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RESEARCH ARTICLE

CRISIS UNVEILED: SURVIVOR'S ODYSSEY ON VIOLENCE AGAINST WOMEN

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Violence against women, resilience, phenomenology, trauma-informed care, nursing interventions, lived experiences, holistic care.

Abstract

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

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

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

Conclusion: The study highlights significant gaps in gender-sensitive care and justice systems, underscoring the need for trauma-informed, culturally responsive, and survivor-centered interventions. In nursing practice, the findings emphasize the critical role of nurses in delivering holistic and family-centered care that addresses the emotional, psychological, social, and economic needs of both women and their children.

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By advocating for survivors and fostering safe spaces for healing, nursing professionals can contribute to empowerment, dignity restoration, and the disruption of intergenerational cycles of violence, thereby supporting both individual recovery and broader systemic change grounded in social justice.

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Introduction:-

Violence against women continues to be a persistent global health and human rights issue. According to the WHO, about one in every three women has been subjected to physical or sexual violence in her lifetime. In the Philippines, the 2022 National Demographic and Health Survey shows that 17.5% of women between the ages of 15 and 49 years in the country have been exposed to intimate partner violence; however, the real statistics could be higher since victims fail to report their cases out of stigma and fear. Region XII or Soccsksargen is among such communities in which there are recorded VAW cases in 2023, as provided by the Department of Social Welfare and Development (DSWD) Field Office XII: 1,250 VAW cases and 870 child abuse cases, many of whom are young girls subjected to domestic violence. Unfortunately, despite the presence of laws and measures aimed at reducing violence against women, many of those who experience such violence find it challenging to seek help.

This research is built upon the theory of feminist studies and nursing theories that provide the basis for examining VAW and the ways survivors recover from this trauma. Feminist Theory (Dobash&Dobash, 1979) looks at the problem from the standpoint of systemic gender inequalities and the existence of patriarchy; cultural silence and lack of information on women's legal rights explain why women continue to face marginalization and violence and why they remain silent about it in many communities across the Philippines, including Region XII. Jean Watson's Theory of Human Caring (1979) focuses on compassion-based nursing practices and trauma-informed care that restore dignity and enhance trust and healing. Sister Callista Roy's Adaptation Model (1984) explains how survivors adapt to or maladapt to their violent environment; thus, the nurse should help her client build resilience and regain inner harmony. Myra Levine's Conservation Model centers around protecting a person's physical, psychological, and social well-being that was affected by violence. This study focuses on the lived experiences of women who survived violence in Region XII, Philippines. The goal is to explore the issues that these survivors had to face within their cultural and geographical context and use the obtained knowledge to identify strategies needed to help the victims recover from trauma and regain their lives. Specifically, the study answers the following grand tour question: What are the lived experiences of survivors of violence against women in Region XII?

Materials and Methods:-**Research Design and Setting:-**

This study employed a descriptive phenomenological research design to explore and describe the lived experiences of women survivors of Violence Against Women (VAW) in Region XII, Philippines. Descriptive phenomenology was selected because it allows the researcher to examine how individuals perceive, interpret, and give meaning to their experiences, particularly those involving trauma, coping, and recovery. The approach focused on capturing the essence of survivors' narratives while minimizing researcher assumptions through the process of bracketing and reflexive inquiry. The study was conducted within selected communities and support settings in Region XII, where survivors were identified through referrals and community networks. A total of eight (8) women survivors participated in the study. Although the findings are not intended for statistical generalization, they provide rich and contextually grounded insights into the realities of gender-based violence and its implications for trauma-informed and culturally responsive nursing care.

Participants and Sampling:-

Participants were selected through purposive homogeneous sampling to ensure that all individuals shared the central experience of surviving violence against women. Snowball sampling was used as a supplementary strategy to identify additional participants through referrals from trusted contacts, community workers, and support networks, particularly because survivors of violence are considered a hard-to-reach population. Inclusion criteria required participants to be women aged 18 years old and above who had experienced physical, sexual, emotional, or psychological violence, were residing in Region XII, and were emotionally and physically capable of participating in an in-depth interview. Participants were also required to have access to some form of support system or assistance to ensure their safety and well-being during participation. Individuals who were in active crisis situations, undergoing ongoing legal proceedings that could be compromised by participation, or unable to provide informed consent were excluded from the study. Prior to data collection, the purpose of the study, voluntary nature of participation, confidentiality measures, and participants' rights were thoroughly explained before obtaining written informed consent.

