

Demographic Profile of Victims of Sexual Violence Seen at the Eastern Visayas Regional Medical Center-Women and Children Protection Unit (Evrmc-Wcpu): A 10-Year Retrospective Study

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Abstract:

Background: The Eastern Visayas Regional Medical Center-Women and Child Protection Unit (EVRMC-WCPU) was established on May 1996 by virtue of RA 9262, known as “Anti-Violence Against Women and Their Children Act of 2004.” Through its thirteen (13) years existence, it has been able to provide care and assistance to victims of almost all type of abuses. Though it was noted that majority of the clients were victims of sexual violence, there is no study to document this nor was there an attempt to study the profile of the victims.

Aim: This study aimed to describe the demographic profile of victims of sexual violence seen at the EVRMC-WCPU from January 1999 to December 2008. Specifically, it gathered informative data on the prevalence of sexual violence in the region from amongst the total cases seen at the EVRMC-WCPU. It documented likewise the age and sex of the victims, their domicile and their relationship with the abuser.

Method: This is a descriptive study. Data gathering was done via records review of the available logbooks from EVRMC-WCPU. Frequency and percentages were used to analyze the data.

Results: A total of 2063 cases were attended at the EVRMC-WCPU during the ten (10) year study period. Sixty five percent (65%) of them were victims of sexual violence. Majority of the victims of sexual violence attended to were females with highest incidence in the 15-19 year old age range. Seventy percent (70%) of them lived in rural areas and 65.5% of the perpetrators were not related to the victim by consanguinity of affinity.

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Conclusion: The figures supplement the widening literature disclosing the true faces of sexual violence in the region. These cases must be given emphasis to carry out the proper interventions while keeping the ethical commitments and careful accountabilities as health providers.

Key words: *EVRMC-WCPU, victims, sexual violence*

1. Introduction

The Eastern Visayas Regional Medical Center – Women and Child Protection Unit (EVRMC-WCPU) was established on May 1996 by virtue of RA 9262, known as “Anti-Violence Against Women and Their Children Act of 2004.” Through its thirteen (13) years existence, it has been able to provide care and assistance to victims of almost all type of abuses. Though it was noted that majority of the clients were victims of sexual violence, there is no study yet to document this nor was there an attempt to study the profile of the victims.

Sexual violence is a profound social and public health problem. RA 9262 defines "Sexual violence" as an act, which is sexual in nature, committed against a woman or her child. It includes, but is not limited to: a.) Rape, sexual harassment, acts of lasciviousness, treating a woman or her child as a sex object, making demeaning and sexually suggestive remarks, physically attacking the sexual parts of the victim's body, forcing her/him to watch obscene publications and indecent shows or forcing the woman or her child to do indecent acts and/or make films thereof, forcing the wife and mistress/lover to live in the conjugal home or sleep together in the same room with the abuser; b) acts causing or attempting to cause the victim to engage in any sexual activity by force, threat of force, physical or other harm or threat of physical or other harm or coercion; c) Prostituting the woman or child.

Sexual violence is more likely to occur in societies with rigid and traditional gender roles: “in societies where the

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ideology of male superiority is strong—emphasizing dominance, physical strength and male honor—rape is more common” (Jewkes, Sen, and Garcia-Moreno, 2002).

This kind of violence occurs throughout the world but unfortunately little research has been conducted on the problem. Limited data suggest however that nearly one in four women may experience sexual violence by an intimate partner and up to one-third of adolescent girls report their first sexual experience as being forced.

In the Philippines, the Southern Tagalog region of Luzon registered the highest incidence of rape among all the national regions in the first five months in 2001. Bicol reported 124 cases, the second highest while Central Luzon reported 96 cases. There are 1,768 inmates on death row in the Philippines convicted for rape, fifty percent of which are convicted for child rape. (Breaking the Silence, 2001)

A retrospective study conducted at the Women and Children Protection Unit of the Vicente Sotto Memorial Medical Center. It described the demographic profiles, types of injuries and characteristics of abusers of 1354 women and children survivors of domestic violence. (Thirty-nine percent of these patients were sexually abused; their peak age was 11-20 years. Almost 75% of sexual abusers were from outside of the household. The highest incidence of physical abuse occurred in ages 26-35 years. Seventy-five percent of this form of abuse was in the home and perpetrated by husbands and live-in partners. (Abuse of women and children in a Philippine community, 2002)

On the other hand, the cases of sexual abuse of children, which rose from 114 in 2005 to 200 in 2006, declined to 78 in 2007, according to another DSWD-8 report covering 2005 to 2007. (Inquirer)

Impact of sexual violence on physical and mental health, as well as causing physical injury is profound. It is associated with an increased risk of a range of sexual and

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reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting. Deaths following sexual violence may be as a result of suicide, HIV infection or murder the latter occurring either during a sexual assault or subsequently, as a murder of “honor”.

