

Effects of Violence Against Women

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Abstract - *This study aimed to determine the profile of respondents and to assess the effects of violence against women in terms of physical, social and psychological conditions of the victim, to test the significant relationship between the effects of violence against women and respondents' profile. Descriptive type of research was utilized; data were gathered through self-made questionnaire for 16 victims from The Regional Haven in Poblacion, Rosario, Batangas. Study revealed that majority of the victims were aged 16-20, single, do not have children, often abused by the offender/abuser, most of them were unemployed, high school graduate, and the relationship with the offender was adulteress/concubine; abuses affected much the psychological condition of the victim; and there is significant relationship between the effects of violence and the age; and relationship and frequency of abuse suffered by the respondents. The researchers recommend to intensify the implementation of RA No. 9262 to protect women and children particularly the young ones and defenseless through the initiative of barangay officials, DSWD and the Children and Women's Desk Section, the LGU in coordination with the Women and Children's Desk Police Personnel may assist the victims through referral to psychologist for counseling or caring centers or agency for temporary shelters to recover from trauma suffered by the victims, and the Local government officials may provide regular barangay-level women empowerment orientations and Anti-VAWC Law seminars to teach women and children the rights and protection guaranteed by the Anti-VAWC Law for them against abuses and violence which they may get.*

Keywords: *R.A. No. 9262, Effects, Violence Against Women*

INTRODUCTION

Violence against women and their children refers to any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty (RA 9262 VAWC).

Violence against women is an alarming problem experience by many women worldwide. It ranges from simple physical abuses to severe life destroying consequences such as emotional disorder and death. The Filipino women are not exempted from this myriad, and though our constitution guarantees equal protection to all regardless of gender, we cannot deny the fact that there were numerous pitiful women who suffered violence from the hands of their cruel husbands, abusive parents or guardians, and some from their employers.

Violence can have devastating consequences for victims. The effects can be loosely divided into psychological and physical categories. Psychological effects include symptoms of trauma-related disorders such as post-traumatic stress disorder (PTSD) and substance abuse. In addition to the direct effects of abuse, psychological symptoms can be exacerbated by the social isolation that perpetrators often impose on victims. Physical effects include not only injuries but also chronic problems such as headaches, pelvic pain, and irritable bowel syndrome. Of course, not all women will show all of these effects, and some women who have sustained violence may show none of them.

Violence against women is both a cause and consequence of gender inequality. It is a widespread and pervasive violation of the enjoyment of human rights and a major impediment to achieving gender equality. It is rooted in historically unequal power relations between men and women. The vast majority of perpetrators of the violence are male while victims are female. It is this disproportionality that frames the discussion of violence against women as a form of systematic discrimination and

connects it to gender equality obligations. The United Nations Committee on the Elimination of Discrimination against Women, in its General Recommendation No. 19, notes that the definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately.⁵ Most States have incorporated the principle of non-discrimination, as articulated in international human rights instruments, into their domestic laws. (Skinnider, 2014).

The researchers were interested in conducting the study in order to know the factors of this kind of victimization so that a preventive measure may be provided. It may also help the concerned authorities to develop intervention program for women who suffered violence. Moreover, the study could enlighten women on how they could avoid this violence and protect themselves against any form of discrimination against women.

OBJECTIVES OF THE STUDY

The study focuses on the effects of violence against women. Specifically, it aims to describe the profile of respondents in terms of; to assess the effects of violence against women in terms of physical, social and psychological conditions of the victim and test the significant relationship between the effects of violence against women and respondents' profile.

METHODS

Research Design

The researcher employs descriptive method of research in this study. Descriptive method of research is conclusive in nature, as opposed to exploratory. This means that descriptive research gathers quantifiable information that can be used for statistical inference on your target audience through data analysis. As a consequence this type of research takes the form of closed-ended questions, which limits its ability to provide unique insights. However, used properly it can help an organization better define and measure the significance of something about a group of respondents and the population they represent.

When it comes to online surveying, descriptive is by far the most commonly used form of research. Most often, organizations will use it as a method to reveal and measure the strength of a target group's opinion, attitude, or behaviour with regards to a given subject. But another common use of descriptive research would be the surveying of demographical traits in a certain group (age, income, marital status, gender, etc.). This information could then be studied at face value, measuring trends over time, or for more advanced data analysis like drawing correlations, segmentation, benchmarking and other statistical techniques. (Fluid Surveys Team, 2014).

