

Counseling Needs of Battered Women and Counseling Strategies: A Study by a Feminist Counselor

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Abstract

Violence Against Women (VAW) is prevalent in every society and domestic violence is its most pervasive form. In the Philippines, domestic violence cases involving countless of women who experience abuse from their partners are reported every day by various government and non-government agencies. Such abuses have varying effects on the self-concept and level of empowerment of these women. In this study, ten battered women were interviewed to determine the nature of trauma they have experienced and their corresponding counseling needs. Results show that the women suffered physical, sexual, and psychological/emotional trauma. Their counseling needs included: 1) crisis intervention and management, 2) improvement of low self-concept and low level of empowerment, 3) dealing with a myriad of feelings (i.e., loneliness, grief, failure as a woman, mother and wife) and conflicting feelings (i.e., love, anger/hatred) for their partner, 4) work or employment support, and 5) post-crisis management. To address the participants' needs, feminist counseling was employed by the counselor-researcher focusing on four concrete strategies: 1) valuing women, 2) building an egalitarian relationship between the client and the counselor, 3) consciousness-raising, and 4) crisis interventions and management. Examples on how these strategies were applied to particular cases of the participants are likewise provided.

Introduction

VIOLENCE AGAINST WOMEN (VAW) is the “most pervasive human rights violation in the world today” (UNICEF 1997 Progress of Nations, 41). It is so widespread that women experience it regardless of race, socioeconomic class, religion, and civil status. Throughout history, women have been subjected to various forms of abuse because of their gender.

The 1993 Declaration on the Elimination of Violence Against Women, adopted by the UN, defines 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, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life” (UN 1994, 3). In the Philippines, RA 9262 or the “Anti-Violence Against Women and their Children Act of 2004” defines violence against women and their children as “any act or series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty” (Congress of the Philippines 2004, 2).

Cases of Violence Against Women (VAW) have reached alarming figures in the country. The 2008 National Demographic and Health Survey by the National Statistics Office show that the number of VAW-reported cases to the Philippine National Police-Women and Children Protection Unit rose from 4,881 in 2006 to 15,104 in 2010 (in APC and FMA 2013). Consequently, reported cases dropped to 12,948 in 2011 but again increased to 15,056 (in APC

and FMA 2013). It is important to note that in 2004, RA 9262 (Anti-Violence Against Women and their Children Act) was enacted into law. Hence, the steady increase in reported cases could have been due to the information campaign about this law and its implementation.

The most common and ubiquitous form of VAW is domestic violence (Felix and Ingente 2003; Roberts 1994). Since 2004, wife battering cases have been categorized under "violations of RA 9262" if they have been filed under this category, while those that are not filed under this are classified under physical injury. Among the different VAW categories from 2004–2011, violations against RA 9262 ranked first with 49% or 32,677 cases, while physical injury ranked second with 23.5% or 15,696 cases (APC and FMA 2013). On the other hand, data from GABRIELA, a national alliance of women's organization in the Philippines, show that prior to the enactment of RA 9262, domestic violence cases amount to 243 from 2001–2003 while cases totaled to 2,875 from 2004–2012 (APC and FMA 2013).

While cases are being reported and abusers are prosecuted, battered women who endured various forms of violence remain the most vulnerable. Physical injuries heal but emotional and psychological wounds take a longer time to mend and often leave scars that continue to haunt them for life. The women's sense of self and self-image are often shattered while decision-making skills are also affected, making them unable to decide and act on their own. Moreover, these women have been silenced by fear for so long that it is important that their stories are brought out in the open.

The objective of this study was to bring the stories of these women to the fore. Foreign and local literature about domestic violence have been increasing in recent years but research on this social problem as well as abused women in the field of Guidance and Counseling in the country is lacking. This study then took a closer look into the dynamics and

psychology of battered women and their implications to guidance and counseling.

This study sought to find answers to the following questions: 1) What is the nature and manifestations of trauma of battered women?; 2) What are the counseling needs of battered women?; and 3) What counseling strategies are appropriate for battered women?

Significance of the Study

Researches on women are limited in the field of Guidance and Counseling. Moreover, among these studies, none has been made on survivors of domestic violence, their counseling needs, and which interventions prove to be appropriate for them. There is also a dearth of studies that take a feminist perspective in the counseling of battered women, and this study aims to address this limitation. Hence, this study which focused on the plight of women in abusive relationships and the feminist perspective employed in the conduct of the counseling sessions was undertaken. In a field that is concerned with helping individuals to understand themselves and their world, the findings will help graduate students, guidance counselors, and other helping professionals be more aware of domestic violence issues, needs of women clients and their children, and the possible interventions that are most appropriate for this population. Furthermore, it will perhaps encourage the investigation of subjects on VAW, domestic violence and other gender issues in research and thus, expose guidance and counseling professionals to gender-sensitive approaches that appropriately cater to the needs of survivors of domestic violence and other gender issues that continue to trouble women and their children.

Related Literature

Domestic Violence Defined

Various fields have attempted to define domestic violence with terms such as "family violence," "wife abuse/wife battering," "spousal abuse," and "intimate partner abuse." Ramiro, Madrid and Amarillo (2004) define domestic violence as "violence within the family, specifically perpetrated by intimate partners" (p. 97). Roberts (1994), on one hand, posits that it is violence committed by a partner in an intimate relationship, not necessarily within the family, but within the safety and privacy of the home. Tojos and Abuda (1998) point out a distinction between domestic violence and family violence, stating that "family violence is specific to the family while domestic violence connotes a description of venue and may pertain to the husband-wife and parent-child relationships and other forms of violence on members of the same household; not only pertaining to spousal abuse but also incest cases and abuse of non-relatives living in one's home, such as household helpers" (p. 11). On the other hand, Delfin and Vargas (2001) describe it as a "pattern of abusive behavior against a woman in intimate relationships with the effect of establishing control over her" (p. 5). Thus, AWIR or abuse of women in intimate relationships, which encapsulates abuse committed against wives, former wives, female live-in partners, former live-in partners and women with whom the abuser has or had a sexual or dating relationship, was introduced (Arugaan ng Kalakasan 1997; Rivera 1999). In the long run, Felix and Ingente (2003) and KALAKASAN (1994b), an empowerment center for migrant women, included boyfriends as perpetrators of abuse.

Forms of Violence

Domestic violence takes on different forms, namely, physical, verbal, emotional/psychological, economic, and sexual (Arugaan ng Kalakasan 1997; KALAKASAN 1994b; Ramiro,

Madrid, and Amarillo 2004; Roberts 1994; Tojos and Abuda 1998).

