



From Trauma to Resilience: Lived Experiences of Children Sexually Abused by their Father

Kristine Jade C. Macaraya¹; Christine Hope B. Bajolo²; Joeffrey Jr. N. Linderos³; Desiree A. Salaum⁴; Mary Jane C. Lore⁵; Angelica P. Salce⁶; Nekky C. Lisamos⁷

^{1;2;3;4;5;6;7}Don Carlos Polytechnic College

Publication Date: 2026/01/09

How to Cite: Kristine Jade C. Macaraya; Christine Hope B. Bajolo; Joeffrey Jr. N. Linderos; Desiree A. Salaum; Mary Jane C. Lore; Angelica P. Salce; Nekky C. Lisamos (2026) From Trauma to Resilience: Lived Experiences of Children Sexually Abused by their Father. *International Journal of Innovative Science and Research Technology*, 11(1), 343-377.
<https://doi.org/10.38124/ijisrt/26jan237>

ABSTRACT

This study delves into the often-overlooked world of children who have endured sexual abuse, using a phenomenological approach to understand their unique, lived experiences. Through deep, compassionate interviews, researchers uncovered not just the pain but also the resilience of these young individuals. The study focused on five children, who had experienced violence in the home, selected with care to ensure ethical standards were met. The findings reveal a powerful story of trauma: children faced sexual abuse by those they should have trusted, constant fear, overwhelming silence, and the haunting intrusion of memories and nightmares. Despite the immense challenges, these children showed remarkable strength. They found solace in simple joys like school, and peer activities, used play and physical movement as distractions, connected with nature and engaged in self-soothing rituals, selectively disclosed to trust others, and began changing how they thought about themselves and their circumstances. This study sheds light on how, even in their darkest moments, these children demonstrated extraordinary resilience, reimagining their lives and their futures.

Keywords: *Trauma, Sexual Abuse.*

TABLE OF CONTENT

TITLE	343
ABSTRACT	344
TABLE OF CONTENT	345
CHAPTER ONE INTRODUCTION	346
CHAPTER TWO REVIEW OF RELATED LITERATURE AND STUDIES	349
CHAPTER THREE METHODOLOGY	352
CHAPTER FOUR RESULTS AND DISCUSSION	355
CHAPTER FIVE SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATION	363
REFERENCES	365
APENDICES	369

CHAPTER ONE

INTRODUCTION

➤ *Background of the Study*

Sexual abuse perpetrated by a father leaves profound and long-lasting marks on children, shaping their emotional well-being, relationships, and sense of safety. Despite the depth of this trauma, many survivors find ways to adapt and rebuild their lives, demonstrating that resilience can emerge even under the most painful circumstances. Scholars worldwide have highlighted how deeply intrafamilial sexual abuse affects a child's emotional, psychological, and social development. The Global Status Report on Preventing Violence Against Children (WHO, UNICEF, UNESCO, 2020) revealed that millions of children experience forms of sexual violence within their homes, undermining their sense of trust and belonging. UNICEF (2025) further noted that children abused by a caregiver or parent often struggle with fear, shame, anxiety, and difficulty forming secure relationships. These experiences can disrupt academic performance, weaken trust in others, and create lasting vulnerabilities. Research consistently shows that childhood sexual trauma is not confined by geography—it is a universal challenge affecting children across cultures. Many survivors internalize their experiences, leading to behavioral difficulties, withdrawal, or emotional numbness. Such findings underscore the urgent need to understand how children navigate such trauma and what supports enable them to heal.

Recent studies have also examined how children respond to sexual trauma and the possibilities for resilience even after severe harm. Castillo (2020) found that adverse childhood experiences—especially sexual abuse by a caregiver—heighten risk aversion and reduce children's willingness to pursue opportunities that could shape their future. Likewise, research published in the *Journal of Pediatrics* (2021) described how toxic stress arising from sexual abuse disrupts neurological development, leaving survivors more vulnerable to depression, anxiety, and long-term mental health struggles. Yet, these studies also highlight pathways toward healing: supportive counseling, safe environments, and nurturing relationships can help children reclaim a sense of safety. Resilience does not mean forgetting the trauma; rather, it reflects the child's ability to cope, adapt, and rebuild. The literature emphasizes that healing becomes possible when children are provided with tools, protection, and stable support systems.

Studies in the local context show similar patterns of trauma among children who experience sexual abuse within their own households. A UNICEF report (2020) noted that violence and sexual exploitation of women and children in the Philippines remain critical issues, with many young people enduring deep emotional and psychological harm at the hands of family members. The World Health Organization (2020) likewise reported that homes are among the most common sites where such forms of abuse occur. During the COVID-19 pandemic, Almaiz, de la Peña, and Natan (2021) observed a rise in intrafamilial abuse cases, with children becoming even more vulnerable due to prolonged confinement and limited access to outside support. Filipino children often suffer silently because avenues for psychosocial assistance and protective services are limited. Cultural norms—such as stigma, secrecy, and reluctance to report family-related offenses—intensify this silence, preventing survivors from seeking help. These realities highlight the need to address child sexual abuse by a parent not merely as a private matter but as a pressing public health and social justice issue.

In this context, the present study sought to explore the lived experiences of children who have endured sexual abuse by their father, focusing on their journey from trauma toward resilience. While existing research documents the prevalence and consequences of such abuse, there remains a need to center the voices of the survivors themselves. By examining these stories, the study aimed to identify pathways to resilience that can inform therapeutic interventions, protective policies, and community-based support systems. The goal is not only to deepen understanding of the trauma but also to highlight the possibilities for healing and transformation. Ultimately, this research hopes to contribute to trauma-informed practices that empower children to reclaim safety, dignity, and hope despite the profound hardships they have endured.

➤ *Statement of the Problem*

This study aimed to determine the everyday traumatic experiences encountered by children who have been sexually abused, as well as the coping mechanisms and support systems they use to overcome trauma and build resilience.

Specifically, it sought to answer the following research questions:

- What are the everyday traumatic experiences that children sexually abused by their father encounter?
- What coping mechanisms and support systems do these children utilize to overcome trauma and build resilience?

➤ *Objectives of the Study*

This study aimed to determine the everyday traumatic experiences encountered by children who have been sexually abused, as well as the coping mechanisms and support systems they employ to overcome trauma and build resilience.

Specifically, it sought to explore the following objectives:

- Examine the everyday traumatic experiences encountered by children who have been sexually abused.

- Identify the coping mechanisms and support systems these children employ to overcome trauma and build resilience.

➤ *Significance of the Study*

The study was beneficial to the following:

For children who have been sexually abused, this study offers recognition, understanding, and hope. Many survivors grow up feeling unseen, unheard, or silenced by fear and shame. By listening to their stories and acknowledging their pain, this research aims to affirm that what they experienced matters—and that healing is possible. It highlights the ways children cope, the strength they show in surviving each day, and the support systems that help them move toward safety and resilience. Above all, it offers a reminder: they are not alone, and what happened to them was not their fault.

For social workers and child protective service providers, this study offers a clearer picture of what these children truly need—compassion, consistency, and protection. Understanding their emotional worlds can help professionals respond not only with expertise but also with kindness and patience. The findings can guide practitioners in creating interventions that are sensitive to each child's story, their developmental stage, and their unique journey toward healing.

For policymakers and government agencies, this research emphasizes the urgent responsibility to protect children and ensure their voices shape policies meant to keep them safe. The insights gathered here can inform stronger safeguards, more accessible reporting systems, and programs that genuinely support survivors and their families. By grounding decisions in children's lived experiences, policymakers can help build a society where safety and dignity are upheld for every child.

For educators and school counselors, this study offers a deeper understanding of the quiet struggles many children bring into the classroom. Teachers and counselors play an essential role—they may be the first adults to notice when a child is hurting. With the knowledge this research provides, they can offer compassion, stability, and early support, helping children feel seen and safe within the school environment.

For parents and families, this research sheds light on the profound harm caused when a child's trust is betrayed by someone meant to protect them. It encourages families to seek help, to speak openly when something feels wrong, and to create homes where children feel safe and believed. The findings offer guidance and resources that can help families break cycles of silence and pain, fostering environments grounded in healing, protection, and love.

To Future researchers, this study provides a foundation for exploring the long-term effects of trauma and for developing more effective prevention and intervention strategies.