Participants of the Study

Due to the specific nature of the research, a purposeful sampling strategy was implemented and participants were recruited purely on a voluntary basis. The sample consisted of children or women that had experienced violence. The respondents of the study were composed of 16 victims from The Regional Haven in Poblacion, Rosario, Batangas.

Because of the sensitive nature of the research and the safety issues involved, the risk of exposing an already vulnerable population to the possibility of further harm or injury was seriously considered. It was therefore decided that certain personal details about participants such as names, age, locations and other potentially identifiable information should be deliberately omitted from the final write-up.

Instrument

The researchers used a self-made questionnaire consisting of two parts which were validated by their thesis adviser. The first part is designed for questions relating to profile variables of respondents and the second part is designed to identify the effects of violence against women. Questionnaire obtained the results using a Likert scale of 4-strongly agree, 3- agree, 2- disagree and 1- strongly disagree.

Procedure

This study was conceptualized by the researchers through the help of their adviser, where books, internet, journal,

unpublished and published thesis were used by the panel. They also prepared a request letter for the permission to interview and disseminate questionnaire to the Administration and assist them to get their cooperation and help for the completion of this study.

After conducting a short briefing about the topic, the researchers then distributed the questionnaires to the respondents. The researcher personally explained the content and purpose of the questionnaire. It was retrieved after the respondents are done answering the questionnaire. After ample time given, questionnaires were tallied, interpreted and evaluated by the researchers.

Data Analysis

After the questionnaires were gathered, data collected were tallied, tabulated, analyzed and interpreted. Different statistical tools are used. Ranking is used to present the profile of respondents. Weighted means is used to determine the effects of violence against women. Pearson chi-square is used to determine the relationship between the effects of violence against women and respondents' profile. The given scale was used to interpret the result of the data gathered: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 – 1.49 = Strongly Disagree

RESULTS AND DISCUSSION

Table 1 shows profile of the victims according to age, status, number of children, frequency of abuse experienced, employment status, educational attainment and relationship with the offender.

As to age, 56.25 percent belong to age bracket 16-20. Majority of the victims belong to this age were prone to abuse because they were physically and emotionally incapable of defending themselves against their abusers. Majority, if not all, were dominated by their fear and unable to resist or fight against their oppressors.

On the other hand, two or 12.5 belong to age bracket 21 and above. At this age, women became courageous, have acquired boldness to defend themselves. They were also rarely

overpowered by male and do not easily show panic in times of trouble.

Table 1. Percentage Distribution of the Respondents' Profile

Profile Variables	Frequency	Percentage
Age		
15 years old and below	3	18.75
16 - 20 years old	9	56.25
21 - 25 years old	2	12.5
26 years old and above	2	12.5
Status		
Single	15	93.75
Married	1	6.25
Do you have children?		
Yes	5	31.25
No	11	68.75
How often does your abuser/offender abuse you?		
Never	4	25
Rarely	4	25
Often	6	37.5
Always	2	12.5
Employment Status		
Self-employed	3	18.75
Unemployed	13	81.25
Educational Attainment		
Elementary Undergraduate	3	18.75
Elementary Graduate	3	18.75
High School Undergraduate	6	37.5
High School Graduate	3	18.75
College Undergraduate	1	6.25
Relationship with the offender?		
Father	2	12.5
Brother/Sister	2	12.5
Adulteress/Concubine	1	6.25
Stranger	9	56.25
Relatives	2	12.5

Youth is one of the most consistent risk markers for perpetrating violent behavior of all types. Among adults, the age group of 18 to 24 is at the highest for perpetrating violence, although risk remains elevated until about age 30. Partner violence rates for youth in dating relationships average around 30% to 35%, which is more than double that for married couples. Even young adolescents assault their dating partners at distressingly high rates.

