

## **Focus Group Discussion on Gender Based Violence**

**16 July 2019**

**Hotel Primera**

Participants:

Philippine National Police – Women and Children Protection Division Investigators and Clerks  
Barangay Kagawad, Barangay Putik  
Zamboanga City Local Government Unit (LGU), GAD Secretariat  
LGU, CMO-GAD  
Zamboanga City Medical Center – Women and Children Protection Unit

*“Make data work for women: Mapping of Legal Referral Mechanisms on Gender-Based Violence”*

Preliminaries through Audio Visual Presentations followed by a brief introduction on the FGD given by Ronael Ventus wherein he said that the activity is with the CHR’s Center for Gender Equality in Manila. He also shared that this is the first part of the FGD of Service Providers and that the next part will take place in Dapitan, Dipolog City. Ventus briefly discussed the objective of the activity, “we look into the process flow with regards to the GPV (Gender Violence Cases” which focuses on the Rape and RA 9262 cases only since according to CHR and PNP records, the bulk of the handled cases are that of the RA 9262. He also added that the FGD will look into the challenges with regards to access to justice for women who are victims of VAWC and the better practices of the process. He also said that after the series of FGDs, a mapping on the referral process will be done by the Commission and that the results of the FGD is going to be presented in the upcoming Regional Gender and Development (GAD) Summit this coming November 2019. Thereafter, an Audio Visual Presentation for an overview of the FGD was shown.

Atty. Judelyn Macapili thoroughly explained the objective of the FGD wherein she said that it was a follow up activity from the June 25 Community Dialogue on Women wherein the GPV cases were reviewed by the Commission specifically on how the cases are referred to and by agencies to other agencies. She also emphasized that the team would like to review the referral mechanism particularly on what available facilities, other services, the quality of services provided by the participating agencies to the clients and if they are able to provide the necessary support needed by the clients. Atty. Macapili also put emphasis that the other objective of the FGD is “to be able Identify the barriers and challenges on referral legal mechanisms so that we can provide recommendations that will further develop the services...” She ended her talk by sharing that the stakeholders are going to be informed and consulted with the gathered results of the FGD up until implementation, there be.

The FGD was primarily facilitated by Atty. Macapili and assisted by Ms. Vela, Investigator. For the first question, she asked the participants on the Gender Equality

Situation in the City specifically on **how the agencies utilize their GAD Budget for GAD Activities and how is it mainstreamed?**

**PNP:** Not limited to 5%, they find ways through charging it to a possible budget item just to implement GAD related activities.

**Barangay ABC:** Not exceeding to 5% budget expenses for GAD related activities. On GAD Plan? GAD related activities are already included/incorporated in their BADAC.

City Prosecutor's Office: Participant has no idea on GAD plan or GAD budget and they also do not have GAD Focal but he put emphasis that their role is solely on prosecution. But, since they are mandated to have a GAD plan he honestly said that he does not have an idea about it because it is assigned to a different staff from the Regional Prosecutor's Office.

**Programs and Trainings on Gender Sensitivity?**

PNP: Police Community Relations are the ones organizing and conducting trainings related to GS, Investigation Room are gender sensitive, women and children friendly.

**Are the trainings on GS conducted every year?** Yes.

**Entire personnel are participating?** No, because the office give more priority to the investigators. Some personnel participate in trainings as representation or depending on the order of the office.

**When was the last time you had training on Gender and Development?** Awhile back because the department is now focusing on the new investigators.

**Do you think you still need trainings on GAD?** Yes, as refreshers.

**How about in your data? Is it disaggregated into Women, Men, LGBT? Especially, in cases. Do you specify it in your reports?** Yes, in the **Investigation Report Form (IRF)** it is already written there. **What are the genders identified? Male, Female and LGBT?** No, just male and female but we will include LGBT soon. We just assess the client if they belong to the LGBT category but is only placed in parenthesis in the narrative report.

**Number of LGBT victims do we have data?** PNP has data. Just through reading the narrative. Format is just male and female.

To LGU: Ordinance or policies regarding gender?

**LGU:** there is GAD code but not strongly implemented more on just advocacy and trainings but the GAD code will be revisited this July or August 2019. From there, enhancement shall take place.

To the BLGU: Do you have Barangay Ordinance on GAD? Like that of Barangay Tumaga who now has an anti-discrimination ordinance.

ABC: So far, none except Barangay Tumaga.

**What are the common forms of GBV received by the service provider?**

**PNP on GBV cases:** \*Data on the GBV Cases shall be requested from the PNP\* but there are more 500+ cases physical injury than 49% rape

**City Prosecutor's Office on GBV cases handled:** To be requested to the office especially on Rape and RA 9262 cases.

**City Police Department:** VAWC Physical Injury

**ABC:** VAWC Cases? 6 cases so far ABC; settled first in barangay then sent to DOJ; economic support intervention only

**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)?**

Mostly women, barely with disabilities so far. The most are deaf and mute.

**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?**

**PNP:** Wives not willing to file a case; same victim reporting 5 times despite assistance but still not willing to pursue with filling the case especially when they see their husbands or whenever they go home after filling the report.

Atty. Macapili synthesized that the main factor is dependency of women to husband and the idea that the family must be together. It is also a factor that the women are already aware of their rights so they already know that they can report and complain.

**CULTURAL? IPs, Tribes affecting rise off VAWC cases?**

**PNP:** Barangay Taluksanagay for example, issues do not reach PNP because community/tribal leader counsels them and settles problem.

