

# 1 CRISIS UNVEILED: SURVIVORS ODESSEY ON VIOLENCE AGAINST WOMEN

## 2 Abstract

3 **Background:** This qualitative phenomenological study explores the lived experiences of women  
4 survivors of violence against women (VAW) in Region XII, Philippines. Despite existing legal  
5 frameworks and institutional support systems, survivors continue to encounter systemic, cultural,  
6 and psychological barriers that hinder recovery, access to justice, and long-term healing. The  
7 study aims to understand the embodied realities and personal meanings of surviving violence,  
8 particularly in relation to trauma, resilience, and empowerment.

9 **Methods:** A phenomenological research design was employed to capture the lived experiences  
10 of eight women survivors of VAW. In-depth interviews were conducted to gather rich,  
11 descriptive accounts of their experiences. The data were analyzed using thematic analysis to  
12 identify recurring patterns and meanings embedded in the participants' narratives.

13 **Results:** The analysis generated four core themes: (1) Cycle of Abuse and Control, (2) Pathways  
14 of Coping, Survival, and Empowerment, (3) Mothers' Lived Experience of Children's Exposure  
15 to Violence, and (4) Road to Recovery and Empowerment. Findings indicate that violence is a  
16 recurring and relational experience that affects survivors physically, emotionally, and socially,  
17 while also shaping children's development through fear, trauma, and premature role assumption.  
18 Despite these challenges, survivors demonstrated resilience as a dynamic process supported by  
19 faith, social networks, livelihood efforts, and emerging personal agency.

20 **Conclusion:** The study highlights significant gaps in gender-sensitive care and justice systems,  
21 underscoring the need for trauma-informed, culturally responsive, and survivor-centered  
22 interventions. In nursing practice, the findings emphasize the critical role of nurses in delivering  
23 holistic and family-centered care that addresses emotional, psychological, social, and economic  
24 needs of both women and their children. By advocating for survivors and fostering safe spaces  
25 for healing, nursing professionals can contribute to empowerment, dignity restoration, and the  
26 disruption of intergenerational cycles of violence, thereby supporting both individual recovery  
27 and broader systemic change grounded in social justice.

28 **Keywords:** *Violence against women, resilience, phenomenology, trauma-informed care, nursing*  
29 *interventions, lived experiences, holistic care.*

## 30 Introduction

31 Violence against women continues to be a persistent global health and human rights  
32 issue. According to WHO, about one in every three women has been subjected to physical or  
33 sexual violence in her lifetime. In the Philippines, the 2022 National Demographic and Health  
34 Survey shows that 17.5% of women between the ages of 15 and 49 years in the country have  
35 been exposed to intimate partner violence; however, the real statistics could be higher since  
36 victims fail to report their cases out of stigma and fear. Region XII or SOCCSKSARGEN is  
37 among such communities in which there are recorded VAW cases in 2023 as provided by the  
38 Department of Social Welfare and Development (DSWD) Field Office XII: 1,250 VAW cases  
39 and 870 child abuse cases, many of whom are young girls subjected to domestic violence.

40 Unfortunately, despite the presence of laws and measures aimed at reducing violence against  
41 women, many of those who experience such violence find it challenging to seek help.

42 This research is built upon the theory of feminist studies and nursing theories that provide  
43 the basis for examining VAW and the ways survivors recover from this trauma. Feminist Theory  
44 (Dobash&Dobash, 1979) looks at the problem from the standpoint of systemic gender  
45 inequalities and the existence of patriarchy; cultural silence and lack of information on women's  
46 legal rights explain why women continue to face marginalization and violence and why they  
47 remain silent about it in many communities across the Philippines, including Region XII. Jean  
48 Watson's Theory of Human Caring (1979) focuses on compassion-based nursing practices and  
49 trauma-informed care that restore dignity and enhance trust and healing. Sister Callista Roy's  
50 Adaptation Model (1984) explains how survivors adapt to or maladapt to their violent  
51 environment; thus, the nurse should help her client build resilience and regain inner harmony.  
52 Myra Levine's Conservation Model centers around protecting a person's physical, psychological,  
53 and social well-being that was affected by violence.

54 This study focuses on the lived experiences of women who survived violence in Region  
55 XII, Philippines. The goal is to explore the issues that these survivors had to face within their  
56 cultural and geographical context and use the obtained knowledge to identify strategies needed to  
57 help the victims recover from trauma and regain their lives. Specifically, the study answered the  
58 grand tour question: What are the lived experiences of survivors of violence against women in  
59 Region XII?

## 60 **Materials and Methods**

### 61 **Research Design and Setting**

62 This study employed a descriptive phenomenological design to explore the lived  
63 experiences of women survivors of Violence Against Women (VAW) in Region XII. The  
64 approach was selected to capture the essence of survivors' narratives, focusing on their  
65 experiences of trauma, coping, and recovery while minimizing researcher bias through  
66 bracketing. The study involved eight (8) women survivors of VAW, whose accounts reflect the  
67 contextual realities of Region XII and provide insights for trauma-informed and culturally  
68 responsive nursing care. Although findings are not generalizable, they offer in-depth  
69 understanding of gendered violence within a specific sociocultural setting.

### 70 **Participants and Sampling**

71 Participants were purposively selected using criterion and homogeneous sampling, with  
72 snowball sampling as a supplementary strategy to reach individuals in sensitive contexts.  
73 Inclusion criteria required participants to be women aged 18 and above who had experienced  
74 physical, sexual, emotional, or psychological violence, were in a safe condition, emotionally  
75 capable of participating, and had access to some form of support services. Residents outside  
76 Region XII, individuals in active crisis or litigation, and those unable to give informed consent  
77 were excluded. This ensured ethical protection and methodological rigor while positioning  
78 participants as knowledge holders of their lived experiences.