Younger women are more likely to experience violence. A large-scale survey of women revealed that in 54% of the women who were raped, the rape took place before age 18. The National Crime Victimization Survey by the U.S. Department of Justice found that women ages 19 to 29 were more likely than other adult women to be victims of violence by an intimate. A surveillance study of 2811 women who presented to Philadelphia emergency departments for injuries during a 12-month period found that interpersonal violence was the leading cause of injury in women ages 15 to 44, with the highest rates for women ages 24 to 35. (Liebschutz, 2010).

With regards to status, the victims of the abuses were mostly single with a frequency of 15 or 93.75 percent. Only 1 is married. Single women could either be abused by intimate partners, own father, brother or strangers.

According to Hamby and Koss (2010), women are more likely to be physically and sexually assaulted by a man known to them than by a stranger.

Out of 16 respondents, 11 or 68.75 percent have no children. It is not surprising because they are still young and single. Six (6) or 37.50 percent responded that they were —oftenl abused while 2 or 12.5 percent revealed having experienced abuse always.

As to employment, 13 or 81.25 percent were unemployed while 3 or 18.70 percent were self-employed. The opportunity for employment is quite rare if a person is below the age required for employment, as well as if they lack the skills and educational background.

A number of socioeconomic risk factors have also been associated with violence. One of the most reliable associations is with unemployment. Unemployment may reflect several factors that can contribute to violence: a high level of stress, lack of

resources, less integration into one's community, and —less to lose as a consequence of violent behavior. Unemployment is also one of the most consistent risk markers associated with poor treatment outcome. It is important to note, however, that many unemployed men are not violent towards women. (Frayne, 2010).

The victims were mostly abused by strangers which obtained a weighted mean of 9 or 56.25 percent. Nowadays, young girls have active social life. They were daring and curious. These characteristics and lifestyle often led to victimization, with a tendency of being abused and exploited by strangers.

The relationship between the victim and the offender is an important predictor of what happened during a crime as well as afterward. A high percentage of violent crimes are committed by relatives, friend, and acquaintances. Unfortunately, because many of these crimes committed by someone known to the victim are not reported to the police or to victimization survey interviews, it is impossible to determine the exact percentage of victims who knew their offenders.

What is known from the National Crime Victimization Survey (NCVS), however, is that across all violent crimes, 57% are committed by strangers, 31% by acquaintances, and 8% by relatives of the victims. The percentage committed by strangers varies considerably, though, depending on the type of crime: 81% of robberies, 56% of assaults, 48% of rapes and 14% of homicides. (Laub, 2007).

Table 2. Effects of Violence in the Physical Condition of the Victim

Indicators	WM	VI	Rank
1. I experienced chronic pain.	2.25	Disagree	1.5
2. I suffered gastrointestinal disorders	2.25	Disagree	1.5
3. I endured gynecological complications.	1.31	Strongly Disagree	4
4. I felt migraines and other frequent headaches.	2.19	Disagree	3
5. I sustained sexually transmitted infections.	1.25	Strongly Disagree	5
6. I sustained cervical cancer.	1.06	Strongly Disagree	6.5
7. I underwent genital injuries.	1.06	Strongly Disagree	6.5
Composite Mean	1.63	Disagree	

It was revealed in Table 2 that the respondents did not experience any effect on their physical condition as observed from the obtained composite mean of 1.63. All items were rated disagreed by the respondents. The respondents did not suffer physical violence although mostly experienced sexual abused. They allowed the offender to have a sexual intercourse with them without any resistance to prevent the physical violence.

Chronic pain problems of various types are more common among victimized than non-victimized women. Unfortunately, much of the research in this area includes women with any history of abuse. It is therefore difficult to separate the effects of childhood and adult abuse and to tease out the effects of multiple victimizations. Chronic pain syndromes associated with a history of physical and sexual abuse have included pelvic pain, headache, and low back pain.

Chronic pelvic pain is a common problem among women. It accounts for up to 10% all gynecology visits and is the third most frequent indication for hysterectomy. Research on correlates of chronic pelvic pain indicates that 53% to 64% of patients with this condition have histories of physical and/or sexual abuse, which is much higher than any population-based prevalence of abuse (Liebschutz, 2010).

One small but well-conducted study of patients at a tertiary referral clinic for headache found that chronic headache, especially headache unresponsive to conventional medication, was more common among victimized than nonvictimized women. Furthermore, the presentation of chronic headache appears to differ between abused and nonabused women: 75% of abused women developed headache pain after age 20 compared to 14% of non-abused women after age of 20. Fibromyalgia is also seen with higher prevalence among women with a sexual trauma history (Liebschutz, 2010).