Physical abuse is the most common form (Guerrero, Patron, and Vasquez 1997), and it includes punching, hitting, choking, biting, throwing objects at the woman, kicking, pushing, and using a weapon such as a gun or knife (Felix and Ingente 2003). Verbal abuse involves the use of demeaning remarks, lying, name-calling such as "stupid, idiot," and so on, which in effect shatter women's self-esteem (Tiglao in KALAKASAN 1994b). In contrast, emotional/psychological abuse encompasses statements and behaviors that damage women's emotional and psychological condition. This includes threats, tactics to isolate women from their friends and families (Felix and Ingente 2003), and intimidations, for example, using the children or people women care about to create fear (Tiglao 1994). It is often observed that psychological abuse has longer lasting effects as compared to physical abuse. Another form is economic abuse which is defined by the Women's Crisis Center as "denial or withdrawal of financial support; prohibiting wife from handling money; controlling the woman's own earnings; having a total control over conjugal financial resources; using household money for drinking, gambling or drugs" (in Tojos and Abuda, 14). Sexual abuse is controlling women sexually, treating them as sex objects, which includes demanding sex, using coercion or forcing them to perform certain sexual acts, forcing them to have sex with other people, treating them in a sexually derogatory manner and/or insisting on unsafe sex (Felix and Ingente 2003). Marital rape is likewise another form of sexual abuse (Tiglao, 1994).

The Battered Woman: Traits and Characteristics

Lenore Walker (1979), the pioneer researcher on battered women, defines the term battered woman as "one who is repeatedly subjected to any forceful physical or psy-

chological behavior by a man in order to coerce her to do something he wants her to do without concern for her right" (in Ewing 1987, 9). However, a woman must experience at least two complete battering cycles to be able to be classified as such (Fajardo 2006). Consequently, there is no common profile of battered women. Suffice to say, battered women are everywhere, regardless of age, socioeconomic class, race, ethnic, or religious background.

Studies show that battered women develop low self-esteem (Bowen and Walker in Ibrahim and Herr 1987; Dobash and Dobash in Cwik, n.d.; Green in Dweyer et al. 1996), negative self-concept (Dobash and Dobash in Cwik, n.d.; Peñano-Ho 1999), and passivity (Ibrahim and Herr 1987). In the process, women lose their self-respect, sense of identity, and belief in their own capabilities, making them disempowered.

Interventions for Battered Women

Most feminist counselors agree that the immediate intervention in domestic violence is ensuring the safety of the women and their children (Peñano-Ho 1997; Twining 1991). Peñano-Ho (1997) stressed that once the safety of women and their children is ensured, counseling is the next important help for the women, their abusers, and their children. Furthermore, Register (1993) and Peñano-Ho (1997) enumerated several goals for counseling survivors of domestic violence: a) *Crisis management* refers to helping women to temporarily break free from the violence and ensure their safety. Battered women often stay in the abusive relationship due to lack of options and resources. Feminist counselors help women plan or strategize on what to do when the next attack happens such as putting up a safety plan or even an escape plan when they decide that they do not want to stay in the relationship anymore; b) *Awareness, acknowledgement, acceptance of feelings* refer to helping

women identify and accept conflicting feelings (i.e., anger and love for the husbands-abusers) they have developed as a result of the abuse. An important aspect of intervention is listening to, believing, and validating women's experiences as these will help them realize that they are significant enough to be believed and trusted; c) *Stress management* refers to providing women techniques and strategies (i.e., relaxation techniques such as massage, muscle relaxation, meditation, and hypnosis) to relieve stress and tension. Ultimately, d) *Empowerment* is the main goal in feminist counseling (Peñano-Ho 1999). It refers to assisting women acquire and develop skills such as the conduct of training that improves assertiveness, livelihood skills, and problem solving skills that will raise their self-esteem and develop their independence.

Guidance and Counseling

Guidance and Counseling are two concepts which have been used interchangeably. Guidance refers to "the process of helping individuals to understand themselves and their world" (Schertzer and Stone 1981, 40) while counseling is a "learning process in which individuals learn about themselves and their interpersonal relationships, and enact behaviors that advance their personal development" (Schertzer and Stone 1981, 168). Guidance is much broader and includes counseling as one of its delivery systems.

The "Guidance and Counseling Act of 2004" or RA 9258 defines guidance and counseling as "a profession that involves the use of an integrated approach to the development of well-functioning individual primarily by helping him/her to utilize his/her potentials to the fullest and plan his/her future in accordance with his/her abilities, interests and needs. It includes functions such as counseling, psychological testing, (as to personality, career interest, study orientation, mental ability and aptitude), research, placement, group process, teaching and practicing of guidance and counsel-

ing subjects, particularly subjects given in the licensure examinations, and other human development services" (Congress of the Philippines 2004, 1). Guidance and counseling is not only a profession but also a field of study. It is not limited to the school but can likewise be applied to different settings such as the community, industry, and private practice.

Theories of Domestic Violence and Guidance and Counseling

In guidance and counseling, the most popular theory that has been proposed and used to understand and address domestic violence is the family systems theory which states that all individuals in the family are interconnected to one another and what happens to a family member affects the other members (Murray 2006). The theory also looks into intergenerational family processes, all forms of communications within the family, how family structures are affected by rules, information, and feedback, and how the family views behavior as neither good nor bad (Murray 2006). These theoretical underpinnings make the family systems theory "the foundation of marriage/couples and family counseling" (Becvar and Becvar 2000; Guttman 1991; Nichols and Schwartz in Murray 2006, 234).

However, couples and family counseling are deemed undesirable approaches in addressing cases of domestic violence because of the belief that both partners and other members of the family are responsible for the violence they suffer (Barnish 2004; Murray 2006). In this regard, women are viewed to have done something that merited their partners' violent behavior. Moreover, engaging couples in counseling at the initial stage of domestic violence intervention might do more harm than good. The following observations regarding couples/family counseling may endanger women: 1) men may get agitated during counseling sessions when abusive behaviors and events are discussed and this could result in an increased risk of future violence; 2) the pres-

ence of men during sessions and fear of retaliation may hinder the women to speak freely about the abuse; and 3) men may dominate the sessions while women remain silent (Barnish 2004).