79 **Data Collection, Analysis, and Rigor**

80 Data were gathered through semi-structured, in-depth interviews developed from  
81 literature review, expert validation, and pilot testing. McCracken's Long Interview Method  
82 guided instrument validation, while Colaizzi's (1978) phenomenological analysis was used to  
83 extract significant statements, develop themes, and construct an exhaustive description of  
84 survivors' experiences. Trustworthiness was ensured through Lincoln and Guba's (1985) criteria  
85 of credibility, dependability, confirmability, and transferability using strategies such as  
86 triangulation, reflexivity, bracketing, audit trails, and member checking. Ethical safeguards  
87 included informed consent, confidentiality, emotional support mechanisms, and safe interview  
88 environments, ensuring that the study upheld both methodological rigor and participant well-  
89 being.

90 **Results**

91 **Theme 1: Cycle of Abuse and Control**

92 *Table 1: Forms of Violence Experienced by Survivors and the Corresponding Emergent Theme of The*  
93 *Cycle of Abuse and Control*

94 Clustered Themes	Emergent Theme
95	
96 Physical Abuse	
97 Verbal and Emotional Maltreatment	Cycle of abuse and control
98 Sexual Coercion and Exploitation	
99 Psychological Manipulation	

100 *Note.* The table presents the lived experiences of survivors of violence against women in Region  
101 XII, highlighting various forms of abuse that collectively reflect the cycle of abuse and control.

102 This theme captures women's experiences of intimate partner violence characterized by  
103 physical abuse, verbal and emotional maltreatment, sexual coercion, and psychological  
104 manipulation. Violence was not experienced as isolated events but as an escalating and sustained  
105 pattern of domination that eroded autonomy, safety, and identity.

106 Across narratives, abuse emerged as normalized within daily relational interactions. What  
107 began as relational tension developed into a repetitive cycle of fear and control affecting the  
108 body, emotions, sexuality, and sense of self.

109 **Physical Abuse as a Mechanism of Control**

110 Participants described repeated physical assaults that intensified over time and often  
111 occurred during arguments or episodes of intoxication.

112 One survivor shared:

113 “Sinampalniyaako... dami ko pasasamukha... sinuntokniyaako.” (P1)

114 She further described the normalization of violence:

115 “Halos hindi ako makabangon sa sakit... minsan sinasakal pa niya ako.” (P1)

116 Another participant recounted the use of objects as weapons:

117 “Binatonyaako ng suotnyangtsinelasbinatoniyasalikod ko.” (P3)

118 Violence also extended to children and severe threats:

119 “Hinawakanniya ang anakkong 4 years old saleeg at hinagisniyasadingding... pati ang  
120 anakkongbabae, hinampasniyasapintuan.” (P3)

121 “Susunuginniya sana kami ng buo.” (P3)

122 Other accounts reflected life-threatening injuries:

123 “nasampalnya ko ng sobrana halos nahimatayako.” (P5)

124 These accounts show that physical violence functioned less as isolated anger and more as  
125 a sustained mechanism of intimidation and control.

## 126 **Verbal and Emotional Maltreatment**

127 Verbal abuse and humiliation were persistent features of the women’s experiences,  
128 reinforcing fear and emotional destabilization.

129 One participant stated:

130 “Natakotako... baka tuluyanniyakamingmapatay.” (P3)

131 Another described continuous verbal degradation:

132 “Ulol ka... peste ka... gago ka.” (P6)

133 A mother further recalled public humiliation in front of her child:

134 “Gaga ka, gaga ka.” (P7 & P8)

135 These repeated verbal assaults contributed to diminished self-worth, silence, and  
136 emotional withdrawal, reflecting psychological erosion alongside physical violence.

## 137 **Sexual Coercion and Exploitation**

138 Participants also reported sexual coercion within marital relationships, where consent was  
139 undermined by pressure, fear, and financial control.

140 One participant explained:

141 “Para sa’ko, muragdilinidapat... bastusan ko ma’am... kahit mag-asawa kami.” (P2)

142 She further described coercion under threat of conflict:

143 “Gusto ko magpahulay... peropugson ko... kung hindi ko siyapagbigyan, mag-away na  
144 mi.” (P2)

145 Sexual acts were also framed as transactional:

146 “Tagaan taka kwarta basta paanaannimo ko.” (P2)

147 These accounts illustrate how intimacy was transformed into a form of domination rather  
148 than mutual consent.

### 149 **Psychological Manipulation and Coercive Control**

150 Psychological violence emerged as a pervasive form of abuse that included threats,  
151 confinement, fear induction, and emotional destabilization.

152 One participant recalled life threatening intimidation: “tinutukan din niyaako ng kutilyo,  
153 tinapunanniya ko ng kutdilyo (P1). Grsbe ang akongkurognakosakahadlok.”

154 She also described emotional entrapment: “Parang nawawala ako sa sarili ko... wala  
155 akong boses.” (P1)

156 Another participant expressed fear for her child’s safety: “Kabalo ko manyaksiya... basin  
157 patiatonganak...” (P2)

158 These narratives reflect sustained psychological harm marked by fear, confusion, and loss  
159 of perceived autonomy.

160 The findings align with literature emphasizing violence against women as a manifestation  
161 of structural gender inequality, normalized patriarchy, and systemic power imbalance (WHO,  
162 2021; Montesanti & Thurston, 2020). The cyclical nature of abuse reflects how control is  
163 maintained through repeated and interlinked forms of violence rather than isolated incidents.

164 Economic dependency and sociocultural expectations further intensify entrapment, as  
165 noted in prior studies (Rivas et al., 2020; Sullivan, 2020). Psychological manipulation, including  
166 coercion, isolation, and humiliation, is identified in the literature as one of the most damaging yet  
167 least visible forms of abuse, often preceding physical escalation (Postmus et al., 2018; Bryant-  
168 Davis et al., 2020).

169 The narratives are also consistent with trauma bonding theory, where intermittent abuse  
170 reinforces emotional attachment and complicates help-seeking (Dutton & Painter, 1993).