Gastrointestinal disorders, especially irritable bowel syndrome, often occur with chronic pelvic pain. Functional gastrointestinal disorders, including irritable bowel syndrome, non-ulcer dyspepsia, and chronic abdominal pain, comprise 35% of gastrointestinal conditions seen in primary care. Among female gastroenterology patients, 44% to 59% have a history of sexual abuse. Elevated risks for gastrointestinal disorders may also occur

among victims of domestic violence. However, limited research suggests that a history of victimization and other psychosocial factors cannot distinguish women with functional versus organic gastrointestinal disorders.

Victims of domestic violence also seek care for a variety of other health needs, for both chronic and episodic diseases, more than other women. Some of these needs are probably directly related to the abuse but may not be identified as a consequence of violence. These include urinary tract infections, vaginitis, neck pain, suicide attempts, and induced abortions (because perpetrators of violence may not cooperate with family planning). Because victimized women are seen for many more medical visits than nonvictimized women, greater attention to the possible contribution of abuse to these other medical problems may improve the overall health of women with victimization histories (Karol, Micka & Kuskowski, 2010).

Table 3. Effects of Violence in the Social Condition of the Victim

Indicators	WM	VI	Rank
1. Strained relationships with family, friends, and intimate partners.	2.69	Agree	1
2. Less emotional support from friends and family.	2.31	Disagree	3.5
3. Less frequent contact with friends and relatives	2.25	Disagree	5
4. Lower likelihood of marriage.	2.31	Disagree	3.5
5. Isolation or ostracism from family or community.	2.56	Agree	2
Composite Mean	2.43 Disagree		

Legend: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 – 1.49 = Strongly Disagree

As to effects of violence in the social condition of the victim in Table 3, strained relationships with family, friends and intimate partners due is commonly experience by abused victim, which got a weighted mean of 2.69 and ranked first followed by isolation or ostracism from family or community.

Less emotional support from friends and family and lower likelihood of marriage with the weighted means of 2.31 and both ranked no. 3.5. Lastly, less frequent contact with friends and relatives with the weighted mean of 2.25 and ranked no. 5 among the items in Table 3.

Victims sensed to be distant from their friends and relatives because of what they have suffered from their abusers.

Victims experienced poor social functioning skills and social isolation and marginalization; lost workdays, lower productivity and lower income; and overall reduced or lost educational, employment, social or political participation opportunities.

Victims of violence sometimes lost their jobs as a result of missed work caused by health problems or stalking by their batterer. Recent research shows that female victims of male physical violence have less steady employment and are more likely to have received welfare. Rates of homelessness are higher among victimized women. Children who witnessed violence in their homes showed many of the same psychological effects as the victims and, as discussed earlier are at increased risk for subsequent perpetration and victimization. Survivors of violence often became socially isolated and were blocked from seeing family and friends. Few areas of a woman life are not affected by being a victim of violence. (Drossman, Leserman and Nachman, 2010).

Table 4. Effects of Violence in the Psychological Condition of the Victim

Indicators	WM	VI	Rank
1.I experience shock.	3.19	Agree	6
2.I suffer denial.	3.13	Agree	5
3.I endure fear.	3.25	Agree	4
4.I suffer confusion.	3.31	Agree	3
5.I sustain anxiety	3.00	Agree	7
6.I felt shame or guilt.	3.50	Strongly Agree	1.5
7.I experience nervousness.	3.50	Strongly Agree	1.5
8.. Distrust of others.	2.81	Agree	8
Composite Mean	3.21	Agree	

Table 4 shows the effects of violence in the psychological condition of the victim. It was revealed that the victims were ashamed, felt guilty and experienced nervousness. These obtained a weighted mean of 3.50, ranked 1.5 and got verbal interpretation of Strongly Agree.

The victims felt guilty because they were thinking it was their fault why this happened. They felt shame because they thought that what happened was disgraceful for a woman.