Theoretical frameworks that further discuss domestic violence include the following: 1) psychopathological theories point to an image of pathology for both abuser and abused, thus making the abuser unaccountable for his actions because he is mentally unstable (Sobritchea and Israel 1997), while the woman is depicted as having masochistic tendencies (Harway 1993; Song 1996); 2) social theories posit that aggressive behavior occurs when the level of frustration and other compounding factors such as unemployment, job dissatisfaction, financial difficulties are too much to handle for the man (Song 1996); 3) social learning theories postulate that violent behavior is a learned social behavior which may be acquired through exposure to violence in the family or environment (Song 1996); 4) sociological theories argue that dynamics of social interactions and functions of social institution such as family, culture, educational institutions, mass media, church and the like play an important role in the prevalence of domestic violence (Sobritchea and Israel 1997; Song 1996); and 5) interactionist models propose the inclusion of psychological (individual behavior, feelings and beliefs), sociological (social and cultural environments) and socio-political factors in understanding the prevalence of domestic violence (Dweyer et al. 1996; Guerrero et al. 2001; Sobritchea and Israel 1997).

These theoretical assumptions are the bases of individual domestic violence programs such as individual counseling and anger management sessions for abusers that focus on cognitive-behavioral techniques aimed to change violent behaviors. However, individual counseling for abusers is not recommended as the sole intervention since it lacks the advantages of group methods and pays too much at-

tention to personal issues. Anger management sessions, on the other hand, are likewise undesirable as these fail to address power and control issues, perpetuate blaming the woman syndrome and patriarchal beliefs that support abuse, and attribute violent behavior to stress (Barnish 2004).

Traditional theories offer little help since the literature shows that their lack in integration of socio-political understanding of domestic violence results in a failure to address women's needs. Given the observed inadequacies of the cited theories and interventions, the most appropriate theory to use is a feminist one.

Method

This study employed a feminist perspective since the participants are battered women who experienced long years of abuse from their partners. According to Guerrero (1999), feminist research "emphasizes generation of knowledge about women that will contribute to women's liberation and emancipation" (p. 15). It also "seeks to examine women's experiences from their own perspectives" (McHugh 1993, 58). Thus, it attempted to bring to light their life histories which is a way of hearing women's voices based on their own thoughts, beliefs, and perceptions of the experienced violence. Moreover, the case study approach was likewise employed in this study by "systematically gathering enough information about a particular person, social setting, event or group to permit the researcher to effectively understand how it operates or functions" (Berg 1998, 212). Hence, this approach has brought to open the stories of battered women and their counseling needs by zeroing in on the counseling process between the women clients and the counselor-researcher. Furthermore, as is the nature of case studies, the quality of the data gathered was meant to be rich, so that the case studies can serve as a "breeding ground for insight and even hypotheses that may even be pursued in

subsequent studies" (Berg 1998, 217). The use of the case study approach is consistent with feminist research as case studies reveal the lives of battered women as they recount their experiences.

Locale

This study was conducted in two settings. The first was The Haven-National Center for Women in Alabang, Muntinlupa City. This was chosen primarily because of its nature as an institution that houses and caters to women in different circumstances. Locating battered women is difficult because it is not easy for them to come forward and divulge their experiences. Furthermore, conducting the research in the institution was preferred because the participants are in a safe and comfortable environment. The second setting was in different communities in Metro Manila where the participants were residing.

Participants

The participants were selected through purposive sampling. In case studies, the selection criteria often refer to the commonality of the participants' experiences. The purpose of this method is "to select rich cases whose study will illuminate the question under study" (Patton in Guerrero 1999, 166). The participants were selected on the following bases: a) experience of abuse in various forms (i.e., physical, psychological/emotional, verbal, and sexual) by her male partner; b) between 25–50 years old; and c) willingness to undergo counseling. However, only one participant from the shelters' clients satisfied all the criteria. Consequently, the age criterion was revised such that the qualification of being 25–50 years old was lowered to 18–50 to accommodate younger women participants. Thus, four participants from the shelter qualified. At the community context, all six participants were referred by their friends/acquaintances who

happened to know the counselor-researcher. Before counseling commenced, the purpose and the possible benefits and risks of participating in the counseling sessions were explained to the participants, so that they have the necessary information to make informed decisions on whether they will join or not. Furthermore, the safety of the participants was given utmost importance, so arrangements were made according to the clients' convenience, level of comfort, and safety.

Profile of Participants

Ten women participated in this study, four from The Haven, and six from the community. All participants have been assigned pseudonyms to protect their identity (Angela, Belinda, Carmela, Divina, Elisa, Felicia, Gracia, Hilda, Isabel, and Julia). The ages of the women ranged from 19–50 years old, with five in their late thirties, three in their early twenties, one in her fifties, and one in her teens. The average age of the women was 32 years. It came as no surprise that all participants are Catholic since the Philippines is predominantly of this religious affiliation.

On the other hand, all participants were able to acquire formal education, but half of them did not finish. One finished Grade 2; one reached first year high school; three were high school graduates; two were college undergraduates; one was able to finish her baccalaureate degree, and one was able to finish her graduate course.

The majority of the participants are homemakers while only two have stable jobs as an architect and as a canteen helper. (See Table 1 for the participants' demographic profile.)

Among the participants, only three have talked to counselors prior to the study. Carmela and Divina were referred to the psychologist in The Haven because they manifested intense emotional reactions during their stay in the shelter.

On the other hand, Hilda was a former client in a women's organization which offered counseling services. She was referred to the counselor-researcher because she wanted someone to talk to.

TABLE 1. Demographic Differences According to Age, Religion, Educational Attainment, and Employment

Name	Age	Religion	Educational Attainment	Employment
Angela	23	Catholic	High School graduate	Homemaker prior to entry to The Haven
Belinda	24	Catholic	High School graduate	Homemaker prior to entry to The Haven
Carmela	19	Catholic	Elementary undergraduate	Homemaker prior to entry to The Haven
Divina	50	Catholic	College graduate	Researcher prior to Entry to The Haven
Elisa	21	Catholic	College undergraduate	Homemaker
Felicia	35	Catholic	High School undergraduate	Homemaker
Gracia	38	Catholic	High School graduate	Homemaker
Hilda	38	Catholic	College undergraduate	Homemaker
Isabel	39	Catholic	MA graduate	Architect
Julia	35	Catholic	High School graduate	Canteen helper

Among the participants, six are living-in with their partners, while four are married to theirs. The length of the women's relationships ranged from 3 months up to 19 years. However, seven have been separated from their partners—four decided to leave the relationship and voluntarily seek shelter at The Haven; one was staying with her mother and siblings; one was independently living with her son, and one was divorced from her former partner. On the other hand, three were still in the relationship.