171 Collectively, the women’s accounts demonstrate that violence operates as an integrated  
172 system of control rather than discrete incidents. Physical, emotional, sexual, and psychological  
173 abuses reinforce one another, producing sustained fear, dependency, and silence.

174 Despite this, survivors’ narratives also demonstrate endurance and survival long enough  
175 to articulate their experiences, disrupting cycles of silence through disclosure.

176 The findings highlight the need to strengthen education in nursing, social work,  
177 psychology, and related disciplines on coercive control and violence against women. Curricula  
178 should integrate case-based learning, legal frameworks (e.g., RA 9262), and trauma-informed  
179 approaches to enhance recognition of subtle and normalized forms of abuse.

180 For nursing education, emphasis must be placed on screening for coercive control, crisis  
181 response, documentation, and culturally sensitive communication. Simulation-based training and  
182 community immersion are essential to prepare practitioners for real-world encounters with  
183 survivors.

184 Practice recommendations emphasize the need for a comprehensive and integrated  
185 approach in responding to violence against women within clinical and community settings.  
186 Routine screening should be conducted for all forms of violence, including less visible patterns  
187 such as coercive control, to ensure early identification of survivors. Immediate provision of  
188 psychological first aid and safety planning is critical to address urgent emotional and physical  
189 risks. Strengthening referral systems with key agencies such as the Department of Social Welfare  
190 and Development (DSWD), Philippine National Police (PNP) Women's Desk, and relevant non-  
191 government organizations is essential to ensure continuity of care and access to protection  
192 services. In all clinical encounters, healthcare providers must practice trauma-informed and  
193 nonjudgmental communication to create safe and supportive environments for disclosure.  
194 Furthermore, interdisciplinary coordination among healthcare professionals, social workers, law  
195 enforcement, and community partners is necessary to support holistic survivor protection,  
196 recovery, and long-term empowerment.

197 Theme 1 demonstrates that violence against women is a patterned and escalating cycle  
198 embedded in gendered power relations. It is not episodic but structural and cumulative, affecting  
199 all dimensions of survivors' lives. The persistence of abuse underscores the urgency of integrated,  
200 trauma-informed, and survivor-centered responses across healthcare, social welfare, law  
201 enforcement, and education systems.

## 202 **Theme 2: Pathways of Survival, Coping, and Empowerment**

203 *Table 2: Clustered and Emergent Themes on the Survival and Empowerment Journeys of VAW Survivors*  
204 *in Region XII*

205 Clustered Themes	206 Emergent Theme
207 Maternal Devotion	
208 Endurance and Silence	209 Pathways of Coping, Survival and
209 Emotional struggle	210 Empowerment
210 Faith and Spiritual Coping	
211 Livelihood and Agency	
212 Help-seeking as empowerment	

213 *Note.* This table illustrates the relationship between specific clustered experiences and the  
214 overarching emergent theme identified in the study.

215 This theme presents the survivors' experiences as a continuous and evolving process of  
216 coping, survival, and gradual empowerment. Their responses to violence were not isolated  
217 decisions but adaptive strategies shaped by motherhood, economic constraints, emotional  
218 suffering, spirituality, and access to support systems. Across narratives, survival began with  
219 endurance, shifted through meaning-making and coping mechanisms, and eventually progressed  
220 toward agency and help-seeking.

## 221 **Maternal Devotion**

222 Motherhood emerged as the central anchor of survival decisions. Women consistently  
223 framed endurance and effort as acts performed for their children's welfare and future. One  
224 participant explained, "Akong gi-agwanta man kay para na lang samga bata... alangalangsamga  
225 bata makatapossapag- aaralnila. Yon ang pag andoy ko sa mga anak ko makatiwas sa pag  
226 eskwela nila." (I endured it for the sake of the children... for them to finish their studies.) (P1)

227 Even after separation, maternal responsibility continued to shape relational decisions:  
228 "Kinausap ko sila... kahithiwalay kami ngayon ng ama nilamagkaibiganna lang turingan  
229 naming... kung sansila gusto pumunta ok na lang." (Even if we are separated, we remain civil  
230 for the children; wherever they want to go is fine.) (P1)

231 For another participant, perseverance was tied to survival and education:  
232 "Binigyannyaako ng lakas ng loobnamakatayosasarili ko... kahitmahirap ang pangarap ko  
233 samgaanak ko namakatapos ng pag-aaral." (He gave me strength to stand on my own for my  
234 children's education.) (P2)

235 Children were repeatedly described as both motivation and justification for endurance,  
236 reinforcing that survival decisions were deeply relational rather than individual.

## 237 **Endurance and Silence**

238 Endurance and silence functioned as strategic coping mechanisms rather than passive  
239 submission. Many participants described tolerating violence to avoid escalation, maintain  
240 minimal stability, or ensure their children's safety.

241 One participant expressed this clearly: "Akong gi-agwanta man kay para na lang samga  
242 bata. Gamitin ang lakas ng loob para umahon at magpakatataglaji." (I endured it for my  
243 children... I used inner strength to stay strong.) (P1)

244 Another described acceptance shaped by faith and adaptation: "Sunodna lang saagos ng  
245 buhay... kung unsayihatagsaginoodawaton. at least nasurvivenamo." (We go with the flow of  
246 life... we accept what God gives... at least we survived.) (P2)

247 Silence also served as emotional containment: "Ayoko naman dalhinito ng matagal...  
248 mabigat kung lagiitonasaaisipin." (I do not want to carry this for long; it becomes heavy if always  
249 remembered.) (P5)

250 These accounts reflect endurance as a culturally embedded survival strategy shaped by  
251 limited options and protective intent.

252

253

## 254 **Emotional Struggle**

255 Despite outward endurance, participants experienced profound emotional and  
256 psychological burden. Violence manifested not only physically but also through internal distress,  
257 anxiety, and identity erosion.