Violence against women and children comes in different forms and without help, the victims become lost in unhealthy cycles that affect everybody. All violence against women and children has a negative influence in the lives of the victims. Many victims become caught in a vicious cycle of continued abuse and shattered self-worth. The devastating effects of abuse continue and create an impact on society.

Numerous studies indicate that psychological/emotional abuse and physical violence frequently occur together. Preliminary evidence suggests that men may be more likely than women to simultaneously engage in severe psychological/emotional abuse and physical abuse, which is consistent with clinical data that find that most severe batterers are men. Although health providers sometimes see evidence of physical violence (e.g., bruises), they are unlikely to observe physical violence occurring between partners during an office visit. Therefore, if a health care provider observes any psychological aggression between partners during an office visit, it should be considered a significant warning sign that physical violence may be occurring (Saxe, 2010).

Table 5. Effects of Violence in the Condition of the Victim

Indicators	Weighted Mean	Verbal Interpretation	Rank
1.Physical	1.63	Disagree	3
2.Social	2.43	Disagree	2
3.Psychological	3.21	Agree	1
Composite Mean	2.42	Disagree	

Legend: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 – 1.49 = Strongly Disagree

The violence experienced by the victims as shown in Table 5 is considerably greater in effect to their psychological condition, lesser to their social as well as physical condition.

Physical violence is an intentional harm inflicted on another person through the use of physical strength or some type of weapon, and it may or may not cause internal injuries, external injuries, or both. Non-severe repeated punishment is also considered physical violence.

Psychological violence refers to any behavior that inflicts emotional harm on victims, diminishes their self-esteem, or damages or disturbs their healthy development or that of their family members. Examples include behaviors engaged in to dishonor, discredit, or devalue personal worth; humiliating treatment; constant surveillance; repeated insults; blackmail; degradation; ridicule; manipulation; exploitation; and deprivation of economic means. In some countries, legislation in this area includes limitations in or impediments to victims' freedom of transit.

Patrimonial or economic violence is defined as actions or omissions on the part of the abuser that affect the economic life—and sometimes the survival—of family members. Examples include withholding of housing to the detriment of family members and failure to pay food quotas. Laws in some countries describe patrimonial/economic violence as actions or omissions that involve harm, loss, transformation, subtraction, destruction, retention, or diversion of objects, personal documents, goods, values, rights, or economic resources. This form of violence encompasses damages caused to common property or personal property of the victim as well. (Arroyo and Roxana, 2012).

Table 6. Symptoms of Post-traumatic Stress Disorder

Indicators	WM	VI	Rank
1.Emotional detachment	2.50	Agree	3.5
2.Sleep disturbance	2.81	Agree	2
3.Flashbacks.	3.31	Agree	1
4.Mental replay of assault	2.50	Agree	3.5
Composite Mean	2.78	Agree	

Legend: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 – 1.49 = Strongly Disagree

Table 6 shows the symptoms of post traumatic stress disorder. Flashbacks with the weighted mean of 3.31 ranked first and have a verbal interpretation of Agree while mental replay of assault and emotional detachment both has weighted mean of 2.50 and verbal interpretation of Agree. Due to repetitious physical abuse experienced by the victims, forgetting it is not easy. This unwanted memory keeps on haunting them and despite the effort to drive them away; mental replay of assault still persists.

Post-Traumatic Stress Disorder (PTSD) is the most common mental health problem associated with traumatic events, although other problems such as major depressive disorder are also common. PTSD is a complex and multiply determined psychiatric disorder involving dysregulation of biological, behavioral, cognitive, and interpersonal systems after a traumatic event. People with PTSD have been exposed to an event is experienced with —intense fear, helplessness, or horror, and individuals with PTSD develop a number of well-documented psychiatric symptoms in its aftermath.