All women have children borne out of their relationships, ranging from one child up to six children. See Table 2 for the relationship profile of the participants.

TABLE 2. Nature, Length, and Status of Relationship with Partners and Number of Children

Name	Nature of Relationship	Length of Relationship	Status of Relationship	Number of Children
Angela	Live-in	11 months	Separated	1 2 (previous relationship)
Belinda	Live-in	3 months	Separated	1 1 (previous relationship)
Carmela	Married	2-3 years	Separated	1
Divina	Married	18 years	Separated	5 living; 2 deceased
Elisa	Live-in	5 years	Still together	2
Felicia	Live-in	6 years	Separated	2 living; 2 deceased
Gracia	Live-in	16 years	Still together	6 (current relationship) 2 (previous relationship)
Hilda	Married	19 years	Still together	6
Isabel	Married	10 years	Divorced	1
Julia	Married	4 years	Separated	0 1 (previous relationship)

Instruments

Data gathering was carried out through the use of the following: 1) researcher-made demographic information sheet which asked for pertinent demographic information such as age, date and place of birth, nature and length of relationship, number of children, religion, educational attainment, occupation, and income level; 2) interview schedules which focused on the nature and details of the experienced abuse, 3) participant's journal for documenting the concerns that the participants shared in the sessions, the ones which were addressed by the counselor, and the reflections and insights gathered during the sessions, 4) counseling notes which focused on the observations of the counselor regarding the clients' behavior, and 5) audio recordings of the sessions, if permission was granted.

Procedure

The participants were given the instruments and were interviewed. During the intake interviews, participants were asked about their reasons in seeking counseling and goals which they want to achieve through it. Counseling sessions conducted by the counselor-researcher usually lasted for one hour with the shortest session having thirty minutes and the longest one lasting for nine hours. The number of sessions depended on the needs of the participants, with two sessions as the fewest and nine as the most. Data analysis centered on both descriptive statistics by utilizing simple frequency distribution for the nature or forms of abuse experienced by the participants and analysis of qualitative data by focusing on the individual cases of the participants.

Ethical Considerations

Conducting a research that involved battered women had several ethical implications. The counselor-researcher had to establish measures to protect the participants and to ensure that they do not suffer re-victimization during the course of the study. Thus, it was imperative that the purpose and value of the study were thoroughly explained to the women. Moreover, it was also important that the women's permission and cooperation were willingly granted and that they were not in any way forced to join the study. Utmost confidentiality was strictly enforced through the use of pseudonyms to protect the identities of the participants. Permission to use an audio recording device was asked from the participants. The safety and comfort of the women were guaranteed during the proceedings.

Results and Discussion

Nature and Manifestation of Trauma

The nature and manifestation of trauma of the battered women participants takes different forms such as physical, sexual, and emotional/psychological.

Physical abuse usually results in increased number of injuries (Sutherland, Bybee, and Sullivan 2002). Nine out of the ten participants experienced physical abuse in the hands of their partners. This proportion is also consistent with the figures gathered by the National Demographic and Health Survey of 2008 (in APC and FMA 2013) which illustrates that: a) one in five women aged 15–49 has experienced physical abuse; b) 14.4% of married women have experienced physical abuse from their husbands; and c) 37% of separated or widowed women have experienced physical abuse. Cases filed under physical injuries from 2004–2011 amounted to 15,696 (APC and FMA 2013). Local studies found that physical abuse is the leading form of violence inflicted towards women (Guerrero, Patron, and Vasquez 1994; Arugaan ng Kalakasan 1997; Layda 2000; Ramiro, Madrid, and Amarillo 2004). Similarly, physical abuse has likewise been recorded as a common occurrence in violent relationships in other parts of the world (Rosenbaum 1991; Browne 1997; Stark and Flitcraft in Monahan & O' Leary 1999; Hirschhorn 2001; Sutherland, Bybee, and Sullivan 2002).

Based on their narrative accounts, the physical trauma suffered by the women included bleeding of the nose and lips, eye contusions (black-eye), bruises and cuts or lacerations in different parts of the body. The most disturbing observation was that five out of the ten participants sustained blows to the head, which ranged from mild to severe beatings. Angela and Elisa were punched in the head several times while Carmela was hit on the head using different hard objects such as wood (*dos por dos*) and brooms (*walis*

tingting and *walis tambo*). Divina was likewise hit on the head by a piece of wood (*dos por dos*) while Hilda's head was struck by a monobloc chair. Such blows to the head resulted in either contusions or lacerations that had to be stitched. Monahan and O' Leary (1999) suggest that head trauma may be a prevalent outcome in domestic abuse cases and that its extent and severity should be explored when assessing battered women for injuries.

Physical trauma was commonly found among abused women and the aforementioned injuries were listed as obvious effects of the abuse (Guerrero, Patron, and Vasquez 1994; Busby and Inman 1996). Furthermore, battered women who experienced physical abuse are more likely to suffer physical and chronic health problems (Sutherland, Bybee, and Sullivan 2002).

Sexual trauma was also experienced by several of the participants through rape. This is more than a violation of the body; it is a violation of personhood. The Women's Crisis Center in 2011 reported that 8% of married women experienced sexual abuse perpetuated by their husbands, while nine women in the country are raped daily (in APC and FMA 2013). Guerrero, Patron, and Vasquez (1994) and Arugaan ng Kalakasan (1997) have also noted that sexual abuse is usually accompanied by physical beatings. Some participants have reported psychological effects of this such as flashbacks, nightmares, "hearing voices," anxiety, and post-traumatic stress disorder, as in Carmela's case. The literature has also recorded other manifestations of trauma such as sexual dysfunction, feelings of anger, betrayal, and humiliation (Finkelhor and Yllo in Christensen 1996). Gracia admitted that she felt betrayed and humiliated because her husband treated her as a play thing—one who exists just to satisfy his sexual needs and someone who can be his "punching bag" whenever he wants to inflict violence. Moreover, women develop different sets of fears such as fear of intimate relationships, problematic sexual relations, more

hostility, and less trust (Christensen 1996). Divina admitted that she had problematic sexual relations with her husband because she oftentimes just lets him have his way with sexual abuse out of marital duty even if she does not really want to have sexual relations with him.