258 One survivor shared somatic symptoms of distress: “Nagsakit ko...  
259 mutukarmugahiakongkalawasanlabinaakongmgakamotog mag-piotakongpagginhawa.” (My  
260 body becomes stiff and I have difficulty breathing.) (P2)

261 Another described persistent emotional weight: “Usahaymuhilak ko... akonggi-carry lang  
262 tanan.” (Sometimes I cry; I just carry everything.) (P4)

263 Everyday routines triggered emotional collapse: “Galuto ka... magtulona lang  
264 imongluha... ma-question nimoimong self-worth.” (While cooking, tears suddenly fall; you  
265 begin to question your self-worth.) (P7 & P8)

266 These narratives illustrate how emotional suffering persisted even while survivors  
267 maintained daily functioning.

## 268 **Faith and Spiritual Coping**

269 Faith emerged as a central coping system for meaning-making and emotional survival.  
270 Survivors turned to spirituality to endure uncertainty and reinterpret suffering.

271 One participant stated: “Lalo akonapalapitsaDiyos... kaya ko ningapanghitabo... alang-  
272 alangsaakongmganaanak.” (I became closer to God... I can endure this for my children.) (P1)

273 Others expressed spiritual questioning followed by acceptance: “Lord  
274 nganonggiagiannakoni? pero kung dili diay will sa Ginoo, musukol ka sa iyaha diay.” (Why am I  
275 going through this? But if it is not God’s will, you cannot go against it.) (P7 & P8)

276 Faith was also expressed as surrender: “Ibigay ko sayo lahat Papa God... basta pakinggan  
277 ko ano plano mosa akin.” (I surrender everything to You, trusting Your plan.) (P5)

278 For many, spirituality provided emotional stabilization and hope despite ongoing  
279 hardship.

## 280 **Livelihood and Agency**

281 Economic activity emerged as a key pathway toward autonomy and rebuilding self-  
282 worth. Survivors engaged in informal work as both survival necessity and empowerment  
283 strategy.

284 One participant explained: “Natutoakomagtinda... mag home service... para  
285 matutoakongtumayosasarili ko.” (I learned to sell and do services to stand on my own.) (P1)

286 Another negotiated small income opportunities: “Kung pwedetagaankog 500 kadalabada  
287 ko.” (If possible, pay me for each laundry I do.) (P4)

288 Livelthood was also framed as maternal sacrifice: “Kahit igapang ko pa sahirapmaibigay  
289 ko lang para sakanila.” (Even if I crawl through hardship, I will provide for them.) (P5)

290 Economic participation functioned as a bridge toward independence and reduced  
291 dependency.

## 292 **Help-Seeking as Empowerment**

293 Help-seeking marked a critical turning point from private endurance to active protection-  
294 seeking. This transition often occurred at moments of heightened danger or external  
295 encouragement.

296 One participant shared: “Nag-decide akopumuntasa DSWD... grabena ang  
297 pananakitnainabot ko.” (I decided to go to DSWD because the violence became severe.) (P1)

298 Another was influenced by community information: “Nadungognakosa radio... ug  
299 sasingannga mag-adto ko sa DSWD.” (I heard it on the radio and my neighbor told me to go.)  
300 (P2)

301 Family intervention also played a role: “Nasaksihan ng parents ko... sakit para  
302 sakanilamakitaakongsinasaktan.” (My parents witnessed it; it was painful for them to see me  
303 harmed.) (P6)

304 Help-seeking represented a shift toward external support systems and recognition of  
305 rights to safety.

306 Existing literature supports the non-linear and culturally embedded nature of coping  
307 among VAW survivors. Studies emphasize that endurance and silence often function as  
308 protective strategies rather than passivity, particularly in contexts where motherhood, economic  
309 dependence, and cultural expectations shape decision-making (Lazarus & Folkman, 1984;  
310 Samonte, 2017). This aligns with survivors’ narratives where maternal devotion drives prolonged  
311 endurance.

312 Spiritual coping is also widely documented as a resilience mechanism in collectivist  
313 societies, providing meaning-making and emotional stabilization during trauma (Bryant-Davis et  
314 al., 2012; Drumm et al., 2017). This corresponds with participants’ reliance on prayer, surrender,  
315 and faith-based reinterpretation of suffering.

316 Economic empowerment literature further supports livelihood as a key determinant of  
317 agency and exit pathways from abusive relationships (Kulkarni, 2019; Sullivan & Bybee, 2020).  
318 Survivors’ engagement in informal labor reflects this transition from dependency to incremental  
319 autonomy.

320 Help-seeking behavior is likewise identified as a critical stage in empowerment  
321 trajectories, often influenced by social networks and perceived safety options (Liang et al.,  
322 2015). This mirrors participants’ accounts of eventual engagement with institutional support  
323 systems.

324 Theme 2 demonstrates that coping, survival, and empowerment are interconnected rather  
325 than sequential stages. Survivors move fluidly between endurance, emotional struggle, spiritual

326 reliance, livelihood efforts, and help-seeking depending on context and available resources.  
327 These strategies reflect resilience shaped by cultural norms, economic constraints, motherhood,  
328 and faith.

329 The findings highlight the need for trauma-informed, culturally grounded, and strength-  
330 based responses across institutions. Nursing and social welfare systems must recognize coping  
331 behaviors as adaptive rather than passive, while strengthening pathways that support safe help-  
332 seeking, economic independence, and emotional recovery. Overall, the survivors' narratives  
333 reveal that empowerment does not begin with escape alone, but through accumulated acts of  
334 endurance, meaning-making, resourcefulness, and gradual reclamation of agency.

### 335 **Theme 3. Mothers' Lived Experience of Children's Exposure to Violence**

336 *Table 3: Clustered Themes and Emergent Theme Reflecting Mothers' Lived Experience of Their*  
337 *Children's Exposure to Violence*

338 Clustered Themes	Emergent Theme
339	
340 Fear and trauma	
341 Role reversal and premature maturity	Mother's Response on their Children's
342 Hope and motivation	Exposure to Violence
343	

344 *Note.* This table illustrates the clustered themes derived from the lived experiences of mothers  
345 whose children were exposed to violence against women in Region XII.