**PNP on the cases reported by women victim but does not pursue in filling a case:** Same complainants same issue? No but additional violation usually worst.

**Socio Economic Factor?**

**PNP:** Poverty leading to affairs.

**Are there cases considered very difficult? Specific. (Severe) Mentally affected due to too much violation PWD victims? Cases?**

**City Prosecutor's Office:** 2 kids; siblings, the other one is mute but can only hear a little bit.

**But, is it considered difficult?** Yes, because of communication. So, it is difficult to gather data from the client.

**Are there interpreters in the City Prosecutor's Office?** None. Unfortunately.

**PNP:** Coordinates with SPED Teacher in WMSU.

**To PNP:** Is it difficult to handle for rape cases if minor? Yes, one incident, 4 years old raped by the Grandfather. But, assisted by DSWD. If the child is shy, it becomes challenging to ask them questions and make them comfortable to answer.

**VAWC mentally or psychologically abused? How difficult?**

i.e Mother is the one talking on behalf of the child (victim) because the child is staring blankly ahead. How is it handled? How can we get data from the victim himself?

**CMZ Doc Conception:** Referred to psychologist if difficulty in speaking up.

**Challenges and Barriers:**

**PNP:** They do not file and they do not show up in the next procedure after reporting.

**CMZ:** Parents/mother intervening; child is sheltered; filed a case to mother; centers are choosy; Psycho-social services is it referred to CSWD?

**Best Practices per agency:**

**PNP:** Organized all PPOs lower units and print tarpaulin (advocacy) Anti-Rape Law in populated areas; continuous information dissemination including schools; awareness and info drive

**ABC:** Involving and coordinating all important people surrounding the victim to help solve the problem

**LGU:** Support in conducting trainings on GAD; holistic training approaches; Trainings on Gad budget allocation; needs 1 on 1 coaching

**CMZ:** We have better rapport with PNP, CSWD, BLGUs; providing services that are free especially if VAWC survivor and other extended assistance; advocacy campaign in OPD; local government activities on women's month and children's month; collaboration with DoH training with health care providers 4Rs in Protecting the rights of women and children.

**Flow of case management? Entry points?**

**BLGU:** What procedure? Encouraged to proceed to Police Station and vice versa. But there are cases that are already solved in the BLGU level.

**What are the entry points for GBV cases to come formally into contact with the government services? What are the available services for GBV survivors provided by the service provider?**

**CPO:** Helping system? CSWD is best to ask.

**LGU:** Under the administration of Mayor Beng, it is a priority to improve women crisis center but in the level of GAD Office, it did not reach them yet. Reiterates that the best agency to answer is the City Social Welfare and Development Office. It was also shared that the GAD Office through the Mayor's Office are still planning for a one-stop shop for services needed to address VAWC such as medico legal, psychosocial analysis, etc...

**Issue of CMZ:** Training on how to handle and deal with VAWC cases; court call fears doctors that's why not all are willing to take the responsibility and this is also the reason why most doctors are hesitant to issue a medico legal.

**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?**

**PNP:** They finish the process up until the hall of justice; usually due to contact with perpetrator. Clients no longer sign filling documents; but report is just stated in through the blotter; advised by pnp to file.

### **Documentation**

PNP – blotter, advised before scheduled for trial. Majority for record on blotter.

DOj – consultation but documentation depends on pnp referral and/or private entities specific form?

PNP: Incident Record Form only. Details with Narrative. Is disability indicated? Yes, by PNP via narrative only and that of the gender. With religion. Ethnicity.

CMZ documents – log book (vaw), chart-15 pages, AVP, opd/er chart if children; disability, last menstrual period including hallucinations

### **How do we file and store these documents?**

PNP – key folder per investigator

Assurance of confidentiality

PNP – Blotter only kept by pnp office even media cannot access; Own cabinet for cases

Same with hospital but no rape kit or storage for evidences such as clothing for forensic use; ends up evidences are just let them be brought home w the patients; never tried specimens sent for DNA.

Fiscal – record section; segregated in terms of family court but fiscal is responsible on the folder depending on cases

### **Are documents published? Summaries on the assessment and evaluation?**

Pnp –

Cmz – none, case form updates only

Documents are not easily accessible because of confidentiality.

How about for researchers?

CMZ- dumaan sa ethics board ng hospital before nabigyan ng documetns;

LGU – gad plan and budget and trainings ang transparent sa website and database of number of GBV but consolidated (numbers)

PNP – website that is available to public but cannot access vawc cases; but websites depends by station more on highlighting activities advocacies

**Recommendations:**

PNP: One-stop make it easier in filling cases

**Recommendations on the CHR:**

- To strengthen network;
- Regular stakeholders meeting;
- Coordinations including blgus
- Involve CHR in GAD Revisiting as consultants
- More sponsors for trainings for Doctors

**Further issues related to vaw and rape to include in the project?**

- Upcoming activities: before November 25 for summit, zmbg basilan to be invited

Close coordination with one another.

**\*\* END OF DOCUMENTATION \*\*\***

PREPARED BY:

**DEORENZIE FRANCES L CARREON**

Documenter

**Photo Documentation:**



Mr. Ronaele Ventus as he gives a brief introduction on the series of Focus Group Discussion to be conducted by the Commission on GBV.

Atty. Macapili as she facilitated the Focus Group Discussion for the Service Providers in Zamboanga City.



The participating representatives from the Security Sector as they answer the questions from the FGD.



Participating representatives from the select government agencies in a group photo with the Commission on Human Rights Regional Office IX Team.