➤ *Scope and De/Limitations of the Study*

This study was delimited to an examination of the lived experiences of children who have been sexually abused by their father and who reside in Don Carlos, Bukidnon. It sought to understand the trauma they carry, the ways they try to cope, and the support, formal or informal, that exists within their immediate surroundings. The research intentionally focused on this specific community to provide a clearer, more grounded picture of what these children experience in their everyday lives.

The study did not include children from other municipalities or those who experienced other forms of violence unrelated to intrafamilial sexual abuse. Participation was limited to children who were willing and emotionally able to share their stories, honoring their comfort, boundaries, and safety. Furthermore, the study did not involve any clinical diagnosis or psychological testing; instead, it centered on the children's personal narratives, allowing their voices and lived realities to guide the understanding of their experiences.

➤ *Definition of Terms*

This study used the following terminology, which was operationally defined.

Children refer to individuals under the age of 18 who have experienced sexual abuse within their family or household. The specific age range may be further defined based on your inclusion criteria.

Sexual abuse refers to any act of sexual abuse that occurs within a family or household setting.

Resilience refers to the capacity of children exposed to sexual abuse to adapt successfully to adversity, bounce back from difficult experiences, and maintain positive functioning despite significant challenges. It encompasses the child's ability to cope effectively with stress, regulate emotions, maintain positive relationships, and achieve personal goals. Resilience is viewed as a dynamic process rather than a fixed trait.

Trauma refers to deeply distressing or disturbing experiences resulting from sexual abuse by their father.

➤ *Theoretical Framework*

This chapter presents a review of relevant literature and studies that informed the theoretical and conceptual framework of this research, focusing on the lived experiences of children sexually abused by their father. This study's foundation is grounded in the Adverse Childhood Experiences (ACEs) framework, which provides a valuable lens for understanding the impact of sexual abuse on children. ACEs research has demonstrated a strong dose-response relationship: increased numbers of adverse experiences correlate with a heightened risk of negative outcomes (Hamby et al., 2021). This framework highlights the pervasive nature of trauma and its long-term effects on both physical and psychological health, providing a crucial context for interpreting the findings of this study. The reviewed studies offer insights into relevant theories and perspectives, further enriching the conceptual understanding of this complex issue.

➤ *Conceptual Framework*

This study is also anchored in Career Construction Theory, as detailed in Wang and Li (2024), a framework widely applied in career counseling and possessing significant practical value. CCT offers valuable qualitative assessment tools, including the Career Construction Interview and "My Career Story" workbook, which can provide rich insights into the career aspirations of law enforcement students (Wang & Li, 2024). These tools facilitate a deeper understanding of students' individual experiences, narratives, and decision-making processes related to their career choices.

Furthermore, CCT's emphasis on future time perspective and its role in career adaptability is particularly relevant for students contemplating a career path as demanding and long-term as law enforcement. This perspective allows researchers to explore how students envision their future within the profession and how this vision shapes their current actions and choices. By integrating CCT's qualitative methods and its focus on future time perspective, this study gains a nuanced understanding of the complex factors influencing students' career aspirations in law enforcement (Diaconu-Gherasim et al., 2024).

This study, grounded in the Psychology of Working Theory, complements the Career Construction Theory (CCT) by emphasizing the crucial role of social and economic factors in shaping career paths, a perspective particularly relevant to law enforcement given its inherent connection to societal issues. Rightly highlight the necessity of culturally responsive approaches to support the career aspirations of marginalized youth, a demographic often underrepresented in law enforcement. This necessitates a deeper understanding of how cultural background, socioeconomic status, and access to resources influence career choices and success within the field. Consequently, interventions should be tailored to address these specific barriers and create a more equitable and inclusive environment for aspiring law enforcement professionals from diverse backgrounds (Li et al., 2023).

This framework aligns with current research trends that emphasize the complex interplay of personal, social, and environmental factors in career decision-making. It demonstrates how factors like paternal education, self-esteem, resilience, and future orientation influence career aspirations. For instance, Li et al. (2023) show how career adaptability and socioeconomic status affect career choice satisfaction.

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND STUDIES

According to Domhardt, Münzer, Fegert, and Goldbeck (2014), survivors of childhood sexual abuse (CSA) sometimes manage to develop resilience despite early trauma, with protective factors including education, interpersonal competence, optimism, and strong support from family or social networks. Putnam (1997) emphasized that cognitive coping strategies can help survivors of CSA maintain adaptive functioning, even when the abuse occurred within the family. Lefebvre and Levert (2024) found that the resilience and coping strategies of parents directly influence the recovery trajectory of children who have experienced sexual abuse, highlighting the importance of family support and stable environments.

Schaefer and Moos (1993) pointed out that childhood sexual abuse perpetrated by a caregiver can disrupt basic psychological and developmental processes, undermining trust, security, and emotional regulation. Mathews, Kenny, and Proeve (2024) observed that post-traumatic growth is possible among survivors when risk and protective factors are effectively balanced, suggesting that resilience is not only an outcome but also a dynamic process influenced by support systems and coping mechanisms.

According to Ige, Le Roux, and Davies (2015), family resilience resources play a critical role in helping children cope with the psychological and emotional consequences of sexual abuse, particularly in contexts where formal support services may be limited. Butler, Škodl, and Chapman (2007) noted that survivors often employ a combination of cognitive, emotional, and social coping strategies to navigate the ongoing impacts of abuse, emphasizing the importance of accessible psychosocial interventions. Fares-Otero et al. (2025) further highlighted that long-term resilience outcomes depend on both individual coping skills and the broader social environment, including relationships with fathers, peers, and community supports.

Higgins and McCabe (2000) discussed how cultural and familial factors can either mitigate or exacerbate the impact of childhood sexual abuse, underscoring the need for interventions that are sensitive to local norms and values. According to Howard and Medrano (2023), children who experience sexual abuse within the family are particularly vulnerable to post-traumatic stress. However, trauma-informed care and early intervention can significantly reduce long-term psychological harm.

The phenomenon of sexual abuse (SA) continues to pose profound challenges to the psychological, emotional, and social development of children. In the Philippines and globally, countless children silently endure the trauma of witnessing or experiencing abuse within their homes, an environment that should ideally nurture safety and growth. This research, titled *From Trauma to Resilience: Lived Experience of Children* sexually abused by Their Father, seeks to illuminate the complex pathways through which children navigate adversity and cultivate resilience. By examining existing literature on trauma, coping mechanisms, and protective factors, this study aims to deepen understanding of how children transform pain into strength and how interventions can be tailored to support their healing and empowerment.

Childhood sexual abuse by their father (SA) can have significant impacts on mental health, particularly internalizing symptoms. A systematic review identified emotional intelligence as an individual-level mediator, while relational victimization and participation in extracurricular activities were effect modifiers (Carter et al., 2020). At the family level, maladaptive parenting and parenting stress mediated effects, while positive parenting and family social support modified outcomes. These findings suggest interventions should target both child and family factors to reduce internalizing symptoms in children sexually abused by their father. Sexual abuse can occur in many forms, including physical abuse, emotional abuse, and sexual abuse. It can manifest as hitting, kicking, shoving, or other forms of physical aggression. Emotional abuse might involve verbal insults, threats, intimidation, or controlling behaviors (Carter et al., 2020).

Interestingly, research on intimate partner abuse (IPA) support workers highlights both meaningful aspects of the work, such as purpose and compassion satisfaction, as well as adverse experiences like psychological distress and burnout (Lundy & Crawford, 2024). This perspective provides insight into the complex nature of supporting those affected by sexual abuse. Regarding resilience trajectories, a study of adolescents exposed to psychological IPV identified four distinct classes: comorbid-frustrated, internalizing-frustrated, comorbid-satisfied, and resilient (Aksoy et al., 2023).

Within at-risk groups, gender, socioeconomic status, and the presence of protective factors significantly predict membership, which is likely characterized by adverse outcomes. This emphasizes the critical need for school-based prevention programs focused on strengthening protective factors like strong family support, positive peer relationships, and access to quality education, thereby mitigating the disproportionate impact of gender and socioeconomic disparities on students' well-being and academic success. These programs should be tailored to address the unique needs of students from diverse backgrounds.

