

Type and Severity of Intimate Partner Violence and Formal Help-seeking among Women in the Philippines

Kim Carmela D. Co^{1*}, Amiel Nazer C. Bermudez¹, Ma. Lourdes Rossana E. De Guzman²

*Corresponding author's email address: kimcarmelaco@up.edu.ph

¹Department of Epidemiology and Biostatistics, College of Public Health, University of the Philippines Manila, Ermita Manila 1000

²Department of Psychiatry and Behavioral Medicine College of Medicine, University of the Philippines Manila, Ermita Manila 1000

RESEARCH ARTICLE

Abstract

Background: In the Philippines, 25% of ever-married women reported experiencing some form of violence from their partners but only 10% of them actually sought medical or legal help (NDHS, 2013). The objective of this study was to describe the type and severity of intimate partner violence experienced, and its association with formal help-seeking among women aged 15-49 years in the Philippines.

Methodology: The cross-sectional data used for this study came from the National Demographic and Health Survey of women aged 15-49 years old conducted in 2013. To estimate the association of interest, confounders were identified using the change-in-estimate criterion and were controlled by multiple logistic regression modelling.

Results: Among women aged 15-49 years who experienced intimate partner violence, those who experienced all types of abuse had the highest proportion of formal help-seeking (7.3%), while women who experienced only sexual abuse had the lowest (0 out of 67). Controlling for the effect of other variables, women who experienced severe physical abuse were more likely to seek medical or legal assistance compared to those who experienced moderate physical abuse (OR=4.77; 95% Confidence Interval: 1.96 – 11.62).

Conclusion: Formal help-seeking rates were low among victims of intimate partner violence in the Philippines. The severity of the abuse experienced is likely an important factor in seeking medical and legal help. These systems should thus be capable of handling severe cases of abuse in order to address the needs of women who seek help. Efforts should be made to increase formal help-seeking among all victims of domestic violence.

Keywords: intimate partner violence, domestic violence, physical violence, help-seeking, formal help-seeking

Introduction

The Declaration on the Elimination of Violence against Women in 1993 defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women” [1]. Violence against women has been regarded as a much bigger problem than previously suspected, primarily because it is not usually captured in standard morbidity and mortality reports. Population-based surveys have highlighted the extent of the problem, and its presence in all types of cultures, and classes, albeit in varying magnitudes [2].

Intimate partner violence (IPV) (also known as domestic violence) covers any form of abuse experienced by women that are perpetuated by their intimate partners

[1,3]. IPV is one of the most common forms of violence against women with an estimated global lifetime prevalence of 30% among all women who have ever been in a relationship [4]. The most frequently described types of IPV include physical abuse and sexual violence but it can also entail psychological, emotional, or financial abuse.

In the Philippines, the Anti-Violence Against Women and Their Children Act (RA 9262) was enacted to address violence against women and their children that was perpetuated specifically by intimate partners [5]. However, most cases of intimate partner violence are not reported to the police. In the 2013 National Demographic and Health Survey, approximately 25% of all ever-married women reported experiencing some form of violence from their partners while 7% reported experiencing it in the last 12 months, most of which had not been reported [6].

Determining the magnitude of violence against women is limited by underreporting, especially if data is based exclusively on police reports and medical records. It is estimated that 20-60% of women who experience IPV do not tell anyone about the incident and a few report to formal agencies, which include police, legal, social, and health care institutions [4]. In the Philippines, among all women who have ever experienced physical or sexual abuse, only 30% sought help to stop the violence, and among them, the woman's own family was the most frequent source of help (58.7%) [6].

There is a significant risk for women who experience abuse but do not disclose the incident since the health effects of intimate partner violence are far-reaching. Globally, among women who have ever experienced IPV, an estimated 42% suffered injuries, some leading to death [3]. Further, strong evidence has related IPV to the development of mental health issues such as alcohol use disorders, unipolar depressive episodes, and having suicidal thoughts [3].