Sexual violence can also profoundly affect the social wellbeing of victims. Individuals may be stigmatized and ostracized by their families and others as a consequence.

Objective:

The study aimed to describe the demographic profile of victims of sexual violence seen at the EVRMC-WCPU from January 1999 to December 2008 as to age group, sex, domicile and relationship to abuser.

Furthermore, it aimed to determine the prevalence of sexual violence in the region from amongst the total cases seen at the EVRMC-WCPU.

Significance of the Study

This study provided the baseline data on the prevalence of sexual violence in the region from amongst the total cases seen at the EVRMC-WCPU. In the absence of baseline data, it would be difficult to compare the magnitude of the problem with other region whether women in region VIII were experiencing more sexual violence or there was a prompt reporting of cases. Likewise, it is difficult to assess whether there was a proper implementation of programmes to end it.

Definition of Terms

A number of terms have been used in this study and are defined according to the investigators use of these terms.

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Rural – place of domicile of the victim is outside the territory of Tacloban City

Urban – Place of domicile of the victim is within the territory of Tacloban City

Sexual Violence - any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. It could be categorized into complete or attempted penetration of the genital opening or anus by the penis, a hand, a finger, or any other object, or penetration of the mouth by the penis or other object. Further more, it could be subdivided into non-penetrative abusive sexual contact (e.g., intentional touching of the groin), as well as non-contact sexual abuse (e.g., voyeurism, exposure to pornography).

Child - every human being below the age of 18 years (WHO)

Adult – every human being aging 18 years and above

2. Methods

This was a retrospective study. The study populations were clients who sought consultation at EVRMC-WCPU because of sexual violence and were entered into the logbook of the EVRMC-WCPU from January 1999 to December 2008. Data was sorted out as to type of violence each client underwent. Clients who were victims of sexual violence were considered using the inclusion criteria as to completeness and legibility of data entered. Out of 2,063 cases of violence, only 1535 cases were included as cases of sexual violence that qualified in the inclusion criteria. Data was analyzed using frequency and percentages.

3. Results and Discussion

Results showed that a total of 2,063 cases of violence of all types were attended. Of this, 1,353 (65%) were cases of sexual violence.

In an extensive survey conducted by United Nations on sexual violence in different societies it showed that [Manila, Philippines](#) had a prevalence of 0.3%. According to these studies, the percentage of women reporting having been a victim of sexual assault ranges from less than 2% in places such as [La Paz, Bolivia](#) (1.4%), [Gaborone, Botswana](#) (0.8%), [Beijing, China](#) (1.6%), 5% or more in [Tirana, Albania](#) [Bogota, Colombia](#) (5.0%), (6.0%) [Buenos Aires, Argentina](#) (5.8%), [Rio de Janeiro](#) and [Brazil](#) (8.0%).(World Report on Sexual Violence) Indeed, this data only showed that sexual violence is occurring anywhere regardless of race. It is worth to note that the incidence in region VIII based on the result of this study was higher compared with the above-mentioned places.

Table 1. Age and Sex Distribution of Victims of Sexual Violence
 EVRMC-WCPU
 Jan. 1999-Dec.2008

| Age Group | Male | | Female | |
|-----------|------|------|--------|------|
| | No | % | No. | % |
| <5 y.o | 1 | 7.7 | 59 | 4.4 |
| 5-9 | 4 | 30.8 | 198 | 14.8 |
| 10-14 | 7 | 53.8 | 400 | 29.9 |
| 15-19 | 1 | 7.7 | 460 | 34.3 |
| 20-24 | 0 | 0.0 | 109 | 8.1 |
| 25-29 | 0 | 0.0 | 43 | 3.2 |
| 30-34 | 0 | 0.0 | 32 | 2.4 |
| 35-39 | 0 | 0.0 | 10 | 0.7 |
| 40-44 | 0 | 0.0 | 15 | 1.1 |