Data Collection, Analysis, and Rigor:-

Data were collected through semi-structured, in-depth interviews conducted in safe and private settings chosen by the participants. The interview guide was developed based on an extensive review of related literature and was subjected to expert validation and pilot testing to ensure clarity, sensitivity, and relevance to the study objectives. McCracken's Long Interview Method guided the conduct of interviews, allowing participants to freely narrate their experiences while enabling the researcher to probe deeply into significant meanings and emotions. Interviews were audio-recorded with participants' permission and were later transcribed verbatim for analysis. Data analysis followed Colaizzi's (1978) phenomenological method. Transcripts were read repeatedly to obtain a comprehensive understanding of participants' experiences. Significant statements were extracted and organized into formulated meanings, which were then clustered into themes reflecting shared patterns across narratives. These thematic clusters were synthesized into exhaustive descriptions representing the essence of survivor's lived experiences. Member checking was conducted by returning selected interpretations to participants to verify the accuracy and authenticity of the findings.

To ensure trustworthiness, the study adhered to Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability. Credibility was strengthened through prolonged engagement, triangulation, and member checking. Dependability and confirmability were maintained through audit trails, reflexive journaling, and systematic documentation of research decisions and analytic procedures. Transferability was supported through rich, detailed descriptions of the participants, setting, and context of the study. Ethical safeguards were strictly observed throughout the research process, including confidentiality, anonymity, secure handling of data, emotional support mechanisms, and the provision of referrals to appropriate services when needed. These measures ensured that the study maintained both methodological rigor and the protection and well-being of participants.

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

Clustered Themes	Emergent Theme
Physical Abuse	
Verbal and Emotional Maltreatment	Cycle of abuse and control
Sexual Coercion and Exploitation	
Psychological Manipulation	

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

This theme captures women's experiences of intimate partner violence characterized by physical abuse, verbal and emotional maltreatment, sexual coercion, and psychological manipulation. Violence was not experienced as isolated events but as an escalating and sustained pattern of domination that eroded autonomy, safety, and identity. Across narratives, abuse emerged as normalized within daily relational interactions. What began as relational tension developed into a repetitive cycle of fear and control affecting the body, emotions, sexuality, and sense of self.

Physical Abuse as a Mechanism of Control:-

Participants described repeated physical assaults that intensified over time and often occurred during arguments or episodes of intoxication. One survivor shared: "sinampal niya ako dami ko pasa sa mukha sinuntok niya ako." (P1) She further described the normalization of violence: "halos hindi ako makabangon sa sakit... minsan sinasakal pa niya ako." (P1) Another participant recounted the use of objects as weapons: "binato niya ako ng suot niyang tsinelas binato niya sa likod ko." (P3) Violence also extended to children and severe threats: "hinawakan niya ang anak kong 4 years old sa leeg at hinagis niya sa dingding... pati ang anak kong babae, hinampas niya sa pintuan." (P3) "Susunugin niya sana kami ng buo." (P3) Other accounts reflected life-threatening injuries: "nasampal niya ako ng sobra na halos nahimatay ako." (P5) These accounts show that physical violence functioned less as isolated anger and more as a sustained mechanism of intimidation and control.

Verbal and Emotional Maltreatment:-

Verbal abuse and humiliation were persistent features of the women's experiences, reinforcing fear and emotional destabilization. One participant stated: "natakot ako baka tuluyan niya kaming mapatay." (P3) Another described

continuous verbal degradation: “ulol ka... peste ka... gago ka.” (P6) A mother further recalled public humiliation in front of her child: “gaga ka, gaga ka.” (P7 & P8) These repeated verbal assaults contributed to diminished self-worth, silence, and emotional withdrawal, reflecting psychological erosion alongside physical violence.

Sexual Coercion and Exploitation:-

Participants also reported sexual coercion within marital relationships, where consent was undermined by pressure, fear, and financial control. One participant explained: “para sa’ko, murag dili na dapat bastusan ko ma’am kahit mag-asawa kami.” (P2) She further described coercion under threat of conflict: “gusto ko magpahulay pero pugson ko kung hindi ko siya pagbigyan, mag-away na mi.” (P2) Sexual acts were also framed as transactional: “tagaan taka kwarta basta paanaan nimo ko.” (P2) These accounts illustrate how intimacy was transformed into a form of domination rather than mutual consent.

Psychological Manipulation and Coercive Control:-

Psychological violence emerged as a pervasive form of abuse that included threats, confinement, fear induction, and emotional destabilization. One participant recounted life-threatening intimidation: “tinutukan din niya ako ng kutsilyo, tinapunan niya ako ng kutsilyo.” (P1) “Grabe ang kurog nako sa kahadlok.” (P1) She also described emotional entrapment: “parang nawawala ako sa sarili ko wala akong boses.” (P1) Another participant expressed fear for her child’s safety: “kabalo ko manyak siya basin pati atong anak” (P2) These narratives reflect sustained psychological harm marked by fear, confusion, and loss of perceived autonomy. The findings align with literature emphasizing violence against women as a manifestation of structural gender inequality, normalized patriarchy, and systemic power imbalance (WHO, 2021; Montesanti & Thurston, 2020). The cyclical nature of abuse reflects how control is maintained through repeated and interlinked forms of violence rather than isolated incidents. Economic dependency and sociocultural expectations further intensify entrapment, as noted in prior studies (Rivas et al., 2020; Sullivan, 2020). Psychological manipulation, including coercion, isolation, and humiliation, is identified in the literature as one of the most damaging yet least visible forms of abuse, often preceding physical escalation (Postmus et al., 2018; Bryant-Davis et al., 2020).