A very important aspect of collective efforts to permanently halt IPV is for the woman to disclose the violence she is experiencing [7]. Voluntary disclosure on the part of the victim would reflect her recognition that she is being abused [8]. Thus, there is a need to understand the context by which women seek and receive help and social support. Population-based surveys in several countries revealed that women who experienced severe physical violence had higher rates of formal disclosure compared to those who experienced moderate physical aggression [9,10,11,12]. In contrast, in certain population groups in the United States, the severity of IPV was not found to be associated with formal help-seeking [13,14,15]. Similarly, in studies among women in South Korea and Japan, the severity of IPV was not found to be associated with medical or legal help seeking, but presence of injuries during the time of incident was significantly associated with medical help-seeking [16,17,18]. Meanwhile, a qualitative study conducted in the Philippines reported that the increasing severity of physical abuse makes Filipina IPV victims leave their abusive partners [19].

Local studies on help-seeking behaviors among women who experienced IPV have so far been limited to qualitative studies. Based on studies in other countries, factors associated with disclosure of violence are culturally specific, which highlights the need to conduct studies in the local setting. Further, it is important to determine to whom women choose to disclose the abuse to when they decide to tell someone about it. Thus, this study sought to describe the type

and severity of intimate partner violence experienced by women aged 15-49 years in the Philippines and determine its association with formal help-seeking.

Methodology

Source of Data

This study performed a secondary analysis of data collected from the Philippine National Demographic and Health Survey (NDHS), conducted by the Philippine Statistics Authority in 2013. The NDHS collected information on fertility, family planning, and health in the country using three questionnaires: Household Questionnaire, Individual Women's Questionnaire, and the Women's Safety Module. The sampling methodology of NDHS has been described elsewhere [6]. For the Women's Safety Module, only one respondent was randomly selected among all the eligible women in each household. Information was collected using one-on-one interviews by a trained interviewer.

Analysis for this study was limited to respondents who reported experiencing violence from their intimate partners. Further, only respondents with complete information on all the pertinent variables were retained in the dataset to estimate the measure of association of interest.

Operational Definition of Variables

Data on the severity of physical abuse was collected in the NDHS by asking the respondent if her current or most recent husband or partner has ever done any specific acts of physical violence. The classification of severity of physical violence was based on the classification used in the WHO report on domestic violence [2]. Severe physical abuse indicated being *punched or hit with something that could hurt, being kicked, dragged, or beaten up, choked or burned on purpose, threatened or attacked with a knife, gun, or other weapon*. Moderate physical abuse was indicated if the woman did not experience severe physical abuse but reported being pushed, shaken, had something thrown at them, slapped, or had their arm twisted or hair pulled. Otherwise, the respondent was classified as having no physical abuse.

Classification of the type of abuse experienced was based on responses to questions on acts of intimate partner abuse during the interview. Sexual abuse was present if she reported ever being forced by her partner to

have sexual intercourse or any other sexual acts when she did not want to.

The respondent was classified as having emotional abuse if she reported being humiliated by her partner in front of others, being threatened by the partner to harm her, himself, or someone she cared about, being insulted or made to feel bad about herself, not being allowed to engage in any legitimate work nor practice her profession, having her own money or properties controlled, being forced to work, having her personal properties, pets, or belongings destroyed, or having other intimate relationships.

Formal help-seeking was classified as positive if she reported that she sought help for the abuse from at least one of the following: doctor or medical personnel, police, lawyer, or social work organization. Otherwise, the classification was that she did not formally seek help.

Data Processing Analysis

The final analytic sample was limited to women who experienced intimate partner physical violence since the main exposure of interest was the severity of physical violence. Prior to analysis, the exposure variable and each possible categorical confounder were tabulated with the outcome variable to determine if there were enough observations. For variables with insufficient observations, adjacent categories of that variable were combined until the minimum expected frequency for each cell was reached.

Simple logistic regression (Model 1) was first performed to determine the crude associations between severity of physical abuse experienced and formal disclosure of abuse. Multiple logistic regression (Model 2) was then performed to determine the association between severity of physical abuse experienced and formal disclosure of abuse, while controlling for confounders, including socio-demographic characteristics, type of IPV, and level of marital control [20].

