

UNIVERSITY OF THE PHILIPPINES DILIMAN

PROTOCOL FOR GENDER-BASED VIOLENCE PREVENTION AND RESPONSE

Diliman Gender Office



MESSAGE FROM THE CHANCELLOR



In line with our vision to strengthen programs and offices which focus on women and gender issues in the university, the UP Diliman Gender Office (UPDGO) under the Office of the Chancellor has now completed UP's Protocol for Gender-Based Violence (GBV) Prevention and Response. This comes at a time when we are still in the midst of a worldwide pandemic that is constantly evolving, so that the plight of the marginalized may at times go unnoticed. With the acknowledgment that instances of discrimination, oppression, among other forms of GBV still exist here and elsewhere in the world, it is important that we establish the proper tools that will allow us to strongly denounce such abuse of power and promote gender equality across the UP community.

This document addresses the need for “a timely, appropriate, and comprehensive response” by detailing the standards of practice and guiding principles around GBV, including the recommended approaches, management, and supervision of GBV cases on campus. All these are hinged on what has been mandated by law as well as existing guidelines that protect the well-being of the UP community. This document also seeks to highlight the prevention of GBV to begin with, by way of the UPDGO's continued gender and development (GAD) programs, trainings, research, and public service.

If we are to be truly inclusive, diverse, and respectful of the rights of all members of our community, then such protocols detailed here should be fulfilled by unit and college heads, dormitory personnel, student leaders, and other partner sectors on campus. When we concern ourselves with creating a safe and healthy learning and working environment for everyone, it becomes a clear reminder of what we are able to accomplish with a shared sense of honor, excellence, and public service.

Congratulations to the UPDGO and thank you for taking the lead in this important initiative.

Fidel Nemenzo, D.Sc.
Chancellor
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2021

MESSAGE FROM THE COORDINATOR

One of the earliest programs offered by the UP Diliman Gender Office (UPDGO) is psychosocial counseling grounded on feminist principles. These have been the guiding principles of the DGO when it evolved into a separate office from its humble beginnings as a special project of the UP Center for Women's and Gender Studies (formerly known as Center for Women's Studies). It uses the survivor-centric approach to ensure gender sensitivity and responsiveness to the different forms of gender-based violence (GBV) on campus. The development of this Protocol is led by the UPDGO, but is a collective effort of the University to ensure a safe and conducive environment for the members of the academic community.

The pandemic has continued to change the world and affect us. Rising cases of GBV have been noted by the Philippine Commission on Women and international bodies such as the UN Women, even referring to it as the "shadow pandemic." Abuses persist during the lockdown. Our students, faculty, REPS, administrative staff, and people outside of the University receive and experience domestic violence, sexual harassment, verbal abuse, discrimination, misgendering and other forms of gender-based sexual harassment both in the face-to-face setup and online. Thus, the need for a Protocol to standardize prevention and response is felt now more than ever.

I am grateful to all the people who have been crucial in the completion of the project: to our Guidance Service Specialist, Anna Myrishia Engraciadina Magdalena R. Villanueva, who has considered this endeavor as her rite of passage or "baptism by fire" as she calls it; to Blessie Jayne Lampa, our student intern and a contributor; to our reviewers who shared their life-long experiences and expertise in handling cases of GBV and who were our former and current crisis counselors - Prescilla D. Tulipat, Salvacion Pascual, and Maria Patricia Vito Cruz De Vera; and to the publication team (Ms. Catherine Regina Borlaza and Patricia Ramos). We also remain grateful to those who have joined us in the internal and external validations of the Protocol - the UPDGO team, the gender and development (GAD) committee members, and the heads and



representatives of various offices and colleges. Warmest gratitude to Chancellor Fidel R. Nemenzo, D. Sc. for his unyielding support for GAD.

On behalf of the UPDGO, we look forward to further strengthening our mechanisms by providing the necessary capacity development of all the people, offices, and sectors that are strategic to responding to GBV cases, as well as sustaining advocacy and campaign activities geared towards increasing awareness on GBV prevention, mitigation, and response. We also want to encourage reporting among our constituents and assure them of gender-sensitive, timely, and appropriate service and referral as needed. The operationalization of this Protocol continues to be a work in progress. We hope that every member of UP Diliman takes an active role in this struggle to end GBV within and outside our campus.

Kristel May Gomez - Magdaraog, RSW, MAWD
Editor and Coordinator
UP Diliman Gender Office

MESSAGE FROM THE WRITER

I am truly honored that I was given the chance to write the University of the Philippines Diliman Gender Office (UPDGO) Gender-Based Violence (GBV) Protocol. The trust of the UPDGO coordinator, working with the UPDGO previous and current members, getting insights from the committee members of Gender and Development (GAD), and the support of University officials and office heads made this all possible. The whole experience made me see their burning desire to end GBV. I saw that passion isn't always that glorious as there is pain because of setbacks and challenges. What I realized did not deter me from committing to finishing the assignment. As a counselor of GBV survivors, knowing what they have been through made me determined to encapsulate what they need and deserve. Truly, this protocol transformed my perception as well as my commitment. Allow me to go over the contents of the protocol.

The UPDGO GBV Protocol contains 8 parts and 3 appendices. Part 1 builds a background knowledge of how united the University is in its commitment of attaining gender equality, a discussion of the UPDGO's mission and vision to help deliver UPD's goal, and the building knowledge of why are we doing this as a University. Laws, guidelines and policies are transformation tools. This conditions a framework of what is unacceptable and this shapes the way people behave. This suggests that it is important for everyone to gain this knowledge. Part 2 includes drivers of violence in the individual, relationship, university, and socio-political avenues. This serves as a self and environment evaluation tool. Part 3 discusses the guiding principles that will ensure no re-victimization will happen and strengthen the practice of gender equality. These principles will also help in reconstructing the patriarchal practice so a new culture will emerge and survive. Part 4 includes a GBV response that can eradicate what is limiting the survivors to seek help, empower survivors to decide, and increase better protection and assistance. Part 5 contains a process of data management, a mechanism that protects data and a tool to analyze and improve response. Part 6 is an added protective feature as the case is being closed. Part 7 contains a knowledge of why debriefing and supervision are important to protect the



responders who are at risk of vicarious trauma. Part 8 includes discussion of prevention and risk mitigation action through various programs. Appendices A and B contain initiatives to ensure confidentiality and appendix C is an additional guide for survivor protection.

Padayon, UP!

Anna Myrishia Engraciadinia Magdalena R. Villanueva, RGC
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I. INTRODUCTION

A. BACKGROUND AND CONTEXT

Gender-Based Violence (GBV) refers to any type of abuse or harm that is perpetuated against a person or group of persons because of their true and perceived sex, gender identity, sexual orientation, and sexual characteristics that occur in a singular incident or series of incidents (Cristobal & Padilla, n.d.; Philippine Commission on Women, n.d.-c.; Russo & Pirlott, 2006; Save the Children, n.d.; United Nations, 1995; US Agency for International Development, 2016). GBV is a pervasive socio-political problem in the Philippines (Maguundayao, 2020). This compounding crisis threatens physical, mental, and psychosocial health (Russo & Pirlott, 2006; US Agency for International Development, 2016). GBV is a violation of the human rights and is also a form of discrimination (Hossain & McAlpine, 2017) as well as an indication of power imbalance (US Agency for International Development, 2016; Vann, 2004).

To transcend beyond our presumption and the clash of ideas that drives differences in achieving gender equality, this Protocol aims to concretize and situate our vision as a University that appreciates diversity and respects all forms of expression. With it, the University recognizes that human rights encompass all people regardless of sexual orientation, gender identity, expression, sexual characteristics, age, religion, and beliefs. Beyond our mission to promote and protect gender equality as human rights, we do this for each other as one University. It is with our collective effort and solidarity that we create a culture that respects diversity. Specifically, we aim to promote a framework that believes that what is just and fair for oneself should be for everyone regardless of sexual orientation, gender identity, and sexual characteristics. While validating one's personal unique stance and experience, this framework also values and respects diversified and profound expression of others as a baseline of dignity. As we do this, we sustain social responsibility, ensuring democratic access and governance, and gender responsiveness in our University.

The Diliman Gender Office (DGO) of University of the Philippines (UP) sees the need for targeted assistance as it is crucial for anyone who experiences gender-based violence. It is crucial to have technical guidance that would ensure a timely, appropriate, and comprehensive response. The

GBV Protocol is developed by the DGO to clearly establish standards of practice and guiding principles in handling any form of GBV. This protocol is designed to provide a framework that can be implemented in the University and outside the campus that adheres to international and local standards. It is also aimed at improving the capacity not only of the DGO but also all responders that will address GBV at the University of the Philippines Diliman and the University's partner communities. The operational manual essentially standardizes coordination and service delivery. It also facilitates inter-unit and multisectoral prevention. This protocol also aims to sensitize the campus community to the existence of GBV in terms of security and protection. This also shows what respect for diversity can do to solidify the University as one. With awareness and responsibility of action based on human rights principle, concrete responses can be delivered as a form of emergency preparedness, prevention, and intervention. It emphasizes the active and collective involvement of the University that will be foundational in performing the goal of adhering to the Philippine legislature and memos of the University that are fundamental to fostering and maintaining a safe space. This protocol outlines the guiding principles, procedures, roles, and functions of the DGO and the entire University in responding to GBV prevention and intervention in order to strengthen overall the capacities of the DGO and ensure the sustainability of GBV-related University policies, procedures, and practices.

UP Diliman Gender Office (UP DGO)

The DGO plays a vital role in all gender matters, issues, and concerns at the University of the Philippines Diliman. Created in 1999 as a committee to respond to the gender-related needs of the University, the DGO became an office in 2001, eventually joined the units directly under the Office of the Chancellor in 2003, and has since evolved in the nature, scope, and complexity of gender work.

The DGO serves with the mandate of attending to the implementation of gender mainstreaming and promotion of gender knowledge and discourses at the UP Diliman. The DGO enjoin all sectors of the UP Community to work towards maintaining a humanitarian, safe, and gender-responsive campus, free from all forms of discrimination, abuse, and violence.

Advocating strategies for promoting human rights of women and working for the elimination of discrimination in sex and sexuality, the DGO is in the service of and cooperates with twenty-four (24) colleges and fifty-eight (58) units, the constituent offices of the Chancellor and Vice-Chancellors, and all student populations and organizations within UP Diliman through its programs: training and seminars, research and publication, psychosocial and legal counseling, gender and development (GAD) focal point system and GAD committee work, and advocacy and public service.

Mission, Vision, and Objectives

The UP DGO aims for gender justice and works towards the realization of a campus free of gender discrimination and gender oppression, safe from all forms of gender abuse and violence like sexual harassment, rape, gay and lesbian bashing, among others.

Our office is mandated to mainstream gender awareness and sensitivity in curriculum building, teaching, research information dissemination, extension, and administration. It is envisioned to promote strategies in advancing women and gender rights as human rights and campaign for the elimination of gender and sexual discrimination.

B. GBV PROTOCOL LEGISLATURE, HUMAN RIGHTS, AND INTERNATIONAL FRAMEWORK

The GBV Protocol includes and aligns with international and national laws and policies that protect gender-related rights. Preventive and responsive objectives and strategies are anchored in international, national, and the University's guidelines, laws, policies, and treaties.

1. PHILIPPINE CONSTITUTIONAL AND LEGISLATIVE PROVISIONS

- **The 1987 Philippine Constitution**

This contains all articles that promote the rights of the Filipino people. This serves as a protection for the people against all types of abuse

perpetrated against them (Official Gazette, n.d.). This means that regardless of sexual orientation, gender identity and sexual characteristics, everyone has rights that should be protected and honored. In the context of GBV, the constitution has laws and other provisions addressing this issue.

- **Safe Spaces Act (Republic Act 11313)**

The Safe Spaces Act defines and responds to different forms of gender-based sexual harassment both in private and public places like the streets, vehicles, schools, offices, workplaces, other educational institutions, and even online. Moreover, violators of the law will be held accountable, regardless of their position—if they are persons of authority, peers or subordinates (Platon Martinez Law, n.d.).

- **Anti-Violence Against Women and their Children Act of 2004 (Republic Act 9262)**

A criminal and penal law of the country, RA 9262 or the Anti-Violence Against Women and their Children Act of 2004 defines the violence against women and children (VAWC). It discusses penalties and protection order, rights of the survivors, the prohibited acts in handling VAWC cases and the responsibilities of the LGU's and National Agencies (Philippine Commission on Women. n.d.-a). This act also specifies that VAWC perpetrators are to be given counseling with regard to anger management, and psychiatric treatments if necessary (International Labour Organization, n.d.).

- **Anti-Sexual Harassment Act of 1995 (Republic Act 7877)**

This is an act approved in February 1995 and has been in effect since March of that same year. This is intended to address and define any sexual harassment at work, school or educational, and training environments that are unlawful (Philippine Statistics Authority, 2008).

- **Anti-Rape Law of 1997 (Republic Act 8353)**

This law is meant to protect the rape survivors regardless of their gender and punish the perpetrators. Rape, as defined by this law, is an unwanted and unconsented sexual act by a person or group through threats, intimidation, or by force; done when the victim or survivor was unconscious or is/was lacking of knowledge; via blackmailing and abuse of authority; and done to an individual of 12 years or younger--as a minor's consent are not recognized by the law as they are presumed not to know how to decipher which is good or not--without the forementioned conditions (Acosta, 2020). In addition, Article 266-A.2, "An Act Expanding the Definition of the Crime of Rape, Reclassifying the Same as a Crime against Persons" states that lesbian partners can be punished for domestic violence (EnGenderRights, Inc., 2016).

- **Rape Victim Assistance and Protection Act of 1998 (Republic Act 8505)**

The RA 8505 is a law, alongside other laws addressing GBV, that is meant to give all the assistance necessary for the protection of the survivor who experienced rape. All perpetrators who committed rape will be justly punished by the law (Dhanani, Namy, & Sekaram, n.d.; United Nations Women, n.d.).

- **Magna Carta of Women (Republic Act 9710)**

The Magna Carta of Women fights for the rights of all women against any form of gender-based discrimination including but not limited to discrediting women and their rights; gender-based exclusions and restrictions of their rights and access to quality services, opportunities, and privileges; laws and mechanisms that turn a blind eye to experienced and perceived gender-based limitations and exemptions of women; any form of discrimination that crosses with "other grounds, status, or condition, such as ethnicity, age, poverty, or religion" (Philippine Statistics Authority, 2010). This act recognizes diverse sexual orientation and intimate relationships (EnGenderRights, Inc. 2016). As stated in Section 3, sexuality refers to the expression of a person's thoughts, feelings, sexual orientation and

relationships, as well as the biology of the sexual response system of that person.

- **Article 245 of the Revised Penal Code (Republic Act 3815)**

Any abuse of authority in order to make immoral and unwanted advances to a woman under one’s custody, or to a woman who is interested in a decision to be made directly or indirectly by the authority shall be punished by correctional imprisonment (Official Gazette, 1930).

2. CITY ORDINANCE

- **Quezon City Ordinance No. SP-1309 S-2003**

An Ordinance Prohibiting All Acts of Discrimination Directed Against Homosexuals in Any Office in Quezon City Whether in the Government or in the Private Sector, and Providing Penalties for Violation Thereof, Quezon City Ordinance No. SP-1309 S-2003. This ordinance protects the LGBTQ+ community against discrimination in both private and public offices whether they are still seeking for a job or already employed (QC for LGBT, n.d.).

- **Gender Identity and Expression, Quezon City Ordinance No. SP-2357 S-2014**

An Ordinance Providing for a Comprehensive Anti-Discrimination Policy on the Basis of perceived or actual SOGIE. This prevents employers from discriminating by: (1) denying or limiting employee rights; (2) excluding employees in labor unions; (3) subjecting them to threat, coercion, harassment, and physical and mental violence; and (4) employment dismissal due to employee’s perceived or actual SOGIE.

3. INTERNATIONAL HUMAN RIGHTS STANDARDS

- **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**

This convention protects women against discrimination including GBV wherein violence is defined as “violence that is directed against a woman because she is a woman or that affects a woman disproportionately” (United Nations Human Rights, n.d.-a).

4. UNIVERSITY OF THE PHILIPPINES GENDER POLICIES AND GUIDELINES

- **UP Anti-Sexual Harassment (ASH) Code**

The UP ASH Code aims to protect every individual of the UP community (wherein the community is composed of students, teaching and non-teaching staff or members, workers and organizations in UP) from any form of sexual harassment that includes, but is not limited to physical, verbal, mental, psychological means and either through the use of internet and technology or not. Moreover, written in this code are the following forms in which sexual harassment might take place: demand or request for a sexual favor in return for a service, position, grades, grants, appointments with or without the consent or agreement of the other party in a supervisor-subordinate, senior-junior worker/faculty, teacher-teacher, teacher-student, student-student, healthcare provider/health worker-client/patient relationships, whether same-sex or opposite. Moreover, sexual harassment also takes the form of transphobic, homophobic, misogynistic, sexist remarks, stalking, online harassment in the form of comments, messages, intimidations, uploading of content (photos, audio, and video recordings) that sexualizes the survivor (whether the content contains the survivor themselves or only a look-alike). It also can be in the form of silencing the survivor by filing faux abuse reports against the aggrieved. Any direct participation and supervision of the unwanted sexual act, being an accomplice of the sexual harassment by cooperating with or hiding the crime’s commission, beneficiary of the harassment, or one who forces or threatens the survivor not to file a complaint, shall be punished accordingly and in line with the provisions of the Code (UP Media and Public Relations Office, 2017).

- **Guidelines on Promoting Women’s Empowerment and Gender Equality in the University of the Philippines (UP Gender Guidelines)**

These guidelines aim to sustain the gender equality and human rights principles of and at the University, wherein women’s contributions and potentials are to be recognized, especially that of the marginalized sectors, and any form of discrimination and violence against women are to be denounced. Therefore, these guidelines promote an environment that supports gender equality, and also implement principles from the 1987 Constitution and Magna Carta of Women (Guidelines on Promoting, 2017).

- **Memorandum No. OVCAA-MTTP 21-029 or Guidelines on Affirming Transgender and Gender Non-Confirming (TGNC) Students’ Names, Pronouns, and Titles (for Diliman)**

Connected with the UP ASH Code Section 1, Memorandum No. OVCAA-MTTP 21-029 makes sure that individuals and their dignities are highly regarded, respected, and no misgendering or the like will take place as the University aims to uphold a gender-friendly and safe environment for all individuals (UPCWGS, 2021).

C. INTENDED USERS

This protocol covers a wide range of beneficiaries and is intended for the following users at UP Diliman:

- Members of the DGO
- Partner Sectors - Health, Legal, Psychological, and Security
- GAD Focal Points
- Unit/College/Office Heads
- Unit/Colleges/Offices/Organization Gender Committees
- Peer Facilitators
- University Student Council
- Dorm Head and Personnel

- Non-Academic Personnel
- Alum

D. SCOPE AND LIMITATION

This protocol covers and is limited to GBV whereas GBV is constituted for all gender matters, issues, and concerns at UP Diliman to ensure a safe and responsive campus. As the GBV Protocol of the University aims to address and respond to the GBV-related issues and cases of its students, members of staff, personnel and faculty, and other workers, it is therefore focused on UP Diliman. This protocol, moreover, covers the following:

- Knowledge on violence as depicted in Philippine legislature and as discussed by organizations against GBV;
- Knowledge on who are survivors which highlights inclusion of LGBTQIA+ (lesbian, gay, bisexual, trans and intersex);
- Knowledge on drivers of violence;
- Understanding barriers to reporting incidents of GBV;
- Knowledge on the principles and the importance of applying them when responding to GBV;
- Guidance on help they can provide based on their role;
- Preparations that can be done to be skilled in handling cases;
- UP’s jurisdiction;
- Location of incident, if outside UP and the role of barangay and nearby police, role of QC;
- Programs to prevent and respond to GBV;
- Care for responders; and
- Extension of service.

Incidents that are in the parameters of GBV as cited in the protocol whether from an individual or a group, to an intimate partner whether or not they are in a live-in relationship, married or not and beyond heteronormative relationship, to a teacher-student relationship, working relationship, and

regardless of age. These violence may be within and outside the confines of the school; different colleges; dormitories within the University or wherever the students live in; before, during and after an event held by the University, or an event not held by the University but attended by its students, staff, and personnel, and/or faculty members; and any premise which is under the University's jurisdiction.

Within the jurisdiction of UP Diliman both onsite and online, GBV cases are to be responded to. However, certain situations or circumstances require different types of responses from any of or all sectors. The DGO will extend services to non-UP survivors who underwent any form of GBV from a UP constituent. Other non-UP constituent referrals, whether a family member or a friend, the DGO will provide initial assistance as a mandate and would strictly follow the law that corresponds with the presenting problem.

E. DEFINITION OF TERMS

1. KEY TERMS AND CONCEPTS

The key terms used by the DGO are provided with definitions. These are drawn from research and experience. The terms' respective meanings and application are contextualized within the DGO GBV response.

Gender role is a set of norms dictating what types of behaviors are generally considered acceptable, appropriate, or desirable for a person based on their actual sex or perceived sex (International Organization for Migration, 2020).

Gender-inclusive means including everyone. It is allowing and accommodating people who have been historically excluded due to gender, sex, sexual orientation and characteristics.

Gender-inclusive language “means a manner of speaking and writing that does not discriminate against a particular sex, gender identity, and does not perpetuate gender stereotypes” (United Nations, n.d.).

Gender-sensitive is taking into account the impact of policies, projects, and programs on men, women, and persons with diverse SOGIESC and trying to mitigate the negative consequences thereof. It is considering the particularities pertaining to the lives of all people with diverse SOGIESC to eliminate inequalities and promote gender equality, including distribution of resources (European Institute for Gender Equality, n.d.).

Gender blindness refers to the inability to perceive that there are different gender roles, need, responsibilities of men, women, boys and girls, resulting in a failure to realize that policies, programs, and projects can have different impact on all people with diverse SOGIESC (UN for Gender Equality and the Empowerment of Women, n.d.).

Gender mainstreaming is a strategy that integrates a gender perspective in policy-making decisions in a particular sector. Mainstreaming, therefore, means gender equality issues have to be addressed and dealt with within work on energy, education, health, transport, trade, and all other sectors. (UN for Gender Equality and the Empowerment of Women, n.d.).

2. INCIDENT TYPE OF DEFINITION

For the purpose of this Protocol and to enhance synchronicity and comprehensiveness of the definitions, the descriptions of incidents are in the context of the University and relevant to the Philippine context. Local, national, and international legal systems may define these terms differently. The definitions were collected from research, interviews, and experiences of the past and current members of the DGO.

Physical violence occurs when a person intentionally uses physical force on another person due to gender-based concerns. The harm either causes an injury, a disability, or even death. The aggressor uses power to attack the personal safety of a person (International Planned Parenthood Federation, 2020). Physical force includes, but is not limited to:

battering	grabbing	pushing	slapping	tripping
beating	hair pulling	scalding	spitting	tying up
burning	hitting	scratching	stabbing	using any kind of body restraint
choking	kicking	shaking	suffocating	using a weapon
cutting the skin	punching	shoving	throwing things	

Aside from physical harm, physical violence often leads to mild to severe psychological effects including trauma.

Sexual gender-based violence involves a sexual act committed or attempted against a victim who did not freely give consent, was or is unable to consent and refused (Chamberlin, Kenniston, Stewart, Newlin, & Vaughan-Eden, 2015; World Health Organization, 2021). This occurs when “unwelcomed sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature” are done by the perpetrator to the victim of any gender (International Planned Parenthood Federation, 2020; Kirkner, Lorenz, & Mazar, 2020). This, moreover, regardless of the relationship of the perpetrator and survivor, pertains to any unwanted or coerced sexual act, comment, advances, trafficking or an attempt to do so against a person and their sexuality (World Health Organization, 2020). Regardless of gender identity, gender expression and sexual characteristics, this act is sufficiently severe, persistent, or pervasive and interferes with or limits the victim’s ability to participate in or benefit from the University activities, or interferes with or limits an individual’s education or employment. This also creates an intimidating, hostile, degrading and humiliating environment. As such, the dignity of the person is violated.