The narratives are also consistent with trauma bonding theory, where intermittent abuse reinforces emotional attachment and complicates help-seeking (Dutton & Painter, 1993). Collectively, the women’s accounts demonstrate that violence operates as an integrated system of control rather than discrete incidents. Physical, emotional, sexual, and psychological abuses reinforce one another, producing sustained fear, dependency, and silence. Despite this, survivors’ narratives also demonstrate endurance and survival long enough to articulate their experiences, disrupting cycles of silence through disclosure. The findings highlight the need to strengthen education in nursing, social work, psychology, and related disciplines on coercive control and violence against women. Curricula should integrate case-based learning, legal frameworks (e.g., RA 9262), and trauma-informed approaches to enhance recognition of subtle and normalized forms of abuse. For nursing education, emphasis must be placed on screening for coercive control, crisis response, documentation, and culturally sensitive communication. Simulation-based training and community immersion are essential to prepare practitioners for real-world encounters with survivors. Practice recommendations emphasize the need for a comprehensive and integrated approach in responding to violence against women within clinical and community settings.

Routine screening should be conducted for all forms of violence, including less visible patterns such as coercive control, to ensure early identification of survivors. Immediate provision of psychological first aid and safety planning is critical to address urgent emotional and physical risks. Strengthening referral systems with key agencies such as the Department of Social Welfare and Development (DSWD), Philippine National Police (PNP) Women’s Desk, and relevant non-government organizations is essential to ensure continuity of care and access to protection services. In all clinical encounters, healthcare providers must practice trauma-informed and nonjudgmental communication to create safe and supportive environments for disclosure. Furthermore, interdisciplinary coordination among healthcare professionals, social workers, law enforcement, and community partners is necessary to support holistic survivor protection, recovery, and long-term empowerment. Theme 1 demonstrates that violence against women is a patterned and escalating cycle embedded in gendered power relations. It is not episodic but structural and cumulative, affecting all dimensions of survivors’ lives. The persistence of abuse underscores the urgency of integrated, trauma-informed, and survivor-centered responses across healthcare, social welfare, law enforcement, and education systems.

Theme 2: Pathways of Survival, Coping, and Empowerment:-**Table 2: Clustered and Emergent Themes on the Survival and Empowerment Journeys of VAW Survivors in Region XII**

Clustered Themes	Emergent Theme
Maternal Devotion	
Endurance and Silence	Pathways of Coping, Survival and
Emotional struggle	Empowerment
Faith and Spiritual Coping	
Livelihood and Agency	
Help-seeking as empowerment	

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

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

Maternal Devotion

Motherhood emerged as the central anchor of survival decisions. Women consistently framed endurance and effort as acts performed for their children's welfare and future. One participant explained, "akong gi-agwanta man kay para na lang sa mga bata alang-alang sa mga bata makatapos sa pag-aaral nila. Yon ang pag-andoy ko sa mga anak ko makatiwas sa pag-eskwela nila." (I endured it for the sake of the children, for them to finish their studies.) (P1) Even after separation, maternal responsibility continued to shape relational decisions: "kinausap ko sila kahit hiwalay kami ngayon ng ama nila magkaibigan na lang turingan namin kung saan sila gusto pumunta ok na lang." (Even if we are separated, we remain civil for the children; wherever they want to go is fine.) (P1) For another participant, perseverance was tied to survival and education: "binigyan niya ako ng lakas ng loob na makatayo sa sarili ko, kahit mahirap ang pangarap ko sa mga anak ko na makatapos ng pag-aaral." (He gave me strength to stand on my own for my children's education.) (P2) Children were repeatedly described as both motivation and justification for endurance, reinforcing that survival decisions were deeply relational rather than individual.

Endurance and Silence

Endurance and silence functioned as strategic coping mechanisms rather than passive submission. Many participants described tolerating violence to avoid escalation, maintain minimal stability, or ensure their children's safety. One participant expressed this clearly: "akong gi-agwanta man kay para na lang sa mga bata gamit ang lakas ng loob para umahon at magpakatatag lagi." (I endured it for my children; I used inner strength to stay strong.) (P1) Another described acceptance shaped by faith and adaptation: "sunod na lang sa agos ng buhay kung unsa'y ihatag sa ginoo dawaton at least na-survive namo." (We go with the flow of life; we accept what God gives, at least we survived.) (P2) Silence also served as emotional containment: "ayoko naman dalhin ito ng matagal mabigat kung lagi itong nasa isipin." (I do not want to carry this for long; it becomes heavy if always remembered.) (P5) These accounts reflect endurance as a culturally embedded survival strategy shaped by limited options and protective intent.