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|---------|----|-----|------|-----|
| 45-49 | 0 | 0.0 | 6 | 0.4 |
| 50-54 | 0 | 0.0 | 5 | 0.4 |
| 55-59 | 0 | 0.0 | 2 | 0.1 |
| 60 & up | 0 | 0.0 | 1 | 0.1 |
| Total | 13 | 100 | 1340 | 100 |

Table 1 showed the age and sex distribution of the victims of sexual violence. Out of the total cases, 1340 were females and 13 were males. Among females, 460 of cases belonged to age group 15-19 years old while 7 of the males belonged to age group 10-14 years old. The youngest victim was less than 5 years old. This suggests the vulnerability of specific groups to sexual violence. Women are most likely to be assaulted within the confines of their own family and household, and are more likely to be injured, raped or killed by a current or former intimate partner than by anyone else.

Sexual assault and other forms of coercive sexual behavior are part of teenage life for a substantial number of young women and men. The presence of sexual violence is a source of concern for the entire community, and has a grave impact on the affected person's psychosocial development, intellectual maturation, and identity formation.

Similar study conducted by Tjaden and Thoennes in 2000, the Researchers also found that among female rape victims surveyed, more than half (54 percent) was younger than age 18.

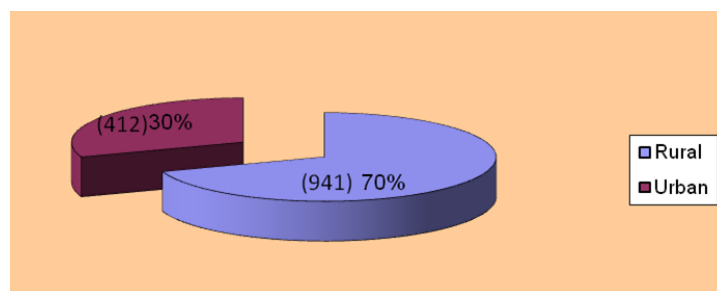


Fig. 1 Domicile of the Victim of Sexual Violence
EVRMC-WCPU
Jan. 1989-Dec. 2008

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Figure 1 showed that (70%) occurred in the rural area while 30%, urban. In contrast to the result conducted by Lewis, factors were identified that may cause low rate of reporting among victims of sexual violence from the rural areas as follows: limited access for medical, legal or emotional services, economic situation, geographic isolation and rural culture. Strong community ties in rural areas mean that a victim is more likely to be acquainted with the perpetrator than in urban settings. Finally, rural culture tends to be close-knit, self-contained, often conservative and unlikely to turn to "outsiders" for assistance. In other words, a victim of sexual violence in a rural community is not likely to report to police or to locate or access services.

Several studies point to the importance of the victim-offender relationship in predicting reporting (Ruback 1993; Pollard, 1995; Ruback & Menard, 2001 According to Hunter et al in 1996, "The closer the relationship between victim and assailant, the less likely the woman is to report the crime".

Table 2. Relationship of Perpetrator to the Victim of Sexual Violence

EVRMC-WCPU
Jan. 1989-Dec. 2008

| | No. | % |
|--------------|------|-------|
| Relative | 467 | 34.5% |
| Non relative | 886 | 65.5% |
| Total | 1353 | 100 |

These figures showed that majority of the perpetrator were not related to the victim. A friend or a known person to the victim committed most of the nonrelative perpetrator. Relative perpetrator could either be the father, stepfather, stepbrother, brother and brother in law. In 1999, Rennison reported that 7 out of 10 rape and sexual assault victims knew their assailant and for rural communities this is particularly true. In 2001, Ruback and Menard explained, where there is high acquaintance density, the likelihood of knowing the perpetrator is even greater.

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A small number of studies indicate that intra-familial child sexual abuse may also be higher in rural areas. Goldman and Goldman (1988) found elevated rates of incest for girls raised on farms or in communities with populations of less than 5000. Findings in these studies raised the issue of a high prevalence rate of intra-familial child sexual abuse in rural areas.

In another study conducted by Fisher et al. in 2000, they noted that among the victims aged 18 to 29; two-thirds had prior relationship with the offender, which is similar to the findings in this study. The Bureau of Justice Statistics (BJS) reported that, in 2000, 6 in 10 rape or sexual assault victims said that an intimate partner, relative, friend, or acquaintance assaulted them.