Toward a comprehensive approach to preventing intimate partner abuse (IPA), both individual trauma and societal inequalities must be considered. Gilbar et al.'s (2020) research, showing an indirect link between childhood physical neglect, PTSD, dominance, and IPV severity, underscores this need. Interventions should therefore be multifaceted, incorporating trauma-informed care to help individuals process past trauma and develop healthy coping mechanisms. Simultaneously, these interventions must actively

challenge societal norms and power dynamics that normalize or excuse abuse, promoting healthy relationship models and challenging harmful gender stereotypes. Effective strategies might include individual and group therapy, educational programs for both perpetrators and the wider community, and initiatives to reduce economic and social inequalities.

In conclusion, the literature highlights the complex interplay of individual, familial, and societal factors in the context of sexual abuse exposure and resilience. This complexity necessitates interventions that go beyond addressing immediate symptoms and instead focus on building resilience at multiple levels. Interventions should consider multiple dimensions of stress and adversity, acknowledging the impact of individual trauma, dysfunctional family dynamics, and broader societal inequalities. While addressing individual needs through trauma-informed care is crucial, simultaneously strengthening modifiable protective factors such as parenting knowledge and social support is equally vital. A multi-pronged approach, involving individual therapy, family support programs, and community-level initiatives, is necessary to effectively promote long-term well-being and resilience in individuals and families affected by sexual abuse (Ahmad et al., 2021).

Children sexually abused by their father often experience significant trauma, which can have long-lasting effects on their mental health and well-being. This trauma can manifest in various ways, impacting their emotional, social, and cognitive development. However, research also shows that many children demonstrate remarkable resilience in the face of such adversity, highlighting the importance of understanding protective factors. Further research should investigate the specific mechanisms underlying children's resilience in these challenging circumstances.

Moreover, numerous psychological responses, such as post-traumatic stress disorder (PTSD), anxiety, sadness, and a worse quality of life, have been seen in children sexually abused by their father (Adu et al., 2023). The effects can last for years, and their intensity depends on several factors, including re-traumatization, direct exposure, and gender (Adu et al., 2023). Timely intervention depends on early detection of these psychological effects. More research is needed to understand how these elements interact and how resilience develops. Resilience, however, has been shown to mitigate these adverse effects. To create effective preventive and intervention plans, it is essential to understand the pathways to resilience. (Adu et al., 2023; Fuchs et al., 2021).

Crucially, resilience is a key idea in understanding how kids deal with adversity. It describes the capacity to adjust constructively in the face of difficulty. Research indicates that resilience is linked to self-control, adaptation, and perseverance. To pinpoint precise methods for building resilience in kids who are suffering hardship, more investigation is required. The creation of successful support programs can be guided by an understanding of the elements that contribute to resilience (Woods-Jaeger et al., 2020).

Specifically, peer relationships, cultural context, mental health interventions, and familial support all foster resilience (Oberg & Sharma, 2023; Woods-Jaeger et al., 2020). To recover from the traumatic experience of domestic violence, some victims find solace in keeping themselves busy with activities. In contrast, others seek to divert their minds by traveling or engaging in hobbies. Many victims also find comfort and support in counseling, often with the help of friends and family. These coping mechanisms, while varied, demonstrate the importance of providing children sexually abused by their father with a range of resources and support systems to foster resilience. To promote children's well-being during hardship, it is imperative to strengthen these protective elements. Adolescents exposed to disasters have demonstrated a negative correlation between resilience and substance use and signs of trauma. These results underscore the importance of promoting resilience through a multifaceted strategy. Building supportive relationships and granting access to suitable mental health services should be the main goals of interventions (Fuchs et al., 2021).

In addition, childhood trauma has a lasting effect on behavior and mental health into adulthood. According to clinical experts, those who have experienced childhood trauma may utilize coping strategies like substance misuse, denial, and the development of a false self-image. These unhealthy coping strategies can seriously harm relationships and functioning. To avoid the long-term effects of these coping mechanisms, early intervention is essential. Both the trauma and the coping strategies that come from it should be addressed in a thorough therapy plan (Downey & Crummy, 2021).

Furthermore, they could suffer from anxiety, despair, and low self-esteem (Downey & Crummy, 2021). Their capacity to build wholesome connections and thrive in a variety of spheres of life may be severely impacted by these mental health issues. Nonetheless, social support, tailored treatment plans, and early interventions can enhance resilience and reduce these adverse effects. For long-term effectiveness, treatments must be customized to each person's unique needs, and continuous support must be given. Effective treatment and recovery depend on having access to comprehensive mental health care (Downey & Crummy, 2021).

Importantly, it is important to consider the experiences of children while discussing sexual abuse. They frequently experience instability and uncertainty within the family, with significant social and emotional impacts. To control their experiences, children may try to establish safety inside the family and adopt a variety of coping mechanisms. These mechanisms, while occasionally helpful in the short term, might eventually turn maladaptive. Creating successful interventions requires an understanding of these difficulties. The unique needs and vulnerabilities of children sexually abused by their father should be taken into consideration when designing support services (Muir et al., 2022).

Consequently, access to both official and informal support is essential for helping kids overcome these obstacles and develop resilience. A variety of people, such as friends, family, instructors, and professionals, can provide this assistance. Positive results depend on early intervention and having access to the right resources. In conclusion, building resilience through focused treatments and support networks can greatly enhance results, even when children sexually abused by their father may suffer grave consequences. It is crucial to use a multifaceted approach that addresses trauma and builds protective factors (Muir et al., 2022).

Trauma experienced by children sexually abused by their father is a significant concern with far-reaching consequences. Studies have shown that children living in households with intimate partner abuse (IPA) often face adverse psychological and social outcomes. These outcomes can include anxiety, depression, and behavioral problems. The long-term effects of this trauma can extend into adulthood, impacting their relationships and overall well-being. Early intervention is crucial to mitigate these negative consequences and promote healthy development. A comprehensive understanding of the impact of IPV on children is essential for developing effective prevention and intervention strategies. (Abudayya et al., 2023; Muir et al., 2022).

The trauma resulting from witnessing or experiencing sexual abuse can manifest in various ways, including post-traumatic stress disorder (PTSD), anxiety, and depression. These mental health challenges can significantly impact a child's ability to learn, form healthy relationships, and function effectively in daily life. The severity of these effects can vary depending on factors such as the child's age, the duration of sexual abuse by their father, and the availability of support systems. Early identification and intervention are crucial for preventing long-term negative consequences. Furthermore, understanding the specific ways trauma manifests is essential for developing effective treatment strategies (Abudayya et al., 2023).

Research indicates that parental substance use, which often co-occurs with sexual abuse, can exacerbate the traumatic experiences of children. The combination of sexual and substance abuse creates a volatile and unpredictable environment for children, increasing their risk of experiencing neglect and emotional abuse. Children in these situations may witness erratic behavior, experience inconsistent caregiving, and lack the emotional support they need to cope with trauma. This can lead to more severe and long-lasting mental health problems. Furthermore, parental substance use can hinder a parent's ability to provide adequate care and protection, leaving children more vulnerable to harm. Addressing both substance abuse and sexual abuse is crucial for protecting children's well-being (Muir et al., 2022).

These children face unpredictable and insecure family environments, leading to social and emotional challenges. The constant fear and instability can disrupt their sense of safety and security, impacting their ability to form healthy attachments and relationships. This lack of predictability can also affect their cognitive development and academic performance.

However, many children develop coping strategies to manage and mitigate the impacts of their adverse experiences, often without formal support systems in place (Muir et al., 2022). These coping mechanisms, while sometimes helpful in the short term, can become maladaptive over time if left unaddressed. Understanding these coping strategies is crucial for providing appropriate support and intervention. Early identification and intervention can help children develop healthier coping skills and prevent long-term negative consequences. It is vital to remember that resilience is not simply the absence of problems, but the ability to adapt and thrive despite adversity.

Interestingly, while being sexually abused by their father is a risk factor for future perpetration of IPA, studies have found that this relationship is mediated by factors such as PTSD symptoms and attitudes of dominance. This highlights the importance of addressing the mental health consequences of childhood trauma to break the cycle of violence. This suggests a complex interplay between childhood trauma, mental health outcomes, and future behavior patterns. Early intervention programs that focus on trauma-informed care and the development of healthy coping mechanisms may be particularly effective in preventing future IPA perpetration (Gilbar et al., 2020).

In conclusion, the trauma experienced by children sexually abused by their father is multifaceted and can have long-lasting impacts on their mental health and social functioning. These impacts underscore the urgent need for comprehensive support systems and interventions designed to address the unique needs of these children. However, research also highlights the potential for resilience and the importance of understanding protective factors that can mitigate these adverse outcomes. Focusing on building resilience through supportive relationships, access to mental health services, and trauma-informed care is crucial for improving outcomes. Further research is needed to fully understand the pathways to resilience and develop effective interventions that promote positive development in these children (Abudayya et al., 2023; Ahmad et al., 2021; Muir et al., 2022).