Emotional Struggle

Despite outward endurance, participants experienced profound emotional and psychological burden. Violence manifested not only physically but also through internal distress, anxiety, and identity erosion. One survivor shared somatic symptoms of distress: "nagsakit ko mutukar mugahi akong kalawasan labina akong mga kamot og mag-piot akong pagginhawa." (My body becomes stiff and I have difficulty breathing.) (P2) Another described persistent emotional weight: "usahay muhilak ko akong gi-carry lang tanan." (Sometimes I cry; I just carry everything.) (P4) Everyday routines triggered emotional collapse: "galuto ka magtulo na lang imong luha ma-question nimo imong self-worth." (While cooking, tears suddenly fall; you begin to question your self-worth.) (P7 & P8) These narratives illustrate how emotional suffering persisted even while survivors maintained daily functioning.

Faith and Spiritual Coping:-

Faith emerged as a central coping system for meaning-making and emotional survival. Survivors turned to spirituality to endure uncertainty and reinterpret suffering. One participant stated: “lalo ako napalapit sa Diyos kaya ko ning panghitabo alang-alang sa akong mga anak.” (I became closer to God; I can endure this for my children.) (P1) Others expressed spiritual questioning followed by acceptance: “Lord nganong giagian nako ni? pero kung dili diay will sa Ginoo, musukol ka sa iyaha diay.” (Why am I going through this? But if it is not God’s will, you cannot go against it.) (P7 & P8) Faith was also expressed as surrender: “ibigay ko sayo lahat Papa God basta pakinggan ko ano plano mo sa akin.” (I surrender everything to You, trusting Your plan.) (P5) For many, spirituality provided emotional stabilization and hope despite ongoing hardship.

Livelihood and Agency:-

Economic activity emerged as a key pathway toward autonomy and rebuilding self-worth. Survivors engaged in informal work as both a survival necessity and an empowerment strategy. One participant explained: “natuto ako magtinda, mag home service para matuto akong tumayo sa sarili ko.” (I learned to sell and do services to stand on my own.) (P1) Another negotiated small income opportunities: “kung pwede taga-an ko’g 500 kada laba da ko.” (If possible, pay me 500 for each laundry I do.) (P4) Livelihood was also framed as maternal sacrifice: “kahit igapang ko pa sa hirap maibigay ko lang para sa kanila.” (Even if I crawl through hardship, I will provide for them.) (P5) Economic participation functioned as a bridge toward independence and reduced dependency.

Help-Seeking as Empowerment:-

Help-seeking marked a critical turning point from private endurance to active protection-seeking. This transition often occurred at moments of heightened danger or external encouragement. One participant shared: “nag-decide ako pumunta sa DSWD grabe na ang pananakit na inabot ko.” (I decided to go to DSWD because the violence became severe.) (P1) Another was influenced by community information: “nadungog nako sa radio ug sa silingan nga mag-adto ko sa DSWD.” (I heard it on the radio, and my neighbor told me to go.) (P2) Family intervention also played a role: “nasaksihan ng parents ko sakit para sa kanila makita akong sinasaktan.” (My parents witnessed it; it was painful for them to see me harmed.) (P6) Help-seeking represented a shift toward external support systems and recognition of rights to safety. Existing literature supports the nonlinear and culturally embedded nature of coping among VAW survivors. Studies emphasize that endurance and silence often function as protective strategies rather than passivity, particularly in contexts where motherhood, economic dependence, and cultural expectations shape decision-making (Lazarus & Folkman, 1984; Samonte, 2017).

This aligns with survivors' narratives where maternal devotion drives prolonged endurance. Spiritual coping is also widely documented as a resilience mechanism in collectivist societies, providing meaning-making and emotional stabilization during trauma (Bryant-Davis et al., 2012; Drumm et al., 2017). This corresponds with participants' reliance on prayer, surrender, and faith-based reinterpretation of suffering. Economic empowerment literature further supports livelihood as a key determinant of agency and exit pathways from abusive relationships (Kulkarni, 2019; Sullivan & Bybee, 2020). Survivors' engagement in informal labor reflects this transition from dependency to incremental autonomy. Help-seeking behavior is likewise identified as a critical stage in empowerment trajectories, often influenced by social networks and perceived safety options (Liang et al., 2015). This mirrors participants' accounts of eventual engagement with institutional support systems. Theme 2 demonstrates that coping, survival, and empowerment are interconnected rather than sequential stages. Survivors move fluidly between endurance, emotional struggle, spiritual reliance, livelihood efforts, and help-seeking depending on context and available resources. These strategies reflect resilience shaped by cultural norms, economic constraints, motherhood, and faith. The findings highlight the need for trauma-informed, culturally grounded, and strength-based responses across institutions. Nursing and social welfare systems must recognize coping behaviors as adaptive rather than passive, while strengthening pathways that support safe help-seeking, economic independence, and emotional recovery. Overall, the survivors' narratives reveal that empowerment does not begin with escape alone, but through accumulated acts of endurance, meaning-making, resourcefulness, and gradual reclamation of agency.