Psychological trauma is the most encompassing of all ordeals experienced by battered women because it involves lasting effects on the emotional well-being, self-image and self-worth of women (Semple 2001). The participants suffered emotional and verbal abuse in the form of humiliation, degradation, accusations of infidelity, name-calling, belittling of their talents and strengths, accomplishing perfectionist demands of partners, experiencing physical isolation and partner's controlling behavior (i.e., ordering whom women can see or speak to, demanding women to report their whereabouts), and becoming targets of possessiveness and jealousy. Verbal abuse, though less evident than physical manifestations, affects the women greatly (Guerrero, Patron, and Vasquez 1994; Arugaan ng Kalakasan 1997; Ramiro, Madrid, and Amarillo 2004). It is said that while physical abuse leaves scars on the body, verbal abuse leaves scars that take a longer time to heal as these affect the woman's self-image and self-worth (Pipes and Keeler 1997).

Fear has been instilled in the women's psyche through intimidating behavior using looks, actions, gestures or destruction of her property, killing of household pets, and making threats against the children and other family members. They were also made to feel that they are responsible for the abuse inflicted on others.

In this study, the participants were observed to manifest the following: conflicting feelings of anger and love towards the partner, fits of anger, rage and extreme hatred towards their partners, extreme low self-concept and self-esteem, disempowerment as evidenced by poor decision-making skills, feelings of helplessness, and depression.

Guerrero, Patron, and Vasquez (1994) cited that psychological trauma was the most commonly mentioned consequence as far as emotional and psychological effects are concerned. In their study, some of the manifestations of the inner turmoil that the participants experienced were fits of anger and delusional fear, denial and withdrawal from reality, feelings of helplessness and depression, while some became mentally unstable and extremely dysfunctional.

Counseling Needs

The participants had different counseling needs since they came from varying backgrounds and have experienced varying degrees of abuse. Counseling needs were articulations of the participants as to what they needed during the sessions or their aspirations or aims in that particular counseling situation. For this study, the needs have been clustered into five categories.

1. Crisis intervention and management

Crisis intervention and management is one of the immediate interventions to be given to battered women (Twining 1991; Register 1993; Peñano-Ho 1997). Gracia and Hilda needed crisis intervention. Both participants were still in the abusive relationship, and there were instances when the counselor-researcher received separate calls asking for help from both clients right after going through a beating episode from their respective partners.

Crisis intervention and management for Hilda's case included: 1) ensuring her safety, 2) checking for possible injuries, 3) seeking medical help, 4) contacting and reporting of physical assault to authorities, 5) immediate action from authorities, and 6) making back-up plans. On the other hand, the crisis intervention for Gracia focused on the following: a) ensuring her safety, b) checking for possible inju-

ries, and c) listening to her share the battering incident, and d) helping her deal with her emotions. The interventions focused on helping her relax and calm down since she usually dealt with his violence on her own, preferring not to report her partner to the police or even the barangay. She would just spend time outside the house hoping that her partner would be in a better mood when she returned home.

2. Improvement of low self-concept, low self-worth, and low level of empowerment

The low self-esteem and self-worth of the participants are consistent with the literature which states that such is observed among battered women (Bowen and Walker in Ibrahim and Herr 1987; Dobash and Dobash in Cwik, n.d.; Green in Dweyer, et al. 1996; Peñano-Ho 1999; Layda 2000; Worell and Remer 2003).

During the counseling sessions, the women presented issues which focused on their worth and image as a woman and as a person, as seen in the cases of Belinda, Carmela, Elisa, Felicia, Gracia, and Hilda.

Belinda admitted that she used to be a very cheerful person, but after the battering incidents, she became depressed most especially when she remembers her son who was with her abusive partner. She has sought help from the people at the shelter in taking her son away from her abusive partner, but she was told by some personnel in the shelter to concentrate on other things such as the impending birth of her child and going home to the province. Hence, she got disappointed as well as depressed because she wanted to get her son back badly. Dutton (1996) describes battered women's reactions to violence and abuse as including anger, sadness, and depression. Hattendorf and Tollerud (1997) explain that women who have been out of a battering relationship for long periods are even more

prone to depression than those who remain in the relationships.

On the other hand, Carmela's most emphasized complaint was being uneducated and ignorant ("*Mahirap po pala talaga ang walang pinag-aralan kasi di mo alam ang lahat. Di mo alam ang gagawin sa 'yo. Napaka-bobo ko.*") She felt inferior most especially to her fellow residents at the shelter. Among the residents, she was often left out during conversations and was also the subject of jokes and ridicule. Her fellow residents would make fun of her because she had only finished Grade 2. When asked about her positive traits and strengths, she had difficulty thinking or even visualizing them. She would always utter statements that limited or belittled herself such as "I can only do/achieve this much" ("*Hanggang dyan lang ako,*"), "Had I been educated, perhaps I would easily forget what has been done to me because I can be busy with many things" ("*Kung may pinag-aralan siguro ako, madali kong makakalimutan ang ginawa sa akin ng asawa ko kasi mas madami akong magagawa*"), reflecting low and poor self-image and self-concept. She was negative and pessimistic towards life and the only solution for her was to be educated. Rosario (1994) states that a battered woman finds it difficult to see her worthiness and thus develops negative self-image. Such negative perception of one's self is further compounded by the partner's harsh treatment and the absence of support groups that can provide positive self-images.

Elisa also has low self-worth most especially after receiving derogatory remarks from her partner. She shared that she was told that she was a slut and that she should offer herself to men on the street ("*... Sabihan ka ng pokpok at magpagamit nga po sa mga lalaki dyan sa labas.*"). Her partner insinuated that she was a woman with very low moral standards. She felt stupid because she chose to stay with him even if everyone told her to leave him; her family was willing to support and help her with the children, but she

still remained with her partner. She said that she was probably stupid for deciding to stay with her partner ("*Siguro nga, tanga-tanga rin ako.*"). Her case reflects Hage's (2006) findings that women felt trapped in their abusive relationship despite significant efforts to improve or leave it.

Felicia had a very poor self-image as well. She said that she was stupid ("*tanga*") because she kept on returning to her husband who abused her emotionally and physically. Her parents, siblings, and other relatives would get angry whenever she returned to her partner. She admitted that she was easily swayed when her partner asked for her forgiveness, promised never to hurt her again, and became extra sweet with her and the children. "I'm the stupid one who stayed with him and believed in him" ("*Ako namang si tanga, sumama naman sa kanya, naniwala naman sa kanya,*") was one statement reflective of how she viewed herself. Hattendorf and Tollerud (1997) explain that women decide to remain in an abusive relationship because of several reasons such as "psychological entrapment, the belief that a woman's self-worth is dependent upon the ability to sustain a successful marital relationship; 2) cost and benefit assessment—the belief that more will be lost than gained by leaving; and 3) exaggerated negative beliefs regarding being alone and surviving without a partner" (p. 16).