346  
347 This emergent theme captures how mothers experience, interpret, and respond to their  
348 children's exposure to violence within the household. Their narratives reflect a dual burden of  
349 surviving abuse while simultaneously witnessing the psychological and developmental harm  
350 experienced by their children. The accounts demonstrate that violence extends beyond the direct  
351 victim, shaping children's emotional security, behavior, and sense of safety, while intensifying  
352 maternal distress, guilt, and protective urgency.

#### 354 **Fear and Trauma**

355 Mothers consistently described how their children became direct witnesses to violence,  
356 absorbing fear and emotional distress within the home. The trauma was not only immediate but  
357 persistent, affecting both mothers and children long after violent incidents.

358 One participant reflected on the enduring psychological impact: "ma'am akong trauma 2  
359 years nag ani di gyudmawala. Or isa saakonganaknapataynya, mabalik pa banato ang  
360 kinabuhisaakongmgaanak?"

361 Another participant narrated a violent episode where her children were locked inside a  
362 room was assaulted while she held her baby in her arms: 'pinapasok kami mgaanak ko saloob ng  
363 kwarto at don niyasinaktanyong 2 anak naming. Nagpuntaakokaagadsa police station para  
364 humingi ng tulong sabi ko hulihinyongasawa ko.'

365 For another mother, the emotional burden remained vivid and unresolved:  
366 “Hindi pa rinmawalayongginawanilasakin, pabalikbalik pa rinsaisip at puso ko ma’am. Di  
367 kaagadmabura yon skin ma’am.”

368 These experiences show how children’s exposure to violence produces sustained  
369 emotional distress, including fear, intrusive memories, and a continued sense of insecurity within  
370 the home environment.

### 371 **Role Reversal and Premature Maturity**

372 Mothers also described how repeated exposure to violence led children to assume  
373 emotionally mature or protective roles, often beyond their developmental stage. This shift  
374 reflected both adaptation and psychological burden.

375 One participant shared how her child became a source of strength amid hardship:  
376 “Binigyanniyaako ng lakas ng loobnamakatayosasarili ko kahitmahirap...”

377 Another described emotional role reversal within the family dynamic: “katongpanganay,  
378 disappointed dawsiyasaiyang daddy.”

379 In some cases, children were perceived as more emotionally mature than the abusive  
380 parent: “My child is more mature in thinking than their father.”

381 These narratives illustrate how violence disrupts normal childhood development, leading  
382 children to adopt protective, reflective, and prematurely adult-like roles within the family  
383 system.

### 384 **Hope and Motivation**

385 Despite the emotional toll, children also emerged as a central source of resilience and  
386 motivation for mothers. Their presence and future aspirations became the foundation for  
387 endurance, survival, and gradual empowerment.

388 One mother expressed how hope shaped her response to adversity:  
389 “Hanggat may pag-asamatuto lang tayongtumayosasarili natin, maghanapbuhay ng matiwasay,  
390 mamuhay ng walangkaakibatnakinatatakutan.”

391 Another participant emphasized the emotional significance of her child’s safety: “just  
392 having my child ma’am, I already feel like I have won already.”

393 Economic struggle was also reframed through maternal determination:  
394 “kahitigapangkompayansahirapmaibigay ko lang ano para sakanila.”

395 These accounts demonstrate that children function simultaneously as sources of  
396 vulnerability and strength, shaping maternal decisions toward endurance, action, and hope for a  
397 safer future.

398 The findings reveal that children’s exposure to violence constitutes a form of secondary  
399 victimization that deeply affects emotional well-being, behavioral development, and family

400 dynamics. Mothers experience compounded distress as they navigate their own victimization  
401 while attempting to protect and emotionally stabilize their children.

402 Literature supports these findings, emphasizing that children exposed to domestic  
403 violence are “secondary victims” who often experience anxiety, fear, sleep disturbances, and  
404 long-term psychological consequences (Holt et al., 2008; WHO, 2021). Research also shows that  
405 exposure to violence can result in premature maturity and role reversal, commonly described as  
406 parentification, where children assume protective or caregiving roles within the family (Hooper  
407 et al., 2011; Graham-Bermann & Seng, 2005). These patterns align with the participants’  
408 accounts of children becoming emotionally resilient, protective, and prematurely responsible.

409 At the same time, studies highlight that children often serve as key motivators for  
410 maternal coping and help-seeking behavior. Mothers are more likely to endure, resist, or seek  
411 intervention when the safety and future of their children are at risk (Anderson & Saunders, 2003;  
412 Peled & Edleson, 1999). This aligns with the narratives in this study, where children functioned  
413 as both emotional anchors and catalysts for survival and change.

414 From a nursing and psychosocial care perspective, these findings underscore the need for  
415 family-centered and trauma-informed interventions. Care must extend beyond individual  
416 survivors to include children’s psychological assessment, emotional support, and developmental  
417 monitoring. Nurses and allied professionals must be equipped to recognize signs of trauma in  
418 children and intervene early through coordinated, multidisciplinary care.

419 Theme 3 demonstrates that violence against women is simultaneously violence against  
420 children, even when they are not direct targets. The home becomes a shared space of trauma,  
421 where children internalize fear while mothers carry both physical and emotional consequences.

422 For the academe, the findings highlight the importance of integrating intergenerational  
423 trauma, child development under stress, and family systems perspectives into health, education,  
424 and social science curricula. Training programs must prepare future professionals to identify  
425 trauma in children and respond through early intervention and coordinated support systems.

426 For nursing education and practice, the results reinforce the need for competency in  
427 pediatric trauma recognition, family-centered assessment, and psychosocial intervention. Nurses  
428 must be trained to assess both mother and child as interconnected units of care, ensuring that  
429 interventions address safety, emotional stability, and long-term recovery.