CHAPTER THREE METHODOLOGY

This chapter presents the study's research methodology. It includes the research design, locale of the study, map of the locale, respondents, sampling procedure, research instrument, administration of the research instrument, ethical considerations, data-gathering procedure, and statistical treatment.

➤ *Research Design*

This study employs a qualitative research design, specifically utilizing a phenomenological approach to explore the lived experiences of children who have experienced sexual abuse by their father. This design was appropriate because it allows the researchers to gain a deeper understanding of the emotional, psychological, and social impact of paternal sexual abuse from the perspective of the children themselves. Through in-depth interviews and thematic analysis, the study sought to uncover everyday traumatic experiences, coping mechanisms, and the support systems that contribute to the children's resilience. The qualitative nature of the study emphasizes rich, descriptive data over numerical analysis, enabling a more empathetic and comprehensive view of the participants' experiences and giving voice to children whose experiences are often hidden or silenced.

➤ *Locale of the Study*

This study was conducted in Don Carlos, Bukidnon, a municipality located in the southern part of Bukidnon province. The area was chosen as the research locale due to reported cases of child sexual abuse and the presence of children who may have experienced abuse by a parent, particularly their father. Don Carlos provides a relevant setting for the study as it reflects a rural community where access to support services for victims of child sexual abuse may be limited. The findings from this specific locality may offer valuable insights into the lived experiences, coping strategies, and support systems of children who have experienced sexual abuse in similar rural contexts, shedding light on both their vulnerabilities and their resilience.

➤ *Map of the Locale of the Study*



Fig 1 Map of Don Carlos, Bukidnon

➤ *Participants of the Study*

The participants of this study were three children who had experienced sexual abuse by their father and were currently residing in Don Carlos, Bukidnon. These children were selected with the assistance of local social workers and community welfare offices to ensure that ethical guidelines were strictly followed and that the children's safety, well-being, and emotional comfort were prioritized. Their insights and personal narratives were essential in understanding the traumatic experiences they endured, as well as the coping mechanisms and support systems they rely on to navigate the challenges of their abuse and work toward resilience.

➤ *Sampling Procedure*

The sampling procedure for this study involved purposive sampling, in which three children who had experienced sexual abuse by their father and were residing in Don Carlos, Bukidnon, were selected. The participants were identified with the assistance of local social workers, community welfare officers, and other relevant authorities who were familiar with cases of child sexual abuse in the area. Careful efforts were made to ensure that the children's participation was entirely voluntary, with their safety, emotional well-being, and comfort being the primary concerns throughout the process. Parental consent and child assent were obtained prior to participation, ensuring that all ethical standards for working with vulnerable children were strictly adhered to. The selected children were interviewed to gather in-depth insights into their experiences, coping strategies, and the support systems that help them navigate the aftermath of abuse and build resilience.

➤ *Research Instrument*

The primary research instrument for this study was a semi-structured interview guide, underwent a thorough validation and designed to gather in-depth insights from children who have experienced sexual abuse by their father. The interview questions focused on understanding the children's experiences of trauma, the coping mechanisms they employ, and the support systems available to help them navigate their recovery. The semi-structured format allowed for flexibility in the conversation, enabling the researcher to sensitively explore specific experiences while maintaining consistency across all interviews, ensuring that the children's voices and perspectives were respectfully and accurately represented.

➤ *Administration of the Research Instrument*

The research instrument was administered through one-on-one, in-depth interviews with the selected children. The interviews were conducted in a safe, comfortable environment, ensuring the children felt at ease and could express their experiences openly. Prior to the interview, the researchers explained the study's purpose, ensuring that the children and their guardians fully understood the process. Parental consent and child assent were obtained before proceeding. The interviews were conducted by the researchers or trained facilitators, who ensured that the children were not re-traumatized during the conversation. Each interview was audio-recorded, with the children's permission, for accurate transcription and analysis. The collected data was kept confidential and stored securely to protect participants' privacy.

➤ *Ethical Consideration*

Ethical considerations were a critical aspect of this study, particularly due to the sensitive nature of the topic and the involvement of children. The researchers ensured that the study adhered to ethical guidelines set forth by relevant institutional review boards or ethics committees. Prior to data collection, informed consent was obtained from the children's parents or legal guardians. In contrast, child assent was sought from the participants themselves, ensuring they understood the nature and purpose of the study. The confidentiality and anonymity of the participants were strictly maintained, and all data was stored securely to protect their privacy. Participants were assured that their involvement was voluntary and that they had the right to withdraw from the study at any time without negative consequences.

➤ *Data Gathering Procedure*

The data gathering procedure began with the identification and recruitment of participants, where the researchers collaborated with local social workers and community welfare offices in Don Carlos, Bukidnon, to ensure that the children selected for the study met the criteria of having experienced sexual abuse by their father. After obtaining parental consent and child assent, the researchers scheduled one-on-one, in-depth interviews with the selected children. These interviews were conducted in a private, comfortable, and supportive setting to ensure the participants felt safe and respected throughout the process.

The interview questions focused on the children's traumatic experiences, coping mechanisms, and the support systems that help them navigate their recovery. Each interview was audio-recorded with the children's consent to ensure accurate transcription and analysis. The researchers carefully documented the responses and maintained strict confidentiality throughout the process. Following the interviews, the collected data were transcribed, coded, and analyzed using Colaizzi's method to identify common themes and insights related to the children's lived experiences, coping strategies, and resilience.

➤ *Data Analysis*

This study used the Colaizzi method, a phenomenological approach that systematically analyzed qualitative data to uncover the essence of participants' lived experiences. The first step is read and re-read the interview transcripts to immerse oneself in the data and understand the context. Next, significant statements were extracted from the interviews, focusing on those that directly relate to the children's experiences with sexual abuse and coping mechanisms. These statements were then formulated into meanings,

where the researchers assign interpretations based on the context of the children's lives. In the fourth step, these meanings were organized into clusters or themes, grouping related statements into coherent categories.

An exhaustive description was then developed by synthesizing the themes into a comprehensive narrative of the phenomenon being studied. The fundamental structure of the phenomenon was identified by analyzing the descriptions to pinpoint core themes that encapsulate the children's experiences. Finally, the findings were returned to the participants for validation, ensuring the accuracy and relevance of the interpretations. By following these seven steps, the Colaizzi method provided a detailed and valid analysis of the children's experiences of sexual abuse and their coping strategies.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter outlines the results and presents a discussion based on the participants' personal accounts. The data were processed using Colaizzi's method, a qualitative analysis technique particularly effective for interpreting open-ended responses. This approach complements the researcher's use of in-depth interviews, allowing for a nuanced understanding of lived experiences.

Through Colaizzi's systematic procedure, the interview data were carefully reviewed and organized into thematic categories. Key statements were extracted and grouped into themes that represent the varied experiences of children who have been sexually abused. Each theme is presented alongside direct quotations from participants, ensuring that their voices remain central to the interpretation. This thematic structure offers a coherent and authentic representation of the participants' perspectives.

The formulated meanings were systematically organized into thematic categories, cluster themes, and emergent themes to establish a coherent representation of the participants' lived experiences. These thematic structures informed the study's conclusions by providing a comprehensive depiction of the phenomenon under investigation. Through this analytic process, the essential structure of the experience was identified, and the descriptions were refined to remove redundancies, ambiguities, and excessively detailed accounts that did not contribute to the core meanings. Subsequently, the synthesized findings were returned to the participants for member validation to ensure that the interpretations accurately reflected their perspectives and remained consistent with their personal accounts.

➤ *Everyday Traumatic Experiences Encountered by Children Sexually Abused*

- Sexual abuse by a trusted caregiver- father
- Fear and Threat of Disclosure
- Intrusive Thoughts, Nightmares, and Trauma
- Disruption of Normal Childhood and Play
- Silence, Isolation, and Emotional Confusion

➤ *Coping Mechanisms and Support Systems Used to Overcome Trauma and Build Resilience*

- Engagement in School and Peer Activities
- Use of Play and Physical Movement as Emotional Release
- Nature Connection and Self-Soothing Rituals
- Selective Disclosure to Trusted Individuals
- Routine Activities, Hobbies, and Productive Distractions
- Cognitive Reframing and Rebuilding Self-Perception
- Sexual abuse by a trusted caregiver- father. The child experienced violations committed by their father, an individual expected to protect them, end up causing deep physical, emotional, and psychological harm.

