

**Focus Group Discussion with Government Agencies on the
Regional Mapping of Legal Referral Mechanisms on
Gender-Based Violence**

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I. Preliminaries

As the participants arrived they were asked to register their names and some details. The activity formally started with an invocation and followed with the singing of the Philippine National Anthem. After that, the attendees introduced their selves as to what government agencies they come from to have some familiarity among themselves and the people from the Commission on Human Rights Regional Office 8 (CHR RO8). Furthermore, the participants were given an idea as to what the commission is all about and its mandates.

II. Background on the Regional Mapping Activity

As the Gender Ombud, as mandated by the Magna Carta of Women, the Commission on Human Rights (CHR) was given the role in protecting and spreading women's rights. Hence, the activity in order to have a knowledge on what is the current state of women. Also, the activity was held to learn if there are areas needed to be improved, particularly in legal processes. Also to provide adequate measures to correct such deficiencies in the system. This was expounded further by the Gender and Development (GAD) focal of the CHR Regional Office 8 and a video presentation.



Fig. 2 CHR as Gender Ombud

III. Focus Group Discussion

Before the attendees started answering the questions, the objectives of the activity were presented first to understand the significance of the workshop or FGD. The group is composed of representatives from City Social Welfare Development Office (CSWDO), Office of City Prosecutor (OCP), Public Attorney's Office (PAO), Tacloban City Police Office-Women and Children Protection Desk (TCPO-WCPD), Eastern Visayas Regional Medical Center-Women and Children Protection Unit (EVRMC-WCPU), Commission on Higher Education (CHED) and Brgy. VAW Desk Officers. The participants opted to have an open discussion among the group rather than presenting each of their answers. They chose to openly discuss each questions and to give out answers or experiences that can help in the discussion. All representatives got to answer and gave their ideas during the talk.

The discussions led to talk about bad practices done by some people towards GBV victims. It also helped the Brgy. VAW Desk Officers to gain more information and to clarify some misconceptions that they had with regards to their functions. It gained them the knowledge to function more properly as Brgy. VAW Desk Officers.

Another point was that Commission on Human Rights can also assist on filing of cases for GBV cases. This was raised as a recommendation by OCP representative and this was clarified during the discussion.

Guide Questions Focus Group Discussion with Service Providers

1. Gender Equality Situationer in the City/Municipality

- Basic demographics: for instance gender disaggregated data on per capita income, life expectancy, labor force participation, literacy available?
 - The basic demographics of the city might be available in the City Planning Unit as stated by the representative from CSWDO
 - The OCP has no data on the basic demographics in the city.
 - The PAO has data on the demographics of their clients. Included in the data are whether they belong in urban poor or not, seniority of age and others.
- Apart from national laws and international human rights instruments (e.g. CRC and CEDAW), what important gender equality policies in place at the local level? How are these policies operationalized by local agencies?
 - In CHED, there is a CHED Memorandum Order No. 1 Series of 2015 which is the "Establishing the Policies and Guidelines on GAD in the CHED and Higher Education Institutions"
 - In the barangay level, the national law that is followed is the R.A. 9262 (VAWC).
- Experience with GAD mainstreaming and GAD budgeting (in general and specific to the agency)
 - In the barangay, as one of the council they get to allocate 5% from the Internal Revenue Allocation (IRA) of the barangay for the GAD fund. The identified programs or projects are referred by the City Commission on Population (POPCOM) and City Nutrition. They don't get to utilize it unless they have project proposal from their offices.

- From the barangay which is GAD planning and budgeting that is later on passed to the city level to have GAD mainstreaming.
- As for CHED, they comply with the 5% GAD budget and they are in extreme efforts to comply with GAD Mainstreaming because there was a recently held GAD Focal Point System Assembly in their central office.

2. Gender-based Violence (GBV) in the city/municipality (in relation to gender-based violence)

- What are the common forms of GBV received by the service provider?
 - All forms of abuse and violence as long as it involves women and children (EVRMC-WCPU)
 - R.A. 9262 VAWC (OCP and PAO)
 - Physical Abuse (TCPO-WCPD and Brgy. VAW Desk Officer)
 - Psychological Abuse (TCPO-WCPD)
 - Rape cases (OCP and PAO)
 - Anti-Trafficking (PAO and CSWDO)
 - Domestic violence (CSWDO)
 - OSEC (CSWDO)

- Which groups of women are most affected by the GBV forms identified (e.g. urban poor women, women farmers, women with disabilities, on the basis of sexual orientation and gender identity)?
 - All women are affected, both employed and unemployed. (EVRMC-WCPU)
 - Urban poor women (OCP, TCPO-WCPD and Brgy. VAW Desk Officer)
 - Rural poor women/ women farmers (PAO)
 - Professional women (e.g. teachers)
 - Urban women, both the rich and the poor (CSWDO)