‘Quid pro quo’ sexual harassment means “this for that” in Latin and occurs when someone is subjected to submit to unwelcomed sexual advances (Lomer, 2018) whether explicit or implicit due to employment, pay, benefits, position, opportunities for advancement, grades, and reputation. Perpetrators are usually in authority or with a higher status in an organization.

Sexual harassment refers to a relentless act of harassment through words, behavior, and touch committed to any gender (Pitchford, Sternadori, Starkey, & Koerber, 2020; Planned Parenthood, n.d.; Smith & Martinez, 1995; Victoria State Government Health and Human Services, 2016).

The following are the kinds of **words** used to harm or abuse someone:

- indecent;
- sexualized comments;
- suggestive remarks;
- inappropriate and unwelcomed questions;
- persistent telling of offensive jokes such as green jokes;
- repeatedly asking alone time with you even if you verbally declined; and
- inappropriate comment about your body and private parts.

Behavior without touching refer to offending, degrading, one-sided, threatening behavior towards someone and include but not limited to:

- gestures that are offensive (catcalling & wolf-whistle);
- motions made with the hands, mouth, tongue, and body that makes you feel unsafe;
- use of objects, drawings, graphics, or pictures that violates your personal safety;
- an assault with the use of any electronic media such as instant messaging, chat, text messages, emails, etc.;
- staring maliciously;
- exposing their private parts; and
- taking a picture of your private parts.

Unsafe touching is an unwanted act towards someone or someone else’s private parts and includes but not limited to:

- touching, pinching, grabbing, or hitting someone’s private parts;
- brushing up against someone’s body unnecessarily;
- unnecessary touches during physical examinations;

- embracing or kissing someone against their will;
- pulling clothes up, down, or off; and
- rubbing against someone.

These incidents are associated with or caused by:

- a. thinking that being a person with diverse SOGIESC is an invitation for such sexualization or sexual activity. This can happen in public, at home, or in digital spaces;
- b. fear of being “outed” at work or in school perpetrated by people in a range of roles including colleagues, boss, potential employers, teacher, and by a third party such as client, customer, contractor, supplier, guards and police;
- c. an unwanted touching committed to a disabled lesbian, bisexual and trans from people at the University who view them as weak; and
- d. grabbing a gay man’s private part without consent as the female perpetrator thinks that there’s nothing to it and should be indiscreet.

Rape is a sexual act or any form of penetration that may be through the use of a body part or an object (GBV Sub Sector Nigeria, 2019; Rape, Incest and Abuse National Network, n.d.) carried out against a woman, a man, lesbian, gay, bisexual, and trans who did not give consent. This is carried out by:

- a. coercion to prove that having a sexual act can alter gender identity, gender expression and sexual characteristics of a member of the LGBTQIA+ group (“corrective rape” or conversion therapy) (International Rehabilitation Council for Torture Victims, 2020);
- b. physical force against a person who is unconscious, intoxicated, incapacitated, below legal age, mentally or physically disable (Hassan, 2020);
- c. a threatening force to an intimate partner who refused to engage in a sexual act (Banda, 2015; Perez, Schanding Jr, & Dao, 2013);
- d. intimidation or use of authority to force consent from a sexual intercourse (Perez, Schanding Jr, & Dao, 2013); and
- e. verbal threat that a victim is forced to penetrate either the perpetrator or another person.

Forced abortion refers to an intimate partner’s involvement and influence in a woman’s abortion decision. Influence is regarded as withholding support, threatening to commit violence, committing violence, and abandoning the woman (Fry, Lopez, Madrid, Muyot, & Pante, 2020).

Confinement is separating the victim from people and resources that perpetrators utilize to easily control the victim (Mlambo-Ngcuka, 2020). The World Health Organization (2020) provides some instances of confinement done by a perpetrator: does not allow the survivor to go out and see their relatives and friends, insists on knowing the survivor’s whereabouts, gets angry when the survivor talks to another person, disallows the survivor to seek healthcare if not permitted by the perpetrator, prevents the survivor from accessing services, and financially suppresses the survivor when said survivor wants to run their home.

Economic control refers to financially gaining power to control a victim’s ability to acquire, use, and maintain resources used by perpetrators as a tactic to manipulate, overtly demand, and intimidate the victim (International Planned Parenthood Federation, 2020; Surviving Economic Abuse, n.d.). If the male perpetrator is unemployed and poverty sets-in, this also refers to assertion of masculinity through violence.

Psychological violence refers to verbal, emotional, or mental harm that interferes with psychological adjustment and causes significant fear or distress (Donohue, Hill, & Maier-Paarlberg, 2007; GBV Sub Sector Nigeria, 2019; Parsons, Heyman, Mitnick, & Smith Slep, 2020). This is an attack to the victim’s competence using delinquent or offensive behaviors which involves criticizing the survivor to the extent of making them feel bad about themselves, threatening the survivor to hurt the children or anyone and anything they care about, and humiliating them in front of others (International Planned Parenthood Federation, 2020; Parsons, Heyman, Mitnick, & Smith Slep, 2020; World Health Organization, 2020). Psychological violence also refers to isolation in the public sphere and exclusion in peer groups or organizations (International Planned Parenthood Federation, 2020).

Verbal violence refers to verbal attacks that are regular and purposive denigration or vilification (Gordon, 2021) either in private or in public, and in the digital space. It is targeting someone’s sensitive spots using put-downs, ridiculing, using swear words, insults, and intimidation—threatening that the victim will acquire physical harm, making the victim feel scared (Perez, Schanding Jr, & Dao, 2013).

Hate speech is a form of denigrating sexist expression or an expressed contempt towards a person based on sex, gender identity, sexual orientation, and sexual characteristics. This can be expressed online or offline and in any form of social interaction.

Bullying refers to an act against a victim who does not conform to the perpetrator’s perceived and accepted social norms (e.g., binary gender roles and heterosexual relationships, etc.) (Elimanco, n.d.; Perez, Schanding Jr, & Dao, 2013).

Discrimination refers to deliberately expressing and exhibiting negative attitudes toward members of the LGBTQIA+ group. This includes denial in hiring, promotion, acceptance in an organization, services, and opportunities (Langston University, n.d.).

Misgendering is incorrectly assuming either intentionally or unintentionally a person’s gender identity by using a wrong pronoun in which the person doesn’t affirm or align with (Kapusta, 2016).

3. ACRONYMS

Throughout the GBV protocol, various acronyms were used. As not to cause confusion, the following acronyms are listed below with their unabbreviated forms.

DILG	Department of the Interior and Local Government
DGO	Diliman Gender Office
DOJ	Department of Justice
GAD	Gender and Development
GBV	Gender-based violence
GST	Gender-Sensitivity Training
IPV	Intimate partner violence
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and more who are from the community
LGU	Local Government Unit
NGO	Non-governmental organization
OASH	Office of Anti-Sexual Harassment
PAO	Public Attorney’s Office
PCW	Philippine Commission on Women
PFA	Psychological First Aid
PNP	Philippine National Police
POC	Person of Contact
REPS	Research, Extension, and Professional Staff
STS	Secondary Traumatic Stress
TGNC	Transgender and Gender Non-Confirming
UHS	University Health Service
UP	University of the Philippines
UPD	University of the Philippines Diliman
VAWC	Violence Against Women and Children
VT	Vicarious Trauma
WCPC	Women and Child Protection Center

II. DRIVERS OF GENDER-BASED VIOLENCE

It is important to understand the drivers of violence to be able to align prevention, responses, and intervention approaches. Heise (1998) adapted an ecological framework in order to explain a social phenomenon and utilized it as a starting point for others to understand the “myriad factors that might endanger gender-based violence at an individual, relational, societal, and societal levels.” Messner et al. (2015) re-developed a framework that recognizes drivers of school-related GBV and according to them, these drivers are complex and interrelated.

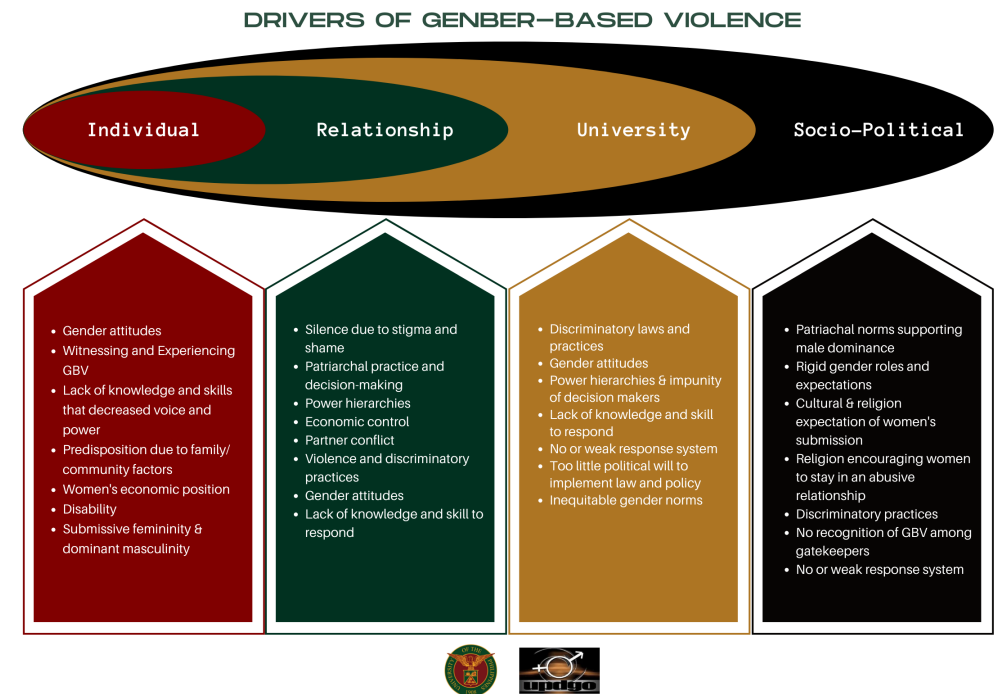


Figure 1. Drivers of Gender-Based Violence adapted from ecological models of Heise (1998), Messner et al. (2015), Sabri et al. (2018) and Star et al. (2020). Multilevel risk factors are seen in each level and a ground for developing principles and responses to eliminate these risk factors.

III. GUIDING PRINCIPLES

To establish a framework for expected response and decision, the following principles should be adhered to by everyone or anyone responding to GBV. These guiding principles will help a responder in navigating through their personal beliefs and judgment to better serve the survivor's rights and needs.



Figure 2. *The Guiding Principles are the four core-guides of responders in addressing GBV.*

A. GUIDING PRINCIPLES FOR ALL ACTIONS

First responders should provide psychosocial first aid (PSFA) to GBV survivors and must report all cases to the DGO. They are expected to use the **survivor-centered approach** and be cognizant with the **multi-sectoral approach** that will inform their decision to introduce specific and appropriate options to the survivors. Their actions should also be geared toward **embedding gender equity to achieve gender equality**. Responders should also be guided by the **capacity building** principle; they should undergo several training sessions to ensure that risk of harming survivors is eliminated.

1. SURVIVOR-CENTERED APPROACH

The survivor-centered approach enables the DGO to uphold ethical and safe responses to GBV. This approach is anchored on humane responsibility and the guiding principles to appropriately respond and provide assistance to any GBV survivor (GBV Sub Sector Nigeria, 2019; UNFPA, 2012; Ward, 2010; UNICEF, 2019). Being survivor-centric in nature, the giving of services and support should be ensured to only be based on the survivor’s rights, needs, and wishes; these factors—the survivor’s rights, needs, and wishes—moreover, are also to be prioritized.

- **Six Survivor-Centered Rights**

This approach aims to promote the survivor’s rights which include but are not limited to the following: “dignity and respect, life, self-determination, the highest attainable standard of health, non-discrimination, confidentiality, and information” (World Health Organization, 2020).

There are six main survivor-centered rights that serve as a guide in conducting PSFA to GBV survivors (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012).



Figure 3. *The Survivor-Centered Rights Approach.*

a. Non-Discrimination and Respect

- Recognizing gender as a social construct and taught across cultures
- Recognizing social inequalities exist even in today's world
- Understanding family dynamics, dynamics of GBV, dynamics of VAW
- Respecting and validating diverse personal experiences.

APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> • Never blame nor judge the survivor • Expect that survivors react differently to their experience of GBV • Expect that survivors have different strengths, capacities, resources, and needs • Acknowledge that sexual abuse against any member of the LGBTQIA+ exists • Careful not to reveal gender identity or sexual identity to others (NCWC, 2020) • Practice applicable Yogyakarta Principles 10 (e.g., identify the nature and extent of attitudes, beliefs, customs, and practices that perpetuate violence, discrimination, and other harm on grounds of SOGIESC) 	<ul style="list-style-type: none"> • Set aside your own biases, prejudices and opinion and know how to control yourself (Sonke Gender Justice and Health-E News, 2017) • Provide opportunity for survivors to share without feeling pressured • Treat survivors in a dignified way • Use gender-sensitive communication - fair, neutral, and non-discriminatory (DOJ D.C. 023, 2017) • Be equipped through gender-sensitivity and gender-responsive trainings

b. Needs, Care, and Support

- Focusing attention on the emergent care
- Meeting physical and medical needs

APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> • Assess medical needs • Approach survivors with respect, kindness, and empathy • Treat survivor with dignity and respect • Create a supportive environment through listening • Ensure that survivor feels that they are a priority • Ensure that survivor feels believed • Expect that survivors have different resources <p>(GBV Sub-Cluster Turkey Hub, 2017)</p>	<ul style="list-style-type: none"> • Make sure that medical attention is provided right away • Undergo training on PSFA

Adapted from GBV Sub-Cluster Syria, UNFPA, 2018.

c. Safety and Security

GBV survivors may have feelings of loss of future orientation, feelings of helplessness, and may utter despair (Everly, 2008).

- 3D Risk-Based Triage (Everly, 2008):

Death – Did the survivor think of his/her/their own death?

Dislocating impact - Is the survivor separated from a loved one or does the survivor have a place to stay?

Disabling impact - Did the survivor experience peritraumatic dissociation?

- “Do No Harm” is a standard component of any GBV principle that must be practiced at all times (Mubaslat, n.d.)

APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> • Adhere to ethical and safety standards in emergencies, preventive, reactive programs, and activities • Work for the best interest of the survivor. Position yourself to surface the facts and truths to retain an unbiased view of the GBV case. • Expect that the survivor maybe scared and needs assurance • Ensure safety by identifying who the perpetrator is • Ensure that the survivor is safe from further harm from the assailant for the time being and highlight the importance of coming up with a safety plan 	<ul style="list-style-type: none"> • Provide accurate information to both survivor and perpetrator • Guarantee a list of hotline numbers for the survivor to call when escaping the perpetrator (Chen, Rovi, & Vega, 2005) • Establish a secret passage as an escape route to protect the survivor from the perpetrator (Chen, Rovi, & Vega, 2005) • Ensure a network for extension of services such as shelter and physical protection through the LGUs (Chen, Rovi, & Vega, 2005) • Understand and adhere to the ethical and legal laws • Explain collecting of medico-legal evidence within 72 hour

<ul style="list-style-type: none"> • Assure if the survivor has a place to stay • Inform the survivor their right to protection <p>(GBV Sub-Cluster Syria, 2018)</p>	<p>limit (Du Mont & White,2007;x et.al, 2009)</p> <ul style="list-style-type: none"> • Undertake safety assessment • Liaise with the medical team or UP police and security, and community NGOs • Ensures that action is responsive to the special needs (DOJ D.C. 023, 2017) • Assess if shelter is needed and liaise with the DGO if need arises • Check capacity to interview and investigate; if it is not within your capacity, refer to the DGO immediately
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d. Privacy and Confidentiality

- Since survivors have a fear of being stigmatized (Crisma, Bascelli, Paci, & Romito, 2004), assuring them of the strict implementation of confidentiality through a non-disclosure agreement, explaining and setting their expectations may eliminate or lessen the fear of being stigmatized.

Informed Consent and Information Sharing

Information on GBV incidents is confidential and extremely sensitive. Information sharing can have serious and potential life-threatening consequences to the survivor and to the person helping them. Thus, the DGO believes that the survivor has the right to control to whom they will disclose, the scope and limitation of the information, and how much information can be shared (GBV Sub Sector Nigeria, 2019; GBV-Sub Cluster Syria, 2018). The DGO is committed to protecting the information gathered from the survivor and ensuring that permission is explicitly granted. Informed consent gives respect and value to the personhood of the survivor. This also indicates the intention to the ownership of accountability which creates a trusting relationship. UN Women (2019) suggest that there should not be any identifiable information that will be shared.

APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> • Ensure confidentiality - “privacy of personal information from misuse and undue disclosure” (DOJ D.C. 023, 2017) • Practice informed consent and follow guidelines on how to ensure informed consent • Respect the survivor’s right to decide who should know about what has happened to them and what should happen next 	<ul style="list-style-type: none"> • Share only relevant information with others for the purpose of helping the survivor • Be knowledgeable on ethical principles of confidentiality • If the conversation is online, make sure that: <ul style="list-style-type: none"> – meeting link is unique – the platform being used is encrypted; otherwise, make sure that permissions are set to private

How to Ensure Informed Consent

Process	<ul style="list-style-type: none"> • Set the expectation of what will happen after the referral • Provide the benefits and risk of the service to the survivor • Explicitly ask their consent all the time
Sector and Service	<ul style="list-style-type: none"> • Provide all information on services • Explain the inclusions, roles and responsibilities of the sector being referred to
Rights	<p>Discuss the rights of the survivor:</p> <ul style="list-style-type: none"> • Right to how information should be shared with the sector POC • Inform the implication (benefits and risk) of sharing information for the survivor to be able to make a decision before the information is shared and to whom it can be shared • Right to retract consent or choose not to provide consent
Confidentiality	<ul style="list-style-type: none"> • Assure that storage of information is private and secure
Limitations	<ul style="list-style-type: none"> • Explain that sharing information has risk, therefore, the survivor has the right to place limitations on what can be shared and to whom it can be shared • Inform the grounds of breaking confidentiality, that it may pose a threat to self and harm to others
Minors	<ul style="list-style-type: none"> • The Informed Assent is another form of the Informed Consent Form that is meant for the minors or child clients who are willing and agreeing to receive any form of service or support regarding any GBV. This form needs the approval of their parents or their legal guardians. Nonetheless, this is already under the Informed Consent Form.

Adapted from GBV Sub-Cluster Syria, UNFPA, 2018.

e. Autonomy and Choice	
<ul style="list-style-type: none"> Respecting the right to information and recognizing the right of the survivor to make informed choices and decisions (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012) 	
APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> Ensure the survivor's rights to choose Assure them that they have the best knowledge of what they need Provide the support choices and how to avail them 	<ul style="list-style-type: none"> Give suggestions, but do not impose Make sure not to take away their right as "they've already had someone control their life, and we don't want to step into that role" (Busiello, Kerr-Wilson, Hilker, Jennings & Maguire, 2011) Involve the survivor in making decisions that have implications to their lives

f. Empowerment and Equipment	
<ul style="list-style-type: none"> Empowering survivors through letting them realize that they have rights, and they have a choice to exercise them (Quattrochi et al., 2019) 	
APPROACH	RESPONSIBILITY
<ul style="list-style-type: none"> Employ an apt feminist approach when necessary Acknowledge their own strength to make important decisions Engender awareness and consciousness raising about the influence of powerful political and economic structures and interests and use it as a behavioral development tool to be ready for critical situations (for counselors) (Shrewsbury, 1997; Webb, Walker, & Bollis, 2004) Explore the possibility of retaliatory attacks and suits and inform where to get help 	<ul style="list-style-type: none"> Have full understanding and up to date knowledge of the Philippine law and University guidelines Equip the survivor with knowledge of requirements needed to file a formal complaint using the University policies and Philippine law Be aware and work out your biases rooted from personal identities, social locations, and experiences Support recovery by referring survivor for counseling to know the survivor's way of healing Undergo training to know and utilize encouraging and empowering words Learn trauma-informed care Strengthen survivor's ability to identify and address needs

Additional guiding principle for the health sector:

Rights	Responsibility
Safety and Security	<ul style="list-style-type: none"> Be knowledgeable of other compounding consequences of physical and sexual abuse such as but not limited to reproductive health consequence (Asia Pacific UNFPA, 2010)
Care and Support	<ul style="list-style-type: none"> Integrate service components and systems for GBV survivors (Asia Pacific UNFPA, 2010)

Additional guiding principle for the psychosocial sector:

Rights	Responsibility
Safety and Security	<ul style="list-style-type: none"> Strategize based on the fact that recurring abuse can erode women’s resilience, putting them at risk of psychosocial concern (Asia Pacific UNFPA, 2010)

B. MULTI-SECTORAL APPROACH

In upholding the DGO’s commitment to provide appropriate service, a multi-sectoral approach is employed. A multi-sectoral approach is made of a group of people unified in collaborating as a response to survivors of GBV (GBV Sub Cluster Turkey Hub-Syria, 2018; United Nations Namibia, n.d.). To adequately address all elements of GBV, cooperation, coordination, and collaboration of the key sectors—namely, health, security, psychosocial, and legal—are expected and all responding to GBV (GBV Sub Sector Nigeria, 2019; UNFPA EECARO, 2015a). Moreover, according to the Department of Justice Committee for the Special Protection of Children (DOJ-CSPC)

(2014), a multi-disciplinary approach that allows access to the range of all the available services must be adopted due to the pressing and diverse needs of the survivors (Ministry of Gender, Labour & Social Development Kuala Lumpur, Uganda, 2015). Joint responsibilities and accountability in working together is expected from all the partner sectors, individual professionals, or agencies alike, to ensure that the survivor is aided “within the context of the family, community, and society” (Elimanco, n.d.).

MULTI-SECTORAL APPROACH



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Figure 4. *The Multi-Sectoral Approach Model adapted from the United Nations Women (2013) which contains all the sectors that work together to provide all the necessary services and support needed by the survivors.*

To obtain the highest quality of protection, treatment, and assistance to GBV survivors, the sectors are composed of all resources targeted to aid the survivors of GBV who need immediate assistance. All sectors play a specific role and have goals based on the nature of their service (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012). This model highlights the responsibilities of each sector.

1. HEALTH SECTOR

People from the health sector are the individuals trained in a variety of health services who can institute treatment, data collection, and referral protocols to patients who were exposed to GBV (UNFPA EECARO, 2015b).

Healthcare providers assisting in GBV cases must be guided by the following principle:

Assistance	<ul style="list-style-type: none"> • In rape cases, a comprehensive medical examination consented by the survivor is to be performed by a physician of the same gender who is a trained forensic expert. If not available, refer the survivor to an external service provider • Exercise caution when seeking for information in the presence of family members or others to ensure safety • Complete and provide medical reports and keep any necessary evidence • Provide referrals to either security, or psychosocial, or legal services if needed • Be ready to give an affidavit if the survivor requests
Responsibility	<ul style="list-style-type: none"> • Identify GBV focal person • Establish a system for receiving, documenting, and reporting GBV • Disseminate information on how to protect evidence from being tampered • Coordinate with the legal sector for medical requirements needed by the survivor to pursue a legal case against the perpetrator

2. PSYCHOSOCIAL SECTOR

This sector provides psychosocial assistance from responders who are licensed, trained, or experienced to facilitate counseling services. This sector has a critical role in supporting the rights, safety, and well-being of the survivors (UNFPA EECARO, 2015c). The following set of principles must be adhered to:

3. LEGAL SECTOR

The legal sector provides free or at a low-cost legal counseling services to GBV survivors. Legal and safety mechanisms are facilitated by this sector to ensure the protection of the survivor. The following set of principles must be adhered to:

Assistance	<ul style="list-style-type: none"> • Assist the survivor to understand the importance of legal avenues, and transparently advise on the process, timelines, constraints, and possible fees of legal counseling • Provide information on protection measures provided by law • Coordinate and work with the GBV core team to improve the UP Diliman’s policies regarding gender-based concerns • Assist survivor in making an affidavit • Provide basic concepts of human rights and women’s rights (Padilla & Visbal, 2007)
Responsibility	<ul style="list-style-type: none"> • Provide a point person to handle GBV referrals.