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

Clustered Themes	Emergent Theme
Fear and trauma	
Role reversal and premature maturity	Mother's Response on their Children's
Hope and motivation	Exposure to Violence

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

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

Fear and Trauma:-

Mothers consistently described how their children became direct witnesses to violence, absorbing fear and emotional distress within the home. The trauma was not only immediate but persistent, affecting both mothers and children long after violent incidents. One participant reflected on the enduring psychological impact: "ma'am akong trauma 2 years na gani di gyud mawala or isa sa akong anak napatay niya, mabalik pa ba nato ang kinabuhi sa akong mga anak?" Another narrated a violent episode where her children were locked inside a room and assaulted while she held her baby: "pinapasok kami ng mga anak ko sa loob ng kwarto at doon niya sinaktan yung 2 anak namin naglakad ako kaagad sa police station para humingi ng tulong sabi ko hulihin iyong asawa ko." For another mother, the emotional burden remained vivid and unresolved: "hindi pa rin mawala yung ginawa nila sa akin, pabalik-balik pa rin sa isip at puso ko ma'am. Di kaagad mabura yon sa akin ma'am." These experiences show how children's exposure to violence produces sustained emotional distress, including fear, intrusive memories, and a continued sense of insecurity within the home environment.

Role Reversal and Premature Maturity:-

Mothers also described how repeated exposure to violence led children to assume emotionally mature or protective roles, often beyond their developmental stage. This shift reflected both adaptation and psychological burden. One participant shared how her child became a source of strength amid hardship: "binigyan niya ako ng lakas ng loob na makatayo sa sarili ko kahit mahirap" Another described emotional role reversal within the family dynamic: "katong panganay, disappointed daw siya sa iyang Daddy." In some cases, children were perceived as more emotionally mature than the abusive parent: "my child is more mature in thinking than their father." These narratives illustrate how violence disrupts normal childhood development, leading children to adopt protective, reflective, and prematurely adult-like roles within the family system.

Hope and Motivation:-

Despite the emotional toll, children also emerged as a central source of resilience and motivation for mothers. Their presence and future aspirations became the foundation for endurance, survival, and gradual empowerment. One mother expressed how hope shaped her response to adversity: "haggat may pag asamatuto lang tayongtumayosasaril i natin, maghanapbuhay ng matiwasay, mamuhay ng walangkaakibatnakinatatakutan." Another emphasized the emotional significance of her child's safety: "just having my child, ma'am, I already feel like I have won" Economic struggle was also reframed through maternal determination: "kahit igapang ko pa yan sa hirap maibigay ko lang ano para sa kanila." These accounts demonstrate that children function simultaneously as sources of vulnerability and strength, shaping maternal decisions toward endurance, action, and hope for a safer future. The findings reveal that children's exposure to violence constitutes a form of secondary victimization that deeply affects emotional well-being, behavioral development, and family dynamics. Mothers experience compounded distress as they navigate their own victimization while attempting to protect and emotionally stabilize their children.

Literature supports these findings, emphasizing that children exposed to domestic violence are "secondary victims" who often experience anxiety, fear, sleep disturbances, and long-term psychological consequences (Holt et al., 2008; WHO, 2021). Research also shows that exposure to violence can result in premature maturity and role reversal,

commonly described as parentification, where children assume protective or caregiving roles within the family (Hooper et al., 2011; Graham-Bermann & Seng, 2005). These patterns align with the participants' accounts of children becoming emotionally resilient, protective, and prematurely responsible. At the same time, studies highlight that children often serve as key motivators for maternal coping and help-seeking behavior. Mothers are more likely to endure, resist, or seek intervention when the safety and future of their children are at risk (Anderson & Saunders, 2003; Peled & Edleson, 1999). This aligns with the narratives in this study, where children functioned as both emotional anchors and catalysts for survival and change. From a nursing and psychosocial care perspective, these findings underscore the need for family-centered and trauma-informed interventions. Care must extend beyond individual survivors to include children's psychological assessment, emotional support, and developmental monitoring. Nurses and allied professionals must be equipped to recognize signs of trauma in children and intervene early through coordinated, multidisciplinary care.

Theme 3 demonstrates that violence against women is simultaneously violence against children, even when they are not direct targets. The home becomes a shared space of trauma, where children internalize fear while mothers carry both physical and emotional consequences. For the academe, the findings highlight the importance of integrating intergenerational trauma, child development under stress, and family systems perspectives into health, education, and social science curricula. Training programs must prepare future professionals to identify trauma in children and respond through early intervention and coordinated support systems. For nursing education and practice, the results reinforce the need for competency in pediatric trauma recognition, family-centered assessment, and psychosocial intervention. Nurses must be trained to assess both mother and child as interconnected units of care, ensuring that interventions address safety, emotional stability, and long-term recovery. Overall, this theme illustrates that children are both deeply affected witnesses and powerful sources of maternal resilience. Their experiences shape not only the emotional landscape of violence but also the trajectory of survival, healing, and hope within the family system.