- Women/children with disabilities, e.g. mental/autistic (CSWDO)
- What have been the observed trends in gender-based violence cases received in the past five years? What are possible economic, socio-political, cultural and other factors affecting this/these trends?
 - Domestic Violence and Sexual Abuse (EVRMC-WCPU)
 - For the OCP, the number on GBV-related cases are increasing each year but the difference or discrepancy is not too far if compared to the previous years. Even with a slight increase on the cases, it is still an unfortunate matter.
 - The PAO also concur to what OCP stated on the increasing number of GBV-related cases. They also count counseling sessions as a GBV-related case not just the filed cases. The number on cases is still increasing despite the existence of laws/measures. The possible factors might be the lack of information on their rights and what measures should they take.
 - There is an increase on number of sexual abuse cases and the victims involve are getting younger compared to before and they are young as 6 years old. (TCPO-WCPD)
 - There is a new form and rampant crime in the Northern area of Tacloban City. They are a gang or group of men who befriends minor girls through chat and they would later on ask to hang out. If the girl agrees to it that is the time they would conduct the crime and rape the girl. (TCPO-WCPD)
 - The representative from CSWDO gave a different perspective on the increasing number of GBV-related cases. She thinks that it might be the result of information drives because now people are aware of their rights.
 - In educational institutions, CHED has cases of sexual harassment between faculty and student and among the faculty as well.
- What does the service provider consider as difficult cases/s? Why is this?
 - So far in the EVRMC-WCPU, they haven't encountered a difficult case.
 - In the OCP, they consider rape cases, especially within the family, difficult cases and VAWC cases as well.
 - All GBV cases are considered difficult case because there would be VAWC cases wherein the victims would file for desistance and won't continue to file the case. Also, if the victim does not receive support from their family and instead they are discouraged to file a case by their family. (PAO)
 - For TCPO-WCPD, it becomes difficult when the victim/survivor is not cooperative in filing a case against the perpetrator. Victim/survivor tend to lose their self-confidence

and to be ashamed or embarrassed as to what happened to them.

- A difficult case for CSWDO is a VAWC case wherein the case is withdrawn.
- What are the challenges/barriers experienced in:
 - a) Reporting and investigation of cases of GBV (PNP/VAW Desk)
 - It is a challenge when the victim is uncooperative (TCPO-WCPD)
 - Also, when the victim and perpetrator settle the matter secretly and then withdraw in filing the case. (TCPO-WCPD)
 - For Brgy. VAW Desk Officer, a challenge for them is in serving the Barangay Protection Order (BPO) to the perpetrator.
 - Another challenge for Brgy. VAW Desk Officer is the victim's inconsistent behavior or attitude towards its perpetrator.
 - b) Prosecution and legal assistance (Prosecutor's Office, PAO, VAW Desk)
 - The PAO lawyer's challenge would be the inconsistency of rules or practices done or executed in different areas. For instance, in other areas a case would be filed even without a psychological or economic report and it won't be dismissed but in other areas the case would be dismissed.
 - c) Providing support services (MSWDO, CSWDO, WCPUs)
 - For the WCPUs, support services for the victims are referred back to the social workers because they are the ones managing the cases. And the challenge is that there are some social workers and police who do not respond to their request to ensure the safety of the victim/client which is due to geographical distance.
 - The challenges for CSWDO are in the preparation of Social Case Study Report for Psychological evaluation because sometimes they are given short period of time to create or complete it and in the lack of financial support.
- What are the best practices?
 - The best practice would be that the local social worker provides shelter to the victim even though they are not a resident in the city. They still provide them shelter even for few days only.
 - The best practice that is executed in OCP is that they resolve the cases quickly and they don't wait until the deadline to resolve the cases.
 - The best practices in PAO would be helping or assisting the victim in filing the case, having counseling and supporting them. Another best practice would be settling most of economic abuse cases.

- The TCPO-WCPD conducts advocacy programs in the community and encourages the victim to file a complaint against the suspect to prevent the crime from happening again would be the best practices of the agency.
- For the CSWDO, their best practice is that they resolve any conflicts as quickly as possible. They try to have a confrontation between the victim and the perpetrator to resolve the issue rather than letting it go to trial or court when it can be resolved by having a sincere talk.
- A best practice for Brgy. VAW Desk Officer is the issuance of BPO to VAW victims and the compliance to the Magna Carta for Women with the GAD fund of 5% of the barangay's IRA and it will be used on conducting Awareness Campaign on VAWC.
- In CHED, there have been solved GBV cases and now passed to the Civil Service Commission (CSC). Also, a school got to help a GBV victim when the victim reported it to them. The school was the one to assist and help the victim by letting them live in the school's safe house and providing all her needs and a scholarship.