4. SECURITY SECTOR

This sector is composed of trained groups of police or security personnel of the University of the Philippines who appropriately intervene in cases of GBV. This sector conforms to confidentiality clauses and ensures the

safety of survivors (UNFPA EECARO, 2015d). Infrastructure plays a vital role in ensuring added prevention, security, and protection from GBV. The following set of principles must be adhered to:

Assistance	<ul style="list-style-type: none"> • Provide survivors with complete and accurate information on security measures • Provide same-sex interviewers • Institute appropriate and timely referral to other sectors (UNFPA EECARO, 2015d)
Responsibility	<ul style="list-style-type: none"> • Equip oneself by attending training related to handling GBV cases • Ensure standard reporting mechanism • Create help desks for ladies and members of the LGBTQIA+ (UNFPA EECARO, 2015d)

5. ACADEMIC SECTOR

This sector is composed of faculty, staff, and students who must ensure that survivors are assisted, and all members of the academic or UP Diliman community are protected against GBV. The following set of principles must be adhered to:

Assistance	<ul style="list-style-type: none"> • If deemed necessary for safety and security, provide information about Leave of Absence (LOA) • Provide information from the Code of Student Conduct applicable to the situation to increase safety and provide justice • Know what factors may possibly affect the survivor’s academic performance and coordinate with the Office of Counseling Guidance (OCG) if necessary
Responsibility	<ul style="list-style-type: none"> • Know the processes of filing LOA • Know what sections of the Code of Student Conduct may be applied to ensure safety or justice

6. EMPLOYMENT SECTOR

This sector provides assistance in relation to employment concerns rooted from GBV experience. The following set of principles must be adhered to:

Assistance	<ul style="list-style-type: none"> • Assure the survivor that presenting the problem does not have any negative impact on their career and relationships at work (TUC, 2019) • Equip the survivor with knowledge on work provisions and benefits that can aid them in pursuing a formal complaint • Inform the survivor of the Anti-Violence Leave (RA 9262) benefit
Responsibility	<ul style="list-style-type: none"> • Know what hinders GBV reporting to be able to recommend a better approach

7. SANCTUARY

Sanctuary is a provision for emergency and temporary shelter for survivors to be protected from further GBV experience.

Assistance	<ul style="list-style-type: none"> • Adopt a “women helping women” approach which is valuable in strengthening other women • Offer services to all members of the UP community regardless of SOGIESC
Responsibility	<ul style="list-style-type: none"> • Coordinate with the DGO

C. GENDER MAINSTREAMING

The DGO believes that gender equality is a fundamental right of every person in the University. GBV is a manifestation of gender inequality (Ministry of Gender, Labour & Social Development Kuala Lumpur, Uganda, 2015); in response to this, gender mainstreaming is promoted and performed by the University through the DGO in order to advance gender equality. The more people are aware of the relevance of gender, the more they will be able to determine appropriate actions and tools when mainstreaming gender.

The DGO is committed to situate gender equality through including gender dimensions based on interview results and emphasizing the necessity of training all students, employees of UP Diliman, third party providers (e.g., security guards) and barangay staff within UP campus and nearby communities. The goal is to apply strategies that enact positive change and strengthen gender mainstreaming in institutional systems and processes in collaboration with the offices/units/colleges/sectors/councils. In addition, a gender-sensitive approach will be utilized. By adopting this, people will be able to recognize differences between the “perceptions, experiences and interests” of all genders—including people with diverse SOGIESC coming from different backgrounds (DOJ-CSPC, 2014). Most importantly, a “rights-based approach” will be enforced to respond to all the unique needs of each survivor whilst upholding respect for the dignity, right of the person and the survivor themselves (DOJ-CSPC, 2014). The figure below demonstrates how gender equality is achieved through gender mainstreaming—by embedding gender equity in five particular areas:

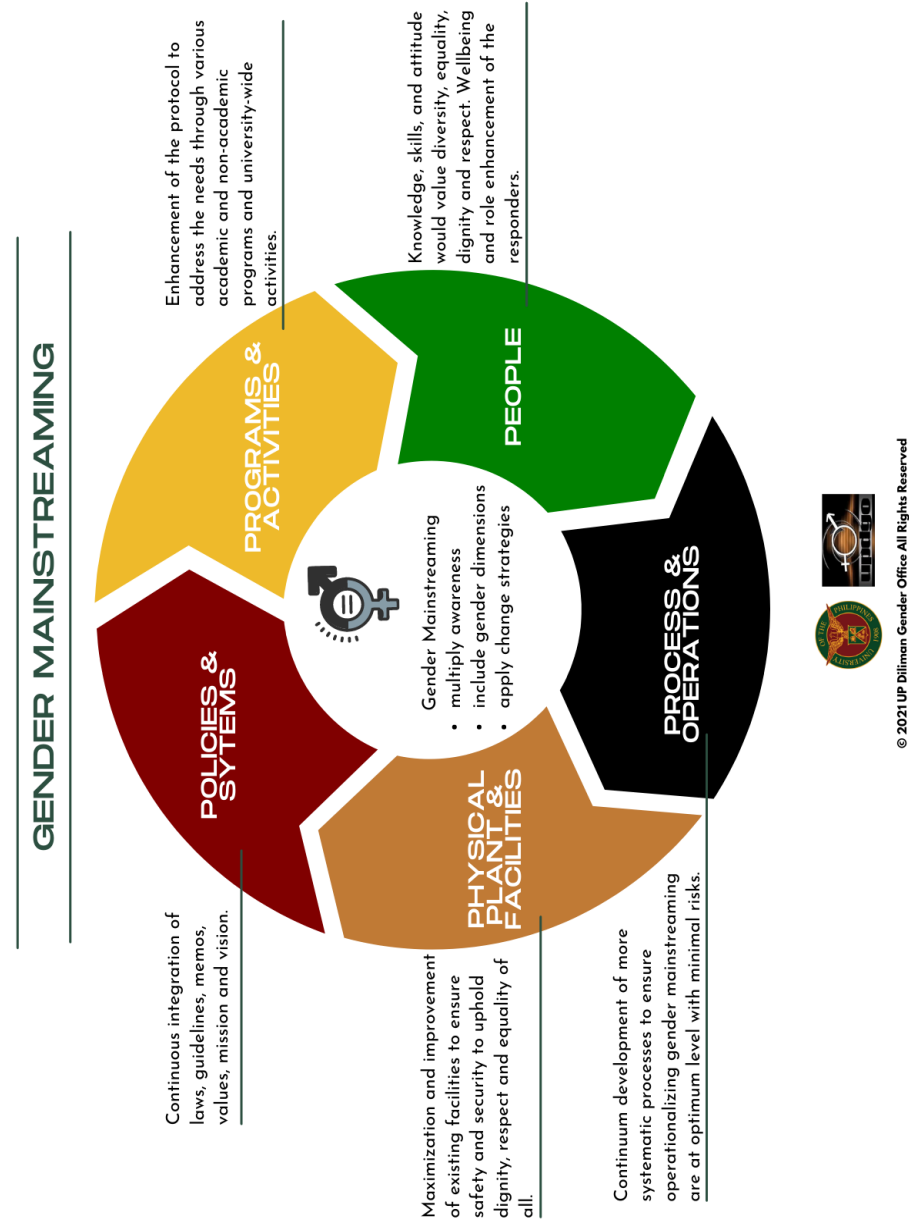


Figure 5. Gender Mainstreaming principle to embed gender equity to achieve gender equality.

- **Policies and Systems** – Continuous integration of laws, guidelines, memos, values, mission and vision.
- **Programs and Activities** – Enhancement of the protocol to address the needs through various academic and non-academic programs and university-wide activities.
- **People** – Knowledge, skills, and attitude would value diversity, equality, dignity, and respect. Wellbeing and role enhancement of the responders.
- **Processes and Operations** – Continuum development of more systematic processes to ensure operationalizing gender mainstreaming are at optimum level with minimal risks.
- **Physical Plant and Facilities** – Maximization and improvement of existing facilities to ensure safety and security to uphold dignity, respect, and equality of all.

This principle, moreover, integrates gender equality in five processes: assessment; planning; implementation; evaluation and follow-up; and documentation and reporting.

- **Assessment** refers to the evaluation of the strengths and areas of focus of UP Diliman.
- **Planning** refers to the preparation of effective gender equality competence initiatives.
- **Implementation** refers to organized and collaborative efforts in organizing and executing programs, activities, prevention, and action services. The 8 P's set of implementation strategies will ensure that gender mainstreaming is implemented appropriately to uphold the principle of “do no harm.”

8 P's OF IMPLEMENTATION

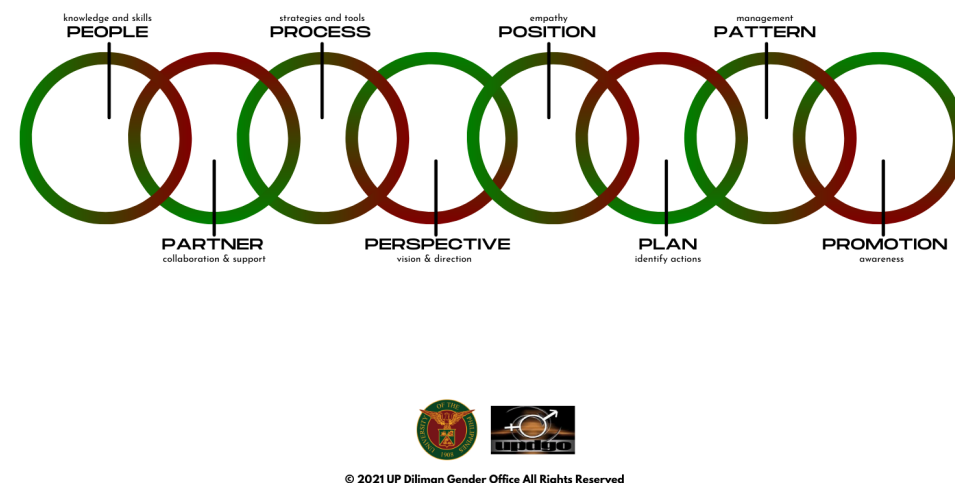


Figure 6. *The 8 P's of Implementation. This ensures proper and successful implementation of the GBV protocol. This is an adaptation of the Boom and Bitner's traditional marketing mix.*

- **People** refers to those persons directly and indirectly involved in the delivery of gender. Utilizing knowledge and skills in performing task related to GBV response.
- **Partner** refers to collaboration from different sectors, GAD committees, offices, colleges, units, student organizations. Partner also means approval and support of programs, training, policy making from the University heads.
- **Process** refers to strategies and tools employed to ensure accuracy of implementation and minimize risk.
- **Perspective** refers to the gender equality vision and direction that serves as a guide in implementing gender mainstreaming in all stages and level of policies, programs, and projects of the University.

- **Position** refers to empathy. This is to understand and share the inner state why gender mainstreaming is important.
 - **Plan** refers to performing gender mainstreaming act based on what was planned.
 - **Pattern** refers to identifying patterns that help or hinder a successful gender mainstreaming to be able to re-strategize.
 - **Promotion** refers to bringing awareness to the rest of the University's successful implementation process.
- **Evaluation and Follow-up** ensures that the objectives are met and assesses the capacity of the DGO in implementing the activities. The following points must be adhered to:
 - Comply with the guidelines set out for GBV response
 - Coordinate all instances to the DGO
 - Integrate and mainstream GBV prevention in all programs and policies of the University
 - Extend full cooperation with colleges, student organizations, and service providers in preventing and responding to GBV
 - Ensure accountability
 - Engage the University in understanding and promoting gender equality. This includes power relations that protect and respect gender-based rights
 - **Documentation and Reporting** is an essential process in ensuring quality and process control and management. As gender mainstreaming is a collective effort, documentation and reporting allows knowledge sharing which empowers everyone to better understand how gender mainstreaming works.
 - Obtain sex-disaggregated data
 - Report documented cases

D. CAPACITY BUILDING AND RESPONDER'S SAFETY

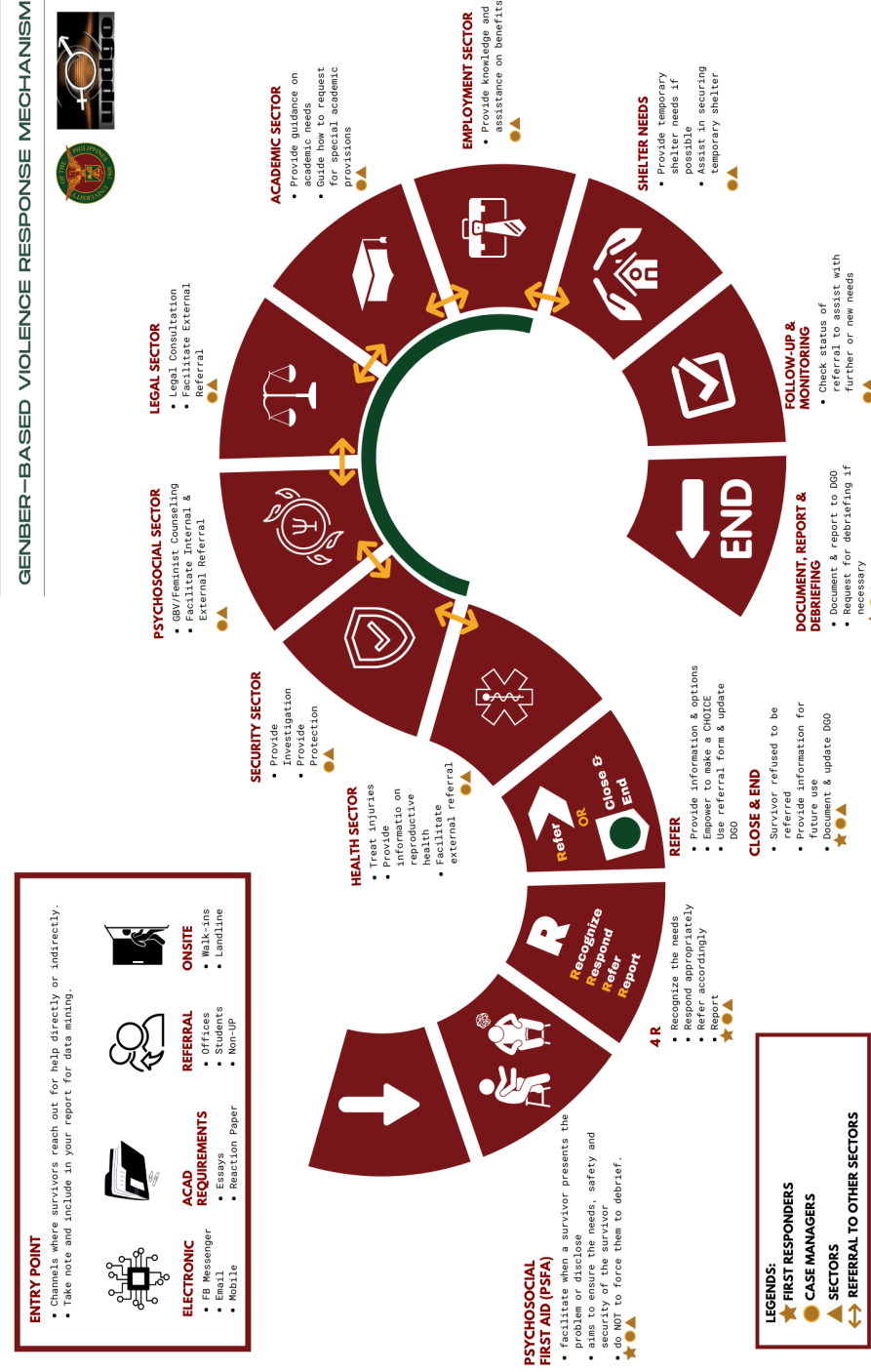
The DGO ensures further development of core qualities, technical skills, and management abilities of case responders through ongoing training, support, and capacity building. The DGO also ensures supervision and debriefing. For supervisors, the DGO is committed to advancing the supervisors' technical skills and management abilities. Tailor-fitted, commensurate to the capacity of the receiver, and appropriate training should be provided to different responders of GBV (UNFPA Serbia, 2020). Aside from being trained for a specific role, responders must also be oriented on the limitations of the role (GBV Sub-Cluster Iraq, n.d.). Psychosocial First Aid (PSFA) orientation, moreover, should be provided to everyone responding to GBV cases (GBV Sub Cluster Turkey Hub-Syria, 2018).

To ensure your safety as a first responder, please be guided by following:

- Ensure personal safety by not providing too much personal information;
- Ensure physical safety by not holding interviews/counseling at home; and
- Plan safety measures with the DGO and other GBV responders. (WSPC, n.d.)

IV. GENDER-BASED VIOLENCE RESPONSE

This protocol applies to the University of the Philippines Diliman site—all where the University has jurisdiction which includes the University grounds, properties adjacent to University grounds, University-sponsored, University-related activities and functions, or through the use of technology or an electronic device owned by the University. The protocol also applies to third parties perpetrated at the referenced location and activities.



FIRST RESPONDERS (FP)	CASE SUPPORT PROVIDER (CSP)	RESPONDING SECTORS (RS)
Establishes initial needs and support through providing Psychosocial First Aid (PSFA)	Provides end-to-end support, further needs, and outside University referral guide.	Provides sector-based support and outside University referral guide
<ul style="list-style-type: none"> • DGO staff • Local GAD committees • Professors/Teachers • Unit/College/Office Head • Dorm Head • Peer Counselors • University Student Council • Student Organization GAD committees • Alum 	<ul style="list-style-type: none"> • DGO counselors • OASH 	<ul style="list-style-type: none"> • UHS • DGO Counseling (Psychosocial & Legal) • OASH • UP DP, SSB, Building Security Guards • OLA, UP CAL • ALL UP Academic Employees Union • All UP Workers Alliance • All UP Workers Union • HRDO
<ul style="list-style-type: none"> • Referral Slip • Report Form submit to DGO 	<ul style="list-style-type: none"> • Case Management Support • Report 	<ul style="list-style-type: none"> • Referral Slip • Report Form submit to DGO
	Provides unique support, consultation and other support mechanism.	
	<ul style="list-style-type: none"> • OVCSA • OCG, PsycServ, CSSP • Department of Psychology, CWGS 	
	<ul style="list-style-type: none"> • Collaboration Points • Recommendations 	



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Table 1. Gender-Based Response. This shows the action owner and the responsibilities.

A. CASE SUPPORT

Case management support is a useful approach in dealing with survivors with complex and multiple needs. Case management support makes use of different mechanisms to protect and help survivors through a structured method (GBV Sub Cluster Turkey Hub-Syria, 2018; GBV Sub Sector Nigeria, 2019). It requires perspective for early detection, management, implementation, coordination, monitoring, follow-up, and evaluation. This involves recognizing one’s responsibility to provide all options available for the survivor. Empowering the survivors through giving them information increases awareness of their choices, thus, giving them control and helping them form good judgment and make informed decisions.

Three Elements of Case Support

Timeliness is an element that is vital to safety and security. The quickest response lessens the risk involved in handling GBV cases (GBV Sub Sector Nigeria, 2019; Ministry of Gender, Labour & Social Development Kuala Lumpur, Uganda, 2015).

Accuracy is acquired through individualizing service-delivery based on the client’s wishes and needs. A comprehensive assessment must be used to determine the client’s needs. Moreover, coordination plays a key role in ensuring accuracy is met. Developing a plan creates better coordination (GBV Sub Cluster Iraq, n.d.).

Competence is a crucial and vital element in ensuring that appropriate and adequate support is given to a survivor. Being competent means being able to guide the survivor through the entire process from providing their need, to monitoring, and finally to follow-up.

B. PSYCHOLOGICAL FIRST AID (PSFA)

Presenting Problem or Disclosure

To uphold the guiding principles, re-victimization through making the survivor repeat their story should be avoided at all costs. PSFA aims to know the presenting problem, to ensure the safety and security of the survivor, meet their needs, and not force them to debrief. Upon knowing what they need, assist them by referring them to the sector that can help address their specific need. When the survivor chooses to disclose everything to you, strictly employ the guiding principles and disclosure guidelines. After disclosure, ensure that the case is properly documented and cascaded. Informed consent must be secured and privacy and confidentiality guidelines in information sharing must be followed.

GENBER-BASED PSYCHOSOCIAL FIRST AID (PFSA)

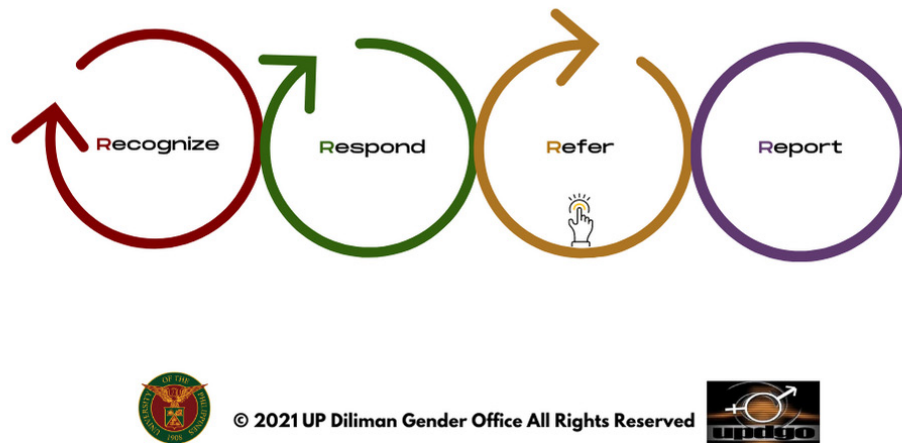


Figure 8. Gender-Based Psychosocial First Aid shows the four responsibilities of a first responder in dealing with a survivor.

Disclosure is when the survivor chooses to reveal their GBV experience (GBV Sub Cluster Turkey Hub-Syria, 2018; GBV Sub Sector Nigeria, 2019). This incident may be recent, or ongoing, or may have occurred in the past. The survivor has the right to disclose to someone, to anyone, or to everyone. The disclosure may be as little or as much of what has happened to them. They can choose to disclose whenever they want to disclose. They also have the right not to disclose.

