agnes G. Sarabia Orthopedic and Spinal Nurse
Telephone No.: (02) 732-0456

Mandaluyong City

National Center for Mental Health

- for victims and survivors of abuse who are mentally unstable or are suffering from emotional instability as a result of violence

Contact Person: Dr. Beverly Azucena Psychiatrist
Telephone No.: (02) 531-9001 or 531-8682

¹ United Nations Declaration of Human Rights, Article IV

² DSWD Report,

³ Women's Desk, Mapulang Bato, Valenzuela City

⁴ Women Crisis Center Report

⁵ DAW Report: Out of 200 women randomly interviewed in Batasan Hills and Payatas in Quezon City, Almanza Uno and Pulanglupa Dos in Las Piñas City and Dolores, Taytay, Rizal in 1998-1999, there were 89 cases of domestic violence.

⁶ 1993, Safe Motherhood Survey

⁷ 1993, Safe Motherhood Survey

⁸ 1996, Metro Manila Random Survey by Ramos-Jimenez

⁹ Kalookan NGO Hotline Services for Battered Women Documented