To determine which variables to adjust for in the analysis, probable confounders were identified by performing simple logistic regression for each potential confounder. If the odds ratio relating the variable with the outcome was marginally significant ($p\text{-value} < 0.25$), the variable was included as a probable confounder [21]. After this, a full model that included the main exposure and probable confounders was developed, and the odds ratio relating the main exposure and the outcome in this model was then obtained. Collinearity among the variables was

checked to determine if there were variables that provided very similar information.

Then, probable confounders were deleted sequentially from the full model starting with the probable confounder with the highest $p\text{-value}$. If the percent change in the odds ratio was greater than or equal to 10%, the variable was considered a significant confounder and was retained in the model [22]. The next least significant probable confounder was then removed from the model, and the process was repeated until all confounders had been checked. The final reported odds ratio was estimated using the logistic regression model containing the main exposure and significant confounders.

The investigator obtained ethical clearance for the study from the University of the Philippines Manila Review Ethics Board (UPM REB). The provided NDHS dataset and all data processing and analyses performed in this study complied with the Data Privacy Act of 2012 of the Philippines. Information provided in the dataset were anonymous and the investigator had no means of decoding and identifying who the respondents were.

Results

Descriptive Results

The dataset provided by DHS included 10,963 respondents who were selected for the Women's Safety Module. Among them, 8,157 (74.4%) had data on intimate partner violence experience, of which 2,164 (26.53%) respondents experienced at least one type of IPV from their current or most recent partner. Emotional violence was the most frequently reported (22.24%), followed by physical violence (12.8%), while sexual violence was the least commonly reported (5.51%).

In terms of help-seeking for IPV, 1,411 respondents (65.20%) had data regarding formal help-seeking. Women who experienced all three types of abuse had the highest proportion of formal help-seeking (18 out of 230 or 7.3%), while women who experienced only sexual abuse had the lowest (0 out of 67). The type and severity of IPV experienced and proportions with formal help-seeking are summarized in Table 1.

Association between severity of physical violence and formal help-seeking

Among eligible respondents, 1,037 respondents (73.5%) reported experiencing physical violence and were included in

Table 1. Distribution of respondents according to type of IPV experienced and formal help-seeking behavior (N=1,411), 2018

| | Formally sought help | | Did not formally seek help | | Total |
|------------------------------|----------------------|---------|----------------------------|---------|-------|
| | Freq. | Percent | Freq. | Percent | |
| Physical violence | | | | | |
| No physical violence | 10 | 2.67% | 364 | 97.33% | 374 |
| Moderate | 6 | 1.22% | 485 | 98.78% | 491 |
| Severe | 39 | 7.14% | 507 | 92.86% | 546 |
| Sexual violence | | | | | |
| No | 36 | 3.73% | 929 | 96.27% | 965 |
| Yes | 19 | 4.26% | 427 | 95.74% | 446 |
| Emotional violence | | | | | |
| No | 2 | 0.58% | 344 | 99.42% | 346 |
| Yes | 53 | 4.98% | 1012 | 95.02% | 1065 |
| IPV type | | | | | |
| Physical abuse only | 2 | 0.80% | 248 | 99.20% | 250 |
| Sexual abuse only | 0 | 0.00% | 67 | 100.00% | 67 |
| Emotional abuse only | 9 | 4.39% | 196 | 95.61% | 205 |
| Sexual and emotional abuse | 1 | 0.98% | 101 | 99.02% | 102 |
| Physical and sexual abuse | 0 | 0.00% | 29 | 100.0% | 29 |
| Physical and emotional abuse | 25 | 4.90% | 485 | 95.10% | 510 |
| All types of abuse | 18 | 7.26% | 230 | 92.74% | 248 |

subsequent analysis. The average age of women included in the analysis was 33.8 (± 8.4) years, while the majority belonged to the two lowest socio-economic status categories (50.24%), finished secondary education (51.21%), and were not recently employed (65.96%). The socio-demographic characteristics of these respondents are summarized in Table 2.

Out of the 1,037 women who experienced physical violence and were included in the analysis, only 45 (4.34%) formally

sought help. Specifically, 19 sought help from medical or social workers and among these, 16 experienced severe physical abuse. Meanwhile, 29 sought help from the police or a lawyer, among whom 25 experienced severe physical abuse. The crude odds ratio relating severity of physical abuse and formal help-seeking behavior was 6.22 (95% Confidence Interval: 2.67 - 14.45), suggesting that those who experienced severe physical abuse were almost six times more likely to seek help compared to those who experienced moderate physical abuse.