✓ *Participant 1 Shared how his Father Violated her:*

Kahadlok ra... Kay naglibog ko ngano, ngano nga gihuboan ko ni papa, ngano nga gihilabtan ko niya... Naa sa akong hunahuna nga gihilabtan ko ni papa... Nahibalo ko nga gihuboan ko ni papa (IDI 1-2-2; SS7). Fear alone... Because I'm confused—why, why did my father undress me, why did he touch me... It's in my mind that my father molested me... I know that my father undressed me.

- Fear and Threat of Disclosure. Participants described living in constant fear because their abuser threatened them with sexual violence if they revealed the abuse. This climate of intimidation created enforced silence and emotional paralysis.

✓ *Participant 3 Shared the Fear and Threat.*

Katong niuli si papa kay ingon dayon siya; "Mosumbong gani ka sa Pulis, patyon tamo 'ng tanan." (IDI 1-3-2; SS9). (When my father came home, he said, "If you report this to the police, I will kill all of you.)

- Intrusive Thoughts, Nightmares, and Trauma Triggers. The nightmare and trauma of the participants can capture the lingering psychological effects of the abuse, where memories, dreams, and specific times of the day trigger emotional distress. Trauma continues to resurface unexpectedly.

✓ *Participant 1 Shared the Nightmares.*

Mga ing-ana tas murag mobalik na pud sa akong hunahuna nga Ningana nga luh... gi-rape n apud ka sa imong hunahuna. Psagka-gabii day 'n kay madamgohan day 'n nako siya. Gigukod mi, nga gigukod mi nga nagdala sya 'g sundang. (IDI 1-2-1; SS2). Situations like that would come back to my mind, like oh no... you were raped again in your thoughts. Then at night, I would dream about her. We were being chased, and he was running after us carrying a machete.

- Disruption of Normal Childhood and Play. The experiences reshaped participants' lives by disrupting normal developmental activities, such as learning, play, leisure, and social interaction. Fear and instability overshadowed their childhood experiences.

✓ *Participant 2 Shared how the Abuse Changed her Activities*

Molakaw na lang ko sa balay, kundi sa balay ko magtanom-tanom ug bulak, makigistorya sa mga bulak or makigdula para malimtan nako akong mga agian sauna. (IDI 2-3-3; SS18). I go out of the house, or if I stay home, I plant flowers, talk to the flowers, or play so I can forget the things I went through before.)

- Silence, Isolation, and Emotional Confusion. The feeling of the participants that they are unable to disclose their experiences, participants endured emotional distress, and feel that they are alone. Their silence deepened their confusion, isolation, and inner distress.

✓ *Participant 2 Shared Silence and Emotional Confusion.*

Maghilaka na lang sa kanang asa ko kumpleto, na asa ko na kumpleto, na asa nako bot... asa nako adtoon magsuroy-suroy ko para malimtan nako akong nangahitabo sauna... Magtan-aw tan-aw sa mga basahon... O. (IDI 2-1-3; SS16). I just cry in places where I feel complete, where I feel whole, where I feel like I belong... I go to those places and walk around so I can forget what happened to me before... I look at books... Yes.

➤ *Coping Mechanisms and Support Systems Used to Overcome Trauma and Build Resilience*

- Engagement in School and Peer Activities. The school became a safe place for the participants and an affirming environment where the participants could momentarily detach from painful memories and experience normalcy through learning and friendship.

✓ *Participant 1 Shared how she Engages.*

Pag grade 6 nako kay murag sa eskwelahan na feel na nako nga dira na gyud mawala akong tanan tanan kahadlok or tanan nga trauma nga nahitabo sa ako ba kay gapaminaw ko sa tanan (IDI 4-1-1; SS4). In Grade 6, I feel like school has really become the place where all my fears... all the trauma that happened to me... started to disappear. I listened to everyone.

- Play and Physical Movement as Emotional Release. The participants were allowed to play to redirect their emotions, manage stress, and temporarily escape from traumatic memories through physical activity and social interaction.

✓ *Participant 2 Shared her Physical Movement after what Happen*

Magdula... Chinese... Ouhm... mag-Chinese, manghanggat ko sa akong silingan diri ug mga babae nga silingan ba nga magdula ta ninyo 'g Chinese (IDI 2-3-1; SS6). I play... Chinese... Uhm... I play Chinese with my neighbors here, especially the women. I invite them, saying, "Let's play Chinese."

- Nature Connection and Self-Soothing Rituals. Nature became the participants' comforter, providing a calming, grounding space where they found emotional support, using sensory experiences to relieve distress and regulate emotions.

✓ *Participant 2 Shared how she Heals in Nature.*

Kanang naa 'y kahoy... akong simhuton ang bulak... mura 'g gikuha niya akong negative nga panghuna-huna (IDI 2-2-1: SS5). What I usually do is, whenever I see a tree, I go near it, and it is like nature heals my traumatic experience.

- Selective Disclosure to Trusted Individuals. Despite the trauma that they experience with their silence in most settings, participants eventually sought emotional relief by confiding in specific trusted individuals who listen, and they feel that those people provide safety and understanding.

✓ *Participant 2 Shared with Someone they Trusted*

Ako nang napasakitan akong mga manghud tungod atong nahitabo pero may gay, nakasumbong ko sa akong silingan nga si Ate Chacha ug si Ate Terry. (IDI 2-2-3; SS17). I was really exhausted during that time when I was deeply hurt. I ended up hurting my younger siblings because of what happened. However, thankfully, I was able to open up to my neighbors, Ate Chacha and Ate Terry.

- Routine Activities, Hobbies, and Productive Distractions. Participants' routine tasks can help them regain a sense of structure, stability, and normalcy, offering distraction from intrusive thoughts and nightmares.

✓ *Participant 2 Shared her Hobbies.*

Kung, kung wala, unsa gali to... Magsulat ko ug manghinlo... Kanang balay-balay day'n ko, molaag day'n ko. (IDI 2-3-2; SS12). When—when I do not have anything to do, what was it again... I write and I clean... I playhouse, and then I go out...

- Cognitive Reframing and Rebuilding Self-Perception. Over time, the participants began reshaping their thoughts, slowly transforming their emotional and physical responses, and rebuilding their self-worth.

✓ *Participant 1 Shared how she is Building herself.*

Padili nako gina huna-huna ang negative, negative panghuna-huna... Kanang magdula mi, magdagan-dagan, batang x, nang magkuan, kanang magkanang, magtuyok-tuyok, suroy-suroy, storya-storya sa mga kaagi. Mao na ang among ginakuan. (IDI 4-1-1; SS4). no longer dwell on the negative... negative thoughts... We would play... run around... pretend to be... Batang X... do stuff... just go around... wander... share stories about our experiences. That's what we did.