Gracia, on the other hand, would often lament about her situation during the sessions. She would often say, "He views me as an evil woman, a good for nothing woman, a whore. That's how he views me whenever we quarrel ("... *Ang tingin niya sa akin masamang babae, walang kwentang babae, puta-putang babae. Ganun ang tingin niya sa akin sa tuwing nag-aaway kami.*"). She would also question why she was abused by her partner, "Why am I hit by my husband? I can't accept that my husband thinks of me as a lowly woman whenever we quarrel" ("*Pero bakit ako binubugbog ng asawa ko? Hindi ko matanggap sa sarili ko bakit sa tuwing mag-aaway kami ng asawa ko, ang tingin*

niya sa akin, mababang babae...") She felt that she has become a different person ever since she started living-in with her partner. She felt that she was indeed a lowly and easy woman whom her partner accused her to be. A study by Chronister and McWhirter (2003) illustrates that criticizing, blaming, and belittling that accompany domestic violence are powerful tools to systematically condition the woman that she is incompetent (stupid, crazy, and incapable) in all aspects.

The root of Hilda's low self-image was her inability to support her family. The meager income of her cab driver husband would simply not suffice. It was important for her to gain employment and be able to support the family even without the help of her husband. Chronister and McWhirter (2003) explain that long term opportunities on career and education may be essential for women to provide for their family's needs with their abuser's assistance, to achieve economic independence, and ultimately to leave the abusive relationship permanently.

3. Dealing with feelings of loneliness, grief, failure as a woman, mother and wife, and conflicting feelings of love, anger, and hatred towards her partner

Women in abusive relationships mourn their failed relationships, failed marriages, and broken families. They have conflicting feelings, such as love and anger, towards their abusive partners. The participants in this study are not different from those women in similar difficult circumstances.

Angela admitted that she was confused because of her conflicting feelings towards her partner. She was angry at him because of what he did to her, but she still loved him. She shared, "Why can't we be the one for each other? Why is our relationship still like this? Why are there people who are always against it? Why does he have to hurt me when

he could just simply say what he wants?" (*"Bakit di pa rin kami para sa isa't-isa? Bakit ganito pa rin ang relasyon namin? Bakit palaging may tumututol? ...Bakit pa niya ako sinaktan pwede naman sabihin?"*). Hage's study (2006) explains that women feel a sense of shock and disbelief when their partners become abusive. Furthermore, a woman will feel both anger and love for him, leaving her confused.

Divina mourned and lamented her failed marriage and the way her family turned out, which according to her is a broken one. She said, "I feel bad that we weren't able to salvage the relationship. I'd be a liar to say that I didn't love my husband" (*"Nasasayanan ako sa relasyon namin. Sinungaling ako kung sasabihin kong hindi ko minahal ang asawa ko."*) She grieved for what happened to her and the fate of her children—who are separated from a mother and live with a father who is not a good influence to them. She also felt that she was a failure as a mother and as a wife because of the state of the family. She did not aspire for her family to be in such a situation. Layda (2000) has pointed out in her study that women felt sad and depressed because of the abuse that they experienced. Worell and Remer (2003) similarly argue that women do feel depressed because of the breakdown of the relationship. Abused women often do not expect that their once happy relationship with their partners can turn into a terrifying experience.

Isabel, on the other hand, was devastated that her 10-year-old marriage to someone whom she considered a friend has ended in a divorce. According to her, it was really hard for her to accept that her ex-husband who had been a friend for nine years before their marriage would be unfaithful to her. She felt betrayed because he had been unfaithful to her by having numerous affairs. She got depressed because she found difficulty in coping with the changes in her life. The fact that they had been divorced but still engaged in marital relations also complicated matters. Worell and Remer (2003) expound that battered women need time and the opportu-

nity to mourn the failed relationships, failed marriages, and the idea of having a broken family. Grieving for the ideal relationship that battered women never had could take a long time.

Belinda suffered the usual feelings of loneliness, grief, and disappointment but was able to overcome these as days progressed. These feelings turned into hatred and rage towards her partner. She was so wrapped up in her rage that she wanted to seek revenge. She claimed, "I'm angry at him. And this anger has turned into hatred. I want to avenge myself. I'm here writhing in anger, while he's out there enjoying himself" (*"Galit ako sa kanya. Tapos, yung galit na yun, nagging poot. Gusto kong maghiganti sa kanya. Tapos, habang nandito ako, nanggigil ako. Naiinis ako na, ako nandito. Ako naghihirap dito sa loob, samantalang nagpapakasaya siya, nandun sa labas."*) Guerrero, Patron, and Vasquez (1994), and Worell and Remer (2003) explain that battered women could feel fits of anger towards their partner. However, women should be allowed to freely express their anger and eventually channel it into energy for effective action.

4. Work related/employment support

During the counseling sessions, Gracia and Hilda wanted to find a job which would help augment the family's income. Hilda said, "Perhaps, having a job...If I have a job, I won't think of my exhaustion. I will see my children eat well...I'll have a good job to secure a good future for my children. If one has a job, she has money to spend" (*"Siguro, isa yung pagkakaroon ng trabaho. Kasi kapag nagta-trabaho ako, hindi ko naiisip ang pagod ko. Yung mga anak ko na nakikita kong nakakakain sila nang mabuti... Magkaroon ng magandang trabaho para mabigyan ko ng magandang kinabukasan ang mga anak ko. Kapag may trabaho ka, may pagkukunan ka."*).