Table 2. Profile of the study respondents for inferential analysis (N =1,037), 2018

| Variable | Descriptive Statistics | |
|---------------------------------------|------------------------|------|
| | Mean | SD |
| Age | 33.8 | 8.4 |
| | Frequency | % |
| Socio-economic status | | |
| Second | 255 | 24.6 |
| Middle | 220 | 21.2 |
| Fourth | 184 | 17.7 |
| Highest | 112 | 10.8 |
| Educational Attainment | | |
| No education | 19 | 1.8 |
| Primary | 262 | 25.3 |
| Secondary | 531 | 51.2 |
| Higher | 225 | 21.7 |
| Employment Status | | |
| Recently employed | 353 | 34.1 |
| Not recently employed | 684 | 65.9 |
| Place of Residence | | |
| Urban | 467 | 34.1 |
| Rural | 570 | 65.9 |
| Partner's Controlling Behavior | | |
| High Marital Control | 279 | 26.9 |
| Medium Marital Control | 404 | 38.9 |
| No Marital Control | 354 | 34.2 |
| Type of IPV experienced | | |
| Physical abuse only | 248 | 23.9 |
| Physical and sexual abuse only | 250 | 24.1 |
| Physical and emotional abuse only | 29 | 2.8 |
| Physical, sexual and emotional abuse | 510 | 49.2 |

Age, socioeconomic status, employment status, educational attainment, type of IPV, marital control, and residence were identified as probable confounders on the basis of the results of simple logistic regression analyses to estimate the measure of association (see Table 3). The results of the analyses indicated that only type of IPV experienced and place of residence were significant confounders; thus, only these variables were adjusted for. The final adjusted OR estimated was 4.77 (95% CI:

1.96–11.62), indicating that women who experienced severe physical abuse are five times more likely to have sought help compared to those who experienced moderate physical abuse.

Discussion

The proportion of formal help-seeking was very low among women who reported intimate partner violence.

Table 3. Results of simple and multiple logistic regression models (N =1,037), 2018

| Variable | Simple logistic regression model | Multiple logistic regression model |
|---|---|---|
| | Odds Ratio (95% Confidence Interval) | Odds Ratio (95% Confidence Interval) |
| Severity of physical abuse | | |
| Moderate physical abuse | 1.00 | 1.00 |
| Severe physical abuse | 6.22 (2.67 – 14.45) | 4.72 (1.88 – 11.84) |
| Age | 1.05 (1.01 – 1.09) | 1.04 (1.00 – 1.08) |
| Socio-economic status | | |
| Lowest | 1.00 | 1.00 |
| Second | 1.87 (0.77 – 4.54) | 1.36 (0.52 – 3.52) |
| Middle | 1.86 (0.75 – 4.64) | 1.30 (0.47 – 3.57) |
| Fourth | 0.72 (0.21 – 2.42) | 0.44 (0.11 – 1.73) |
| Highest | 2.15 (0.76 – 6.10) | 0.85 (0.23 – 3.15) |
| Educational Attainment | | |
| No education/Primary level | 1.00 | 1.00 |
| Secondary level | 0.91 (0.43 – 1.94) | 1.20 (0.52 – 2.75) |
| Higher level | 1.75 (0.79 – 3.90) | 2.85 (1.05 – 7.69) |
| Employment Status | | |
| Recently employed | 1.00 | 1.00 |
| Not recently employed | 2.12 (1.01 – 4.46) | 1.48 (0.68 – 3.30) |
| Place of Residence | | |
| Urban | 1.00 | 1.00 |
| Rural | 0.53 (0.29 – 0.98) | 0.49 (0.25 – 0.95) |
| Partner's Controlling Behavior | | |
| No Marital Control | 1.00 | 1.00 |
| Medium Marital Control | 2.47 (0.80 – 7.58) | 2.31 (0.72 – 7.37) |
| High Marital Control | 5.68 (1.96 – 16.42) | 3.90 (1.27 – 12.02) |
| Type of IPV experienced | | |
| Physical abuse only | 1.00 | 1.00 |
| Physical and emotional abuse only | 6.39 (1.50 – 27.20) | 2.81 (0.62 – 12.68) |
| Physical with emotional and/or sexual abuse | 8.62 (1.98 – 37.53) | 2.69 (0.56 – 12.90) |

Comparing across different types of IPV, the proportion of formal help-seeking was highest among women who experienced physical, sexual, and emotional abuse concomitantly, and lowest among those who only experienced physical and sexual abuse. Among women who experienced physical abuse, severity of abuse was found to be associated with formal help-seeking.