These symptoms fall into three categories. First is the re-experiencing of trauma through nightmares, flashbacks, and intense distress at reminders of the trauma. Second are avoidance and numbing symptoms. Patients with PTSD will avoid people, places, and activities that are reminiscent of the traumatic experience because they may precipitate traumatic flashbacks. The third major category of symptoms is a heightened level of emotional arousal that leads to symptoms such as irritability, difficulty concentrating, and an exaggerated startle response. Traumatized patients spend a great deal of time thinking about the threat of recurrent trauma and will go to great lengths to ensure their own safety. Trauma resulting from violence can alter a woman's world view, leading her to see the world as an unsafe place and people as inherently bad and to believe that the violent experience was her own fault. These symptoms and beliefs color her interpersonal interactions; including those she has medical providers. The symptoms of PTSD can occur after a broad range of traumas such as assaults, accidents, disasters, combat, severe illnesses, and injuries. Trauma appears to be more likely to lead to PTSD in women than in men, although this finding may reflect

differences in the types of traumas suffered by women and men. Women have a much higher prevalence of sexual assault, which appears to be the type most likely to lead to PTSD (Charney, 2010).

Table 7 shows the chronic psychological consequences. Many of the victims endured depression because they assumed that no one can ever accept them, after what they have suffered from other abusers. These obtained a weighted mean of 3.56, ranked 1 and got verbal interpretation of Strongly Agree.

Table 7. Chronic Psychological Consequences

Indicators	WM	VI	Rank
1.I endured depression	3.56	Strongly Agree	1
2.I experienced generalized anxiety	3.06	Agree	2
3.I had the idea of attempting a suicide	1.88	Disagree	5
4.I experienced having diminished interest/avoidance of sex	2.44	Disagree	4
5.Low self-esteem/self-blame	2.69	Agree	3
Composite Mean	2.73	Agree	

Legend: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 – 1.49 = Strongly Disagree

On the other hand, none among the respondents tried nor attempted to commit suicide because they realized that life is valuable and they could still start a new life and new beginning to live despite of what had happened (Resick, 2010).

Depression can include symptoms of depressed or sad mood, a decreased interest in daily activities, insomnia or hypersomnia (increased sleep), fatigue or loss of energy, feelings of worthlessness and guilt, feelings of hopelessness, low self esteem, and decreased concentration. Crime victims are at increased risk for experiencing significant, depressive symptoms. This finding has been reported for both physical and sexual assault victims. In the National Women’s Study, which included a national household probability sample of approximately 4,000 adult women, 55% of aggravated assault victims met diagnostic criteria for major depression. Regarding sexual assault, in a study of 34 rape victims interviewed within a

month following the rape, 44% scored in the moderate to severe depression range. (Frank, Turner, & Duffy, 2010).

Anxiety is another common consequence of violent victimization. It can take the form of generalized anxiety, PTSD, panic disorder, obsessive-compulsive anxiety, or phobias. Generalized anxiety includes symptoms of unrealistic or excessive worry, restlessness, feeling shaky, shortness of breath, accelerated heart rate, nausea, difficulty concentrating, irritability, and trouble falling or staying asleep. A panic disorder or panic attack is a discrete period of unexpected, intense discomfort. Attacks typically begin with apprehension and fear coupled with symptoms of shortness of breath, dizziness, accelerated heart beat, trembling, sweating, tingling sensations, or fear of dying. Obsessive-compulsive disorder involves recurrent intrusive, senseless thoughts (obsessions) and purposeful behaviors that neutralize the obsessive thoughts (compulsions). These obsessions and compulsions are experienced as distressing and may interfere with one's daily functioning. Phobias are persistent fears of a situation or object that cause increased anxiety. The person either endures confrontation of the situation with intense anxiety or tries to avoid the situation.

Unfortunately, the consequences of violent victimization can be so dire that they result in completed or attempted suicide. The association between violent crime and suicidal behavior has been found in victims of partner violence and sexual assault victims. (Davidson, 2010).

A victim's self-esteem is likely to be undermined following an experience with violent crime. Positive self-perceptions are one of three types of beliefs challenged by an experience with violent crime. The shattering of a basic belief such as —the self as worthy may explain a victim's increased psychological distress. Whereas most individuals view themselves as generally good people, experiences with violent crime can activate negative self-images. In trying to understand why a bad event occurred to them, victims may engage in self-stigmatizing thoughts, such as perceiving themselves as weak or having done something to bring about the traumatic event.

Perceptions of self-worth have been found to be the best discriminators between victims and nonvictims among various

traumatic events. In sample of rape victims and nonvictims, victims reported significantly less self-esteem than nonvictims for up to a year after the rape. In comparison of rape and robbery victims, victims of both rape and robbery reported less self-esteem than victims of either rape or robbery alone at 1- and 3-months postassault. By 6-months postcrime, victims of both rape and robbery continued to report lower self-esteem than robbery victims.