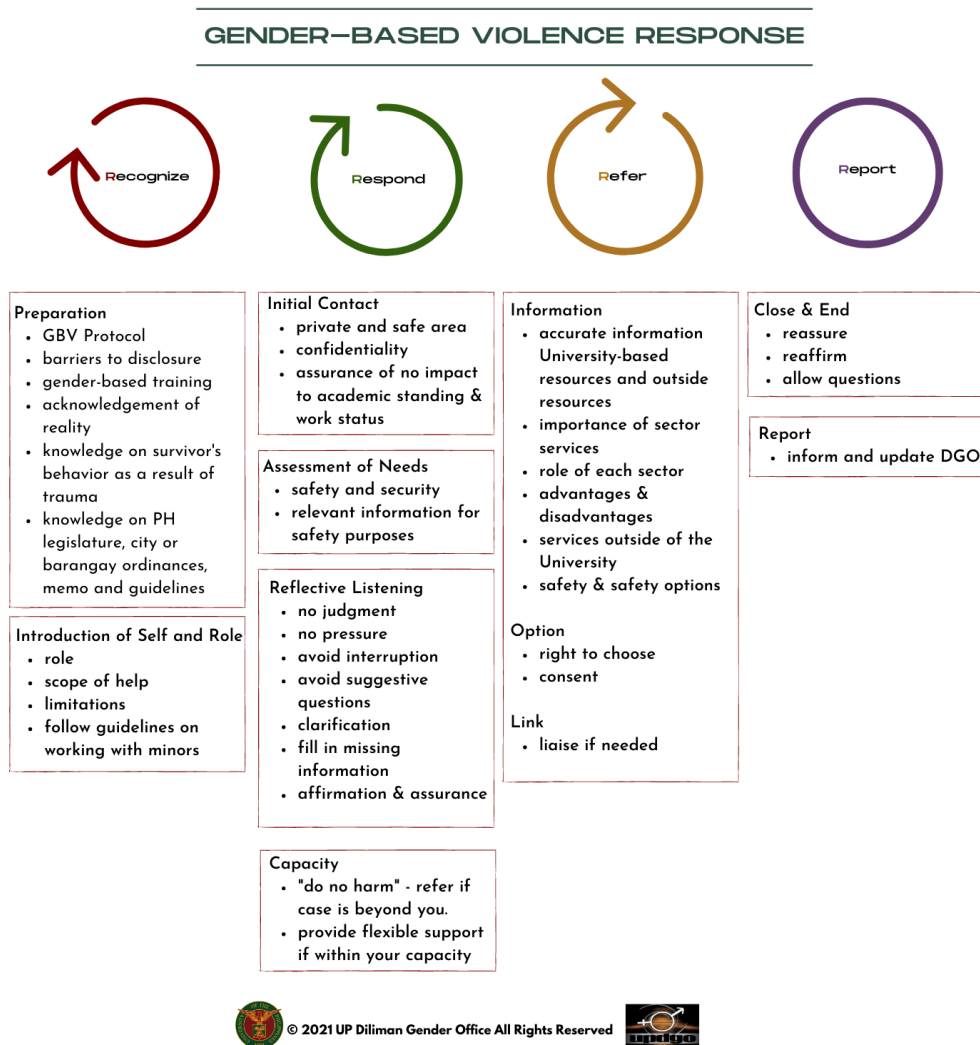
- **Direct Disclosure** is when the survivor directly shares the information about their GBV experience (NCWC, 2020).
- **Indirect Disclosure** is when a witness shares GBV information to the responder (NCWC, 2020). This also happens when a student submits an output and the professor detects abuse.
- **Voluntary Disclosure** is when the survivor is ready to share and recall the accounts of GBV (NCWC, 2020).
- **Involuntary Disclosure** is when one is coerced to share the information, or when another person shares the information which is against the survivor's will (NCWC, 2020).

Aware of the risk of GBV, everyone responding to GBV cases should adhere to standard protocols to ensure immediate and appropriate support (Inter-Agency Standing Committee, 2015). This also entails the responder to minimize the survivor's risk from further harm.

All should be trained on the guiding principles, attend trainings conducted by the DGO, and employ standard operating procedures relevant to their specialization and assignment (National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia, 2009; National Police Service, 2019). All should be knowledgeable of how the referral pathway works.

Providing PSFA is an empathic response to someone who experienced GBV. PSFA is not a replacement for counseling; therefore, if there is an identified need for a more tailored form of psychosocial support, the survivor must be referred to a counselor.

The disclosure procedure follows the survivor-centered approach wherein the responders respect the dignity and rights of the survivor (GBV Sub Sector Nigeria, 2019) and follow a standard to ensure the safety of the survivor at every step of the process.



1. GENERAL GUIDELINES FOR FIRST RESPONDERS IN MANAGING THE PROBLEM PRESENTED OR DISCLOSURE BY THE SURVIVOR

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> • Know the GBV Protocol Guiding Principles • Be aware of the following barriers: <ul style="list-style-type: none"> • male survivors have more barriers in accessing help due to masculinity social norms. Know how to employ non-discriminatory care • women and girls with disabilities are more at risk • stereotyping and stigma leads to prejudice and discrimination (Cristobal & Padilla, n.d.) • Know the different terms and identities that encompasses the LGBTQIA+ community to avoid assuming a survivor's gender identity or sexual orientation and to avoid "outing" them • Have a list of hotline numbers readily available and contact information of GBV responding sectors • Ensure continuous professional development • Comply with the general reporting procedure
Introduction	<p>At the beginning, immediately explain your role (Donaldson, 2018):</p> <ul style="list-style-type: none"> • Provide information about the scope of help you can provide and the limitations • Explain that your role is to let them know their options and assist them in obtaining the services • Make sure to emphasize that this is not a replacement of counseling/psychotherapy

Table 2. Gender-Based Response is employing PSFA adhering to the guiding principles throughout different stages when survivors present the problem or disclose GBV.

Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> • Conduct conversation/interview/assessment with the survivor in a private space that is quiet and with an escape route as an added protection from the perpetrator • Ensure that they are not left alone • Ensure that the person is away from the perpetrator • Gather the following information: (a) name, (b) assigned sex at birth, (c) gender, (d) age, (e) if a UP constituent or not, and (f) if working or a student (NCWC, 2020) <ul style="list-style-type: none"> – If online: ask their barangay and city of residence and the perpetrator’s residence as well • Properly evaluate the safety and security of the survivor and remove the survivor in danger only if it is safe to do so • Identify, gather information about, and assess the immediate needs of the survivor (NCWC, 2020) and make sure that the questions pertaining to abuse is only to verify the risk: <ul style="list-style-type: none"> – If the survivor needs immediate medical attention – What kind of abuse is happening or the nature of GBV in order to know if medico-legal requirements is needed and other protection needs – If the abuse is current or its timing to be able to assess the need to be removed from the location – If there is one or more forms of abuse happening in order to know what multiple services can be provided – Location of the abuse for security contingency plan (e.g., hotline number of the barangay). Verify where the abuse took place to determine if the environment is unsafe for the survivor to go back to
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Initial Contact/ Assessment of Needs (cont.)	<ul style="list-style-type: none"> – Determine who is the perpetrator to assess the risk (Washington Coalition of Sexual Assault Program, n.d.) – Relationship to the perpetrator for added security – Perpetrator’s tendency to commit criminal act in order to know if there’s a need for shelter – If the perpetrator has a deadly weapon • Once the details above have been identified and have assessed that the survivor is in danger, decide to act. Make sure that the action is with informed consent • Make sure that the security measures that will be employed are what the survivor believes to be appropriate (Donohue, Hill, & Maier-Paarlberg, 2007)
Reflective Listening	<ul style="list-style-type: none"> • Recognize and validate the survivor’s decision to disclose GBV experience • Listen to the experience without pressuring the survivor to talk • Validate the experience of the GBV survivor through verbal cues • Communicate that you believe them by not trivializing or minimizing the violence • Not letting them feel that their experience is “not a big deal”/invalid • Be consistently non-judgmental through words and non-verbal cues. Make sure words and gestures used are aligned • Responses can either be in a form of gentle nod and eye contact • Assure them that feeling negative strong emotions about the experience, to the perpetrator, and to self is common

	<ul style="list-style-type: none"> Assure them that their GBV experience is not their fault, and that violence is unacceptable Acknowledge their strength and capacities to cope with what happened <p>(UNICEF, 2019)</p>
Information and Options	<ul style="list-style-type: none"> Assure them that help is available Provide accurate information of the services available and communicate the scope and limitation of the service to manage expectations <p>Recognizing that GBV is characterized by loss of choice and power, the survivor must be given control of what happens after disclosure. Let the survivor develop their own thoughts, explore options, and make their own decision (Donohue, Hill, & Maier-Paarlberg, 2007).</p> <ul style="list-style-type: none"> Communicate that they have the right to choose what service/s they would like to go through Expect that they will not be quick in deciding. Let them feel that they can take time to decide Inform them that they do have the right to refuse any service Do not give any information that first responders do not know or are not sure about Explain to the survivor the significance of seeking healthcare within 48 hours to preserve medical evidence pertinent to filing a report later on either through OASH or through a lawyer Allow the survivor to clarify and ask questions Do not provide more so impose on what the survivor should do Do not pressure them to walk-out of an abusive relationship, especially not knowing the imminent dangers

	<ul style="list-style-type: none"> Disclosure and formal complaint are two different decisions the person has to make. Explain the difference between the two (Western University, n.d.b)
Referral System	<ul style="list-style-type: none"> Collection of data must have the approval of the survivor Coordinate the information on a need-to-know basis only and with approval of the survivor. Only details relevant to the specific sector should be disclosed with the permission of the survivor. Do not include identifying information unless with the permission of the survivor Liaise with the GBV responding sector of choice
Close	<ul style="list-style-type: none"> Reaffirm that this is not their fault Reassure the survivor that no one deserves to be violated Reaffirm their rights to be protected and helped Reassure confidentiality
End/Synthesis	<ul style="list-style-type: none"> Prepare written report following the standard template and submit it to the DGO on a quarterly basis

2. INDIRECT DISCLOSURE VIA ACADEMIC REQUIREMENT

Students who experience or have experienced GBV are silenced due to stigma (Durfee & Rosenberg, 2009) and would prefer to indirectly disclose their experience through paperwork submission which includes essays, reaction papers, or movie or book review or other forms of school output where the teacher detects abuse. Surviving abuse may present difficulty in handling emotions, utilizing social support and how to navigate through feelings of shame and guilt (Fry, Lopez, Madrid, Muyot & Pante, 2020).

a. For adult students:

Aside from referring to the general guidelines to presenting problem or disclosure, be guided with these specific procedures and actions:

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> Recognize that abuse can happen to anyone even from the person they trust Undergo training to verify the abuse in a non-judgmental and threatening way
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> Assure the student that this is confidential and disclosing will not affect their academic standing (Root, 2016) Ask how first responder/teacher can help
Reflective Listening	<ul style="list-style-type: none"> Withhold judgment and listen Do not ask for proof as this disempowers them further (Donaldson, 2018; Donohue, Hill, & Maier-Paarlberg, 2007). Do acknowledge the importance of having evidentiary proof that can be used for filing a complaint. Provide examples of evidence the survivor can collect (e.g., screenshots, journal, people the survivor talked to about the incident)
Information and Options	<ul style="list-style-type: none"> Explain limitations of one's confidentiality based on Philippine law (e.g., Safe Spaces Act and Child Protection Policy) Explain all the services and the benefits. Mention that these are options and not a requirement Provide detailed information about formal complaint or formal reporting
Referral	<ul style="list-style-type: none"> Consult what further action they want to take Communicate understanding of the need to secure medical, legal, or counseling assistance and that acknowledge need to possibly take reasonable absences (Donaldson, 2018; Donohue, Hill, & Maier-Paarlberg, 2007) Consult with the DGO if needed
Close	<ul style="list-style-type: none"> Assure them that provisions will be provided, and that these will be communicated to them clearly

b. For children and adolescent students

Aside from referring to the general guidelines to presenting problem or disclosure and guidelines for adult students, be guided with these specific procedures for children and adolescent students:

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> Learn about the developmental ability of the child/adolescent for appropriateness of words to use (Saywitz, Lyon & Goodman, 2011) Learn about behavior of the children to detect abuse (Saywitz, Lyon & Goodman, 2011) Refer to the disclosure guidelines for adult students (Saywitz, Lyon & Goodman, 2011)
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> Build rapport by asking the child to narrate a non-abuse-related experience (e.g., "What did you do last weekend?") (Chamberlin, Kenniston, Stewart, Newlin, & Vaughan-Eden, 2015; Chen, Rovi, & Vega, 2005) Expect that "many influences have an impact on a child's experience of abuse and on his or her ability to encode details" (Chamberlin, Kenniston, Stewart, Newlin, & Vaughan-Eden, 2015; Chen, Rovi, & Vega, 2005) If the perpetrator is not the parent, ask the survivor if they would like to have the conversation in the presence of their parent or guardian. If not, proceed to assess safety and later explain the need to inform the parents as stated in the Child Protection Policy

Reflective Listening	<ul style="list-style-type: none"> Do not interrupt while they are narrating as this might make them feel misunderstood. Also, do not interrupt them only to put the blame on them or comment insensitively (Lynch, 2021) “Avoid suggestive questions that could compel the child to respond inaccurately” (Chamberlin, Kenniston, Stewart, Newlin, & Vaughan-Eden, 2015, Chen, Rovi, & Vega, 2005). For example: Survivor: “He touched me” Responder: Oh, did he rape you?
Information and Options	<ul style="list-style-type: none"> Discuss what is safety (e.g., respecting personal boundaries and respected when the survivor refuses) Explain safety plans (e.g., what to do if the survivor is alone and the perpetrator is in the same area)
Referral	<ul style="list-style-type: none"> For psychosocial needs, coordinate with the UPIS Office of Counseling Guidance For treatment, coordinate with UPIS healthcare clinic For other concern, coordinate with the DGO
Close	<ul style="list-style-type: none"> Allow the child/adolescent to ask questions

3. PRESENTING PROBLEM OR DISCLOSURE THROUGH UNIVERSITY AUTHORITIES

Aside from referring to the general guidelines to disclosure and guidelines for students, these specific procedures and actions should be considered when dealing with disclosures from faculty, staff, and students:

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> Acknowledge that GBV can happen even in your group Create a non-discriminatory, gender-sensitive, and gender-responsive guidelines to assist GBV survivors Circulate an internal communication acknowledging the relevance of gender equality and women empowerment Be aware of the potential barriers that hinder students and employees to seek support Ensure availability of list of university-based resources Be aware that survivors may experience temporary challenges in performing work responsibilities Either establish the GAD committee (if there is none) and include the GAD focal person or tap GAD focal persons to assist as they are trained (United Nations, 2010)
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> Assure the student that information disclosed is confidential and disclosing will not affect their academic standing Assure the employee that after disclosing the incident of GBV, the office will not retaliate or take any punitive employment actions Identify if the perpetrator is from the same unit/college/office to prevent further risk Check if there is a need to modify work schedules, work locations, and other measures that can increase safety of the survivor

	<ul style="list-style-type: none"> • Provide flexible support that is tailored to meet the specific individual need • Address and support safety needs based on one's capacity <p>(NHS Ashire & Aran, n.d.)</p>
Reflective Listening	<ul style="list-style-type: none"> • Assure them that this matter is taken seriously • Acknowledge that it is not always easy to know what to do <p>(NHS Ashire & Aran, n.d.)</p>

4. PRESENTING PROBLEM OR DISCLOSURE THROUGH THE SECURITY FORCES (UP DILIMAN POLICE [UPDP], SPECIAL SERVICES BRIGADE [SSB], AND SECURITY GUARDS)

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> • Align responses with the Philippine National Police (PNP) and Women and Children Protection Center (WCPC) functions • Know and carry out the legal responsibility of protecting the rights of women and children • Undergo training on human rights and responsibilities, gender sensitivity, and legal management of rape cases (Philippine Commission on Women, n.d.b) • Evaluate and develop strategies for all UP Police to promptly, appropriately, and respectfully respond to GBV survivors and perpetrators

	<ul style="list-style-type: none"> • Ensure that all UP Police undergo training under the DGO relating to sensitivity training on issues related to SOGIESC (Geneva Yogyakarta Principles, 2007) and all training related to gender (Women and Children Protection Center, n.d.) • Ensure that only the trained woman desk officer/ GAD committee member should conduct the interview and investigation. If the trained woman desk officer is unavailable, refer to the DGO. • Ensure that only one officer should interview the survivor in a secure and private place
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> • Investigate in accordance with the human rights of the survivor without needlessly adding to the burden of the survivor • Use investigative techniques that do not degrade the survivor • Use gender-fair language in all proceedings to avoid discriminatory and offensive words • Do not use legal jargons to avoid confusion and misunderstanding • Assist an injured survivor for medical assistance (Dhanani, Namy, & Sekaram, n.d.; Department of Justice D.C. 023., 2017; Elimanco, n.d.)
Reflective Listening	<ul style="list-style-type: none"> • Protect the dignity of the survivor through non-judgmental responses (United Nations, 2010) • Act professional, impartial, and in an objective manner (United Nations, 2010) • Gather and preserve evidence which includes detailed notes of words and actions (United Nations, 2010)

Information and Options	<ul style="list-style-type: none"> Assist on how the survivor can develop their own safety plan (United Nations, 2010)
Referral	<ul style="list-style-type: none"> Ensure proper and immediate coordination with the appropriate sector/s
Close	<ul style="list-style-type: none"> Inform the survivors that their protection is assured

Security Forces: Patrolling UPD Police, SSB and Security Guards On the scene of the GBV incident, the patrolling security personnel should:	
Step 1: Immediately separate the survivor from the perpetrator to stop the violence or immediately protect the survivor from further harm	
Step 2: Identify and secure any dangerous weapons that perpetrator may have on hand and remove it from the scene	
Step 3: Arrange medical treatment immediately if survivor is injured	
Step 4: Ascertain what form of GBV happened	
Step 5: Identify identities of both survivor and perpetrator. Identify if they are UP constituents	
Step 6: Identify and collect any potential evidence	
Step 7: Conduct a gender-sensitive initial interview with the survivor in a private space and ascertain that the survivor is ready and okay with the interview if you are trained to do so. Otherwise, tap the GAD committee member to do the interview and turnover pertinent information with the consent of the survivor	
Step 8: Inform the DGO	
Step 9: Document the incident and make a formal report	

Adapted from Handbook on Effective police responses to violence against women by the United Nations (2010).

5. PRESENTING PROBLEM OR DISCLOSURE OF GBV INCIDENT IN THE DORMITORIES/RESIDENCE HALLS AND OTHER HOUSING FACILITIES OF THE UNIVERSITY

Carrying the values of the University toward inclusion and quality treatment for all, dormitories/residence halls and other housing facilities should also cater to the needs of individuals, especially the persons with diverse SOGIESC.

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> Review dormitory/residential hall policies and check if they are gender-inclusive and gender-sensitive, and propose policy changes to align with these principles (Krum, Davis, & Galupo, 2013) with the highest consideration that safety and security must be prioritized All personnel should be knowledgeable and trained regarding handling and responding to the GBV reports they receive, and referring to partner sectors if needed (Krum, Davis, & Galupo, 2013) If possible, a room should be dedicated for a dormer who may not feel secure
Reflective Listening	<ul style="list-style-type: none"> Understand the survivor and their situation with empathy (Lynch, 2021) Restate and reflect the information given by the survivor to assure them that they are being heard and listened to (Lynch, 2021)
Close	<ul style="list-style-type: none"> Assure the survivor of their security within the dormitory

6. PRESENTING PROBLEM OR DISCLOSURE OF GBV INCIDENT THROUGH SOMEONE ELSE

There are incidents that a co-student or a co-faculty may seek information and guidance on behalf of the survivor.

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> • Same preparation as teachers
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> • Thank them for stepping forward to assist their classmate/friend/colleague • Assure them that being there to listen and believing their classmate/friend/colleague is a huge help (University of New Hampshire, n.d.)
Reflective Listening	<ul style="list-style-type: none"> • Clarify through the representative what kind of help is needed
Information and Options	<ul style="list-style-type: none"> • Inform the representative of the services for the survivor
Referral	<ul style="list-style-type: none"> • Upon verifying with the representative that there is an intention to pursue a complaint for sexual harassment, inform the representative that they will be referred to OASH • Upon verifying with the representative that there is an intention to pursue a complaint for other forms of GBV, inform the representative that she/he/they will be referred to the DGO

7. PRESENTING PROBLEM OR DISCLOSING GBV EXPERIENCE THROUGH HEALTHCARE VISIT

Some survivors of GBV may go directly to healthcare facilities to have themselves treated and disclose GBV experience (Williams, Gonzalez-Guarda, Halstead, Martinez, & Joseph, 2020).

PROCEDURE	ACTION
Preparation	<ul style="list-style-type: none"> • Understand that personal characteristic plays an important role for survivors to feel a connection that will help initiate disclosure • Same-sex healthcare provider is one of the consideration of survivors to disclose • Be ready with a list of hospitals or healthcare services that facilitate medico-legal examination to rape survivors and can treat possible sexually transmitted infection (DSWD Administrative Order 10, 2009)
Initial Contact/ Assessment of Needs	<ul style="list-style-type: none"> • Foster connection with survivor as a gateway for the survivor to disclose GBV experience (Williams, Gonzalez-Guarda, Halstead, Martinez, & Joseph, 2020) • Establish connection through kindness and care (Tarzia, Bohren, Cameron, Garcia-Moreno, O'Doherty, Fiolet, Hooker, Wellington, Parker, Koziol-McKlain, Feder, & Hegarty, 2020) • A simple nod, handling a box of tissue, and saying comforting words arrives at a feeling that they are taken cared of (Tarzia, Bohren, Cameron, Garcia-Moreno, O'Doherty, Fiolet, Hooker, Wellington, Parker, Koziol-McKlain, Feder, & Hegarty, 2020) • Let them feel safe and assured of confidentiality

Reflective Listening	<ul style="list-style-type: none"> • Stop what you are doing and listen (Tarzia, Bohren, Cameron, Garcia-Moreno, O’Doherty, Fiolet, Hooker, Wellington, Parker, Koziol-McKlain, Feder, & Hegarty, 2020) • Ask the survivor if you can close the door for privacy • Let them feel that they have enough time to disclose and that they are not rushed because you have another patient to attend to (Tarzia, Bohren, Cameron, Garcia-Moreno, O’Doherty, Fiolet, Hooker, Wellington, Parker, Koziol-McKlain, Feder, & Hegarty, 2020) • Listen intently. Survivors just want to feel that you are paying attention to what they are saying (Wallin Lundell, Eulau, Bjarneby, & Westerbotn, 2018)
Information and Options	<ul style="list-style-type: none"> • Give the survivor an opportunity to voice out concerns (Williams, Gonzalez-Guarda, Halstead, Martinez, & Joseph, 2020)
Referral	<ul style="list-style-type: none"> • Outside referral is done if treatment, services, or facilities are not available
Close	<ul style="list-style-type: none"> • Inform them of any follow-up service • Re-assure them that they can go back if they need more treatment or if they have questions

C. GBV RESPONDING SECTORS



GENDER-BASED VIOLENCE RESPONDING SECTORS



HEALTH / MEDICAL	PSYCHOSOCIAL	SAFETY & SECURITY	LEGAL
medical treatment & assistance on outside referral <ul style="list-style-type: none"> • UHS 	psychosocial counseling to survivor & perpetrator, other affected areas of life due to GBV experience refer accordingly GBV Academic Mental & Emotional Disorders DGO Counselor OCG Counselor CSSP Dept of Psychology Psyserv	physical safety and security <ul style="list-style-type: none"> • UP DP • SSB • building security guards 	legal services and support for the survivors <ul style="list-style-type: none"> • OVCSA • OCG, Psyserv, CSSP • Department of Psychology, CWGS
ACADEMIC	EMPLOYMENT	SANCTUARY	COMPLAINT
assistance on taking a leave, notifying professors, consultation on Student Code of Student Conduct <ul style="list-style-type: none"> • All UP: Academic Employees Union • University Student Council • Student Organizations 	information based on the Faculty Manual or Employee Handbook, and provision privileges <ul style="list-style-type: none"> • All UP: Academic Employees Union • All UP Worker Alliance • All UP Workers Union • Human Resources Division Office (HRDO) 	coordination for possible dorm in UP or temporary shelter outside UP <ul style="list-style-type: none"> • Diliman Gender Office • CWGS • OVCSA 	sexual harassment complaint <ul style="list-style-type: none"> • OASH

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Table 3. GBV Responding Sectors. This table shows the different services, functions and who are involved.



UP Diliman Gender Office (UP DGO)

In charge of all gender-based violence incidents, issues, and concerns in the University of the Philippines Diliman, the DGO also holds and provides training, research, counseling, and advocacy programs in relation with gender and gender-related topics. Aside from these, the DGO is also concerned with the coordination, interview, and evaluation of the needs in order to strengthen the tie-up.