The results are consistent with global reports indicating that 55-95% of IPV victims never go to any formal agency even when some of them had injuries that needed to be seen by a health care worker [2]. In a multi-country study conducted, the prevalence of disclosure of IPV varied by location, such that in 8 out of 15 areas studied, less than 10% of IPV victims sought help from health services [4].

Women who experienced sexual abuse had an even lower frequency of help-seeking. Among VAW cases seen by Women and Children Units nationwide from 2006-2015, there were significantly more cases of physical abuse than sexual abuse reported, and this finding has been attributed to the fact that women are even less likely to report sexual violence from their intimate partner compared to physical violence [23].

The results of the analysis showed that women who experienced severe physical abuse more likely sought help from medical or legal systems compared to those who experienced moderate physical abuse [19]. This was consistent with that of a previous qualitative study in the Philippines which reported that IPV victims decided to leave their abusive partners due to the increasing severity of physical abuse. These results further support the theory that the severity of physical abuse likely increases the possibility of the victim's recognition of the abuse as a problem that needs to be addressed, hence, the decision to seek help from formal support systems [24]. This decision-making process may be influenced by various reasons including increased belief of being believed by formal help systems which may be mediated by presence of injuries since injuries are more concrete evidence of IPV [16,25]. Additionally, when women feel that the violence becomes extreme that they start to fear for their children's safety, they would be more likely to formally report the violence [25].

Although the number of reported cases of VAW in the Philippines has been increasing since the implementation of RA 9262 in 2004 [26], women who experience violence may still be hesitant to report it especially for those who experience moderate physical abuse. Based on previous studies, some of these barriers included financial dependence on her partner, and perceived lack of support from friends and family [19]. Women who do not have their own source of income or resources may feel unable to separate from their partner [19]. Further, it has been embedded in the Filipino culture that it was the familial duty of women to keep their family intact, and this may influence them to take responsibility for the violence experienced from their partner. In 2009, it was reported that 24% of Filipina women reported at least one circumstance wherein they felt that the husband hitting the wife was justified, such as if the wife "*went out without telling him, neglected the children, argued with him, refused to have sex with him, or burned the food*" [27].

The finding that women are more likely to formally seek help when they experience abuse indicate that these agencies should be capable of handling severe cases of abuse. Important frontline agencies for women seeking

help for IPV in the Philippines are *barangay* VAW help desks, and women and child protection units (WCPUs) [5,28]. VAW desks follow a flowchart in handling cases of VAW, which includes: verification of incident through house visits, arrest of perpetrator, referral of the victim for medical attention, and issuance of *barangay* protection order (BPO) as needed [29].

However, there is still a lack of explicit assessment of the severity of the violence to determine the health and safety needs of the victim-survivor, and there is also no mention of an assessment of psychosocial and economic concerns of the woman prior to asking her to decide whether or not to leave her home [29]. In addition, some women who tried to seek help from police and VAW desks reported being discriminated upon [5]. Specifically, their concerns were brushed off as private family matter and were thus advised to settle it with their partners. Every province and chartered city is mandated to have at least one WCPU [30], but a nationwide evaluation of WCPUs in 2015 also reported that these units suffered from lack of full-time staff, security personnel, and even dedicated rooms, leading to the inability of the units to provide even basic services such as psychosocial counselling and physical examinations for medico-legal purposes [23], and, thus, may still have to be improved in order to assist women who experience severe IPV.

This study has several limitations. Although the data used came from the national survey conducted in 2013, the primary objective of this study was to estimate the association between severity of physical abuse and formal help-seeking, which may be determined regardless of the timing of the data. Similarly, although the analysis utilized data that were not from a random sample of women who experienced intimate partner violence in the Philippines, this does not preclude the utility of the estimated measure of association.