3. Flow of Case Management (specific to the service provider)

- What are the entry points for GBV cases to come formally into contact with the government services?
 - The EVRMC-WCPU conducts a triaging or initial interview first to determine that the issue or case can be handled by the WCPU. If it is found out that it is outside of the WCPU's functions or management they refer it to the proper agency that could help the client.
 - For walk-in clients to the WCPU, a police from the regional office would prepare the judicial affidavit and filing of the case.
 - Through referrals (CSWDO)

- What are the available services for GBV survivors provided by the service provider?
 - Medico-legal, before undergoing a medico-legal there should be a signed consent form and only then would the process start. The EVRMC-WCPU representative is proposing to have a Multidisciplinary Services Interview on the victim or client however there are restrictions on schedule and on the number of personnel. The medico-legal procedure are as follows: (1) Intake interview/Psychological First Aid, (2) History Taking and (3) Physical Examination conducted by Resident on Duty (4) Conduct of Psychotherapy sessions or Psychological Evaluation and lastly (5) Debriefing for the victim and significant other to discuss the medical findings and to reassure that they are not to be blamed on what happened.
 - Another service that WCPU provides is the appearance on court hearings as expert witnesses by the doctors and psychologist.
 - The services available for GBV survivors are (1) Temporary Shelter, (2) Financial/Legal Assistance and (3) Counseling. (CSWDO)
 - Assisting the victims on what measures to take and what are their rights because the TCPO-WCPD would always assist anyone who would ask for their help.

- Which among the available services offered by the service provider are most often accessed by women? What are the possible factors affecting their choice of what to access?
 - Counseling CSWDO
 - Barangay Protection Order (BPO)/ Temporary Protection Order (TPO) (CSWDO and Brgy. VAW Desk Officer)

 - At which point in the process of GBV intervention do women often exit the formal helping system of the service provider?

The exit point is before filing a case that most agencies observed from victims.

4. Documentation

- When does documentation of GBV complaints start (e.g. upon contact with the agency, when the woman agrees to file a case; even “informal” consultations included)?
 - The documentation starts upon contact with the agency whether they may or may not file a case. (CSWDO)
 - Upon signing the consent form the documentation would start. (EVRMC-WCPU)
 - Documentation starts upon filing of case in the OCP.

- Related to above, could we ask for a copy of forms used for this, if any? Or what are the standard information asked of the woman who access the service being provided by the agency? (are current forms ethnicity and disability segregated?)
 - There is an interview sheet for clients in PAO
 - There is an intake form for clients who go to the CSWDO, especially for women asking for temporary shelter.
 - There is a standard form for Women which includes the Intake form, medical record etc. (EVRMC-WCPU)
 - The documentation would start upon securing a BPO by a VAW victim. (Brgy. VAW Desk Officers)
 - The forms are confidential and standard information asked on the women are personal circumstances and details of complaints (OCP)

- How are these information filed and stored? How long will they be kept on the average? Does the agency have an electronic database for the cases?
 - Information is stored in a logbook and folder and it is kept, including solved cases, because there is a prescriptive period of 20 years and the victim's mind might change later on. All information are kept. (CSWDO)
 - They are stored in locked steel cabinets for 20 years, both the soft and hard copy. They are stored separately in terms of locale or area. (EVRMC-WCPU)
 - The information is stored through logbook and the agency has an electronic database, both are applicable to OCP and TCPO-WCPD. When the pink blotter of TCPO-WCPD has been utilized completely, it can only stay in the unit for at least a month and then transferred to the Regional Office because of confidentiality.
 - They are stored through a logbook and a folder for BPOs and as mandated by DILG, one folder for each case. They are kept in the VAW desk with a lock. (Brgy. VAW Desk Officers)
 - Mostly what is submitted to CHED are reports and the cases itself are stored in schools. However they are accessible upon monitoring of the GAD Focal or focal person

- How are these information used? Does the agency publish summaries or reports of cases received?
 - There are agencies who ask for statistics such as Department of the Interior and Local Government (DILG) and City Health Office. (CSWDO)
 - The office create reports that are passed to the regional and national levels. The statistics from the data can determine areas with highest or lesser GBV cases. (EVRMC-WCPU)

- Who can access these files? Are other offices/helping agencies allowed direct or full access to them? Researchers? What is the protocol for this, if any?
 - The service providers can access these files and the CSWDO practice confidentiality. Names, pictures and other personal and confidential information are not given, only the statistics are given. (CSWDO)
 - No one can access the files unless they are EVRMC-WCPU employee and if there is a subpoena from the court.
 - The statistical data can be accessed upon approval of agency head. (EVRMC-WCPU)
 - Only the Brgy. VAW Desk Officer can access the files.

- Which information are made public and how at the local level, if at all (e.g. website, publications, statistics are used in community education)

- There is a practice on the principle of confidentiality and the statistics is the only information made public. (CSWDO)

5. Recommendations

Most of the participants gave recommendations in general manner rather than giving out specific recommendations. This was a consolidated answer among the participants

- The CHR would help in assisting or filing of cases for GBV victims.
- More awareness drive as to what are the functions of CHR.
- Continue lobbying because the GAD budget in EVRMC is not entirely for the WCPU alone.
- The need for a proper area or structure for EVRMC-WCPU to cater the needs and perform their functions well.

IV. Closing Remarks

The closing remarks involved giving thanks to the participants and inviting them to an upcoming event. Also encouraging all service providers to endure and bear with the struggles each agency faces, be it on funding or on structure. Another point was to continue to have information dissemination about GBV and to have men or the would-be perpetrator included during those activities. After which the group took a commemorative photo and the participants were given Certificate of Appearance.