Theme 4. Road to Recovery and Empowerment:-

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

Clustered Themes	Emergent Theme
Hope and future aspirations	
Forgiveness and closure	Road to Recovery and Empowerment
Independence and self-worth	

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

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

Hope and Future Aspirations:-

Hope emerged as the initial and sustaining force in survivors' recovery. It provided direction, emotional grounding, and the motivation to endure hardship while envisioning a safer and more stable future. One participant expressed this forward-looking resilience: "hanggat may pag-asa matuto lang tayong tumayo sa sarili natin, maghanapbuhay ng matiwasay, mamuhay ng walang kaakibat na kinatakatutan..." Another emphasized faith as a stabilizing force amid uncertainty: "bahalag lisod mi karon muabot lang gyapon panahon para sa amoha salig lang ko sa ginoo" Some aspirations were grounded in economic survival and rebuilding: "umaasa rin po ma'am pero parang nahihinaan po ako ng loob kasi ang kulang lang sa amin ma'am kapital panghanapbuhay..." Others reflected a decisive shift toward independence and self-determination: "naga-asa-asa pa rin ako ng brighter future para sa amin ng mga anak ko ayoko na din umasa pa sa kanya. Alam ko kaya ko ito" Hope also extended beyond personal survival to family restoration: "hoping pud mi ma'am na maka realized among bana unsa iyang mali..." Across narratives, hope functioned as an intentional psychological stance rather than passive optimism, enabling women to envision possibilities beyond violence and dependency.

Forgiveness and Closure:-

Forgiveness emerged as a deeply complex and individually defined dimension of recovery. It was neither uniform nor required for healing, but instead reflected varying emotional capacities, relational boundaries, and unresolved trauma. One survivor described forgiveness as conditional and limited: "pinatawad ko na siya pero hanggang doon lang kami siguro" Another emphasized delayed reconciliation: "nangayo man siya pasensya sa ako pero wala na naghawa ako og balay." Some experienced remorse from partners: "naghingi asawa ko ng sorry, umiiyak siya ma'am." Others viewed forgiveness as part of broader healing: "mapatawad pa nako siya at pinatibay mo pud ako nga pagtuo sa dapat diay magpakatatag ta..." However, unresolved pain made forgiveness difficult for others: "hindi ko gid mahatag ang pagpapatawad sa karon nga panahon kay wala pa siya mismo pud nangayo pasaylo." These accounts show that forgiveness operates as a personal, context-dependent process, shaped by emotional readiness, accountability, and the persistence of trauma.

Independence and Self-Worth:-

Independence and self-worth represented the culminating stage of empowerment, where survivors actively reconstructed identity, agency, and confidence beyond abusive relationships. This dimension reflects both psychological transformation and practical autonomy. One participant emphasized self-reliance as a core principle of recovery: "hanggat may pag-asa matuto lang tayong tumayo sa sarili natin... wag umasa sa ibang tao..." Another described empowerment through knowledge and rights awareness: "nag training ko ng self-defense nakabalo na siya unsay katungod sa babae" Social support also played a critical role in rebuilding confidence: "never nila ako iniwan at doon lumakas loob ko" Self-worth further emerged through self-realization and emotional prioritization: "ngayon ko na realized na kahit gaano mo ka love 'yong tao, unahin mo talaga ang sarili mo mahalina" Across narratives, independence was not limited to financial stability but extended to emotional resilience, self-respect, and the reclaiming of personal agency. The findings demonstrate that recovery from violence is a multidimensional and evolving process shaped by psychological, emotional, relational, and structural factors.

Survivors' narratives reflect a progression from hope to emotional processing through forgiveness or non-forgiveness and ultimately toward independence and restored self-worth. Existing literature supports these findings, emphasizing that recovery is nonlinear and characterized by meaning-making and identity reconstruction rather than a return to pre-violence states (Mannell, 2016). Hope functions as a motivational system that enables goal setting and resilience, consistent with Snyder et al. (2018), while resilience literature highlights its role in sustaining long-term adaptation under adversity (Van Breda, 2018). Forgiveness is similarly understood as a voluntary and culturally influenced process that may or may not occur within healing trajectories, and should not be imposed (Enright & Fitzgibbons, 2015; Luskin, 2019). In parallel, empowerment research underscores that self-worth and independence are strengthened through access to resources, skills, and supportive environments that rebuild agency (Postmus et al., 2018; Campbell et al., 2020). From a nursing perspective, these findings highlight the importance of sustained, trauma-informed, and empowerment-oriented care.