➤ *Formulation of Core Meaning*

Table 1 Formulation of Core Meaning

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS
<p>Alas otso sa hapon (gabii) ang akong kahadlokang ug kanunay nakong mahinumduman kay ang paghilabtan ko ni papa. (IDI 1-1-1; SS1) <i>(Eight o'clock in the evening is what I fear and always remember because that is when my father molested me)</i></p> <p>Akong kahadlokang kay gabii gyud kay mao man ang time nga ginabuhay sa akong amahan. (IDI 1-1-2; SS7) <i>(What I truly fear is nighttime, because that is when my father did those things to me.)</i></p> <p>Mga usahay ra siguro... Usahay kanang time nga naa'y kuan gud nako nga murag nibalik sa akong huna-huna nga ing-ani... Dili ta diri safe, need nato mo balhin nga lugar or dira nga orasa ani gud... Mga... mga gabie na siguro kay usahay kay makadungog ko sa akong abuser... Mga murag padulong tulog na kanang mga 6 or 7... Ouhm... Kahadlok... Ginaingnan man mi niya kay kung mosumbong mi kat patyon mi niya... Ouhm, pati sa damgo. (IDI 1-1-3; SS13) <i>(Sometimes, I guess... There are moments when something triggers me, and it feels like those thoughts come back—like thinking we are not safe here, that we need to move to another place, or that something might happen at a particular time... Probably at night, because sometimes I hear my abuser... Around the time I am about to sleep, maybe around 6 or 7 PM... Yes... Fear... Because he told us that if we reported him, he would kill us... Yes, even in my dreams.)</i></p>	<p>FM1- The home environment is unsafe for the child because, at times—especially in the evening/night—the abuser, who is a family member (father), engages in sexual abuse, issues threats of violence, and induces fear. This recurring pattern of abuse has made the child feel powerless, fearful, anxious, and unsafe in what should have been their safe space.</p>
<p>Kanang aham... kanang time nga, kana gu'ng time nga gina-bully ko or kanang naa'y makabalo sa among sitwasyon nga moana akong kahadlokang tas i-bully day'n mi. Hala! Pati iyang papa ngee... iyang papa ga-rape niya eh kaluoy pud nimo uy. Mga ing-ana tas murag mobalik na pud sa akong hunahuna nga Ningana nga luh... gi-rape n apud ka sa imong hunahuna. Psagka-gabii day'n kay madamgohan day'n nako siya. Gigukod mi, nga gigukod mi nga nagdala sya'g sundang. (IDI 1-2-1; SS2) <i>(Well... during those times when I was being bullied, or when someone found out about our situation, and I would start to feel scared, then we would get bullied again. Oh no! Even her father... her own father raped her, poor thing. Situations like that would come back to my mind, like—oh no... You were raped again in your thoughts. Then at night, I would dream about her. We were being chased, and he was running after us carrying a machete.)</i></p> <p>Kahadlok ra... Kay naglibog ko ngano, ngano nga gihuboan ko ni papa, ngano nga gihilabtan ko niya... Naa sa akong hunahuna nga gihilabtan ko ni papa... Nahibalo ko nga gihuboan ko ni papa. (IDI 1-2-2; SS7) <i>(Fear alone... Because I am confused—why, why did my father undress me, why did he touch me... It is in my mind that my father molested me... I know that my father undressed me.)</i></p>	<p>FM2- They experienced intense fear, confusion, and betrayal, feeling powerless and deeply hurt by someone who was supposed to protect them — and haunted by nights of nightmares and threats.</p>

<p>Nasakitan ko atong nabuhata to, ay- kay nganong nabuhat to ni papa isip ko niya anak. (IDI 1-2-3; SS14)</p> <p><i>(I was hurt by what happened—because why did my father do that to me, his own child?)</i></p>	
<p>Kahadlok...Ginaingnan man mi niya kay kung mosumbong mi kat patyon mi niya...Ouhm, pati sa damgo. (IDI 1-3-1; SS3)</p> <p><i>(Fear... He told us that if we reported him, he would kill us... Uhmm, even in our dreams.)</i></p> <p>Katong niuli si papa kay katong ingon day'n siya, ingon day'n siya; mosumbong gani ka sa Pulis, patyon ta mo'ng tanan. (IDI 1-3-2; SS9)</p> <p><i>(When my father came home, he said, "If you report this to the police, I will kill all of you.)</i></p>	<p>FM3- The children feel intense fear and anxiety as a result of threats of violence by their father. They are worried about being killed if they report the abuse, and they live with ongoing physical pain and dread of further harm — even their dreams are haunted by the threat.</p>
<p>Mahadlok ko kung bunalan ko basig inganaon na pud ko niya. Nasakit na kaayo sa akong lawas. (IDI 3-3-3; SS15)</p> <p><i>(I am afraid that if he hits me, he might do that to me again. My body already hurts so much.)</i></p>	

The children's narratives convey a haunting, recurrent pattern: the home, rather than a sanctuary, becomes a site of fear and violation—especially in the evenings. They describe specific times (for example, "eight o'clock in the evening," or "around six or seven PM") when the father perpetrated abuse and when the threats of violence intensified. The accounts also include vivid recollections of bullying and harassment connected to the abuse, nightmares of being chased, and continual dread of speaking up because of explicit threats ("if you report me, I will kill you"). These statements reflect not just isolated incidents but a lived reality of persistent insecurity, emotional pain, and disruption of childhood routines.

From these statements, three central meaning-units emerge. First, the home environment is chronically unsafe: the abuse happens consistently at predictable times, which means the child is perpetually vigilant and unable to rest (FM1). Second, the betrayal and confusion inflicted by a trusted caregiver (the father) create deep emotional wounds: the child asks, "Why did my father do this to me, his own child?" and is haunted by nightmares and flashbacks (FM2). Third, the children live under ongoing threats of retaliation and physical harm: they fear reporting the abuse, fear further abuse, and even fear their dreams, which shows trauma has permeated both waking life and subconscious (FM3). These analyses indicate that the trauma is not only about what happened, but about how the child lives moment by moment in anticipation, fear, regret, and powerlessness.

From FM1 to FM3, the findings illustrate how trauma manifests in both psychological and physiological domains. Nighttime becomes a symbolic and literal space of danger, reinforcing hypervigilance and sleep disturbances. In addition, the emotional confusion expressed in FM2 aligns with trauma theory, which posits that betrayal by caregivers disrupts a child's ability to form secure attachments and process emotional experiences (Howell et al., 2018). In contrast, FM3 reveals how threats and physical pain perpetuate a cycle of fear, even in the absence of immediate danger. These findings are supported by Hamby et al. (2016), who found that children exposed to intimate partner violence often experience chronic fear, intrusive thoughts, and emotional dysregulation. The respondents' narratives show that trauma is not isolated—it resurfaces through triggers, dreams, and internalized fear, affecting their sense of safety and identity.

➤ Formulation of Core Meaning

Table 2 Formulation of Core Meaning

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS
<p>Kanang, kanang sa skwelahan pa kay ako naka... kuan ko grade 4 pako nga..." (Well, well at school, I was able to... I was in grade 4 when...)naka fisting fisting... pirst pi-pirst... kanang pinakauna gud kanang pinaka bright sa eskwelahan naka fisting nato ana sa grade 4 pako pag grade 5 mao gihapon abot lang karon pag grade 6 nako kay murag sa eskwelahan na feel na nako nga dira na gyud mawala akong tanan tanan kahadlok or tanan nga trauma nga nahitabo sa ako ba kay gapaminaw ko sa tanan gapaminaw ko dili nako gina... dili nako gina hura-hura ang negative, negative panghuna-huna...Kanang magdula mi, magdagan-dagan, batang x, nang magkuan, kanang magkanang, magtuyok-tuyok, suroy-suroy, storya-storya sa mga kaagi. Mao na ang among ginakuan. (IDI 4-1-1; SS4)</p> <p><i>(Well... well, back in school, I was able to... I was in Grade 4 when... I got picked first... like the very first one... the brightest in school, I got chosen for</i></p>	<p>FM4-Over time, school became a refuge where the child could play, laugh, share stories, and try to leave behind negative thoughts. Nevertheless, the trauma still lingered — the participants could not talk about it with classmates, and used activities like walking around, looking at books, or playing to try to forget what happened.</p>