According to both women, if they had a job, it would be easier for them to leave their husbands because they would be able to support their children and finance their day-to-day needs. Gracia said, "First of all, where will I bring my children if I take them with me? Where will we live, where will I get money for their schooling? Where will I get money? Who will let us in? Of course, we cannot just depend on other people. With all the children I have, who will take us in? As of now, I really don't have any source of funds" (*"Unang-una yung mga anak ko kung dadalhin ko, saan kami pupunta? Pangalawa, saan sila mag-aaral? Saan kami titira, saan ako kukuha ng pagpapa-aral sa kanila? Saan ako kukuha n gpera? Sinong magpapatira sa amin? Alangan naming aasa nanaman kami sa ibang tao? May magpapatira ba sa amin, sa dami ng anak ko? ... Sa ngayon, wala po talagang mapagkukunan."*). Economic dependency is cited as one of the reasons why women stay with their abusers (Frank and Golden 1992; Strube and Barbour in Monahan and O' Leary 1999). It is then not surprising if the participants want to find a job and work for their own money. In this way, they take advantage of economic opportunities and become empowered. Urmatam (1994), however, argues that feminist therapy does not automatically consider work as the ultimate liberator for women; rather, it is important that women choose and strive towards the best role for them regardless of the kind of role or job they have.

5. Post-Crisis Management

In the course of the research, two women respondents were identified to possibly need psychological interventions as part of post-crisis management.

Carmela shared that she had been hearing voices and had been having flashbacks of the traumatic events. She found it difficult to sleep at night and she had nightmares whenever she did. She was easily irritated or angered, and

was often hot-headed, hysterical, and quarrelsome with fellow residents. She feared that she was going crazy because she could not understand herself. She said, "I feel like I'm becoming insane here" ("*Parang nababaliw na ako dito.*").

Carmela's behavioral manifestations and complaints were noted by the counselor-researcher. It was explained to her that some of the things that she was experiencing were responses to the traumatic events. It was recommended that more in-depth psychological interventions such as assessment and therapy, albeit with feminist perspective for both, would be given to her if she so agrees.

Divina, on the other hand, admitted that she has been to the National Center for Mental Health (NCMH) several times for consultation and was under medication at the time of the research sessions. She explained that her medications helped her gain weight and sleep better at night. She was referred to the NCMH because she became violent in several instances in the shelter. In one of her angry outbursts, she punched a concrete wall several times and this prompted the shelter personnel to take her to the hospital to see a psychiatrist. She did not mind seeing a psychiatrist as long as she was seeing only one, not many doctors, as if she were being passed around like a ball from one doctor to another.

Guerrero, Patron, and Vasquez (1994); Dutton (1996), and Worell and Remer (2003) note in their respective studies that there are women who exhibit symptoms of psychological distress or dysfunction (e.g., depression, flashbacks, anxiety, sleep problems, substance abuse) who might need further psychological intervention. However, Worell, and Remer (2003) repeatedly caution that psychological intervention should take on a feminist lens.

Counseling Strategies

Counseling is often mentioned as one of the interventions given to abused women. However, traditional counseling has been criticized for being insensitive to and for failing to address women's needs. Hence, counseling with a feminist perspective or what is often called feminist counseling, was conceptualized to address women's needs and concerns beyond that of the traditional counseling set-up. In this study, "therapy" and "counseling" are used interchangeably.

Feminist therapy is defined by Twining (1991) as "a supportive process that emphasizes self-determination, equality and respect, and encompasses sociocultural explanations for intimate violence" (p. 1). Consequently, Urmatam (1994) gives a similar assertion that feminist therapy "strives for an equal relationship between the sexes with one standard that views the problems of women as bound to their oppression in society" (p. 56). On the other hand, Helen Levine (in Tiglao 1999) offers an encompassing description of feminist counseling that "includes a healing process, an educational process, and a political process and is based on a feminist understanding of society" (p. 189). It is based on the premise that, "as women who have a vested interest in changing our situation and a potential power to do; we need to reclaim actively the strength and power and talent that lie dormant and hidden within us" (p. 189). Hence, feminist counseling and therapy is different from the traditional counseling and therapeutic approaches that mental health professionals practice because of its emphasis not only on women's individual levels of concerns but also on women's plight in society.

Based on the participants' counseling needs, the following counseling strategies were employed:

Valuing Women. Women have been considered nameless and voiceless throughout history. Feminist therapy em-

phasizes women's contributions to society and addresses the persistent traditional beliefs that devalue women (Gilbert and Scher 1999). Thus, women are encouraged to identify and build on their strengths, value and nurture themselves, and form relationships with other women (Worell and Remer 2003).

Everything about the participants was given value and appreciation. It is important to note that the participants had suffered abuse for a number of years and when some of them had a chance to report the abuse to the authorities, they suffered discrimination and were not believed. Furthermore, most of them had a very poor self-image and self-worth. This valuing approach took different forms such as: a) having a non-judgmental attitude on the part of the counselor; b) listening to the women's stories and assuring them that they are believed; c) empathizing with the clients; d) being encouraging and affirmative of women's strengths; and e) being sensitive to the clients' disposition during the sessions—apologizing if during the recounting or re-telling of their experiences, the hurt and the trauma are relived. The participants were given activities which focused on their talents and strengths as well as on their plans and aspirations for the future.

During the counseling sessions, having a non-judgmental attitude by the counselor meant that the women were not blamed for their abuse and that there were no prejudices as regards their social class or the nature of their relationships with the partners. For instance, statements such as "What happened to you is not your fault. You must not blame yourself for it." were used to imply this. Most women who report abuse are not believed and are not listened to. Assuring women that the counselor is there to listen and that she believes them is very crucial to helping the women. For instance, in Carmela's case, she often said, "What I'm saying is true, whether you believe me or not" ("*Sa maniwala kayo o sa hindi, totoo po ang sinasabi ko.*") and this indicated

that she has been branded a liar in the past. Statement such as "I believe you" meant a lot to her. Empathizing with the client meant that the counselor had to put herself in the women's shoes. Encouraging and affirming statements can help empower women (i.e., "You alone took care of the children while working for so long without your husband's help. You can do it. Perhaps, all you need is to plan.") There were times when the participants relived the abuse during the sessions and the counselor-researcher asked if it was good to go on with the session or not. The women could stop at any time during the session if they felt that recounting experiences as too painful for them.

At the end of the counseling process, participants were able to exhibit an improved perception of themselves, identify their strengths and assets, love and value their womanhood, and trust their own experiences. The aforementioned outcomes concur with Draucker's (1999) who has found that women clients respond to counseling and exhibit positive outcomes when they are valued, given validation and reassurance, and listened to but not pushed to make a decision. Worell and Remer (2003) and Whalen, Fowler-Lese, Barber, Williams, Judge, Nilsson, and Shibazaki (2004) have also noted that identifying women's strengths proved to be beneficial in helping abused women.