Table 3. Prevalence Rate of Sexual Violence
EVRMC-WCPU
Jan. 199-Dec. 2008

| Year | Sexual Violence | | Violence, all types | | Prevalence/year |
|------|-----------------|-------|---------------------|-------|-----------------|
| | No. | % | No. | % | % |
| 1999 | 21 | 1.55 | 95 | 4.60 | 22.11 |
| 2000 | 129 | 9.53 | 271 | 13.14 | 47.60 |
| 2001 | 156 | 11.53 | 205 | 9.94 | 76.10 |
| 2002 | 154 | 11.38 | 216 | 10.47 | 71.30 |
| 2003 | 148 | 10.94 | 221 | 10.71 | 66.97 |
| 2004 | 152 | 11.23 | 190 | 9.21 | 80.00 |
| 2005 | 171 | 12.64 | 232 | 11.25 | 73.71 |
| 2006 | 133 | 9.83 | 210 | 10.18 | 63.33 |
| 2007 | 171 | 12.64 | 219 | 10.62 | 78.08 |
| 2008 | 118 | 8.72 | 204 | 9.89 | 57.84 |

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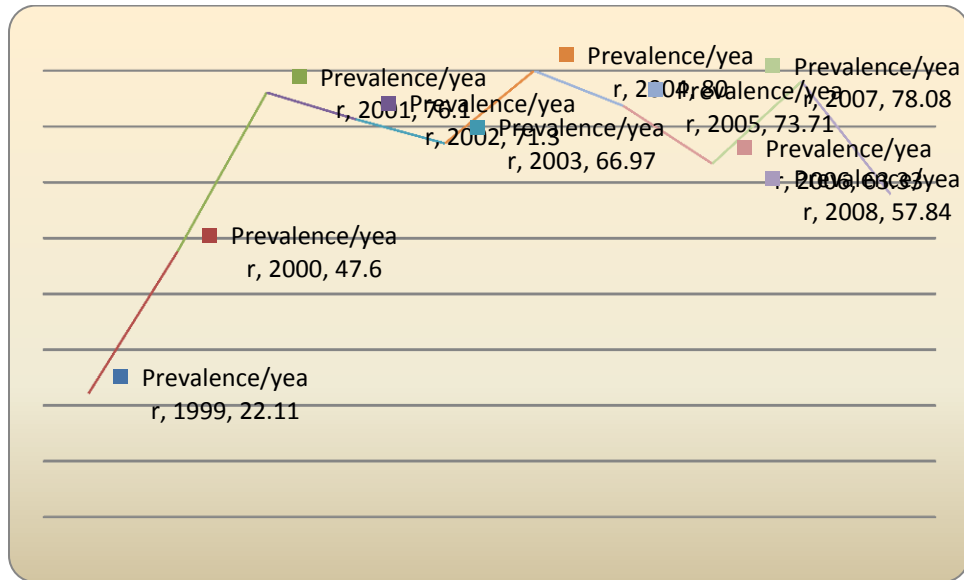


Fig.2 Prevalence Rate of Sexual Violence
 EVRMC-WCPU
 Jan. 1999-Dec. 2008

The prevalence rate of sexual violence showed that there were 22.11% of cases that consulted in 1999 while the highest recorded for victims of sexual violence who sought consultation were in 2004, and 2007, which comprised 80% and 78.08% respectively. In 2008, only 57.84% case came to EVRMC. A drop of 20% from 2007 was noted.

4. Conclusion

Majority of the victims were females with the highest incidence in 15-19 years old age group still considered as child. Most of the perpetrators were not related to the victim. Furthermore, there was a high incidence in the rural setting. In terms of prevalence rate, the highest prevalence was noted in 2004 and 2007 while the lowest prevalence in 1999. There was a drop of 20% of cases in 2008 with that of 2007.

These figures supplement to the widening literature disclosing the true faces of sexual violence in the region. It is

evident to know that these cases must be given emphasis to carry out the proper interventions while keeping the ethical commitments and careful accountabilities as health providers.

5. Recommendations

The result of this can be used to formulate strategies to motivate the government and civil society to take action. Local Government Unit should intensify more the advocacy on awareness of sexual violence especially in the urban area. A follow up study should be conducted to determine the percentage of convicted perpetrator as against the total number of cases of sexual violence.

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