<p><i>that in Grade 4... in Grade 5, it was the same... and now in Grade 6, I feel like school has really become the place where all my fears... all the trauma that happened to me... started to disappear. I listened to everyone... I listened... I no longer dwell on the negative... negative thoughts... We would play... run around... pretend to be Batang X... do stuff... go around... wander... share stories about our experiences. That is what we did.)</i></p> <p>Kanang kung, kung ako malimtan akong gi, katong gihilabtan ko ni papa, kay magdula-dula lang mi sa akong amiga ug monkey bar... Gamay lang, katong malimtan gamay. IDI 2-1-2; SS10</p> <p><i>(Like, if I forget that my father molested me, it is because I am just playing with my friend on the monkey bars... Just a little, just a little bit forgotten.)</i></p> <p>Wala man ko nakaistorya nang mana akong mga classmate... Maghilaka na lang sa kanang asa ko kumpleto, na asa ko na kumpleto, na asa nako bot... asa nako adtoon magsuroy-suroy ko para malimtan nako akong nangahitabo sauna... Magtan-aw tan-aw sa mga basahon... O. (IDI 2-1-3; SS16)</p> <p><i>(I could not talk about that with my classmates... I cry in places where I feel complete, where I feel whole, where I feel like I belong... I go to those places and walk around so I can forget what happened to me before... I look at books... Yes.)</i></p>	
<p>Kanang akong ginabuhay kay kanang magkuan ko kanang naa'y makit-an nga kahoy. Bulak ako jud ang simhuton og usahay kung naa'y makitang kahoy sindot sya'g bunga bulak ako siyang hikapon og ta... mura gug kahoy gina kuha niya akong tanan negative nga panghuna-huna... (Nod her head) (IDI 2-2-1: SS5)</p> <p><i>(What I usually do is, whenever I see a tree, I go near it. I always smell the flowers, and sometimes, if the tree has beautiful fruits or blossoms, I gently touch them. It feels like the tree absorbs all my negative thoughts. It is as if, just by being close to it, I can let go of everything that weighs me down... (She nods her head.)</i></p> <p>Balay-balay mi samong barkada kay ang uban day'n kay akong malimtan. Kung ako lang isa sa balay, molaag ko sakong amiga, magdula day'n mi'g balay-balay. (IDI2-2-2; SS11)</p> <p><i>(We playhouse with my group of friends because it helps me forget about other things. When I am alone at home, I go out and visit my friend, and then we playhouse together.)</i></p> <p>Sa ako lang nga magsumbong na lang jud ko dretso sap... sa akong angay kasumbungan kaysa maghilom na lang ko ini'g kapoyan naman gud ko ato nga time nga nagmaoy jud ko. Ako nang napasakitan akong mga manghud <i>tungod</i> atong nahitabo pero may gay, nakasumbong ko sa akong silingan nga si Ate Chacha ug si Ate Terry. (IDI 2-2-3; SS17)</p> <p><i>(For me, I go straight to telling someone I trust—someone I know I can confide in—instead of keeping everything to myself. I was really exhausted during that time when I was deeply hurt. I ended up hurting my younger siblings because of what happened. But thankfully, I was able to open up to my neighbors, Ate Chacha and Ate Terry.)</i></p>	<p>FM5- When things were hard at home, they used a variety of self-soothing and coping strategies to feel safe and less alone. These include seeking comfort in nature — for example, by touching and smelling trees and flowers — and engaging in play with friends to escape and forget the hurt. The participants also found trust and relief in speaking to a neighbor or someone they could confide in, instead of keeping the pain entirely inside.</p>
<p>Magdula... Chinese... Ouhm... mag-Chinese, manghanggat ko sa akong silingan diri ug mga babae nga silingan ba nga magdula ta ninyo'g Chinese. Naa ko'y Chinese... Kana ra gyud akong kalingawan... O... Kay magkuan, kanang makaingon ko kay ehrr, murag ma-feel nako nga imagination nako nga kanang Chinese kay murag problema, ako na sya'ng likayan para mawala na'y negative... Thi—things nga akong mahunahunaan. (IDI 2-3-1; SS6)</p> <p><i>(I play... Chinese... Uhm... I play Chinese with my neighbors here, especially the women. I invite them, saying, "Let us play Chinese." I have my own Chinese game... That is really the only thing I enjoy... Yes... Because when I do it, I feel like it is like in my imagination, the Chinese game becomes the problem itself, and I avoid it so that all the negative thoughts I have will go away.)</i></p>	<p>FM6- When feeling sad or worried, the child turns to meaningful activities and hobbies that bring calm, distraction, and a sense of control: playing a game with neighbours to shift focus from negative thoughts; writing, cleaning, play-house games and visiting friends to engage body and mind; and planting flowers, being in nature, talking to plants or just being outside to help softly process emotions and forget the trauma for a while.</p>

<p>Kung, kung wala, unsa gali to... Magsulat ko ug manghinlo... Kanang balay-balay day'n ko, molaag day'n ko. (IDI 2-3-2; SS12)</p> <p><i>(When—when I do not have anything to do, what was it again... I write and I clean... I playhouse, and then I go out...)</i></p> <p>Moadto ko sa center... nangtawag ko kinsa akong katawagan, naa man mi kauban sa center... di makigkuan na lang ko, makigdula, makigdula sa ila tapos makiglantaw ug TV... (Nod her head)... Molakaw na lang ko sa balay, kundi sa balay ko magtanom-tanom ug bulak, makigistorya sa mga bulak or makigdula para malimtan nako akong mga agian sauna. (IDI 2-3-3; SS18)</p> <p><i>(I go to the center... I call someone I know. Since I have companions there... I join them, play with them, and watch TV together... (She nods her head)... I go out of the house, or if I stay home, I plant flowers, talk to the flowers, or play so I can forget the things I went through before.)</i></p>	
--	--

The data in Table 2 revealed that the participants' descriptions of the school environment gradually became a sanctuary from their traumatic experiences. One participant recounted being identified as the "brightest" student in Grade 4 and Grade 5, and now in Grade 6, and reflected that school had become a place where "all my fears... all the trauma that happened to me... started to disappear." They shared how engaging in play, running around with friends, storytelling about past experiences, and simply being part of their peer group helped shift attention away from negative thoughts. Outside of class time, they also engaged in physical activity (such as playing on monkey bars with a friend). They sought solace in nature—touching trees, smelling blossoms—to momentarily escape the memory of their abuse.

From these statements, it is evident that the participants are actively constructing protective spaces and routines in their daily lives, enabling a pivot from trauma to resilience. The school setting, previously potentially associated with threat or disruption, is re-framed as a supportive and identity-affirming space ("brightest in school") where they can experience normalcy and peer connection. The coping strategies of play, nature contact, and quietly confiding in neighbors reflect both distraction and the building of self-agency—shifting from being passive victims to active participants in their emotional healing. This suggests a process of meaning-making where the participants reclaim environments and behaviors (school, play, nature) as resources rather than risk factors, aligning with key mechanisms of resilience.

From FM4 to FM6, the findings illustrate how children instinctively seek out environments and activities that offer emotional regulation and psychological relief. In addition, the role of school as a protective space aligns with Bethell et al. (2019), who found that positive childhood experiences—such as feeling safe at school and having supportive friendships—can buffer the effects of trauma and promote mental well-being. In contrast, FM5 and FM6 reflect the importance of nature and routine in trauma recovery. Masten and Barnes (2018) argue that resilience in children is often rooted in ordinary adaptive systems, including play, relationships, and engagement with peaceful surroundings. These findings affirm that children do not need complex interventions to begin healing; instead, they benefit from consistent access to safe spaces, meaningful relationships, and creative outlets.

➤ Development of Cluster Themes

Table 3 Development of Cluster Themes

FORMULATED MEANING	CLUSTER THEMES
FM1- The home environment is unsafe for the child because, at particular times—especially in the evening/night—the abuser, who is a family member (father), engages in sexual abuse, issues threats of violence, and induces fear. This recurring pattern of abuse has made the child feel powerless, fearful, anxious, and unsafe in what should have been their safe space.	<ul style="list-style-type: none"> Sexual abuse by a trusted caregiver- father <ul style="list-style-type: none"> Fear and Threat of Disclosure Intrusive Thoughts, Nightmares, and Trauma Disruption of Normal Childhood and Play Silence, Isolation, and Emotional Confusion
FM2- They experienced intense fear, confusion, and betrayal, feeling powerless and deeply hurt by someone who was supposed to protect them — and haunted by nights of nightmares and threats.	
FM3- The children feel intense fear and anxiety as a result of threats of violence by their father. They are worried about being killed if they report the abuse, and they live with ongoing physical pain and dread of further harm — even their dreams are haunted by the threat.	

FM4-Over time, school became a refuge where the child could play, laugh, share stories, and try to leave behind negative thoughts. Nevertheless, the trauma still lingered — the participants could not talk about it with classmates, and used activities like walking around, looking at books, or playing to try to forget what happened.	<ul style="list-style-type: none"> • Engagement in School and Peer Activities • Use of Play and Physical Movement as Emotional Release • Nature Connection and Self-Soothing Rituals • Selective Disclosure to Trusted Individuals • Routine Activities, Hobbies, and Productive Distractions • Cognitive Reframing and Rebuilding Self-Perception
FM5- When things were hard at home, they used a variety of self-soothing and coping strategies to feel safe and less alone. These include seeking comfort in nature — for example, by touching and smelling trees and flowers — and engaging in play with friends to escape and forget the hurt. The participants also found trust and relief in speaking to a neighbor or someone they could confide in, instead of keeping the pain entirely inside.	
FM6- When feeling sad or worried, the child turns to meaningful activities and hobbies that bring calm, distraction, and a sense of control: playing a game with neighbors to shift focus from negative thoughts; writing, cleaning, play-house games and visiting friends to engage body and mind; and planting flowers, being in nature, talking to plants or just being outside to help softly process emotions and forget the trauma for a while.	