Although the sample size was large enough, it was difficult to get a precise estimate of the odds ratio because of the rare occurrence of formal help-seeking. In spite of this, the boundaries of the confidence interval suggested that there was a positive association between the variables of interest. The investigators further attempted to ensure the validity of the results by adjusting for significant confounders based on the data analysis. There may still be other factors that affect the relationship between severity of violence and formal disclosure that have not been identified, but those that have been identified from literature were already adjusted for in this analysis.

Due to the sensitive nature of the variables, misclassification of the exposure and outcome was possible. However, the data collectors for the NDHS were well trained, and the data collection procedure of NDHS stated that interviews for the Women's Safety Module were done in a room with no other persons except the interviewer and interviewee. This would have lessened the possibility of underreporting the severity and formal disclosure of IPV.

Conclusion and Recommendation

Among women who have ever had an intimate partner, the proportion of formal help-seeking among victim-survivors of intimate partner physical abuse in the Philippines is very low. It was highest among those who experienced concurrent physical, emotional, and sexual abuse, while it was lowest among those who experienced sexual abuse only. Among women who reported physical abuse, Filipina women who experienced severe physical abuse were approximately 5 times more likely to have sought medical or legal assistance compared to those who experienced moderate physical abuse (OR=4.77; 95% CI: 1.96 – 11.62).

Future research can also look into the association in more detail. Rather than just looking at the severity of abuse, the exposure variable can be specified in more detail by including the duration of violence and most recent experience of violence. It may also be useful to consider more specific outcomes such as timing of help-seeking relative to the violent act, specific actions taken by women who experienced intimate partner violence (e.g. leaving her partner, getting a protective order, filing a case, etc.), and outcomes of help-seeking (e.g. permanent separation from partner, re-victimization, etc). Mixed methods studies would aid in describing the phenomenon of help-seeking among Filipina women in more detail.

For policy-makers of the Department of Health, more awareness campaigns may be needed to inform women of situations wherein they can seek help for IPV, and not just when physical abuse is already severe. As frontline agencies, administrators of the Philippine National Police, local government units (LGUs), WCPUs, and VAW desks should recognize that a significant percentage of women who come to them are likely those who have experienced severe physical violence. Thus, professionals and workers at the frontline of these formal support services should receive adequate training on how to assess severe cases of physical abuse and to address the holistic needs of these women who

seek help. Decisions made should follow a protocol and should be sensitive to the situation of the woman rather than simply a reflection of the individual's personal beliefs.

Referral to other agencies for psycho-social assistance should be provided to the woman as soon as possible, not just for counseling but also for her awareness on possible alternatives and next steps, and where and how she can get the necessary support. Lastly, assessment of the severity of abuse should be done to determine the health and safety needs of the victim-survivor.

References

1. Watts C, Zimmerman C. (2002). Violence against women: global scope and magnitude. *The Lancet*, 359, 1232-1237.
2. World Health Organization. (2005). WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. Geneva: WHO.
3. World Health Organization. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence. Geneva: World Health Organization.
4. United Nations Development Programme. (2014). Global Status Report on Violence Prevention. Geneva: World Health Organization.
5. WWTSVAW - Women Working Together to Stop Violence against Women. (2009). *Breaking the Silence, Seeking Justice in Intimate Partner Violence in the Philippines*. Philippines.
6. Philippine Statistics Authority. (2013). *Philippines National Demographic Health Survey*. Manila.
7. Okenwa L., Lawoko, S., Jansson B. (2009, July). Factors Associated with Disclosure of Intimate Partner Violence among Women in Lagos, Nigeria. *Journal of Injury & Violence*, 1(1), 37-47.
8. Hyman I., Forte T., Mont J. D., Romans S., Cohen M. M. (2009). Help-Seeking Behavior for Intimate Partner Violence among Racial Minority Women In Canada. *Women's Health Issues*, 19, 101-108.
9. Ansara D. L., Hindin M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine*, 70, 1011-1018.