430 Overall, this theme illustrates that children are both deeply affected witnesses and  
431 powerful sources of maternal resilience. Their experiences shape not only the emotional  
432 landscape of violence but also the trajectory of survival, healing, and hope within the family  
433 system.

434 **Theme 4. Road to Recovery and Empowerment**

435 *Table 4: Dimensions of Healing Reflected in the Clustered Themes Leading to the Emergent*  
436 *Theme of Survivors’ Road to Recovery and Empowerment*

437 Clustered Themes	Emergent Theme
438	
439 Hope and future aspirations	

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443 *Note.* This table presents the dimensions of healing derived from the lived experiences of  
444 survivors of violence against women in Region XII, culminating in the emergent theme of  
445 recovery and empowerment

446 This emergent theme reflects the survivors' gradual and non-linear journey toward  
447 healing, autonomy, and renewed self-worth following experiences of violence. Recovery  
448 emerges as a transformative process shaped by hope, forgiveness, and the rebuilding of identity,  
449 supported by personal resilience and enabling relationships with nurses, advocates, and  
450 community structures. The narratives illustrate that empowerment is not immediate but  
451 constructed through sustained reflection, emotional negotiation, and lived attempts to rebuild life  
452 beyond violence.

### 453 **Hope and Future Aspirations**

454 Hope emerged as the initial and sustaining force in survivors' recovery. It provided  
455 direction, emotional grounding, and the motivation to endure hardship while envisioning a safer  
456 and more stable future.

457 One participant expressed this forwarding-looking resilience: "hanggat may pag-  
458 asamatulongtayongtumayosasarili natin, mahanapbuhay ng matiwasay, mamuhay ng  
459 walangkaakibatnakinatatakutan."

460 Another emphasized faith as a stabilizing force amid uncertainty: "bahalaglisod mi  
461 karonmuabot lang giyaponpanahon para saamoasalignlanh ko saginoo."

462 Some aspirations were grounded in economic survival and rebuilding: "umaasarin po  
463 ma'am pero parang nahihinaan po ako ng loob kasi kulang lang samin  
464 ma'amkapiitalpanganapbuhay."

465 Others reflected a decisive shift toward independence and self-determination:  
466 "Naga-asamasam pa rinako ng brighter future para samin ng mgaanak ko... Ayoko na din umasa  
467 pa sa kanya. Alam ko kaya ko ito..."

468 Hope also was extended beyond personal survival to family restoration: "hoping pud mi  
469 ma'am namaka realized among banangaunsaiyangmali."

470 Across narratives, hope functioned as an intentional psychological stance rather than  
471 passive optimism, enabling women to envision possibilities beyond violence and dependency.

### 472 **Forgiveness and Closure**

473 Forgiveness emerged as a deeply complex and individually defined dimension of  
474 recovery. It was neither uniform nor required for healing, but instead reflected varying emotional  
475 capacities, relational boundaries, and unresolved trauma.

476 One survivor described forgiveness as conditional and limited” “pinatawad ko  
477 nasiyaperohangang don na lang kami siguro.”

478 Another participipant emphasized delayed reconcillation:”nangayo man  
479 siyapasencyasaakoaperoulahinanaghawanakogbalay.”

480 Some experienced remorse from partners: “naghingiasawa ko ng sorry, umiiyaksiya  
481 ma’am.”

482 Others viewed forgiveness as a part of a broader healing:“mapatawadranakosiya at  
483 pinalig-onmopudakongpagtuosadapatdiaymagpakatatag ta.”

484 However, unresolved pain made forgiveness difficult for others: “hindi ko gid mahatag  
485 ang pagpasaykokaronngapanahuna kay walasiyamismopufnangayopasaylo.”

486 These accounts show that forgiveness operates as a personal, context-dependent process,  
487 shaped by emotional readiness, accountability, and the persistence of trauma.

#### 488 **Independence and Self-Worth**

489 Independence and self-worth represented the culminating stage of empowerment, where  
490 survivors actively reconstructed identity, agency, and confidence beyond abusive relationships.  
491 This dimension reflects both psychological transformation and practical autonomy.

492 One participant emphasized self-reliance as core principle of recovery: ‘Hanggatmay  
493 pag-asamatuto lang tayongtumayosasarili natin... wag umasasaiangtao.’”

494 Another described empowerment through knowledge and rights awareness: nagtraining  
495 ko ng self-defense. nakabalonasiya unsay katungodsababae.”

496 Social support alsoplayed a critical role in rebuilding confidence: “never nilaakoiniwan at  
497 don lumakasloob ko.”

498 Self-worth further emerged through self-realization and emotional prioritization:  
499 “Ngayon ko na realized nakahitgaanomo ka loved yongtao... unahinmotalaga ang  
500 sarilimomahalin...”

501 Across narratives, independence was not limited to financial stability but extended to  
502 emotional resilience, self-respect, and the reclaiming of personal agency.

503 The findings demonstrate that recovery from violence is a multidimensional and evolving  
504 process shaped by psychological, emotional, relational, and structural factors. Survivors’  
505 narratives reflect a progression from hope, to emotional processing through forgiveness or non-  
506 forgiveness, and ultimately toward independence and restored self-worth.

507 Existing literature supports these findings, emphasizing that recovery is nonlinear and  
508 characterized by meaning-making and identity reconstruction rather than a return to pre-violence  
509 states (Mannell, 2016). Hope functions as a motivational system that enables goal setting and  
510 resilience, consistent with Snyder et al. (2018), while resilience literature highlights its role in  
511 sustaining long-term adaptation under adversity (Van Breda, 2018). Forgiveness is similarly

512 understood as a voluntary and culturally influenced process that may or may not occur within  
513 healing trajectories, and should not be imposed (Enright & Fitzgibbons, 2015; Luskin, 2019). In  
514 parallel, empowerment research underscores that self-worth and independence are strengthened  
515 through access to resources, skills, and supportive environments that rebuild agency (Postmus et  
516 al., 2018; Campbell et al., 2020).