Low self-esteem is an important predictor of the psychological distress that crime victims experience. For example, in a sample of 181 victims of robbery burglary, and nonsexual assaults, victims with negative self-perceptions reported significantly more distress at 1-month and 4-months postcrime than victims who reported positives self-perceptions (Davis, Taylor, & Lurigio, 2010).

Table 8 Relationship Between the Profile of the Victims and the Effects of Violence in the Physical Condition

Profile Variables	λ^2c	p-value	Interpretation
Age	13.071	0.042	Significant
Status	1.067	0.587	Not Significant
Number of children	2.369	0.306	Not Significant
Frequency of Abuse	9.786	0.134	Not Significant
Employment Status	4.630	0.099	Not Significant
Educational Attainment	11.429	0.179	Not Significant
Relationship with the offender	13.33	0.101	Not Significant

Legend: Significant at p-value < 0.05

As shown from Table 8, only age shows significant relationship on the effects of violence on the physical condition of the victims. This was observed since the obtained p-value of 0.042 is less than 0.05 alpha levels, thus the variable tested is rejected. This means that physical conditions because of violence are affected by the victims' age.

Those young people who show the strongest tolerance for violence in intimate relationships (by either sex) also are significantly more likely than other youth to hold traditional views about gender roles.

Like violence against women, violence against children is a global problem. It takes a variety of forms and happens in many settings: the home and family, in schools and educational settings, in institutions such as orphanages, children's homes or detention facilities, places where children work, or in the community. Children experience violence most commonly from people who are parts of their lives- parents, school mates, teachers, employers, boyfriends/girlfriends, spouses or partners.

Much violence against children remains hidden. Many children are afraid to report incidents of violence they experience. This fear is closely related to the stigma attached to reporting violence, especially in cases of rape or other forms of sexual violence. Another factor is the social acceptance of physical, sexual or psychological violence by both, perpetrators and children as normal. Further, there is a lack of safe or trusted ways for children to report violence.

Abused women have generally poorer health and more symptoms than nonabused women. Among the symptoms commonly associated with physical violence are gastrointestinal disorders, chronic pain, fatigue or low energy, dizziness, loss of appetite and eating disorders, and gynecologic and urologic disorders. Alcohol and drug abuse and other risky health behaviors are also aftereffects of physical violence. Both abused pregnant women and their fetuses are at risk for a number of negative outcomes, including miscarriage, preterm labor, and neonatal death. In addition, violence against women may influence pregnancy outcomes through its effect on health behaviors, such as smoking and substance abuse. Like victims of physical abuse, victims of sexual assault have higher rates of both medically explained and unexplained symptoms compared with nonvictims. In general, victims of sexual assault are at higher risk for all the symptoms and health outcomes associated with physical violence. Gynecological symptoms may be even more prevalent among victims of sexual abuse, including increased risk of sexually transmitted disease infections, pregnancy, and sexual problems and dysfunction. Women assaulted by someone known to them are more likely to have sexual problems than those assaulted by strangers (Becker et al., 1984). Although many sexual assault survivors recover within 6 months, at least 20

percent and as many as 70 percent have reported long-term problems. (Carlson and Worden, 2011).

Table 9. Relationship Between the Profile of the Victims and the Effects of Violence in the Social Condition

Profile Variables	λ^2_c	p-value	Interpretation
Age	23.831	0.005	Significant
Status	7.467	0.058	Not Significant
Number of children	12.509	0.006	Significant
Frequency of Abuse	7.841	0.550	Not Significant
Employment Status	2.168	0.538	Not Significant
Educational Attainment	23.460	0.024	Significant
Relationship with the offender	13.481	0.335	Not Significant

Legend: Significant at p-value < 0.05

Table 9 reveals that there was significant relationship between the victims age, have children, educational attainment and the effects of violence on social condition. This was based from the obtained p-values which were less than 0.05 alpha level. The result shows that the victims' social condition depends on the above mentioned variables.