UP Diliman Gender Office (UPDGO)

2/F Benton Hall, M Roxas Street,
UP Diliman, Quezon City, 1101
8985 8500 loc 2467

email: updgo@up.edu.ph

Facebook page: <https://www.facebook.com/updgo.2003>

Counseling: dgo_counseling.upd@up.edu.ph

<https://www.facebook.com/Anna.DGOCounselor/>



Office of Anti-Sexual Harassment (OASH)

Directly under the Office of the Chancellor, OASH is in charge of preventing and any sexual harassment from taking place in the University through different programs (educational activities, preventive programs, providing trustworthy procedures for the aggrieved individuals or the victims, securing and supporting

the victims or the aggrieved, and checking whether the disciplining authority’s decision is called for or not, etc.), and handling cases of such.

1. Health/Medical Response

If the survivor agrees, it is necessary to provide information on the medical procedures in all phases involving healthcare assistance. Only qualified medical personnel should facilitate healthcare procedures and provide treatment to survivors.

Cited below is the responder under the safety and security sector:

- University Health Service (UHS)

2. Psychosocial and Crisis Support

This sector provides psychosocial support to both the survivors and perpetrators. These are to protect and support the survivors, and aid in the necessary changing of the perpetrators’ behaviors. Moreover, those who can only give such services are individuals who are qualified to do so.

If deemed it necessary to refer the survivor for academic needs or mental and emotional concerns, the counselor liaises with other professionals for the survivor’s specific concerns.

Compounding concerns may arise, and delineation of services are as follows:

Gender-based violence	Diliman Gender Office (DGO)
Academic	Office of Counseling and Guidance (OCG)
Mental and Emotional Disorders	PsycServ

This sector too is in charge of caring for the responders. Workshops such as care for the caregivers, counseling/therapy, and consultation can be provided.

3. Safety and Security

To ensure the safety of UP constituents, the police and security personnel of UP Diliman and SSB should patrol the area and respond to all GBV cases in the campus. They should carry out basic laws in accordance with ordinances and policies of both the Quezon City LGU and UP. The building security guards, likewise, should ensure the safety of the people in the building and nearby areas.

They should be trained to respond to GBV incidents to provide appropriate actions to minimize risk and assure that rights outweigh the risks. Moreover, responding to GBV, the public safety and security sectors in partnership with the DGO should also initiate programs and employ principles that will protect and promote the survivors.

Safety and security should be ensured with adequate and appropriate infrastructures. Lighting, entrance and exit points, common toilets, and shower facilities, etc., play an important aspect in keeping someone safe. Feelings of security increase apart from the actual security it brings. The concept of GBV is considered in designing and implementing infrastructure development.

Cited below are the responders under the safety and security sector:

- UP Diliman Police (UP DP)
- Special Service Brigade (SSB)
- Building Security Guards

- Office of the Vice Chancellor for Planning and Development (OVCPD)
- Office of the Vice Chancellor for Community Affairs (OVCCA)
- Office of the Campus Architect (OCA)

4. Legal Sector

UP GBV responders coming from the legal sector should be equipped with the knowledge and skills in working on GBV cases from data gathering and interviewing down to providing other legal services and support for the survivors. To help survivors better understand the law, the legal sector is in charge of interpreting the law to them.

Requirements and procedure orientation are part of the services given. Cited below are the UP GBV responders from the legal sector:

- UP College of Law (LAW)
- Office of Legal Aid (OLA)
- DGO Legal Counseling

5. Academic Sector

This sector helps in propagating gender mainstreaming in the design and implementation of curriculum. This sector helps incorporate socio-cultural contents informed by and anchored in gender in the curricular structure. This sector can provide academic support by informing the survivor of the provisions that they can avail. This sector can also provide pertinent information to the survivor on how GBV cases are dealt with inside the University based on the Student Code of Student Conduct of UP 2021, Faculty Manual, ASH Code, and other memos.

Cited below are the UP GBV responders from the academic sector:

- Office of the Vice Chancellor for Academic Affairs (OVCAA)

- All UP Academic Employees Union (AUPEAU) – Diliman Chapter
- University Student Council (USC)
- Student Organizations

6. Employment

This sector is involved in assisting the survivor by providing information based on the Faculty Manual, policies for Research, Extension and Professional Staff (REPS), and Administrative Staff. Privileges, special provisions, flexibility on work, protection, and other information that may be vital to the needs of the survivor.

Cited below are the UP GBV responders from the employment sector:

- Human Resources Division Office (HRDO)
- All UP Academic Employees Union (AUPAEU) – Diliman Chapter
- All UP Workers Union Diliman Chapter (AUPWU)
- Alliance of Contractual Employees in UP (ACE UP)

7. Sanctuary

This sector is involved in finding a temporary shelter as recommended or assessed by the first responder. The person in charge will coordinate with other sectors to verify the need and liaise with the authorized person for the provision of the University sanctuary. Moreover, this sector provides information regarding shelters that can accommodate the survivor.

Cited below are the UP GBV responders from this sector:

- Diliman Gender Office (DGO)
- Office of the Vice-Chancellor for Student’s Affair (OVCSA)
- Office of Student Housing (OSH)

Complaint

Madrid et al. (2020) identified that sexual abuse is the most difficult to detect as survivors hesitate to report their experience. Similarly, across the different countries sexual harassment reports are done anonymously in fear of being stigmatized (Cudis, 2019; Dubowitz, Prescott, Feigelman, et al., 2008). The culture of privacy in the Philippines tends to keep victims silent. Students who received sexually inappropriate attention often dismissed their experience due to fear and shame, making this behavior common and normalized by perpetrators and making it appear that it is welcomed by the victims. Aside from negative stigma, the fear of disclosure is caused by threatening acts of the sexual offender (Fry, Lopez, Madrid, Muyot, & Pante, 2020). United Nations (2020) reported that women feel that their complaints are not dealt with seriously and that they express fear over losing their job.

An effective gender-responsive complaints procedure is a result of the DGO’s recognition that disclosure in itself stirs stress and trauma and filing a complaint is very stressful and may result in re-traumatization as the burden of proof solely relies on the complainant (UN Women, n.d.).

If a student or an employee would like to file a complaint, refer them accordingly to the following offices or sectors:

Nature	Office/External Referral
Gender-Based Sexual Harassment done online, in public spaces, at work and in school (Safe Spaces Act)	OASH
Domestic Violence	OASH
Legal Case	Legal Sector

D. REFERRAL AND COORDINATION

If the first responder is able to identify a concern and deciding how to deal with it is needed, the first responder may endorse the concern to someone with relevant expertise or experience. Partnership with various units of the University and with the LGU is crucial in leveraging and strengthening human resources to address GBV (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012). Training programs should be provided to improve capacity of providing services and ensure the effectiveness of services (Fry & Padilla, 2021).

Referral System is the cornerstone element of the survivor-centered approach. Having rights and options to access care, protection, treatment, psychosocial support, and legal assistance enables the survivor to receive appropriate support (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012, UN Women, n.d.). Safe, ethical, and confidential referral system for survivors should be provided for appropriate care and assistance.

- **Internal Referral** refers to a UP constituent whether a student, faculty member, REPS member, or anyone in the University.
- **Outside Referral** refers to a non-UP constituent.
- **Remote Referral** refers to the circumstance that a survivor is referred by one service unit to another remotely. This is either via landline, email, SMS, or social media platforms and applications.

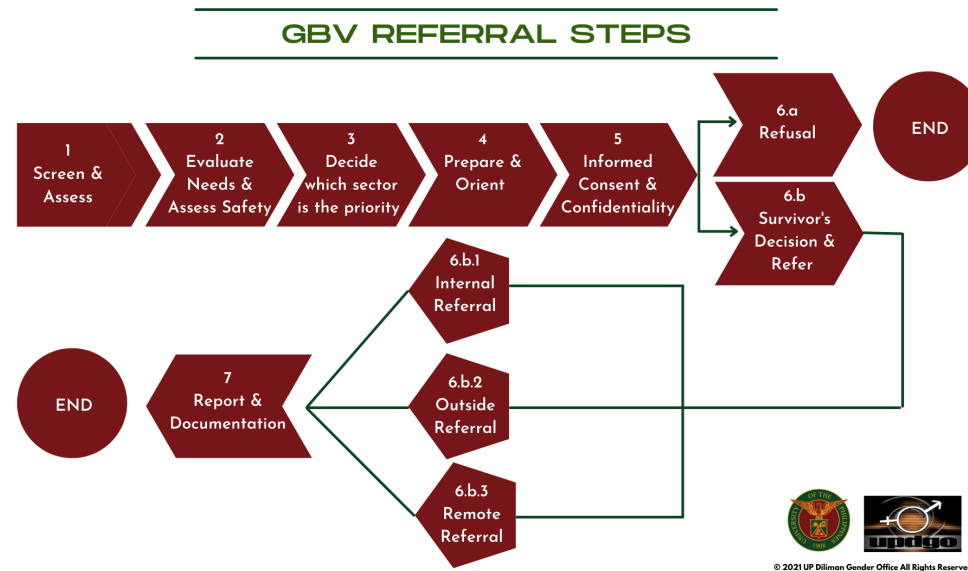


Figure 9. Referral and Coordination is a multi-sectoral and multidisciplinary approach that is flexible. This safely links survivors to the identified priority sector to fulfill needs and concerns.

REFERRAL STEPS:

Step 1: Screen and Assess

- Using gender-responsive questions are important in collecting sensitive information on the survivor, the perpetrator, or the witness. A set of questions permits easy aggregation of responses. This involves less latitude and would be psychologically safe (RHRC Consortium, 2004).
- The survivor has the right to refuse to answer. Survivors should not be forced to answer.
- The survivor has the right to request the interviewer to slow down or take a break.
- The survivor has the right to request a same-sex responder.
- Avoid questions implying it's the victim's fault.

Step 2: Assess Safety and Security

- Evaluate by identifying needs and assess safety and security (GBV-Sub Sector Syria, 2018).
- Ask questions that would determine physical safety of the survivor and assess emotional security.

Step 3: Decide

- Key questions should be considered in deciding which sector the client should be endorsed to.
- Based on the identified needs of the survivor, know which one needs to be prioritized.
- Discuss details with the priority sector.

Step 4: Prepare and Orient

- Inform the survivor that they will be referred to a sector that can help them better with their needs.
- Set the expectation of the survivor by explaining the professional expertise of the sector you decided to refer the survivor to.

Step 5: Informed Consent and Confidentiality

- Assure the survivor that all actions are contingent on their consent.
- Confidentiality will be employed at all costs.

Step 6: Refer and Coordinate / Refusal of Service

Refer & Coordinate

- If the survivor agrees, coordinate with the sector you are referring to and provide the scope of information based on what was agreed upon with the survivor.
- Discuss contents of the referral form and fill-out the data needed together with the survivor.

Refusal

- If the survivor refuses, assure the survivor that it is their right to refuse any service.
- Explain that if they refuse at the moment, this does not affect their right to request or access this service in the future.
- Explain that they can refer to the DGO referral directory for the list of services: <https://dgo.upd.edu.ph/legal-and-psychosocial/gender-based-violence-referral-directory/>.

Step 7: Reporting and Documentation

- Whether the client agrees to continue with referral or refused to avail any of the services, document and report the disclosed incident to the DGO and practice confidential protocols.
- Follow the Data Management protocol in documenting the incident

Referral flow adapted from Fitness Australia (2013).



GENDER-BASED VIOLENCE RESPONSE

REFERRAL FORM

I will ask questions that are very personal and I understand if you will feel uncomfortable. Questions that will be asked will assess your immediate needs so we can provide appropriate and timely support.

You have the right to confidentiality. This means, you have the control which information you think can be shared to the sector who will aid you with your needs without compromising your privacy.

NAME ON BIRTH CERTIFICATE

PREFERRED NAME

SEX AT BIRTH GENDER

HOW DO YOU LIKE TO BE CONTACTED? EMAIL

MOBILE FB MESSENGER VIBER

UP CONSTITUENT? Y / N STUDENT / WORKING? AGE

TYPE OF GENDER-BASED VIOLENCE

Physical Violence	<input type="checkbox"/> Y / N	Misgendering	<input type="checkbox"/> Y / N
Domestic Violence	<input type="checkbox"/> Y / N	Discrimination	<input type="checkbox"/> Y / N
Sexual Abuse	<input type="checkbox"/> Y / N	Homophobic bullying	<input type="checkbox"/> Y / N
Sexual Harassment	<input type="checkbox"/> Y / N	Others:	<input type="text"/>
Sexual Assault	<input type="checkbox"/> Y / N		

Did this happen face to face or online?

Perpetrator: Intimate Partner | Family | Classmate | Professor | Stranger
 Others:

CONSENT

I grant permission to _____ to share the following information to health | psychosocial | security | legal sector for appropriate assistance. I permit to share the following information:

Fullname Full background of the incident

Preferred Name Only the nature of the incident

Signature _____

E. GENDER-RESPONSIVE FACILITATION GUIDE

This portion serves as a partial action guide on how to facilitate PSFA in a gender-responsive manner. The manner of how the questions, responses, statements are posted in accordance with: (a) guiding principles for all actions that adhere to survivor-centered principles; (b) PSFA, specifically the guide when responding to disclosure; and (c) referral steps. As these are just samples, ensure that your guide questions adhere to the protocol. If in doubt, you may consult the DGO.

During Initial Contact

- Do not pressure the survivor to debrief. By stating your intention, you are giving a chance to survivors to decide what they would share.

“How can I support you?” “How may I help you?” “How do you want me to assist you?” (United Nations, n.d.)	“Paano po ba namin kayo matutulungan?” “Sa papaanong paraan ba kita matutulungan?”
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Privacy and Comfort

- The survivor has the right to confidentiality and asking the comfort of the survivor communicates that you know their rights.
- Expect that survivors act differently and offering them comfort may translate that you show care and support.

“Does this place feel OK for you?” “Is there another place where you would feel better?” “Do you feel comfortable having a conversation here?” “Would you like some water?” “Please feel free to have a seat.” “I am here to listen.” “I am here for you.” (United Nations, n.d, Inter-Agency Standing Committee GBV Guidelines Pocket Guide)	“Okay lang ba dito tayo mag-usap?” “Kumportable ba itong lugar para sa iyo para makapag-usap tayo?” “Gusto mo ba uminom muna ng tubig?” “Nandito ako para makinig.” “Nandito ako para sayo.”
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Building rapport and informed consent	
<ul style="list-style-type: none"> • Giving survivors the assurance increases their level of rapport and trust. • This communicates the “do no harm” principle you have as a responder • This also respects their rights. 	
<p>“Everything that we talk about together stays between us. I will not share anything without your permission.” (United Nations, n.d; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)</p>	<p>“Lahat ng mapag-uusapan natin dito ay confidential at ipapag-paalam ko sayo kung sakaling may impormasyon akong kailangan ibahagi sa susunod na mag-aasikaso ng kailangan mo.”</p>
Assessment Guide (Risk and Safety)	
<ul style="list-style-type: none"> • This communicates that you follow ethical standards. • This shows that you know that the survivor may be scared and needs assurance. • Questions herewith are foundation questions to clarify or validate the needs. 	
<p>“I’ll be asking questions and it’s okay to say ‘I don’t know’ or ‘I don’t understand that question.’” (APSAC, 1990; Lamb & Brown, 2006; Orbach & Pipe, 2011; Saywitz & Camparo, 2009)</p>	<p>“May mga tanong ako at okay lang sabihin pag hindi mo alam ang sagot.”</p>
<p>To know what kind of abuse the survivor endured, ask “What kind of abuse are you experiencing?” (Chen, Rovi & Vega, 2005; Department of Justice D.C. 023., 2017)</p> <p>“Who did this to you?”</p>	<p>“Anong klaseng pang-aabuso ang nararanasan or naranasan mo? Sino ang may gawa nito?”</p>
<p>“Are you hurt?”</p> <p>“You seem to be in a lot of pain right now, would you like to go to the health clinic?” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)</p>	<p>“Sa iyong palagay, kailangan mo ba magpakonsulta sa UHS?”</p>

<p>“You can choose whatever you want to narrate.”</p>	<p>“Karapatan mong magbahagi ng nais mo lang ibahagi.”</p>
<p>“We do have medical treatment; would you want to go, and have it checked at the clinic?”</p> <p>If NO: “Here’s their number just in case you need them in the future.”</p> <p>If YES: “In giving them a heads-up, what information can I share with them?”</p>	<p>“Sa UHS meron tayong karampatang lunas na pwedeng mabigay sa ‘yo. Gusto mo bang magkonsulta?”</p> <p>Kapag HINDI: “Ito ang kanilang numero kung kailangan mo sa susunod.”</p> <p>Kung OO: “Mag-aabiso ako sa kanila para maasikaso ka, anong impormasyon ang payag kang ibigay ko sa kanila?”</p>
<p>“Do you feel safe right now?” (Chen, Rovi & Vega, 2005; Department of Justice D.C. 023., 2017)</p> <p>If NO: “Here’s a list of emergency hotline numbers.”</p> <p>If YES: “Do you have a place where you can be safe?”</p>	<p>“Sa tingin mo ba, safe ka?”</p> <p>Kapag HINDI: “Narito ang mga pwede mong tawagan kung sakaling kakailanganin mo ng tulong.”</p> <p>Kung OO: “Meron ka bang matutuluyan na ligtas ka?”</p>
<p>To manage expectation of the survivor:</p> <p>“I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on-support available to you.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)</p>	<p>“Susupportahan kita sa alam kong paraan ngunit hindi ako counselor. Pero may mga impormasyon akong makakatulong para sa iyo.”</p> <p>“Ibahagi mo lang ang gusto mong ibahagi. Hindi naman kailangan i-detalye lahat ng pangyayari para</p>

	maibigay sa ‘yo ang serbisyo na pwede”
“Please share with me whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information on support available to you.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)	
Confidentiality	
<ul style="list-style-type: none"> • A leak of identity information may cause them harm. Thus, this implies that you understand the need to keep their information private. • This is also respecting the survivor’s right privacy. 	
“Everything that we talk about together stays between us. I will not share anything without your permission.”	“Maasahan mo na lahat ng napag-usapan natin ay mananatiling sa atin lang. Hihingi din ako ng pahintulot mo kung may mahalangan impormasyon na kailangan ng tutugon sa iyong pangangailangan.”
“I would like to ask your permission so I can take notes about what happened, where, when, and who was involved and if there were any witnesses? You can check the notes I have gathered and let me know which information I can share.” (Donaldson, 2018; Donohue, Hill, & Maier-Paarlberg, 2007)	“Hihingi ako sa ‘yo ng pahintulot kung maaari akong magtala ng mga detalye sa pangyayari - saan, kailan, sino at kung meron bang nakakita. Pwede mong suriin ang naitala ko at sabihan mo ako aling impormasyon ang pwede ko ibahagi”

Establishing facts	
<ul style="list-style-type: none"> • Stating the purpose of asking the question shows them that you care and provide support, but also assures them that you believe them 	
“The questions I will be asking is for the purposes of establishing facts and noting patterns.”	“Ang mga itatanong ko ay para lamang sa pagtitiyak ng impormasyon.”
“You mentioned earlier that you are experiencing _____.”	“Kanina nabanggit mo na _____.”
“When did the incident take place?”	“Kelan ito naganap?”
“Where did it happen?”	“Saan ito naganap”
Use prompts such as “first time,” “last time,” and other appropriate labels may lead to additional locations, acts, witnesses, or potential evidence (APSAC, 1990; Lamb & Brown, 2006; Orbach & Pipe, 2011; Saywitz & Camparo, 2009).	“Isang beses lang ba ito naganap o paulit ulit?”
To identify multiple incidents of abuse: “Did this happen one time or more than one time?”	“Meron bang nakakita sa pangyayari?”
“Was/would there be any witnesses?” (Donaldson, 2018; Donohue, Hill, & Maier-Paarlberg, 2007)	
Responses in between disclosure	
<ul style="list-style-type: none"> • This also communicates that you understand what they have been through and that this assures them that they have the best knowledge of what they need 	
“Does anyone else know what happened?” (Donaldson, 2018; Donohue, Hill & Maier-Paarlberg, 2007)	“Meron bang ibang nakakaalam ng nangyari sa iyo?”

“What do you need at this moment?” (Chamberlin, Kenniston, Stewart, Newlin& Vaughan-Eden, 2015; Chen, Rovi, & Vega, 2005)	“Ano ang mga kailangan mo ngayon?”
“Take your time. You only need to tell me what you are comfortable telling me and we can stop at any time.” (Donaldson, 2018; Donohue, Hill & Maier-Paarlberg, 2007)	“Sige lang, hindi mo kailangan magmadali.” “Hindi mo kailangan ilahad lahat. Sabihin mo lang ang mga bagay na kumportable para sa iyo at pwedeng tumigil tigid ‘pag kailangan.’”
When the survivor is having difficulty expressing, respond with, “I can see that this is difficult for you and I’m here to listen.”	“Mahirap talaga magbahagi ng mga personal na pangyayari. Take your time, handa ako makinig.”
Verifying and Clarifying Questions on Sexual Harassment	
<ul style="list-style-type: none"> • With the following questions, make sure to check their comfort and assure them that they will no longer repeat themselves if they do answer these questions. • Communicate that they have the right to refuse to answer if they are uncomfortable. 	
“Has your partner ever forced, pressured you or hurt you to do things that you weren’t comfortable with like being intimate? (WCSAP, n.d.)	“Pinilit ka ba ng taong ito na gawin ang ayaw mong mangyari? Sa paanong paraan ka niya pinilit?”
Verifying and Clarifying Questions on Emotional Violence	
“Did your partner ever say degrading things to you?” (WCSAP, n.d.)	“Sinabihan ka bang iyong partner ng mga nakakababa o nakakainsultong mga salita?”

“How often does your partner insult or talk down to you?” (Basile, Hertz & Back, 2007; Beydoun & Beydoun, 2013; Centers for Disease Control and Prevention, 2020; Chen, Rovi & Vega, 2005; ChildHelp, n.d.; Iverson, King & Gerber, 2015)	“Gaano ka niya kadalas insultuhin o lapastanganin?”
Verifying and Clarifying Questions on Intimate Partner Violence/ Domestic Violence	
“Have you ever been in a relationship in which you were physically hurt or threatened by a partner?” (Dubowitz, Prescott, Feigelman, et al., 2008; Durfee & Rosenberg, 2009)	“Sinasaktan ka ba ng partner mo?” “Tinatakot ka ba niya?” “Madalas niya bang ginagawa ito?” “Paano ka niya sinasaktan?”
“How often does your partner physically hurt you?” (Basile, Hertz, & Back 2007; Beydoun & Beydoun, 2013; Centers for Disease Control and Prevention, 2020; Chen, Rovi & Vega, 2005; ChildHelp, n.d.; Iverson, King & Gerber, 2015)	
“How often does your partner threaten you with physical harm?” (Basile, Hertz & Back, 2007; Beydoun & Beydoun, 2013; Centers for Disease Control and Prevention, 2020; Chen, Rovi & Vega, 2005; ChildHelp, n.d.; Iverson, King & Gerber, 2015)	
Verifying Needs	
“Have you ever told anyone or received help?”	“May napag-kwentuhan ka na ba ng naranasan mo?”
“How do you want me to help you?”	“Nakahingi ka ba ng tulong kahit kanino?”

Referral

- Orient the survivors using accurate information.
- Communicate that you are just providing them what you think is a priority referral, but it is their right to choose what to do next.
- Empower them to decide. You can suggest but do not impose. Respect their right to choose.
- Empower their action.