517 From a nursing perspective, these findings highlight the importance of sustained, trauma-  
518 informed, and empowerment-oriented care. Recovery cannot be addressed solely at the point of  
519 crisis; it requires ongoing psychosocial support, goal-oriented care planning, and reinforcement  
520 of self-efficacy and autonomy.

521 Theme 4 illustrates that recovery from violence is a gradual reconstruction of identity  
522 shaped by hope, emotional resolution, and the restoration of self-worth. Healing is not linear and  
523 does not require forgiveness as a condition for empowerment. Instead, it emerges through  
524 survivor-defined pathways that integrate emotional processing, relational support, and personal  
525 agency.

526 For the academe, these findings highlight the need to embed trauma recovery, resilience  
527 theory, and empowerment frameworks within nursing, psychology, and social science curricula.  
528 Students must be trained to understand recovery as a long-term process requiring culturally  
529 sensitive, survivor-centered approaches.

530 For nursing education and practice, the results emphasize the necessity of longitudinal  
531 care competencies, including psychosocial follow-up, strengths-based assessment, and  
532 empowerment-focused interventions. Nurses must be equipped to support survivors in setting  
533 realistic goals, rebuilding self-worth, and accessing community resources that facilitate sustained  
534 recovery. Overall, this theme underscores that empowerment is not a final outcome but an  
535 ongoing process of becoming—one that is shaped by hope, negotiated through personal meaning,  
536 and sustained through supportive systems that recognize survivors not only as individuals who  
537 endured violence, but as individuals actively rebuilding their lives.

## 538 **Discussion**

539 The findings under this theme confirm that violence against women operates as a  
540 patterned and multidimensional system of control rather than a series of isolated incidents.  
541 Survivors' narratives demonstrate how physical abuse, emotional degradation, sexual coercion,  
542 and psychological manipulation intersect to create a sustained environment of domination. This  
543 aligns with established literature that frames intimate partner violence as a cyclical and  
544 escalating process rooted in gender inequality, power imbalance, and sociocultural norms that  
545 normalize male dominance. The experiences described by participants reflect coercive control  
546 mechanisms that extend beyond physical harm, shaping women's autonomy, identity, and sense  
547 of safety.

548 The study further supports theoretical perspectives such as trauma bonding, where  
549 intermittent reinforcement of violence and affection fosters emotional attachment and  
550 complicates help-seeking. Survivors' accounts of fear, silence, and dependence illustrate how  
551 abuse becomes internalized and normalized over time. These findings reinforce the need for

552 trauma-informed frameworks that recognize the relational and psychological dimensions of  
553 abuse, rather than focusing solely on visible injuries.

554 From a practice perspective, the results highlight the critical role of healthcare providers,  
555 particularly nurses, in identifying both overt and subtle indicators of abuse. The presence of  
556 psychological manipulation, threats, and coercion underscores the importance of comprehensive  
557 assessment that includes emotional and behavioral cues. Interventions must address the full  
558 spectrum of abuse, integrating safety planning, psychological support, and referral systems. The  
559 findings suggest that effective responses require not only clinical competence but also an  
560 understanding of the structural and cultural factors that sustain the cycle of abuse.

561 The second theme illustrates that survivors' responses to violence are best understood as  
562 a continuum of coping, survival, and gradual empowerment rather than discrete or static  
563 behaviors. The findings demonstrate that actions such as endurance, silence, faith, livelihood  
564 engagement, and help-seeking are interconnected strategies shaped by context, constraints, and  
565 evolving self-perception. This supports the transactional model of stress and coping, which posits  
566 that individuals adopt adaptive strategies based on available resources and perceived threats.

567 Endurance and silence, often misinterpreted as passivity, emerge in this study as  
568 deliberate and strategic responses aimed at preserving safety, protecting children, and managing  
569 limited options. The findings challenge deficit-based narratives of victimhood and instead  
570 position survivors as active agents navigating constrained environments. Cultural constructs such  
571 as "tjis" and maternal responsibility further contextualize these coping mechanisms, emphasizing  
572 that decisions are embedded within relational and societal expectations.

573 Spirituality also plays a central role in shaping coping trajectories. Survivors' reliance on  
574 faith reflects its function as both an emotional regulator and a meaning-making system. This  
575 aligns with literature highlighting the significance of spiritual coping in collectivist and religious  
576 contexts, where belief systems provide psychological resilience and sustain hope during  
577 prolonged adversity.

578 Economic agency emerges as a critical factor in shifting from survival toward  
579 empowerment. Even small-scale livelihood activities enhance self-efficacy and reduce  
580 dependence on abusive partners, supporting empowerment theories that link financial autonomy  
581 with decision-making capacity. Help-seeking represents a pivotal transition within this  
582 continuum, marking the movement from private endurance to public engagement with support  
583 systems. However, the delayed nature of help-seeking underscores persistent barriers such as  
584 fear, stigma, and limited access to resources.

585 Overall, this theme reinforces that empowerment is not a singular event but an evolving  
586 process shaped by cultural, economic, and relational factors. For practice and policy, the findings  
587 highlight the need for interventions that validate coping strategies, strengthen economic  
588 opportunities, and provide accessible, culturally responsive support systems.

589 The findings reveal that violence against women extends beyond the individual survivor,  
590 profoundly affecting children who are exposed to abusive environments. Mothers' narratives  
591 illustrate how children experience emotional trauma, behavioral changes, and developmental  
592 disruptions despite not always being direct targets of violence. This supports existing literature

593 that identifies children as secondary victims, emphasizing the psychological impact of witnessing  
594 violence, including anxiety, fear, and long-term emotional distress.