Partner abuse has a significant economic impact on victims and families, as well as on society as a whole. This is due in part to its impact on the health care, mental health, and criminal justice systems. Data from the National Crime Victimization Survey indicate that costs to women who are victims of nonfatal partner violence can be conservatively estimated per year. These costs included medical expenses (40 percent), property losses (44 percent), and lost pay. In addition to victim impact, partner violence creates an enormous burden on and cost to the health care system (Bachman and Saltzman, 2011).

It can be gleaned from Table 10 that only the frequency abuse shows significant relationship since the computed p-value of 0.036 is less than 0.05 alpha level, thus the null hypothesis of no significant relationship between the profile of the victims how often does your abuser/offender abuse you) and the psychological condition of the victims is rejected. This implies that the more

frequent that the victims were abused, the more that the psychological conditions become greater.

Table 10. Relationship Between the Profile of the Victims and the Effects of Violence in the Psychological Condition

Profile Variables	λ^2_c	p-value	Interpretation
Age	3.237	0.779	Not Significant
Status	1.067	0.587	Not Significant
Number of children	2.967	0.227	Not Significant
Frequency of Abuse	13.467	0.036	Significant
Employment Status	3.692	0.158	Not Significant
Educational Attainment	13.067	0.110	Not Significant
Relationship with the offender	5.770	0.673	Not Significant

Legend: Significant at p-value < 0.05

The frequency of abusers suffered or experienced by the victims produce psychological effects to them, usually lasting effects.

Research consistently finds that the more severe the abuse, the greater its impact on women's physical and mental health. In addition, the negative health consequences can persist long after abuse has stopped. The consequences of violence tend to be more severe when women experience more than one type of violence and/or multiple incidents over time.

Physical abuse has consistently been found to be associated with several adverse mental health outcomes, such as depression, suicide and suicide attempts, posttraumatic stress disorder (PTSD), other forms of anxiety, and alcohol and drug abuse and dependency. The negative mental health effects of sexual assault and rape have been extensively documented and substantially overlap with the effects of physical violence. Short-term emotional reactions to sexual assault include —shock, intense fear, numbness, confusion, extreme helplessness, and/or disbelief, in addition to self-blame. Mental health effects associated with sexual assault include fear, PTSD, anxiety disorders (including phobias and obsessive-compulsive disorder), depression, suicide attempts, sexual dysfunction, reduced self-esteem, relationship problems, and substance abuse. One research

review found that symptoms begin to subside for most victims after 3 months, but little spontaneous recovery occurs after 1 year. Thus, subset of victims experience problems such as fear, anxiety, PTSD, depression, suicide attempts, sexual difficulties, and substance abuse on a chronic level (Resick, 2011).

Although it has not been thoroughly researched, emotional abuse also appears to be associated with compromised psychological well-being. Both overt and subtle psychological abuses have been found to influence a range of mental health and well-being outcomes, even when the effects of physical and sexual abuse are considered. Psychological abuse is regarded by many women and researchers as more distressing and harmful than physical. Emotional abuse is associated with lower self-esteem, depression, somatic problems (such as headaches), and posttraumatic effects (Ryn & Bachman, 2011).

CONCLUSIONS

Majority of the victims were aged 16-20, single, do not have children, often abused by the offender/abuser, most of them were unemployed, high school graduate, and the relationship with the offender was adulteress/concubine. The abuses affected much the psychological condition of the victims. There is significant relationship between the effects of violence and the age in the physical and social condition and relationship and frequency of abuse in the psychological condition suffered by the respondents.

RECOMMENDATIONS

Intensify the implementation of RA No. 9262 to protect women and children particularly the young ones and defenseless through the initiative of barangay officials, DSWD and the Children and Women's Desk Section of the PNP.

The LGU in coordination with the Women and Children's Desk Police Personnel may assist the victims through referral to psychologist for counseling or caring centers or agency for temporary shelters to recover from trauma suffered by the victims.

Local government officials may hold regular barangay-level women empowerment orientations and Anti-VAWC Law seminars to teach women and children their rights and protection

guaranteed by the Anti-VAWC Law to prevent abuses and other forms of violence against women and children.

Support the efforts of the Punong Barangay in the experience of his authority to issue Barangay Protection Order as immediate relief to women and children who reported incidence of violence against them.

Future researchers may conduct similar study using other variables.

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