“Here are the details of the service including the location, times that the service is open, and the person’s name for who you can talk to.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)	“Narito ang mga detalye ng mga sektor ng UP na makakatulong sa’yo. Nakalagay dito ang lokasyon, anong oras bukas ang opisina nila at kung sinong hahanapin mo.”
“When it comes to next steps, what you want and feel comfortable with is the most important consideration.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)	“Ang importante ay kung saan ka kumportable at kung ano ang nararamdaman mong tama para sayo.”
“Do not feel pressured to make any decisions now. You can think about things and always change your mind in the future.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide, 2015)	“Hindi mo kailangan magdesisyon agad-agad. Pwedeng magpalit ng isip.”
“It sounds like you have a plan for how you would like to go from here. That is a positive step.” (United Nations, n.d.; Inter-Agency Standing Committee GBV Guidelines Pocket Guide)	“Sa palagay ko meron ka ng plano at mabuti iyon.”

Facilitation guide is adapted from the cited sources.

Creating a Safety Plan

This portion serves as a partial action guide on how to establish safety and security as part of PSFA. Not all survivors can leave the perpetrator at once. Do not force them to just walk away; instead, guide them in creating a safety plan. These questions can help the survivor visualize what safety measures can be put in place.

Creating a Safety Plan

<p>If the perpetrator is from home: Are there times you are alone? Do you have your own bedroom with locks? Do you have your own bathroom or comfort room? How many entrance/exit doors do you have? Do you have your own mobile number? Do you have load or access to free FB messenger? Do you live near the barangay hall or do you have village guards? Do you have a list of emergency hotline numbers?</p> <p>Checking locks, key access, privacy, exit way, and communication modality are important to come up with a safety plan.</p>	<p>Meron bang oras ng mag-isa ka lang? Mag-isa ka lang ba sa kwarto mo at may lock ba ito? Shared bathroom ba kayo sa bahay or may sarili ka? Ilang pinto papasok at palabas ang meron kayo? Meron ka bang sariling cell phone? Meron ba itong load or kahit free FB messenger? Malapit ba kayo sa barangay hall o may guard ba sa village mo May listahan ka ba ng emergency hotline numbers?</p> <p>Ang kaalaman sa kung meron kang laging kasama, sino ang may hawak ng mga susi sa pinto, privacy, labasan, at ang pantawag/komunikasyon ay importanteng hakbang sa iyong seguridad sa bahay.</p>
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F. MONITORING AND FOLLOW-UP

This step ensures that the survivor is getting the help and services needed from the referring parties. This also entails monitoring and evaluating medical, or psychosocial, or legal needs, making sure that there are no barriers to achieving planned outcomes. Additional action points may be carried out if there is a new need identified. Documentation of outcomes during follow-up is vital to the improvement of services. Moreover, even if the responder-client relationship comes to an end, following up on their situations should still be exercised. To manage the case end-to-end, the first responder must inform the DGO of the case through report submission.

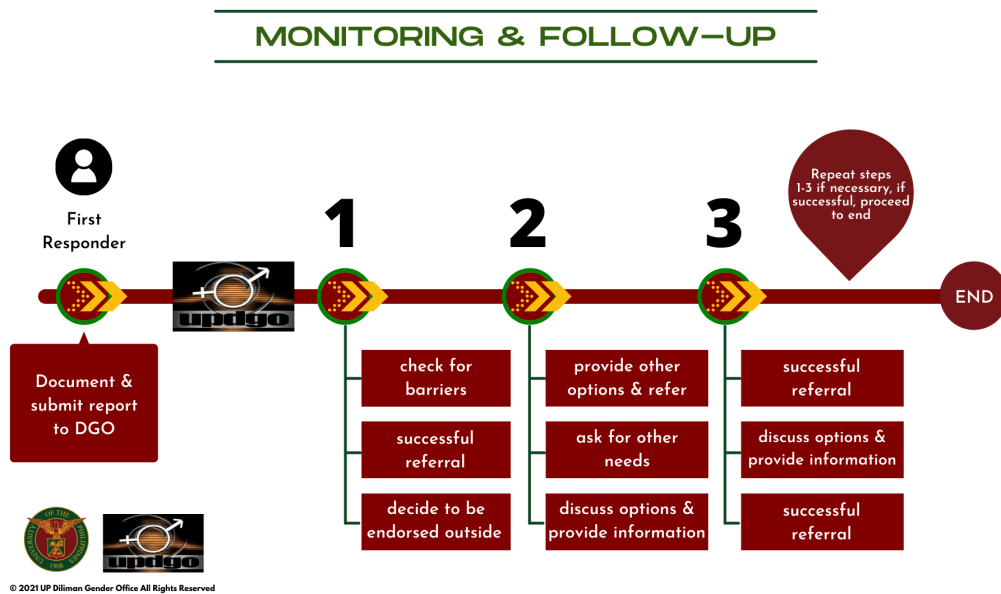


Figure 10. *Monitoring and Follow-up is a guide for first responders and DGO in ensuring that the survivor successfully received the services for their needs.*

V. DATA MANAGEMENT

A. DATA COLLECTION

1. CONFIDENTIALITY

During the data collection, confidentiality of all the information should be kept secure and private. All parties involved should be assured of this. In addition, all collected data should be protected from unauthorized, unlawful, as well as unintentional or accidental disclosure of any or all data to uninvolved parties. Any sort of disclosure of confidential information is strictly prohibited. Data aggregation is key to improving planned initiatives for the prevention and response to GBV.

2. DOCUMENTATION, STORAGE, AND ARCHIVING

Any form of information, whether verbal, written, or electronic, implicitly or explicitly disclosed, should be properly documented and stored—whether the documentation will be in written or electronic form, or online. Moreover, important details such as who gave the information, where and when were they disclosed, and how the information was shared should also be noted for future reference and use.

- Documentation and data management should adhere to the confidentiality protocol.
- For storing printed material, the files should be kept in a locked filing cabinet or secure containers.
- Maintaining electronic information in cloud storage should be kept private.
- Ensure that the computer is not shared to anyone if files are maintained in a computer or laptop.
- Electronic files should be password protected.
- If storage devices such as flash drives are used, limited back-up copies should be done.
- In sending reports online, encrypt the data.
- Completed intake forms should never be transferred or shared between sectors. Only the information deemed necessary for

the sector endorsed to should be shared with the consent of the survivor.

- Developing a system of codes is added security when sharing information.
- Method of digital archiving the documents after a period of five years is necessary to maintain the security of documents. If printed material, shred and pulp to further destroy remaining material.
- Have a plan in place for destroying data collected in case of emergencies and evacuation.
- The survivor has the right to refuse their story or any part of their story to be documented.
- The survivor has the right to request for a copy of the documentation and examination result to any sector responding to the case.
- To be able to classify the form of abuse in documenting the incident, refer to the Appendix B: Incident Type of Definition

3. DATA MONITORING

A systematic monitoring of key actions is crucial for data collection and documenting progress of GBV prevention and response actions. Monitoring the implementation of the protocols and the effects will help improve the response as well.

To ensure that all cases are documented, quarterly reports are requested from all GBV responders. A tracking and coordination system should be established and unified.

VI. CASE CLOSURE

The survivor determines if the case can be closed. If the survivor is already satisfied with the outcome and felt that the needs have been met. Case closure happens when:

- most of the goals and care plan have been reached;
- there is no need for monitoring and follow-ups;
- the survivor is free from harm or threats;
- there are no additional concerns;
- the survivor no longer wants to pursue a case without undue influence of threat;
- there is a functioning support system;
- the counselor agrees with the decision;
- a survivor is assessed to join a support group; and/or
- the survivor requested to withdraw help and transfer to another service provider.

Responders should remember the following points:

- accept previous survivors if they return for additional consultation;
- ensure safe integration of survivors; and
- document case closure and send a copy of the report to the DGO on a quarterly basis (GBV Sub Cluster Iraq, n.d.; NCWC, 2020; UNFPA Pakistan, 2010).

REPORTING FORM

DILIMAN GENDER OFFICE

DGO.REPORT 01_2021



GENDER-BASED VIOLENCE RESPONSE

REPORTING FORM

Thank you for providing your consent with what information can be shared and to have this reported to UP Diliman Gender Office. Rest assured that this report will not reveal your identity.

DATE ATTENDED:

NAME OF CLIENT ON BIRTH CERTIFICATE

PREFERRED NAME

SEX AT BIRTH GENDER

CONTACT DETAILS

UP CONSTITUENT? Y / N STUDENT / WORKING? AGE

BRIEF STATEMENT OF FACTS

Type of Violence Physical Violence | Domestic Violence | Sexual Abuse | Sexual Harassment
Sexual Assault | Misgendering | Discrimination | Homophobic bullying
Others:

Did this happen face to face or online?

Perpetrator Intimate Partner | Family | Classmate | Professor /Staff/School Personnel
Friend | Stranger
Others:

Other important information

ASSESSMENT

Medical Needs Safety & Security Needs Shelter Needs

Psychosocial Needs Legal Needs

Specification of Needs:

DILIMAN GENDER OFFICE

DGO.REPORT 01_2021



COURSE OF ACTION

- Psychosocial First Aid (PFSA)
- Referral Diliman Gender Office (DGO)
health sector | psychosocial sector | security sector | legal sector
Others:
- Refused - Orient
- Documented the incident and informed DGO
- Follow-up and Monitoring of Referral

Recommendation

GBV RESPONDER DETAILS

Name of GBV Responder

Office/Unit/Org

GAD Focal Person Y / N

Signature & Date

VII. DEBRIEFING AND SUPERVISION

Responders are required to listen to and be exposed to personal accounts of GBV experience; this responsibility comes with a significant emotional cost. The knowledge of a GBV event may cause stress at a varying degree (American Psychiatric Association, 2013; Figley, 2002; Freeman, Coast & Murray, 2017; Fry, Lopez, Madrid, Muyot & Pante, 2020). Engaging empathically with the survivors places responders at risk to vicarious trauma (VT) (Figley, 2002; Freeman, Coast & Murray, 2017). Trauma may worsen when repeatedly exposed. VT has often been used interchangeably with “compassion fatigue” (Figley, 2002; Freeman, Coast & Murray, 2017), “burn-out” (Hernandez, Engstrom & Gangsei, 2010) and “secondary traumatic stress” (STS) (Jenkins & Baird, 2002). Due to the pressure and stress associated with GBV work, responders face unique threats on their resiliency and safety (Martin & Potts, 2020).

A. RISK FACTORS

- Empathy - responders with high levels of empathy.
- Age and experience – for first-time responders, personal distress is experienced as coping mechanisms are not yet developed and not in place.
- Lack of training - if the responder did not undergo training, the responder will not be able to develop emotional containment skills and develop successful methods of protecting their own mental health.
- Gender - women in literature have higher levels of symptoms than men.
- Own personal history - the trauma may relate to the extent to which the responder dealt with his/her/their own trauma.
- Mental health problems - someone currently having mental health problems are susceptible to VT.
- Personal and family history of mental health problems - higher potential risk pose a threat for those who have personal and family history of mental health problems
- Negative coping strategies - high level of VT symptoms are seen from those who have negative coping strategies.

B. STRATEGIES

To minimize the impact of stress and prevent VT on responders, incorporating the following safety guidelines are important:

1. ORGANIZATIONAL LEVEL

- Reduce risk to physical and psychological health and safety.
- Promote and enhance the responders' safety and well-being (Martin & Potts, 2020).
- Cultivate belief that self-care is not just an individual responsibility, but it is a community responsibility.
- Promote caring for oneself within the intersectionality framework (finance, location, role in the family) (Dhanani, Namy, & Sekaram, n.d.; Donaldson, 2018).

These may be achieved through the following means:

- Formulate a policy to prevent or mitigate the effects of stress (Antares Foundation, 2012)
- GBV responders should be trained to meet core competencies (Martin & Potts, 2020)
- Heads should recognize the needs of the various staff (Martin & Potts, 2020)
- Allocate resources to support staff battling great levels of stress (Martin, 2020 & Potts, 2020)
- Provide avenues for safe and supportive ways to talk about experience, feelings, and concerns (Martin, 2020 & Potts, 2020)
- Provide regular check-ins with staff, GAD focal persons, and other responders (Martin, 2020 & Potts, 2020)
- Brainstorm with all responders on what support can be placed to maintain the well-being of each one

- Internal supervision should be implemented; someone should conduct check-ins, checks workloads, and provides appropriate resources and tools (Campbel, 2020; Gerber, 2020; Martin, 2020; Potts, 2020; Centers for Disease Control and Prevention, 2019; ChildHelp, n.d.)
- External supervision should be implemented; case analysis should be conducted with an external person following confidentiality protocol (Campbel, 2020; Gerber, 2020; Martin, 2020; & Potts, 2020; Centers for Disease Control and Prevention, 2019; ChildHelp, n.d.)
- Collective authorship (Gerber, 2020)
- Communal care practice (Gerber, 2020)
- Periodic debriefing is given to responders of GBV
- Access to the DGO and GAD counselors

2. INDIVIDUAL LEVEL

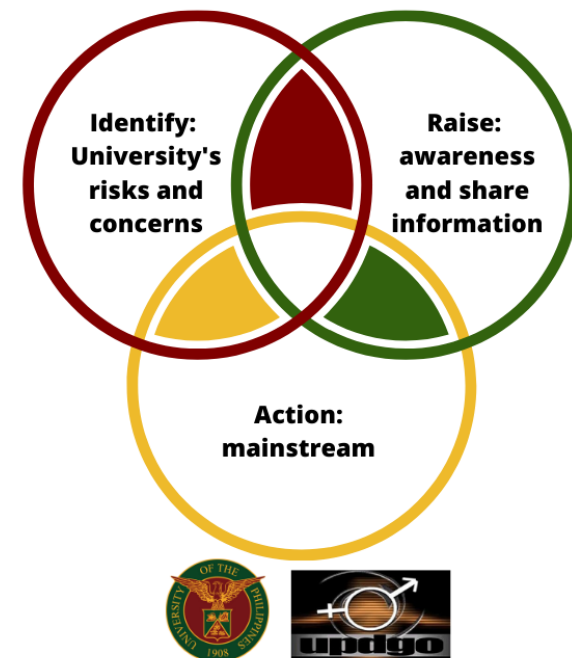
- Know your warning signs (e.g., edginess, easily angered, hopelessness, etc.) (Potts, 2020)
- Step back, analyze, and access support (Potts, 2020)
- Know your needs (e.g., take a break, cope) (Potts, 2020)
- Practice stress management (e.g., exercise, nutrition, rest/sleep, and relaxation) (Potts, 2020)

VIII. DGO PREVENTION AND RISK MITIGATION PROGRAMS

All members of the DGO are responsible to mitigate the risk of GBV and support the prevention of it. The programs are intended to reduce the GBV exposure through activities and initiatives and are collective efforts that seek to prevent GBV before it occurs and initiate actions that seek gender equality.

Preventing GBV means identifying and removing factors that make people vulnerable to violence. Activities are anchored to improving protection and preventing GBV. Contributing factors such as political and sociological context are identified, understood, and addressed.

GBV RISK MITIGATION & PROTECTION FRAMEWORK



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Figure 11. Risk Mitigation and Protection Framework for Preventing Gender-Based Violence adapted from UNFPA Sub-Cluster Iraq (n.d.)

Risk mitigation involves identifying, understanding, and addressing causes and contributing factors of GBV. Engaging and mobilizing the University are important aspects to avoid what perpetuates GBV (GBV Sub Cluster Iraq, n.d.). The list below outlines the components of the risk mitigation and protection framework and the aims of each:

a. Identifying University’s Risks and Concerns

- Understand the University’s attitude and practices of gender mainstreaming
- Find situation-specific factors that contribute and increase risks of GBV

b. Raise Awareness and Information Dissemination

- Increase the University community’s understanding of laws, rights, and responsibilities to prevent GBV

c. Taking Action through Gender Mainstreaming

- Embed in policies, systems, and regular activities to create an advocacy landscape by creating new norms that are inclusive and safe (GBV Sub Cluster Iraq, n.d.).

A. SOGIESC-RELATED TRAININGS AND SEMINARS

To ensure that the DGO provides a tailored and appropriate case management to diverse gender identities, sexual orientation, and sexual characteristics, the SOGIESC program:

- ensures that UP constituents have a clear understanding of different terms and identities that encompasses the LGBTQIA+ community;

- recognizes and addresses barriers which includes fear of persecution, discrimination, lack of support, fear of being revealed, fear of not being believed because of community perception, etc.;
- trains responding sectors on gender-fair language and communication;
- fosters campaigns to lessen GBV cases; and
- conducts empowerment workshops to reduce vulnerabilities (European Institute for Gender Equality, 2016; Farrel & Turpin, 2003; Figley, 2002).

Seminars, forums, and discussions that tackle gender discourses, issues, and concerns should be conducted for various sectors within UP Diliman. Established training programs offered on demand are:

(1) the Gender Sensitivity Training (GST) for all REPS, Administrative Staff, Non-UP Contractual (NUPC) workers, and other workers (regardless of status); and

(2) the Gender Sensitivity Orientation (GSO) for students at the basic education, undergraduate, and graduate levels.

To complement regular training offerings, the DGO is currently developing training modules for Gender Sensitivity Training, SOGIE Education and Masculinities Studies.

Through the years, seminars and forums have also been developed in response to sector-specific requests, covering topics such as: Violence Against Women and their Children (VAWC); GBV; Paralegal Training; Gender Sensitive Interviewing; SOGIE; and Masculinities. A primary strategy in crafting and conducting such training is the Training Needs Assessment (TNA), which guides in adapting the discussions towards addressing the needs and issues of audiences and ensuring relevance and relatability.

B. GENDER AND DEVELOPMENT (GAD)

GAD's practical and strategic programs and activities aim to empower and develop an equitable and sustainable environment. As one of the key programs in the DGO, it makes sure that all their joint efforts and activities will contribute meaningfully to the lives of the Filipinos, especially the "poor and marginalized" (Philippine Commission on Women and Inter Agency Council Against Women and Their Children, 2012). GAD committee should:

- provide accessible, prompt, and appropriate services to prevent and respond to GBV;
- develop an action plan for prevention through various activities;
- establish mechanisms for coordination and collaboration with GAD focal persons per unit;
- establish a system for receiving, documenting, and reporting GBV;
- compile and disseminate resource information for prevention and response; and
- conduct workshops to enhance knowledge and skills in responding to GBV reports.

The collection, consolidation, and drafting of the government's mandated reports (and its supporting internal reports and documents) comprise a significant part of the DGO's work and operations on top of its regular program areas. The Magna Carta of Women (MCW) requires the preparation and submission to the Philippine Commission on Women (PCW) online via GMMS (Gender Mainstreaming Monitoring System) of two annual reports: (1) the UP Diliman Gender and Development Plan and Budget (UPD GAD PB), which is prepared two years in advance and submitted a year before; and (2) the UP Diliman Gender and Development Accomplishment Report (UPD GAD AR), which is due in January of the following year (UP DGO webpage, n.d.).

GAD Focal Point System

The DGO oversees the creation, strengthening, capacity building, and gender mainstreaming work contributions and performance of the UP Diliman Gender and Development Focal Point System (GFPS), which is composed of GAD Committees from all colleges, units, and offices in UP Diliman. The DGO provides the training, support, consultation, and guidance to enable GAD Committees in planning, conceptualizing, initiating, implementing, and leading their own GAD programs, activities, and projects (PAPs) at the college and unit levels. GAD Committees also report GAD plans and accomplishments for inclusion in the government-mandated annual GAD report submissions. Established GAD Committees are continuing campaigns to revitalize, capacitate, and engage the GAD Focal Point System for all UP colleges and units.

C. RESEARCH AND PUBLICATIONS

Research and advocacy publications, statements, popular materials, and multi-media productions are developed and produced to generate new knowledge, disseminate information on gender education concepts, promote DGO program services and activities, and cultivate ongoing conversations on gender within UP Diliman.

These include

- Information, Training, and Advocacy (ITA) materials,
- training modules and brochures;
- instructional pamphlets;
- reprints of Philippine laws on gender;
- the DGO Monograph Series;
- the bilingual academic journal Diliman Gender Review (DGR);
- video productions on gender education and events and regular episodes of the online radio show DZUP GENDERadyo

(UP DGO webpage, n.d.)

D. ADVOCACY AND PUBLIC SERVICE

UP Diliman campus-wide campaigns, celebrations, and partnerships for gender forums, films, educational and interactive theater, and the like comprise our advocacy work for the promotion of women's empowerment and gender equality and justice.

The DGO initiates, catalyzes, participates in, collaborates on, and promotes PAPs that: (1) propagate conversations on gender; (2) respond to timely community and national gender issues; and (3) commemorate solidarity with national and international celebrations such as One Billion Rising, International Women's Day and Women's Month, Pride, International Day Against Homophobia, Transphobia and Biphobia (IDAHOT), and the 18-Day Campaign to End Violence Against Women.

Gender mainstreaming outside of UP Diliman comprises our public service work where we bring the services we offer to people beyond the UP community. Sharing gender knowledge, skills, and GAD committee work practices with various universities, colleges, government offices, and public and private institutions and organizations helps spread gender sensitivity, responsiveness, and justice in theory and practice.

(UP DGO webpage, n.d.)

E. RESEARCH AND EXTENSION

The Research and Extension Program is the newest program of the UPDGO established in 2021. It leads the conceptualization, management, monitoring, implementation, and evaluation of UPDGO researches on gender matters within and outside the academe. The program also focuses on developing training modules for the Training Program of the Office, and works closely with the Research and Publication Program.