595 The study also highlights patterns of premature maturity and role reversal among  
596 children, consistent with the concept of parentification. Children assume protective or supportive  
597 roles within the family, reflecting both adaptive resilience and developmental burden. These  
598 findings indicate that exposure to violence alters family dynamics and redistributes emotional  
599 responsibilities, often at the expense of children's developmental needs.

600 At the same time, children emerge as central motivators in mothers' decision-making  
601 processes. The dual role of children as both sources of vulnerability and strength reflects the  
602 concept of relational resilience, where caregiving relationships simultaneously generate  
603 emotional strain and psychological motivation. Mothers' efforts to protect, provide for, and  
604 secure a better future for their children drive transitions toward livelihood, help-seeking, and  
605 eventual separation from abusive partners.

606 These findings underscore the importance of family-centered and trauma-informed  
607 interventions. Addressing violence against women requires simultaneous attention to children's  
608 well-being, including early identification of trauma, psychosocial support, and coordinated care  
609 across health, education, and social services. For nursing practice, this highlights the need to  
610 assess not only the survivor but also the broader family context, ensuring that interventions  
611 address intergenerational impacts of violence.

612 The final theme demonstrates that recovery from violence is a complex and non-linear  
613 process involving psychological healing, identity reconstruction, and the gradual restoration of  
614 self-worth. Survivors' narratives reveal that empowerment is achieved through the interplay of  
615 hope, emotional processing, and the reclaiming of autonomy. This aligns with literature that  
616 conceptualizes recovery as a process of meaning-making and transformation rather than a return  
617 to pre-trauma conditions.

618 Hope emerges as a foundational element that enables survivors to envision alternative  
619 futures and pursue long-term goals. It functions as both a cognitive and motivational resource,  
620 supporting resilience and sustained engagement in recovery efforts. Forgiveness, while present in  
621 some narratives, is shown to be highly individualized and context-dependent. The findings  
622 emphasize that forgiveness is not a prerequisite for healing, but rather one of many possible  
623 pathways through which survivors may process their experiences.

624 The restoration of independence and self-worth represents a critical marker of  
625 empowerment. Survivors' engagement in livelihood, awareness of rights, and development of  
626 self-compassion reflect the rebuilding of agency and identity. These processes are reinforced by  
627 supportive relationships and access to resources, highlighting the relational dimension of  
628 empowerment.

629 From a nursing and healthcare perspective, the findings underscore the importance of  
630 long-term, survivor-centered care that extends beyond crisis intervention. Recovery requires  
631 continuous support, including psychosocial care, empowerment-based counseling, and linkage to  
632 economic and community resources. Interventions must be flexible and responsive to individual  
633 trajectories, recognizing that healing unfolds at different paces and in diverse ways.

634 Across all emergent themes, the findings demonstrate that violence against women is a  
635 multidimensional and evolving phenomenon that shapes women's lives across personal,  
636 relational, and structural domains. Survivors navigate a continuum that begins with coercion and  
637 control, progresses through adaptive coping and survival, extends to the protection of children,  
638 and culminates in recovery and empowerment. This process is deeply influenced by motherhood,  
639 cultural norms, spirituality, economic conditions, and access to support systems.

640 The study reinforces the need for holistic, trauma-informed, and culturally grounded  
641 approaches in both research and practice. Interventions must address not only immediate safety  
642 but also long-term recovery, economic empowerment, and intergenerational well-being. For  
643 nursing and allied professions, the findings highlight the importance of recognizing survivors as  
644 active agents, capable of resilience and transformation when supported by responsive,  
645 empathetic, and integrated systems of care.

## 646 **Conclusion**

647 This study establishes that the lived experiences of women survivors of violence are best  
648 understood as a dynamic, non-linear continuum shaped by survival, coping, and eventual  
649 empowerment. Across the emergent themes, women's responses are not passive reactions but  
650 context-bound, strategic actions influenced by motherhood, economic limitations, cultural  
651 expectations, spirituality, and access to support systems. Endurance and silence, often  
652 misinterpreted as weakness, function as protective mechanisms aimed at preserving safety,  
653 particularly for children, within structurally constrained environments. These findings reframe  
654 survivors as active agents who continuously negotiate risk, stability, and possibility.

655 The study further demonstrates that violence against women is inherently relational,  
656 extending its impact to children who experience significant emotional and developmental  
657 consequences despite not always being direct targets. Children emerge as both vulnerable  
658 recipients of trauma and central sources of maternal strength. Their exposure results in fear,  
659 behavioral changes, and premature maturity, while simultaneously motivating mothers to endure,  
660 seek help, and pursue change. This duality highlights the inseparability of maternal and child  
661 well-being and reinforces the need to conceptualize violence as a family-centered issue with  
662 intergenerational implications.

663 Coping and empowerment in this study are shown to evolve through interconnected  
664 processes. Survivors draw on emotional regulation, spirituality, and livelihood activities to  
665 navigate immediate harm and gradually reclaim control. Faith serves as a critical mechanism for  
666 meaning-making and psychological stability, while economic engagement fosters autonomy and  
667 self-efficacy. The transition toward empowerment becomes more evident as women begin to  
668 access resources and engage in help-seeking behaviors, marking a shift from private endurance  
669 to the assertion of rights and pursuit of safety.

670 Finally, recovery and empowerment are revealed as ongoing, deeply personal processes  
671 grounded in the reconstruction of self-worth, identity, and future orientation. Hope functions as a  
672 central driver that sustains movement beyond violence, while forgiveness remains variable and  
673 non-essential to healing. Empowerment is ultimately reflected in the survivor's ability to  
674 exercise autonomy, make independent decisions, and envision a life defined by dignity and  
675 safety. Taken together, the findings underscore the necessity of sustained, trauma-informed, and

676 family-centered interventions that recognize the complexity of survivors' journeys and support  
677 long-term recovery for both women and their children.

## 678 **Acknowledgments**

679 To Be Written

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