Recovery cannot be addressed solely at the point of crisis; it requires ongoing psychosocial support, goal-oriented care planning, and reinforcement of self-efficacy and autonomy. Theme 4 illustrates that recovery from violence is a gradual reconstruction of identity shaped by hope, emotional resolution, and the restoration of self-worth. Healing is not linear and does not require forgiveness as a condition for empowerment. Instead, it emerges through survivor-defined pathways that integrate emotional processing, relational support, and personal agency. For the academe, these findings highlight the need to embed trauma recovery, resilience theory, and empowerment frameworks within nursing, psychology, and social science curricula. Students must be trained to understand recovery as a long-term process requiring culturally sensitive, survivor-centered approaches. For nursing education and practice, the results emphasize the necessity of longitudinal care competencies, including psychosocial follow-up, strengths-based assessment, and empowerment-focused interventions. Nurses must be equipped to support survivors in setting realistic goals, rebuilding self-worth, and accessing community resources that facilitate sustained recovery. Overall, this theme underscores that empowerment is not an outcome but an ongoing process of becoming—one that is shaped by hope, negotiated through personal meaning, and sustained through supportive systems that recognize survivors not only as individuals who endured violence, but as individuals actively rebuilding their lives.

Discussion:-

The findings under this theme confirm that violence against women operates as a patterned and multidimensional system of control rather than a series of isolated incidents. Survivors' narratives demonstrate how physical abuse, emotional degradation, sexual coercion, and psychological manipulation intersect to create a sustained environment

of domination. This aligns with established literature that frames intimate partner violence as a cyclical and escalating process rooted in gender inequality, power imbalance, and sociocultural norms that normalize male dominance. The experiences described by participants reflect coercive control mechanisms that extend beyond physical harm, shaping women's autonomy, identity, and sense of safety. The study further supports theoretical perspectives such as trauma bonding, where intermittent reinforcement of violence and affection fosters emotional attachment and complicates help-seeking. Survivors' accounts of fear, silence, and dependence illustrate how abuse becomes internalized and normalized over time. These findings reinforce the need for trauma-informed frameworks that recognize the relational and psychological dimensions of abuse, rather than focusing solely on visible injuries.

From a practice perspective, the results highlight the critical role of healthcare providers, particularly nurses, in identifying both overt and subtle indicators of abuse. The presence of psychological manipulation, threats, and coercion underscores the importance of a comprehensive assessment that includes emotional and behavioral cues. Interventions must address the full spectrum of abuse, integrating safety planning, psychological support, and referral systems. The findings suggest that effective responses require not only clinical competence but also an understanding of the structural and cultural factors that sustain the cycle of abuse. The second theme illustrates that survivors' responses to violence are best understood as a continuum of coping, survival, and gradual empowerment rather than discrete or static behaviors. The findings demonstrate that actions such as endurance, silence, faith, livelihood engagement, and help-seeking are interconnected strategies shaped by context, constraints, and evolving self-perception. This supports the transactional model of stress and coping, which posits that individuals adopt adaptive strategies based on available resources and perceived threats.

Endurance and silence, often misinterpreted as passivity, emerge in this study as deliberate and strategic responses aimed at preserving safety, protecting children, and managing limited options. The findings challenge deficit-based narratives of victimhood and instead position survivors as active agents navigating constrained environments. Cultural constructs such as "tiis" and maternal responsibility further contextualize these coping mechanisms, emphasizing that decisions are embedded within relational and societal expectations. Spirituality also plays a central role in shaping coping trajectories. Survivors' reliance on faith reflects its function as both an emotional regulator and a meaning-making system. This aligns with literature highlighting the significance of spiritual coping in collectivist and religious contexts, where belief systems provide psychological resilience and sustain hope during prolonged adversity. Economic agency emerges as a critical factor in shifting from survival toward empowerment. Even small-scale livelihood activities enhance self-efficacy and reduce dependence on abusive partners, supporting empowerment theories that link financial autonomy with decision-making capacity. Help-seeking represents a pivotal transition within this continuum, marking the movement from private endurance to public engagement with support systems. However, the delayed nature of help-seeking underscores persistent barriers such as fear, stigma, and limited access to resources.

Overall, this theme reinforces that empowerment is not a singular event but an evolving process shaped by cultural, economic, and relational factors. For practice and policy, the findings highlight the need for interventions that validate coping strategies, strengthen economic opportunities, and provide accessible, culturally responsive support systems. The findings reveal that violence against women extends beyond the individual survivor, profoundly affecting children who are exposed to abusive environments. Mothers' narratives illustrate how children experience emotional trauma, behavioral changes, and developmental disruptions despite not always being direct targets of violence. This supports existing literature that identifies children as secondary victims, emphasizing the psychological impact of witnessing violence, including anxiety, fear, and long-term emotional distress. The study also highlights patterns of premature maturity and role reversal among children, consistent with the concept of parentification. Children assume protective or supportive roles within the family, reflecting both adaptive resilience and developmental burden. These findings indicate that exposure to violence alters family dynamics and redistributes emotional responsibilities, often at the expense of children's developmental needs.