REFERENCES

- Acosta, P. (2020). Rape even if child victim consented to the sexual intercourse. *The Manila Times*. <https://www.manilatimes.net/2020/10/24/legal-advice/dearpao/rape-even-if-child-victim-consented-to-the-sexual-intercourse/784952/>
- ACUHO-I staff. (2011). Gender-Neutral Housing: To Be or Not To Be? <https://www.acuho-i.org/resources/cid/5268?portalid=0?portalid=0>
- American Professional Society on the Abuse of Children (APSAC). (1990). *Psychosocial Evaluation of Suspected Sexual Abuse in Young Children*. APSAC
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). American Psychiatric Association
- Antares Foundation (2012). *Managing Stress in Humanitarian Workers: Guidelines for Good Practice*. <http://www.antaresfoundation.org>
- Asia Pacific UNFPA (2010). *Sexual and Reproductive Health For All*. https://www.unfpa.org/sites/default/files/pub-pdf/uarh_report_2010.pdf
- Banda, F. (2015). "IF YOU BUY A CUP, WHY WOULD YOU NOT USE IT?" MARITAL RAPE: THE ACCEPTABLE FACE OF GENDER BASED VIOLENCE. *AJIL Unbound*, 109, 321-325. <https://www.jstor.org/stable/27003162>
- Basile, K., Hertz, M., Back, S., (2007). *Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>.
- Beydoun, H. & Beydoun, M. (2013). Invited Commentary: Disclosure of Gender-Based Violence in Developing Countries. *American Journal of Epidemiology*, 179(5), 613-618. <https://doi.org/10.1093/aje/kwt29>

- Busielo, F., Kerr-Wilson, A., Hilker, J., Jennings, M., Maguire, S. (2011). *Working with the Security Sector to End Violence against Women and Girls*. UN Women.
- Minimum Standard 3. Staff Care and Support: Combating Burnout and Vicarious Traumatization for GBV Staff. Campbell, D. (2020). [GBV AOR Community Practice Webinar]. <https://www.youtube.com/watch?v=6khfGWjXHns&t=18s>
- Minimum Standard 3. Staff Care and Support: Combating Burnout and Vicarious Traumatization for GBV Staff. Gerber, E. (2020). [GBV AOR Community Practice Webinar]. <https://www.youtube.com/watch?v=6khfGWjXHns&t=18s>
- Minimum Standard 3. Staff Care and Support: Combating Burnout and Vicarious Traumatization for GBV Staff. Martin, S. (2020). [GBV AOR Community Practice Webinar]. <https://www.youtube.com/watch?v=6khfGWjXHns&t=18s>
- Minimum Standard 3. Staff Care and Support: Combating Burnout and Vicarious Traumatization for GBV Staff. Potts, A. (2020). [GBV AOR Community Practice Webinar]. <https://www.youtube.com/watch?v=6khfGWjXHns&t=18s=18s>
- Centers for Disease Control and Prevention. (2019). Self-Directed Violence and Other Forms of Self-Injury. <https://www.cdc.gov/ncbddd/disabilityandsafety/self-injury.html#:~:text=Self-Directed%20Violence.%20The%20Centers%20for%20Disease%20Control%20%28CDC%29,these%20factors%20increase%20the%20risk%20of%20youth%20suicide%3A>
- Centers for Disease Control and Prevention. (2020). Preventing Intimate Partner Violence. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20%28IPV%29%20is%20abuse%20or%20aggression,often%20it%20happens%20and%20how%20severe%20it%20is.>
- Centers for Disease Control and Prevention. (2021). Sexual Violence. <https://www.cdc.gov/violenceprevention/sexualviolence/index.html>
- Chamberlin, A., Kenniston, R., Stewart, H., Newlin, S. Vaughan-Eden, V. (2015). *Child Forensic Interviewing: Best Practices*. U.S. Department of Justice
- Chen, P., Rovi, S., Vega, M., (2005). Screening for domestic violence in a predominantly Hispanic clinical setting. *Fam Pract*, 2(6), 617–23. doi: 10.1093/fampra/cmi075. PMID: 16055473.
- ChildHelp. (n.d.). Handling Child Abuse Disclosures. <https://www.childhelp.org/story-resource-center/handling-child-abuse-disclosures/>
- Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28(10), 1035–1048.
- Cristobal, G., Padilla, C. (n.d.). Protocol to address domestic violence and family violence experienced by Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) persons in the Philippines. <https://engenderights.com/wp-content/uploads/2020/06/VI.A.1-PROTOCOL-Addressing-DV-FV-Experienced-By-LGBTI-Persons-lowres.pdf>
- Cudis, C. (2019). List of laws protecting women in PH. *Philippine News Agency*. <https://www.pna.gov.ph/articles/1063739>
- Department of Justice (DOJ) D.C. 023. (2017). Department Circular 023. Standards for Gender-Sensitive and Child Friendly Public Assistance Desks and Interview/Investigation Rooms
- Dhanani, P., Namy, S., Sekaram, S. (n.d.). Reclaiming Our Self-Care As a Feminist Act. *COFEM: Coalition of Feminists For Social Change*. <https://cofemsocialchange.org/reclaiming-our-self-care-as-a-feminist-act/>
- Donaldson, A. (2018). Guidance for Responding to Student Disclosures of Gender-based Violence in a Higher Education Setting. University of Strathclyde. https://www.strath.ac.uk/media/1newwebsite/departmentsubject/socialwork/documents/eshe/8._Guidance_for_Responding_to_Student_Disclosures_of_Gender_Based_Violence_on_Campus.pdf

- Donohue, B., Hill, H. & Maier-Paarlberg, T. (2007). Domestic Violence. *Encyclopedia of Stress*, 2, 848-852. <https://doi.org/10.1016/B978-012373947-6.00129-X>
- DSWD Administrative Order 10 (2009). Policy Guidelines for Conduct of Studies/Research in DSWD Offices, Centers & Institutions. https://www.dswd.gov.ph/issuances/AOs/AO_2006-010.pdf
- Dubowitz H., Prescott L., Feigelman S., et al. (2008). Screening for intimate partner violence in a pediatric primary care clinic. *Pediatric*, 121(1):e85–91. doi:10.1542/peds.2007-0904. PMID: 18166548.
- Du Mont, J., White, D. (2007) . The uses and impacts of medico-legal evidence in sexual assault cases: a global review. *World Health Organization*. https://apps.who.int/iris/bitstream/handle/10665/43795/9789241596046_eng.pdf?sequence=1
- Du Mont J., White, D., McGregor, MJ(2009). Investigating the medical forensic examination from the perspectives of sexually assaulted women. *Soc Sci Med*. 2009 Feb;68(4):774-80. doi: 10.1016/j.socscimed.2008.11.010. Epub 2008 Dec 16. PMID: 19095341.
- Durfee, A. & Rosenburg, K. (2009). Teaching Sensitive Issues: Feminist Pedagogy and the Practice of Advocacy-Based Counseling. *Feminist Teacher*, 19(2), 103-121. <http://www.jstor.org/stable/40546085>
- Earnshaw, V., Menino, D., Sava, L., Perrotti, J., Barnes, T, Humphrey, D. & Reisner, S. (2020) LGBTQ bullying: a qualitative investigation of student and school health professional perspectives, *Journal of LGBT Youth*, 17(3), 280-297. DOI: [10.1080/19361653.2019.1653808](https://doi.org/10.1080/19361653.2019.1653808)
- Elimanco, J. (n.d.). An HR Leader's Guide to Fighting Sexual Harassment in the Workplace. HR Nation Philippines. <https://hrnation.ph/an-hr-leaders-guide-to-fighting-sexual-harassment-in-the-workplace/>
- European Institute for Gender Equality (2016a). Gender Equality Training. Gender Mainstreaming Toolkit. Luxembourg: Publications Office of the European Union
- European Institute for Gender Equality (n.d.b). Gender Sensitive.<https://eige.europa.eu/thesaurus/terms/1211>
- Farrel, R. & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers? *Clinical Psychology Review* 23. doi:10.1016/SO272-7358(03)00030-8
- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433-1441.
- Fitness Australia (2013). Referrals Essential Guide. Supporting fitness industry client referral relationships with medical and allied health professionals. https://bp-fitnessaustralia-production.s3.amazonaws.com/uploads/uploaded_file/file/58717/FAUS558_Referral_Essentials_Guide_V11.pdf
- Freeman, E., Coast, E., & Murray, S. (2017). Men's Roles in Women's Abortion Trajectories in Urban Zambia. *International Perspectives on Sexual and Reproductive Health*, 43(2), 89-98. doi:10.1363/43e4017
- Fry, D., Lopez, G., Madrid, B., Muyot, A., Pante, F., (2020). Safe Schools for Teens: Preventing Sexual Abuse of Urban Poor Teens, Proof-of-Concept Study - Improving teachers' and students' knowledge, skills and attitudes, *Heliyon*, Volume 6, Issue 6. <https://doi.org/10.1016/j.heliyon.2020.e04080>.
- Fry, D. & Padilla, K. (2021). Appendix B4. Adapting Standard Operating Procedures for Addressing Gender-Based Violence during COVID-19: The Case of Bhutan. *The University of Edinburgh*. <https://www.research.ed.ac.uk/en/publications/appendix-b4-adapting-standard-operating-procedures-for-addressing>
- GBV Sub Cluster Iraq. (n.d.). STANDARD OPERATING PROCEDURES FOR PREVENTION OF AND RESPONSE TO GENDER-BASED VIOLENCE In Kurdistan Region of Iraq. <https://reliefweb.int/report/iraq/standard-operating-procedures-prevention-and-response-gender-based-violence-kurdistan>
- GBV Sub Cluster Turkey Hub-Syria. (2018). *Standard Operating Procedures for Gender-Based Violence Prevention and Response*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_sc_sops_2018_english_final.pdf

- GBV Sub Sector Nigeria. (2019). STANDARD OPERATING PROCEDURES (SOPs) FOR GENDER-BASED VIOLENCE (GBV) PREVENTION AND RESPONSE: NIGERIA. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nigeria._sops_gbv_prevention_response_2019.pdf
- Gordon, S. (2021). How to Recognize Verbal Abuse. *Verywellmind*. <https://www.verywellmind.com/how-to-recognize-verbal-abuse-bullying-4154087>
- Government of Canada. (2016). Report on the Practice of Forced Marriage in Canada: Interviews with Frontline Workers Exploratory Research Conducted in Montreal and Toronto in 2008. Department of Justice. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/fm-mf/p2.html>
- Guidelines for Promoting Women's Empowerment and Gender Equality in the University of the Philippines (U.P. Gender Guidelines). 2017. https://cws.up.edu.ph/wp-content/uploads/UP-Gender-Guidelines.?fbclid=IwAR23y3hwDTB3rh2TErmQtBBYAUxMJrQOwPBqdkuDoort_MZCxNzAqC4hE0
- Hassan, D. (2020). RAPE – The Mental and Emotional Impact. *Medtrend Health*. <https://medtrend.org/mental-and-emotional-impact-of-rape/>
- Heesoon Jun. (2009). Social Justice, Multicultural Counseling, and Practice : Beyond Conventional Approach. *SAGE Publications, Inc.*
- Heise, L.L. (1998). Violence against women: an integrated, ecological framework. *Violence Against Women* 4, 262–290. <https://doi.org/10.1177/1077801298004003002>
- Hernandez, P., Engstrom, D. & Gangsei, D. (2010). Exploring the Impact of Trauma on the Therapists. *Journal of Systemic Therapies*, 29(1), 67-83.
- Hossain, M. & McAlpine, A. (2017). Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations. Elhra: Cardiff. https://www.elrha.org/wp-content/uploads/2017/09/Final-for-Web-ElrhaR2HC-GBV-Report_0817-v6-web.pdf
- Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- International Labour Organization. (n.d.). Philippines>Criminal and penal law. https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=&p_isn=72734&p_classification=01.04
- International Planned Parenthood Federation. (2020). IMAP Statement on Sexual and Gender-Based Violence. https://www.ippf.org/sites/default/files/2020-08/IMAP%20statement%20on%20Sexual%20%26%20Gender-based%20Violence_0.pdf
- International Rehabilitation Council for Torture Victims. (2020). It's torture, not therapy. https://irct.org/uploads/media/IRCT_research_on_conversion_therapy.pdf
- International Organization for Migration (2020). SOGIESSC Full Glossary of Terms. https://static1.squarespace.com/static/5367af22e4b0915380a1eb0a/t/5fcfc9c6a3f9e430eb9406d4/1607453160297/IOM_SOGIESC_Full_Glossary_2020.pdf
- Iverson K., King M. & Gerber M., (2015) Accuracy of an intimate partner violence screening tool for female VHA patients: a replication and extension. *J Trauma Stress*, 28(1),79–82. doi: 10.1002/jts.21985 [doi]. PMID: 25624170.
- Jenkins, S. & Baird, S. (2002). Secondary Traumatic Stress and Vicarious Trauma: A Validation Study. *Journal of Traumatic Stress*, 15(5), 423-432

- Johnson, E. (2019). Reporting and recording safeguarding concerns. CPD Online College. <https://cpdonline.co.uk/knowledge-base/safeguarding/safeguarding-children-concerns/>
- Kapusta, S. (2016). Misgendering and Its Moral Contestability. *Hypatia*, 31(3), 502-519. <https://doi.org/10.1111/hypa.12259>
- Kaur, R. & Garg, S. (2008). Addressing Domestic Violence Against Women: An Unfinished Agenda. *Indian Journal of Community Medicine*. 33(2), 73-76. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2784629/>
- Kirkner, A. C., Lorenz, K., Mazar, L. (2020). Faculty and staff reporting & disclosure of sexual harassment in higher education. *Gender and Education*, 1-17. <https://doi.org/10.1080/09540253.2020.1763923>
- Krum, T., Davis, K. & M.P. Galupo. (2013). Gender-Inclusive Housing Preferences: A Survey of College-Aged Transgender Students. *Journal of LGBT Youth*, 10(1-2), 64-82. <https://doi.org/10.1080/19361653.2012.718523>
- Lamb, M.E., and Brown, D.A. (2006). Conversational apprentices: Helping children become competent informants about their own experiences. *British Journal of Developmental Psychology* 24(1):215–234.
- Langston University. (n.d.). Gender discrimination defined. <https://www.langston.edu/title-ix/gender-discrimination-defined>
- Lomer, D. (2018). Quid Pro Quo Sexual Harassment: What You Need to Know in 2021. I-Sight. <https://i-sight.com/resources/quid-pro-quo-sexual-harassment/#:~:text=Quid%20pro%20quo%20sexual%20harassment%20is%20a%20type,demands%20affects%20employment%20decisions%2C%20either%20positively%20or%20negatively.>
- Lynch, M. (2021). What is reflective listening? The Edvocate. <https://www.theedadvocate.org/what-is-reflective-listening/>
- Madrid, B. J., Lopez, G. D., Dans, L. F., Fry, D. A., Duka-Pante, F. G. H., & Muyot, A. T. (2020). Safe schools for teens: preventing sexual abuse of urban poor teens, proof-of-concept study-Improving teachers' and students' knowledge, skills and attitudes. *Heliyon*, 6(6), e04080.
- Maguddayao, A. (2020). Gender-based violence: The shadow pandemic. Center for Women's and Gender Studies University of the Philippines. <https://cws.up.edu.ph/?p=1991>
- Messner, L., Morel-Seytoux, S., Spratt, K. Ladd, A. (2015). Beyond access: toolkit for integrating gender-based violence prevention and response into education projects. EnCompass LLC through the Advancing the Agenda of Gender Equality (ADVANTAGE) IDIQ.
- Ministry of Gender, Labour & Social Development Kuala Lumpur, Uganda. (2015). Standard Operating Procedures (SOP) For The National Gender Based Violence Database (NGBVD). <http://ngbvd.mglsd.go.ug/docs/3801STANDARD%20OPERATING%20PROCEDURES%20FOR%20THE%20NATIONAL%20GENDER%20BASED%20VIOLENCE%20DATABASE.pdf>
- Mlambo-Ngcuka, P. (2020). Violence against women and girls: the shadow pandemic. UN Women. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
- Mubaslat, S. (n.d.). Core Humanitarian Standard. <https://corehumanitarianstandard.org/the-standard/statements-of-support>
- UP Media and Public Relations Office. (2017). UP Anti-Sexual Harassment Code. University of the Philippines. <https://up.edu.ph/up-anti-sexual-harassment-code/>
- National Child Traumatic Stress Network. (n.d.). Community violence. <https://www.nctsn.org/what-is-child-trauma/trauma-types/community-violence>
- National Commission for Women and Children (NCWC). (2020). Standard Operating Procedure for Gender Based Violence Prevention and Response. Royal Government of Bhutan.

- National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia. (2009). https://www.law.berkeley.edu/wp-content/uploads/2015/10/Liberia_MOGD_National-SOPs-for-Prevention-Response-to-SGBV_2009.pdf
- National Police Service. (2019). NPS UNVEILS STANDARD OPERATING PROCEDURES FOR PREVENTION AND RESPONSE TO GENDER BASED VIOLENCE. <https://www.nationalpolice.go.ke/2015-09-08-17-56-33/news/271-nps-unveils-standard-operating-procedures-for-prevention-and-response-to-gender-based-violence.html>
- NEWTON Public Schools. (2019). Protocol for Reporting and Investigating Discrimination, Harassment and Retaliation December 2019. https://www.newton.k12.ma.us/cms/lib/MA01907692/Centricity/Domain/68/Protocol_discrimination_harassment_december2019.pdf#:~:text=Hostile%20Environment%20is%20where%20physical%2C%20verbal%2C%20written%2C%20graphic,individual%20to%20work%20in%20the%20Newton%20Public%20Schools.
- NHS Ashire & Aran (n.d.) Organization & Human Resource Development Policy. Gender Based Violence Policy.
- Official Gazette. (1930). Act No. 3815, s. 1930. <https://www.officialgazette.gov.ph/1930/12/08/act-no-3815-s-1930/>
- Official Gazette. (n.d.). The Constitution of the Republic of the Philippines. <https://www.officialgazette.gov.ph/constitutions/1987-constitution/>
- Orbach, Y. & Pipe, M.-E. (2011). Investigating substantive issues. In M.E. Lamb, D.J. La Rooy, L.C. Malloy, & C. Katz. Chichester (Eds.), *Children's Testimony: A*
- Handbook of Psychological Research and Forensic Practice (2d ed., 199-215). Wiley & Sons, Ltd.
- Padilla, C., & Visbal, A. (2007). *Engendering Women's Rights. A Paralegal Training Manual.*
- EnGendeRights, Inc. <https://engenderights.com/wp-content/uploads/2020/07/V.A.3-EnGendeRights-PARALEGAL-TRAINING-MANUAL.pdf>
- Parsons, A., Heyman, R., Mitnick, D. & Smith Slep, A. (2020). Chapter 8 - Intimate partner violence and child maltreatment: Definitions, prevalence, research, and theory through a cross-cultural lens. *Cross Cultural Family Research and Practice*. 249-285. <https://doi.org/10.1016/B978-0-12-815493-9.00008-9>
- Perez, E. R., Schanding Jr, G. T., & Dao, T. K. (2013). Educators' perceptions in addressing bullying of LGBTQ/gender nonconforming youth. *Journal of School Violence*, 12(1), 64-79.
- Philippine Commission on Women. (n.d.-a). RA 9262: the Anti-Violence Against Women and their Children Act of 2004. Retrieved July 21, 2021, from <https://pcw.gov.ph/republic-act-9262-anti-violence-against-women-and-their-children-act-of-2004/>
- Philippine Commission on Women. (n.d.-b). Republic Act 8505: Rape Victim Assistance and Protection Act of 1998. Retrieved August 16, 2021, from <https://pcw.gov.ph/republic-act-8505-rape-victim-assistance-and-protection-act-of-1998/>
- Philippine Commission on Women. (n.d.-c). VAWC Hotlines during Community Quarantine. <https://pcw.gov.ph/vawc-hotlines-during-community-quarantine/>
- Philippine Commission on Women and Inter Agency Council Against Women and Their Children. (2012). *Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level.* https://www.dilg.gov.ph/PDF_File/reports_resources/DILG-Resources-201238-0d19ae2c04.pdf
- Philippine Statistics Authority. (2008). Q & A: Sexual Harassment Cases. <https://psa.gov.ph/content/q-sexual-harassment-cases>

- Philippine Statistics Authority. (2010). Q & A: Magna Carta of Women (Republic Act No. 9710). <https://psa.gov.ph/content/q-magna-carta-women-republic-act-no-9710#:~:text=What%20is%20Magna%20Carta%20of%20Women%20%28Republic%20Act,in%20marginalized%20sector.%20What%20is%20discrimination%20against%20women%3F>
- Pitchford, B., Sternadori, M., Starkey, J., & Koerber, A. (2020). From F-Bombs to Kissing Students: Media Framing of Male and Female Professors Accused of Sexual Harassment. *Journal of Communication Inquiry*. <https://doi.org/10.1177/0196859920977118>
- Planned Parenthood. (n.d.). Sexual assault and harassment. <https://www.plannedparenthood.org/about-us/newsroom/campaigns/sexual-assault-and-harassment>
- Platon Martinez Law. (n.d.). Republic Act No. 11313 or “The Safe Spaces Act” - Addressing Gender-Based Sexual Harassment. Platon, Martinez, Flores, San Pedro, Leaño Law Offices. <https://platonmartinez.com/articles/republic-act-no-11313-or-the-safe-spaces-act-addressing-gender-based-sexual-harassment>
- Quattrochi, J., Biaba, R., Nordås, R. et al. (2019). Effects of an empowerment program for survivors of sexual violence on attitudes and beliefs: evidence from the Democratic Republic of Congo. *Int J Equity Health* 18, 149. <https://doi.org/10.1186/s12939-019-1049-4> <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1049-4#citeas>
- Ranada, P. (2019). New law punishes wolf whistling, catcalling, online sexual harassment. *Rappler*. <https://www.rappler.com/nation/new-law-punishes-wolf-whistling-catcalling-online-sexual-harassment>
- Rape, Incest and Abuse National Network. Was I raped? (n.d.). Retrieved August 16, 2021, from <http://www.rainn.org/get-information/types-of-sexual-assault/was-it-rape>
- RHRC Consortium (2004). *Gender-based Violence Tools Manual For Assessment & Program Design, Monitoring and Evaluation*. Women’s Commission for Refugee Women & Children.
- Root, J. L. (2016). Instructor Strategies for Responding to Disclosures of Gender-Based Violence on Campus. *Canadian Journal of Action Research*, 17(3), 3–19.
- Russo, N. & Pirlott, A. (2006). Gender-based violence. *Annals of the New York Academy of Sciences ER*. 1087 (1), 178-205. <https://doi.org/10.1196/annals.1385.024>
- Sabri, B., Nnawulezi, N., Njie-Carr, V.P.S., Messing, J., Ward-Lasher, A., Alvarez, C. & Campbell, J. (2018) Multilevel Risk and Protective Factors for Intimate Partner Violence Among African, Asian, and Latina Immigrant and Refugee Women: Perceptions of Effective Safety Planning Interventions. *Race Soc Probl* 10, 348–365. <https://doi.org/10.1007/s12552-018-9247-z>
- Save the Children. (n.d.). Gender-based violence (GBV). <https://resourcecentre.savethechildren.net/keyword/gender-based-violence-gbv>
- Saywitz, K.J. & Camparo, L.B. (2009). Contemporary child forensic interviewing: Evolving consensus and innovation over 25 years. In B. Bottoms, C. Najdowski & G. Goodwin (Eds.), *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law* (pp. 102-127). Guilford Press.
- Saywitz, K.J., Lyon, T.D. & Goodman, G.S. (2011). Interviewing children. In J.E.B. Myers (Ed.), *The APSAC Handbook on Child Maltreatment*. (3d ed., 337-360) Sage.
- Shah P., Thornton, I., Turrin, D. & Hipskind, J. (2021). Informed Consent. *StatPearls* [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK430827/#:~:text=Informed%20consent%20is%20both%20an%20ethical%20and%20legal,an%20actual%20recommendation%2C%20and%20documentation%20of%20the%20process.>
- Sharf R.S. (2004). *Theories of psychotherapy and counseling: Concepts and cases*, 3rd ed. Thomas/Brooks/Cole.