10. Djikanovic B, Wong SL, Jansen HA, Koso S, Simic S, Otas'evic' S, Lagro-Janssen A. (2012). Help-seeking behaviour of Serbian women who experienced intimate partner violence. *Family Practice*, 29, 189-195.
11. Mojarro-Iñiguez M, Valdez-Santiago R, Pérez-Núñez R, Salinas-Rodríguez A. (2014). No More! Women Reporting Intimate Partner Violence in Mexico. *Journal of Family Violence*, 29, 527-537.
12. Duterte EE, Bonomi AE, Kernic MA, Schiff MA, Thompson R., Rivara F. (2008). Correlates of Medical and Legal Help Seeking among Women Reporting Intimate Partner Violence. *Journal of Women's Health*, 17(1), 85-96.
13. Coker AL, Derrick C, Lumpkin JL, Aldrich TE, Oldendick R. (2000). Help-Seeking for Intimate Partner Violence and Forced Sex in South Carolina. *Am J Prev Med*, 19(4), 316-320.
14. Sabina C, Cuevas CA, Schally JL. (2012). Help-Seeking in a National Sample of Victimized Latino Women: The Influence of Victimization Types. *Journal of Interpersonal Violence*, 27(1), 40-61.
15. Yoshioka, MR, Gilbert L, El-Bassel N, Baig-Amin M. (2003). Social Support and Disclosure of Abuse: Comparing South Asian, African American, and Hispanic Battered Women. *Journal of Family Violence*, 18(3), 171-180.
16. Kim JY, Lee JH. (2011). Factors Influencing Help-Seeking Behavior Among Battered Korean Women in Intimate Relationships. *Journal of Interpersonal Violence*, 26(15), 2991-3012. doi:10.1177/0886260510390946.
17. Kamimura A, Bybee D, Yoshihama M. (2014). Factors Affecting Initial Intimate Partner Violence-Specific Health Care Seeking in the Tokyo Metropolitan Area, Japan. *Journal of Interpersonal Violence*, 29(13), 2378-2393.
18. Kamimura A, Yoshihama M., & Bybee D. (2013). Trajectory of intimate partner violence and healthcare seeking over the life course: study of Japanese women in the Tokyo metropolitan area, Japan. *Public Health*, 127, 902-907.
19. Estrellado AF, Loh J. (2014). Factors Associated With Battered Filipino Women's Decision to Stay in or Leave an Abusive Relationship. *Journal of Interpersonal Violence*, 29(4), 575-592.
20. Kleinbaum DG, Klein M. (2010). *Logistic Regression: A Self-Learning Text* (Third Edition ed.). London: Springer Science.
21. Bursac Z., Gauss H., Williams D. K., Hosmer D. W. (2008). Purposeful selection of variables in logistic regression. *Source Code for Biology and Medicine*, 3(17).
22. Budtz-Jørgensen E, Keiding N, Grandjean P, Weihe P. (2007, January). Confounder Selection in Environmental Epidemiology: Assessment of Health Effects of Prenatal Mercury Exposure. *Annals of Epidemiology*, 17(1), 27-35.
23. Fajutagana N. S. (2015). Evaluation of the Women and Child Protection Units in the Philippines. University of the Philippines.
24. Liang B, Goodman L, Tummala-Narra P, Weintraub S. (2005). A Theoretical Framework for Understanding Help-Seeking Processes among Survivors of Intimate Partner Violence. *American Journal of Community Psychology*, 36(1/2), 71-84.
25. Rakovec-Felser Z. (2014). Domestic Violence and Abuse in Intimate Relationship from Public Health Perspective. *Health Psychology Research*, 2(3), 1821.
26. National Police Commission (2015). PNP Data on Violence against Women. Quezon City.
27. Hindin D. L. (2009). Perpetration of Intimate Partner Aggression by Men and Women in the Philippines: Prevalence and Associated Factors. *Journal of Interpersonal Violence*, 24(9), 1579-1590.
28. Department of Health (2011). Women and Children Protection Program. Retrieved February 12, 2017, from Department of Health
29. Department of Interior and Local Government. (2012). Flowchart in Handling VAWC Cases.
30. Department of Health (2013). Administrative Order 2013-0011.