At the same time, children emerge as central motivators in mothers' decision-making processes. The dual role of children as both sources of vulnerability and strength reflects the concept of relational resilience, where caregiving relationships simultaneously generate emotional strain and psychological motivation. Mothers' efforts to protect, provide for, and secure a better future for their children drive transitions toward livelihood, help-seeking, and eventual separation from abusive partners. These findings underscore the importance of family-centered and trauma-informed interventions. Addressing violence against women requires simultaneous attention to children's well-being, including early identification of trauma, psychosocial support, and coordinated care across health, education,

and social services. For nursing practice, this highlights the need to assess not only the survivor but also the broader family context, ensuring that interventions address intergenerational impacts of violence. The final theme demonstrates that recovery from violence is a complex and nonlinear process involving psychological healing, identity reconstruction, and the gradual restoration of self-worth. Survivors' narratives reveal that empowerment is achieved through the interplay of hope, emotional processing, and the reclaiming of autonomy. This aligns with literature that conceptualizes recovery as a process of meaning-making and transformation rather than a return to pre-trauma conditions.

Hope emerges as a foundational element that enables survivors to envision alternative futures and pursue long-term goals. It functions as both a cognitive and motivational resource, supporting resilience and sustained engagement in recovery efforts. Forgiveness, while present in some narratives, is shown to be highly individualized and context-dependent. The findings emphasize that forgiveness is not a prerequisite for healing, but rather one of many possible pathways through which survivors may process their experiences. The restoration of independence and self-worth represents a critical marker of empowerment. Survivors' engagement in livelihood, awareness of rights, and development of self-compassion reflect the rebuilding of agency and identity. These processes are reinforced by supportive relationships and access to resources, highlighting the relational dimension of empowerment. From a nursing and healthcare perspective, the findings underscore the importance of long-term, survivor-centered care that extends beyond crisis intervention. Recovery requires continuous support, including psychosocial care, empowerment-based counseling, and linkage to economic and community resources. Interventions must be flexible and responsive to individual trajectories, recognizing that healing unfolds at different paces and in diverse ways.

Across all emergent themes, the findings demonstrate that violence against women is a multidimensional and evolving phenomenon that shapes women's lives across personal, relational, and structural domains. Survivors navigate a continuum that begins with coercion and control, progresses through adaptive coping and survival, extends to the protection of children, and culminates in recovery and empowerment. This process is deeply influenced by motherhood, cultural norms, spirituality, economic conditions, and access to support systems. The study reinforces the need for holistic, trauma-informed, and culturally grounded approaches in both research and practice. Interventions must address not only immediate safety but also long-term recovery, economic empowerment, and intergenerational well-being. For nursing and allied professions, the findings highlight the importance of recognizing survivors as active agents, capable of resilience and transformation when supported by responsive, empathetic, and integrated systems of care.

Conclusion:-

This study establishes that the lived experiences of women survivors of violence are best understood as a dynamic, nonlinear continuum shaped by survival, coping, and eventual empowerment. Across the emergent themes, women's responses are not passive reactions but context-bound, strategic actions influenced by motherhood, economic limitations, cultural expectations, spirituality, and access to support systems. Endurance and silence, often misinterpreted as weakness, function as protective mechanisms aimed at preserving safety, particularly for children, within structurally constrained environments. These findings reframe survivors as active agents who continuously negotiate risk, stability, and possibility. The study further demonstrates that violence against women is inherently relational, extending its impact to children who experience significant emotional and developmental consequences despite not always being direct targets. Children emerge as both vulnerable recipients of trauma and central sources of maternal strength. Their exposure results in fear, behavioral changes, and premature maturity, while simultaneously motivating mothers to endure, seek help, and pursue change. This duality highlights the inseparability of maternal and child well-being and reinforces the need to conceptualize violence as a family-centered issue with intergenerational implications.

Coping and empowerment in this study are shown to evolve through interconnected processes. Survivors draw on emotional regulation, spirituality, and livelihood activities to navigate immediate harm and gradually reclaim control. Faith serves as a critical mechanism for meaning-making and psychological stability, while economic engagement fosters autonomy and self-efficacy. The transition toward empowerment becomes more evident as women begin to access resources and engage in help-seeking behaviors, marking a shift from private endurance to the assertion of rights and pursuit of safety. Finally, recovery and empowerment are revealed as ongoing, deeply personal processes grounded in the reconstruction of self-worth, identity, and future orientation. Hope functions as a central driver that sustains movement beyond violence, while forgiveness remains variable and non-essential to healing. Empowerment is ultimately reflected in the survivor's ability to exercise autonomy, make independent

decisions, and envision a life defined by dignity and safety. Taken together, the findings underscore the necessity of sustained, trauma-informed, and family-centered interventions that recognize the complexity of survivors' journeys and support long-term recovery for both women and their children.

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