Building an egalitarian relationship between the client and the counselor. The counseling relationship strives to be egalitarian and non-authoritarian in nature (Gilbert and Scher 1999; Tojos and Abuda 1998). Unlike the traditional counseling relationship where the counselor is viewed as the expert or authority and has power over the client, in feminist counseling, the client is "the expert" on her experiences while the counselor supports the client's perceptions and decisions (Guindon 1998). The women are considered to be the experts in this relationship because they know their lives and experiences best, while the counselor is just a partner in the process. The clients' wishes are respected

and their decisions are important. The counselor only challenges, gives suggestions, and even assists the clients in searching for options when a decision is to be made. In this study, for instance, the counselor-researcher did not tell the clients to leave their abusive husbands but gave them time to think about the advantages and disadvantages of staying with or leaving their partners. After the sessions, the participants were able to exhibit assertiveness, and to express and use anger as a form of energy directed to social change, such as developing competencies and becoming economically independent. Divina, particularly, was able to exert her autonomy in her decision-making skills such as deciding to be independent after her discharge from the shelter. Such findings concur with McWhirter (1991); Worell and Remer (2003) and Rader and Gilbert (2005) who illustrated that having a collaborative relationship between the client and counselor is beneficial to clients because they are given the opportunity to be experts on themselves and their environment. Hence, they are able to develop egalitarian relationships with others (Worell and Remer 2003).

Consciousness-raising includes discussions and sharing on the cycle of violence, power and control wheel, cultural analysis, and gender-role analysis. Myths and facts about domestic violence, rape, gender socialization, and cultural analysis were also tackled. Hence, clients shared with the counselor-researcher about their own experiences and their own beliefs about their situations. The counselor-researcher then introduced how culture, society, and gender have affected men and women's behavior and have established gender stereotypes and systems which always leave women as the oppressed group. Moreover, there have been discussions on some of the women's feeling or statement that they are going insane. This may be viewed as normal reactions to traumatic events. After the sessions, the participants became more aware of what they have gone through – they learned about the myths and facts of

domestic violence and were able to relate their experiences with the cycle of violence. Furthermore, they gained understanding on how gender socialization and culture have shaped men and women's behavior. Hence, they were able to connect their personal experiences with social reality. These observations correspond to Israeli and Santor's (2000) idea that consciousness-raising empowers a battered woman to "move into a state in which she is willing to evaluate her difficulties and their roots of oppression" (p. 237). Angela, particularly, was made aware of important information about domestic violence—nature and forms of violence, reasons for such violence in the home, and the like. Since there was a high probability that she would reconcile with her partner, she also learned of steps to take when an imminent abuse is about to take place and developed a safety plan should she decide to leave.

Crisis Interventions and Management. There were participants who were still living with their partners and were thus still prone to abuse. There were two instances where the counselor-researcher had to do crisis interventions and management, as in the cases of Gracia and Hilda. The women's safety was the main priority. Looking for possible injuries and getting medical attention were important steps that were considered since the situation was assessed to be grave. Urmatam (1994); Tojos and Abuda, (1998); Worell and Remer (2003) have argued for the importance of ensuring the safety of the woman, making immediate plans for safety or escape, documenting violence, and providing information and support such as a list of agencies and their respective contact numbers for future reference.

Conclusions

The different forms of abuse, nature and manifestations of trauma, and counseling needs of battered women indicate that domestic violence is a problem that is still

rampant in our society. Despite efforts to raise awareness and stop the violence, women are still subjected to various forms of abuse and discrimination. Moreover, worth mentioning in the findings are the observed prevailing attitude of people and agencies that are supposed to address the women's needs. Some agencies and personnel fail to respond appropriately to women who come out and report the abuse; hence, they end up frustrated and disappointed.

Women regardless of their age, educational attainment, socioeconomic level, religious affiliation, and civil status can be targets of domestic violence. Women issues are not only personal issues but also political in nature. Helping women become empowered and fully functioning individuals does not only focus on alleviating personal crisis but also concentrates on improving their social context. Despite advances on women's rights, growing awareness about women's plight, and the proliferation of women achievers in the different arenas, patriarchal beliefs regarding women are still in place. Hence, women would still be prone to violence and discrimination unless awareness and internalization of egalitarian principles and beliefs coupled with social change are widely practiced.

Guidance and Counseling, being a field of study and practice, has a lot to offer in the empowerment of battered women who need a counselor who could help them in difficult circumstances. However, addressing women issues requires a paradigm shift because traditional therapeutic approaches are criticized for failing to address the needs of abused women. Feminist counseling challenges conventional beliefs, structures, and orientations. Guidance and counseling practitioners and educators taking on a feminist lens can accomplish a great deal for abused women clients.

Recommendations

Educators and practitioners in the field of Guidance and Counseling must also consider the inclusion of subjects on Violence Against Women (i.e., domestic violence) as part of the curriculum, so that graduate students will have knowledge, skills, and experience about this critical and controversial issue. Furthermore, there is a need for guidance and counseling professionals to be exposed to gender-sensitive approaches, so that they will be able to address the needs of survivors of domestic violence and other gender issues that perpetually haunt women. Moreover, the practice of Guidance and Counseling in empowering women who experience violence and bring about a change in them by infusing feminist, rights-based, and survivor approaches with Guidance and Counseling techniques and interventions should be considered as well.

Future research can include follow-up studies on: a) battered women from middle- to upper socioeconomic levels to give another dimension to the study as different socioeconomic levels may have an effect on battered women; b) battered women from different ethno-linguistic groups to be able to build baseline data on this population; and c) children who have witnessed domestic violence, which will focus on different guidance and counseling techniques and their effectiveness. Though there have been studies about children in violent homes, it is noteworthy to replicate studies using different guidance and counseling interventions. Another possible research can center on women's perception on seeking counseling and what factors can hinder or facilitate for them to seek such assistance. Moreover, group counseling and group process can be employed with a feminist approach by investigating the effects of group processes on women's self-concept and level of empowerment. Such techniques can likewise help women learn from other women's agency in dealing with their situation and can also

pave the way for them to organize themselves to be able to assert their rights for more protection in the community.

There is a need for helping professionals and institutions/therapeutic communities to evaluate current methods and processes being practiced and attitudes exhibited to see if these are still responsive to the needs of their clients and conduct continuous training on gender, gender-sensitivity, and even feminist techniques so that everyone directly involved in helping this population may be able to internalize gender-sensitive approaches instead of becoming perpetrators of discrimination. Recruitment of personnel should be carefully carried out because having caring, nurturing, non-judgmental, and non-biased personnel is crucial in assisting clients effectively.

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