- Shrewsbury, C. (1997). "What is Feminist Pedagogy?" *Women's Studies Quarterly* 25, 166–73
- Shin, R., Welch, J., Kaya, A., Yeung, J., Obama, C., Sharma, R. Vernay, C., & Yee, S. (2017). The intersectionality framework and identity intersections in the *Journal of Counseling Psychology and The Counseling Psychologist: A content analysis*. *Journal of Counseling Psychology*, 64(5), 458-474. <https://doi.org/10.1037/cou0000204>
- Smith, A., & Martinez, J. (1995). Signifying Harassment: Communication, Ambiguity and Power. *Human Studies*, 18(1), 63-87. Retrieved June 21, 2021, from <http://www.jstor.org/stable/20011072>
- Sonke Gender Justice and Health-E News. (2017). Reporting on Gender-Based Violence: A Guide for Journalists and Editors. Sonke Gender Justice and Health-E News.
- Star, L., Seff, I., Reis, C. (2020) Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence. *Lancet Child Adolescent Health* 2021, (5), 210–22. [https://doi.org/10.1016/S2352-4642\(20\)30245](https://doi.org/10.1016/S2352-4642(20)30245)
- Surviving Economic Abuse. (n.d.). What is economic abuse? Retrieved August 16, 2021, from <https://survivingeconomicabuse.org/what-is-economic-abuse/>
- Susmitha, B. (2016). Domestic Violence: Causes, Impact and Remedial Measures. *Social Change*, 46(4), 602-610. <https://doi.org/10.1177/0049085716666636>
- Tarzia L., Bohren M.A., Cameron J., Garcia-Moreno, C., O'Doherty, L., Fiolet, R., Hooker, L.,
- Wellington, M., Parker, R., Koziol-McKlain, J., Feder, G. & Hegarty, K. (2020). Women's experiences and expectations after disclosure of intimate partner abuse to a healthcare provider: A qualitative meta-synthesis. *BMJ Open*, 10(11), 1-23. <https://pubmed.ncbi.nlm.nih.gov/33247027/>
- Tolu, L. & Gudu, W. (2020). Sexual assault cases at a tertiary referral hospital in urban Ethiopia: One-year retrospective review. *PLoS One*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7717520/>
- TUC (2017). The Cost of Being Out at Work. LGBT+ workers' experience of harassment and discrimination. <https://www.tuc.org.uk/sites/default/files/LGBTreport17.pdf>
- UNFPA. (2012). *Managing Gender-based Violence in Emergencies: E-learning Companion Guide, Annex 9*.
- UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015a). Health care services provision, part of multi-sectoral response to GBV: Standard Operating Procedures. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_health%20care%20provision_eng.pdf
- UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015b). Multi-sectoral response to GBV: An effective and coordinated way to protect and empower GBV victims/survivors. http://www.femroadmap.eu/MSR_Generic_model_eng.pdf
- UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015c). Police services provision, part of multi-sectoral response to GBV: Standard Operating Procedures. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_police_eng.pdf
- UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO). (2015c). Psycho-social services provision, part of multi-sectoral response to GBV Standard Operating Procedures. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_psycho-social%20services_eng.pdf
- UNFPA Pakistan. (2010). *Building Survivor-Centered Response Services*. <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Building%20Survivor%20Centehred%20Response%20Services%20-%20%20Participants%27%20Module.pdf>

- UNFPA Serbia. (2020). STANDARD OPERATING PROCEDURES OF THE REPUBLIC OF SERBIA FOR THE PREVENTION OF AND PROTECTION FROM GENDER BASED VIOLENCE AGAINST PEOPLE INVOLVED IN MIXED MIGRATION. https://serbia.un.org/sites/default/files/2020-07/SOP_brochure_ENG_web.pdf
- UNICEF (2019). Gender-Based Violence in Emergencies: Operational Guide. United Nations Children's Fund. <https://www.unicef.org/sites/default/files/2020-05/Gender-Based-Violence-in-Emergencies-Operational-Guide-May-2019.pdf>
- University of New Hampshire (n.d.). Helping a Friend. Sexual Harassment & Rape Prevention Program (SHARPP). <https://www.unh.edu/sharpp/helping-friend>
- University of Kentucky. (n.d.). Informed Consent/Assent Process - Instructions for Assent. <https://www.research.uky.edu/office-research-integrity/informed-consentassent-process-instructions-assen>
- United Nations. (1995). Report of the Fourth World Conference on Women. <https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf>
- United Nations (2010). Handbook on Effective police responses to violence against women.
- United Nations Publication. https://www.unodc.org/documents/justice-and-prison-reform/Handbook_on_Effective_police_responses_to_violence_against_women_English.pdf
- United Nations. (n.d.). Gender-inclusive language. <https://www.un.org/en/gender-inclusive-language/#:~:text=Using%20gender%2Dinclusi%20language%20means,does%20not%20perpetuate%20gender%20stereotypes.>
- United Nations Children's Emergency Fund. (2019). UNICEF Strategy to Prevent and Respond to Sexual Exploitation and Abuse and Sexual Harassment. <https://www.unicef.org/sites/default/files/2019-05/UNICEF-Strategy-Prevent-Respond-Sexual-Exploitation-Abuse-Sexual-Harassment-January-2019.pdf>
- United Nations High Commissioner of Refugees. (n.d.). Gender-Based Violence. <https://www.unhcr.org/gender-based-violence.html>
- United Nations Human Rights (n.d.a). Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979. <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>
- United Nations Human Rights. (n.d.b). Gender-based violence against women and girls. <https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/Gender-based-violence.aspx>
- United Nations Namibia. (n.d.). National Standard Operating Procedures for the Multi-disciplinary team relating to the Management of Gender-Based Violence and Violence against Children in Namibia. https://www.unodc.org/documents/southernafrica/Publications/CriminalJusticeIntegrity/GBV/UNODC_SOPS_HANDBOOK_WEB_VERSION.pdf
- United Nations Women. (2013). The multi-sectoral model. <https://www.endvawnow.org/en/articles/1503-the-multi-sectoral-model.html>
- United Nations Women. (2017). Security. <https://www.endvawnow.org/en/modules/view/13-security.html#247>
- United Nations Women. (n.d.). Rape Victim Assistance and Protection Act. Retrieved July 21, 2021, from <https://evaw-global-database.unwomen.org/en/countries/asia/philippines/1998/rape-victim-assistance-and-protection-act-of-1998-ra-8505>
- United Nations Women - US Equal Employment Opportunity Commission (EOCC). (2020). Effective complaints procedures. <https://www.endvawnow.org/en/articles/1980-effective-complaints-procedures-.html>
- United Nations Women Watch. (n.d.). PART THREE: TEMPLATE POLICY ON GENDER-BASED VIOLENCE AND THE WORKPLACE. <https://www.un.org/womenwatch/uncoordination/documents/proposedpolicy-genderbasedviolence.pdf>

- United Nations Youth. (n.d.). Definition of Youth. Retrieved July 21, 2021, from <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- US Agency for International Development. (2016). UNITED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY. <https://www.state.gov/wp-content/uploads/2019/03/258703.pdf>
- UP Diliman Gender Office. (n.d.). Mission, Vision, and Objectives. Retrieved July 19, 2021 from <https://dgo.upd.edu.ph/?s=vision+and+mission>
- UPCWGS. (2021). MEMORANDUM NO. OVCAA-MTTP 21-029: GUIDELINES ON AFFIRMING TRANSGENDER AND GENDER NON-CONFORMING (TGNC) STUDENTS' NAMES, PRONOUNS, AND TITLES. Center for Women's and Gender Studies University of the Philippines. <https://cws.up.edu.ph/?p=2060>
- Vann, B. (2004). Training Manual Facilitator's Guide Multisectoral & Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict. JSI Research & Training Institute/RHRC Consortium Gender-based Violence Global Technical Support Project. <https://www.endvawnow.org/uploads/browser/files/Interagency%20Multisector%20Response%20to%20GBV.pdf>
- Victoria State Government Health and Human Services. (2016). Disclosures of sexual assault: Guide for supported residential services.
- Violence Prevention Alliance. (n.d.). Definition and typology of violence. <https://www.who.int/violenceprevention/approach/definition/en/>
- Wallin Lundell, I., Eulau, L., Bjarneby, F., Westerbotn, M., (2018), Women's experiences with healthcare professionals after suffering from gender-based violence: An interview study., *Journal of Clinical Nursing*, 27(5-6), 949-957. <https://doi.org/10.1111/jocn.14046>
- Washington Coalition of Sexual Assault Program (WCSAP) (n.d.), *Working with Survivors: Screening Questions, Intimate Partner Sexual Violence*. WCSAP. doi:<https://www.wcsap.org/advocacy/focus-areas/ipsv/screening-questions>.
- Webb, L. M., Walker, K. & Bollis, T. (2004). *Applying Principles of Feminist Pedagogy to the*
- Graduate Student-Professor Research Team. *International Journal of Social Research and Methodology*, 7, 415–28.
- Western University. (n.d.a). Disclosures of Gender-Based and Sexual Violence. https://www.uwo.ca/health/student_support/survivor_support/disclose.html
- Western University (n.d.b). Reporting Gender-Based Violence. https://www.uwo.ca/health/student_support/survivor_support/report.html
- Williams, J.R., Gonzalez-Guarda, R.M., Halstead, V., Martinez, J., & Joseph, L. (2020). Disclosing Gender-Based Violence During Health Care Visits: A Patient-Centered Approach. *Journal of Interpersonal Violence*, 35(23/24), 5552-5573. <https://doi.org/10.1177/0886260517720733>
- Women and Children Protection Center. (n.d.). WCPC Functions. Retrieved August 16, 2021, from <http://wcpc.pnp.gov.ph/index.php/about-wcpc/wcpc-functions>
- World Health Organization. (2020). Disability: People with disability vs persons with disabilities. <https://www.who.int/news-room/q-a-detail/people-with-disability-vs-persons-with-disabilities>
- World Health Organization. (2021). Violence against women. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- QC for LGBT (n.d.). The Quezon City LGBT Ordinance. Wordpress.<https://qcforlgbt.wordpress.com/the-expanded-quezon-city-ordinance-no-sp-1309-s-2003/>

APPENDICES

APPENDIX A: INFORMED CONSENT FOR GBV RESPONDERS

Diliman Gender Office University of the Philippines Informed Consent Form

This informed consent form aims to provide the necessary information related to _____ of _____ in partnership with the Diliman Gender Office (DGO) at the University of the Philippines Diliman (UPD). We, the University of the Philippines Diliman Gender-Based Violence (UP GBV) responders, are required to provide all the necessary information, as written in this form, to you, the client. Moreover, this document contains information regarding the nature of our training and our relationship as responder and client, services and support, your rights and responsibilities as a client, and the scope and delimitation of confidentiality. Before any specific course of action is taken, you are expected to have understood the content. By signing this form, you or your guardians (if still a minor) are consenting to the counseling.

Training

Prior to this, all UP gender-based violence (GBV) responders involved in this agreement had undergone all the necessary training relevant to their specific roles in addressing GBV. In addition, we are expected to be knowledgeable about the right and proper referral systems and how these work. Consequently, we were also trained to conduct Psychological First Aid (PSFA) in response to survivors of GBV. Nonetheless, if there is a need for more specific support, it is expected that UP GBV responders will refer the client to a counselor/psychologist/psychiatrist.

Relationship

Relationship between us, the responder and the client, will solely depend on the realm of professionalism, with trust, respect, confidentiality and dignity as its core.

Services and Support

Every responder, as mentioned, regardless of specific backgrounds, were trained to provide PSFA for the clients in need. Moreover, UP GBV responders also have specific responsibilities, given their nature, in relation to the services and support they provide--health, psychosocial, legal and security.

Client's Rights and Responsibilities

As a client, you have rights as well as responsibilities to fulfil in this agreement. There are also risks involved. As a right, you are to be given quality services by the GBV responders, whether health, psychosocial, legal and security services and support. More importantly, you and the information you will disclose will be treated with utmost confidentiality, and your privacy, dignity and worth as an individual will be respected.

However, the services to be given also hold both benefits and risks. Some of the risks may be feelings of sadness, guilt, frustration, anger, distress, discomfort, anxiousness, loneliness, helplessness, and other negative feelings that might be triggered by remembering past unpleasant experiences. Nonetheless, despite these risks, all the services to be provided are deemed to be helpful and beneficial for the clients. Yet, no one will ever be sure of what would and could happen in the future, therefore, your active participation and cooperation as the client during the sessions are required for better results. In connection, for an even greater outcome, you will need to apply what has been talked about in the real world.

Professional Fees

If you are anyone from the University of the Philippines and are referred to the Diliman Gender Office, the sessions are free.

Professional Records

Although this would still be discussed with you, we, the UP GBV responders, will be asking for your consent in record keeping any necessary information such as notes where we talked, your reasons for seeking or accepting counseling, the goals discussed, our progress, and all other topics we have talked about, that would be of assistance and further be used for the purpose of providing only the top quality of service. All records will be kept in a trusted and secure location where all your information will remain intact and confidential.

Scope and Delimitation of Confidentiality

Confidentiality will abide by local and national laws. All information disclosed will also be strictly kept confidential within the boundaries of our professional relationship. Any and all information will not be disclosed and broadcasted by the involved individuals--GBV responders, client, and the client's guardian (if applicable)--to an unconcerned and restricted third party except when:

- the client or their guardians give a WRITTEN consent to release any information regarding the client or the services provided; or
- the client threatens to harm himself/herself/themselves or another person.

Guardian and Minors

For minors, this form will serve as an agreement of both the client and their legal guardian allowing the us, GBV responders, to give the rightful and appropriate service to the minor. Unless there are pressing issues or concerns, all decisions will be made with the consent of the client while taking their feelings and thoughts into consideration.

Contacting Me

If you have more inquiries and concerns, you may contact me via _____ . I usually respond within a day. However, if you were unable to reach me/us using my contact information, or if you deem that you have pressing issues or concerns that are needed to be immediately addressed, please feel free to contact _____ .

Other Rights

If the time comes when you feel uncomfortable or dissatisfied with the services given, please let us know so we can respond to your concerns and decide on what to do next, such as referring you to another responder or professional wherein you will feel at most comfort and ease. Moreover, do not hesitate to reach out as your concerns will always be handled with great care and respect. You have the right to choose whether or not to continue, to ask questions and air insights, and you have the right to a safe and caring service regarding your situation. Rest assured that no one among us will have any relationship with you outside the professional realm.

Acknowledgement

Consent to Receive Services Related to Gender-Based Violence

By signing below, you are consenting to the terms of the informed consent form. Your signature will serve as an indication that you have read all of what has been written and are agreeing to what the Informed Consent Form stated.

Printed Name and Signature of Client

For Minors:

Printed Name and Signature of Parent/Guardian
Relationship to the Client: _____

Date: _____

APPENDIX B: NON-DISCLOSURE AGREEMENT

Diliman Gender Office University of the Philippines

This Non-Disclosure Agreement (NDA) is between _____ and _____, referred to as the GBV responder and the UP Diliman Gender Office respectively, with both of them being referred to as Parties. The parties, therefore, agree to the following in order to ensure the confidentiality of everyone involved, and to make sure that unauthorized dissemination of information will be hampered.

1. CONFIDENTIAL INFORMATION. For the purpose of the NDA, the following confidential information should not be taken lightly. This includes but is not limited to information and data that parties disclose to each other, either personal, in verbal, written or electronic form (formally or informally given). Moreover, confidential information also includes agreements, researches, documents, and reports made in the duration of the NDA. Most importantly any and all forms of sensitive information disclosed that might or might not affect those involved, especially putting risk in the life of the survivor/s of gender-based violence (GBV), are also included in this.

1.1. HEALTH SECTOR. The health sector in partnership with the Diliman Gender Office (DGO) shall keep every information safe and confidential, not only for the sake of the institutions involved but also for the sake of the survivor/s of GBV. Information regarding the treatments and medications involved must be kept strictly in private and only be shared with the parties involved. Moreover, data collections conducted to gather data regarding the survivor/s and their situation must be highly regarded, as well as the health protocols to be administered.

1.2. PSYCHOSOCIAL SECTOR. For the psychosocial sector in partnership with the DGO in preventing or addressing GBV, any information or data collected that might or might not affect those involved must be strictly held with confidentiality. Data from therapies and consultations need to also remain confidential. Moreover, the survivor of GBV has the right to choose whether or not they disclose their situation.

1.3. LEGAL SECTOR. Legal sectors that are partners of the DGO must remain true to what is just and lawful. Therefore, they must not disclose any of the confidential information without the consent of the other party involved. Hence, any key or legal information gathered, all legal services and mechanisms have to be confidential and within the bounds of the NDA.

1.4. SECURITY SECTOR. Lastly, partners of the DGO from the security sector need to keep the results of same-sex interviews, reports, referrals, and decisions that will affect the GBV survivor/s confidential and true. Protection of all confidential information must be done with great care and truthfulness.

2. EXCLUSIONS. Information is confidential unless it is:

2.1. known as owned and made by the partner through truthful and rightful acts;

2.2. owned or made by the partner before the provision of the disclosing party;

2.3. publicly made not by the partner nor by the other party;

2.4. given by an unrestricted third party; and

2.5. requested to be disclosed by the government or the law. Upon the request of the government or law, the partner must inform or notify those involved in the agreement to gather their consent.

3. NON-DISCLOSURE. All information (whether made orally or in writing, sketched or by demonstration) must remain confidential during the period of the NDA. The parties, especially the partner must not, in any way, publicly disclose any of the confidential information given by both parties. By disclosing vital information that is mostly sensitive in nature, it would be putting too much pressure and risk in the life of those of the disclosing party, especially if the disclosing party is a survivor of GBV.

4. RESPONSIBILITY OF THE RECEIVING END/PARTY. In connection to the prior term, comments and statements regarding any of the

agreed confidential information must not be carelessly and recklessly given to any third party, or those individuals and groups that are not involved. In connection with this, the moment that implicit or explicit disclosure of any information was made, the receiving party is required to notify the disclosing party in order to know the following steps to take. In addition, the relationship between the parties involved shall not cross nor breach the line of what is strictly only academic or professional. The receiving party, at the very least, must employ the same degree of care, respect, and honesty in handling all information they will be receiving as they employ in their own personal information to avoid carelessly spreading vital and confidential information to other parties not concerned nor involved. Not abiding by these terms is a breach of confidentiality and might risk those involved, specifically the most vulnerable ones.

5. PERIOD OF NON-DISCLOSURE. The parties shall remain abiding by the agreement until the period when the NDA expires or is terminated. Furthermore, the partners or the receiving party must remain truthful in keeping all information confidential by not disclosing them to any third party without the consent of the others involved, or if not related to work.

6. LAW. This agreement abides by the laws of the Republic of the Philippines and of the University of the Philippines Diliman.

7. WAIVER. Both parties acknowledge that the rights of everyone involved are important. Thus, this agreement does not, in any way or circumstance, waive any right of either party involved. Moreover, neither party waives their right to any material or development made upon the signing of the agreement.

8. AGREEMENT. This agreement implies the mutual understanding of the involved regarding the terms of the NDA.

IN WITNESS WHEREOF, I, the _____, recognize the importance of abiding to the following statements, and further recognize that not following any of these is a breach to the agreement.

Signature: _____ Date: _____.

Printed Name: _____

APPENDIX C: HOTLINE NUMBERS AND CONTACT INFORMATION

Makipag-ugnayan kayo sa mga sumusunod na opisina para sa counseling at/o imbestigasyon ng kaso ng *sexual harrasment*.

UP Diliman Gender Office

- ✉ updgo@up.edu.ph
- 📌 UP Diliman Gender Office
- 📞 0966-340-3602 (Globe)
- 📞 0947-428-0190 (Smart)
- 📞 8-926-9053 (hotline)
- 📞 8-981-8500 loc. 2467

Office of Anti-Sexual Harassment

- ✉ oash.upd@up.edu.ph
- 📌 UP Diliman OASH
- 📞 0966-634-7949 (Globe)
- 📞 0961-027-7867 (Smart)
- 📞 8-981-8500 loc. 2465/2466
- 🌐 oash.upd.edu.ph

Kung mayroong pangangailangang may kalaman naman sa *mental health*, makipag-ugnayan sa mga sumusunod:

CSSP Department of Psychology

- ✉ uppsychdept@gmail.com
- ✉ psych@kssp.upd.edu.ph
- 🌐 psych.upd.edu.ph
- 📞 8-928-2728

Office of Counseling and Guidance

- ✉ ocg.updiliman@up.edu.ph
- 📌 UP Diliman Office of Counseling and Guidance
- 📞 8-981-8500 loc. 4502/4501

Psychserv

- ✉ psychserv.upd@up.edu.ph
- 📌 UPD Psychserv
- 📞 0916-757-3157 (Globe)

Para sa pangangailangang may kinalaman naman sa **seguridad at usaping legal**, makipag-ugnayan sa mga sumusunod:

UP College of Law

✉ ocs_law.upd@up.edu.ph
✉ llm.upd@up.edu.ph
f University of the Philippines College of Law
☎ 8-920-5514

Public Safety and Security Office

✉ cso.updiliman@up.edu.ph
☎ 8-981-8500 loc. 8512

Brgy. UP Campus

f Barangay UP CAMPUS - Quezon City
☎ 0966-842-7696 (Globe)
☎ 0908-208-2142 (Smart)
☎ 8-426-9779

UP Diliman Police

✉ updp@upd.edu.ph f UP Diliman Police
☎ 8-928-3615, 8-981-8500, loc. 113 (Helpdesk), loc. 4008 (Radio Room), loc. 4002 (Administrative Office)

Kung mayroon namang pangangailangang may kinalaman sa **kalusugan**, kontakin ang:

University Health Service

✉ uhs.updiliman@up.edu.ph
f UP Diliman Health Service
☎ **Director's office:** 8-981-8500 local 2701
☎ **Public Health Unit:** 8-981-8500 local 2719 or 0947-427-9281 (Monday-Friday, 8:00 AM-5:00 PM)
☎ **Emergency Room:** 8-981-8500 local 111 (24 hrs)

Kinikilala namin ang limitasyon dulot ng pandemya. Sa kabila nito, maaaring dumeretso sa mga nakasaad na mobile nos, para mag-text, tumawag, o kaya ay mag-e-mail o makipag-ugnayan sa Facebook page para sa online o telecounseling.

The following contact information, cited from Philippine Commission on Women (n.d.-c)'s site, containing mobile numbers and email addresses can be used by the survivors (Philippine Commission on Women. n.d.-c.)

Police Assistance:

Philippine National Police (PNP) Hotline: 177
Aleng Pulis Hotline: 0919 777 7377
PNP Women and Child Protection Center (WCPC) 24/7 AVAWCD
Office Number: (02) 8532-6690
WCPC Email Addresses:
wpcp_pnp@yahoo.com
wpcp_vawcd@yahoo.com
avawcd.wpcp@pnp.gov.ph

Legal Assistance:

Public Attorney's Office (PAO) Hotline: (02) 8929-9436 local 106, 107, or 159 (local "0" for operator)
PAO Mobile Number: (+62) 9393233665
PAO Email Address: pao_executive@yahoo.com

Referrals:

Inter-Agency Council on Violence Against Women and their Children
Mobile Numbers: 0917 867 1907 / 0917 874 8961
Email Address: iacvawc@pcw.gov.ph

Others:

Department of the Interior and Local Government (DILG) Directory for Barangay Officials: <https://www.dilg.gov.ph/barangay-officials-directory/search>

ABOUT THE AUTHORS

Ms. Anna Myrishia Engraciadina Magdalena R. Villanueva, RGC is currently the Guidance Service Specialist of the University of the Philippines Diliman Gender Office (UPDGO) where she provides psychosocial counseling to survivors of gender-based violence. She also has presented talks on Psychosocial First Aid and Mindfulness Practice across Gender Spectrum. Ms. Anna was a former Guidance Counselor in the Basic Education Unit for three years where she developed programs that promote Mental Health and provided lessons on personal safety against sexual harassment. Before becoming a counselor, she was a Recruitment Manager at a firm handling executive-level positions for nine years. She finished Master of Science in Family Psychology & Counseling and Bachelor of Science in Psychology & Bachelor of Arts in Guidance and Counseling at St. Scholastica's College, Manila. Currently, she is taking her post-graduate degree in Philosophy of Education (Guidance) at University of the Philippines Diliman.

Blessie Jayne A. Lampa is a graduating student from the University of the Philippines Diliman Extension Program in Pampanga taking-up Bachelor of Arts in Applied Psychology. While studying, she is also actively involved in their organizations. From freshman year until the fourth, she has been a leader in Cru UP Clark and in her senior year, she decided to join UP Applied Psychology Society-- an academic organization aiming to serve the people using psychological principles and values. With the aim of helping the society and its members, and making a contribution to the body of knowledge in psychology specifically in the counseling setting, she had her internship in the UP Diliman Gender Office Counseling program under the supervision of Ms. Anna Myrishia Engraciadina Magdalena Villanueva wherein Lampa was able to contribute in the writing of the Protocol.

PUBLIKASYON NG UP DILIMAN GENDER OFFICE (UPDGO Publication)

UP Diliman Gender Office Website Downloadables (<http://dgo.up.edu.ph>)



Situationers/Reports



Brochures

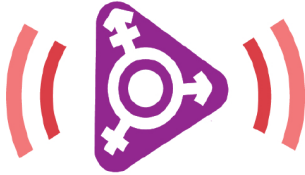


Law/Policy Primers



Monograph Series





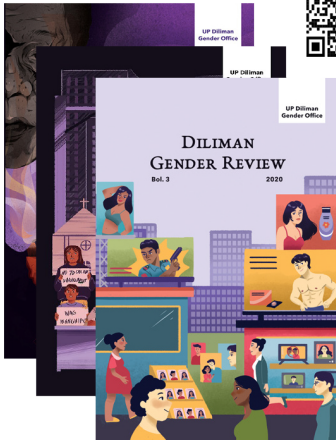
GENDERadyo

DZUP GENDERadyo
Podcast

Maaaring mapakinggan sa Spotify, Apple/Google Podcast, atbp podcast application



Diliman Gender Review



Social Media Accounts



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