Theories that can support the inquiry into the challenges faced by children sexually abused by their father include trauma theory, attachment theory, and ecological systems theory. The cluster themes under FM1—Time-Triggered Trauma, Threat-Induced Silence, Emotional Overload, and Intrusive Memories and Nightmares are best understood through Trauma Theory, particularly the work of Judith Herman and Bessel van der Kolk. This theory explains how traumatic experiences, especially those involving betrayal and fear, become encoded in the body and mind, often resurfacing through flashbacks, nightmares, and emotional dysregulation. In addition, the concept of time-triggered trauma aligns with van der Kolk's (2014) assertion that trauma is not just remembered—it is relived, primarily when associated with specific environmental cues like nighttime. The persistent fear and silence described by the children also reflect the coercive control dynamics outlined in Herman's trauma model, where threats suppress disclosure and reinforce helplessness.

In contrast, FM2 and FM3—highlighting emotional pain, confusion, and fear driven by retaliation—can be contextualized within Attachment Theory by Bowlby and Ainsworth. This theory posits that children form emotional bonds with their fathers to feel secure; however, when those fathers become sources of harm, the attachment system is disrupted, leading to confusion, mistrust, and emotional instability. The children's struggle to understand why a parent would hurt them reflects this internal conflict. Moreover, the fear of being harmed again, even in dreams, supports Ainsworth's findings on insecure attachment styles, where children develop hypervigilance and anxiety due to an inconsistent or threatening father. Complementary to this, Psychodynamic Theory also explains how unresolved trauma can manifest in subconscious ways, such as nightmares and emotional withdrawal, reinforcing the depth of psychological impact.

Meanwhile, FM4 to FM6—covering themes such as Play as Emotional Escape, Peaceful Spaces for Healing, Healing Through Relationships and Connection, and Sensory and Mindful Engagement for Comfort — are well-supported by Bronfenbrenner's Ecological Systems Theory. This theory emphasizes the role of multiple environmental systems—family, school, peers, and community—in shaping a child's development. In addition, the children's use of school, nature, and community centers as safe spaces reflects the importance of the microsystem in fostering resilience. According to Masten and Barnes (2018), resilience is often built through ordinary adaptive systems, such as play, relationships, and routine activities. The presence of trusted adults and engagement in creative tasks, such as gardening and writing, align with Resilience Theory, which highlights how protective factors can buffer the effects of trauma and promote recovery. These theories collectively justify the thematic interpretations and affirm the importance of nurturing environments in helping children heal.

➤ *Diagram of Common Themes*

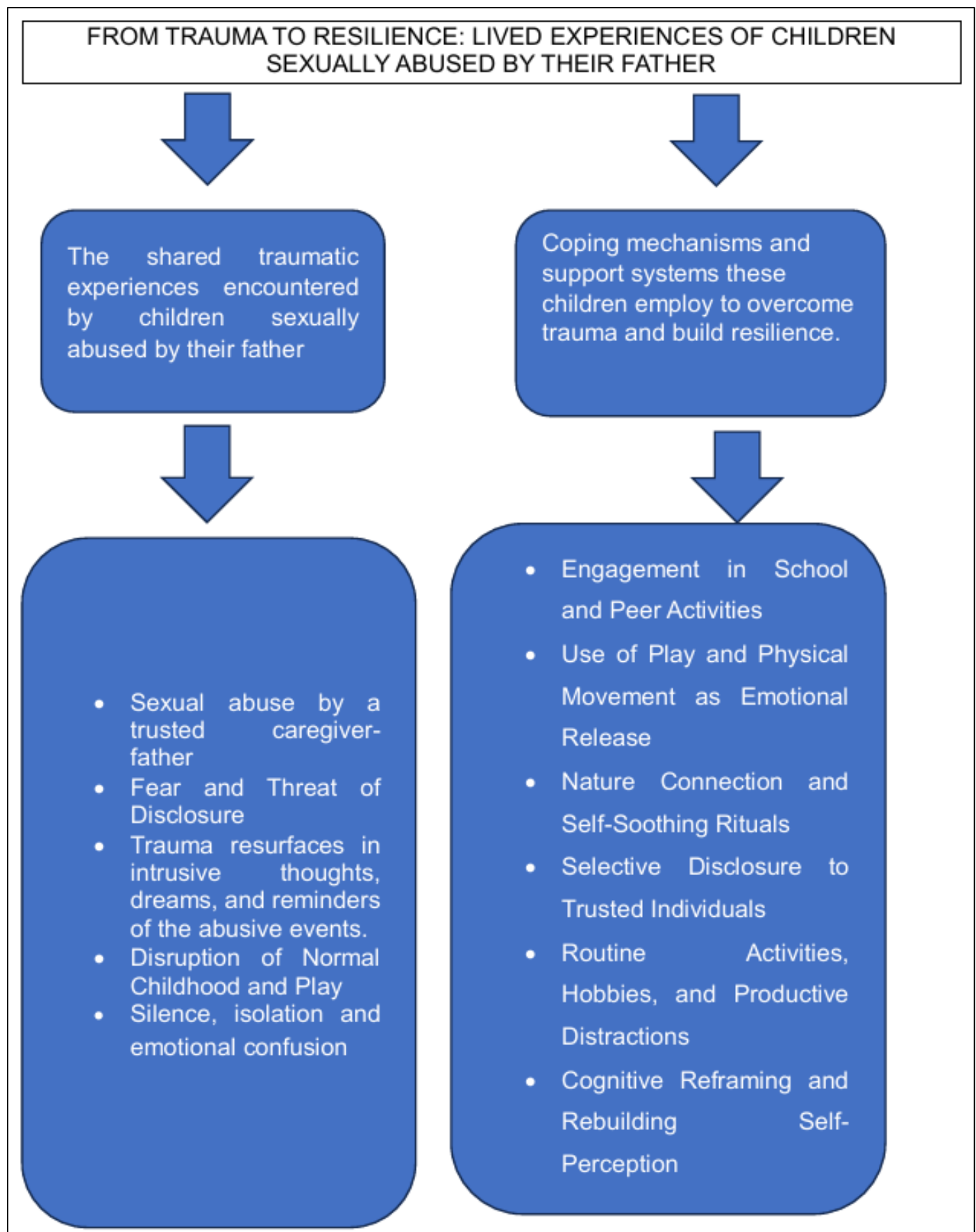


Fig 2 Diagram of Common Themes

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATION

➤ *Summary of Findings*

The following are the findings of the study:

The participants' narratives reveal that children from trauma to resilience lived experience of children sexually abused by their father endure multiple layers of trauma that profoundly affect their sense of safety, identity, and childhood. They experienced sexual abuse by a trusted father, which not only violated the physical body but also betrayed relational trust. Alongside this, they lived under the constant fear and threat of disclosure, being told that reporting the abuse would lead to death or additional harm. Their trauma also resurfaces in intrusive thoughts, dreams, and reminders, nightmares, flashbacks, and triggers tied to specific times and places. Moreover, their normal childhood and play routines were disrupted, as fear and chaos replaced the simplicity of being a child at home or school, and these children often felt silenced and isolated, unable to share their pain with peers or adults. The broader literature supports these findings: for example, sexual abuse elevates the risk of post-traumatic stress and developmental disruptions.

Despite the depth of their adversity, the participants also described how they began using coping mechanisms and accessing support systems to build resilience and reclaim their lives. School and peer settings became a refuge: children engaged in school and peer activities and gradually shifted away from dwelling on negative thoughts. They found relief through play and physical movement, such as running with friends or using playground equipment as a short-term escape from trauma. Some connected with nature and self-soothing rituals, like touching trees or smelling flowers to release negative thoughts. They practiced selective disclosure and sought trusted others, confiding in neighbours or safe adults when home felt unsafe. They maintained everyday hobbies and fun activities (writing, cleaning, playing-house games), which provided structure and distraction. Finally, they worked on changing how they think about themselves and what's happening, reframing school as a safe space and pulling away from self-blame or negative internal dialogues.

➤ *Conclusion*

Based on the findings, the following conclusions are drawn:

The children lived accounts underscore that their traumatic experiences are not simply isolated incidents but part of a persistent, multi-layered harm. The betrayal by a trusted caregiver, the constant threat of disclosure and retaliation, the intrusion of nightmares and flashbacks, the disruption of routine plays and schooling, and the forced silence and isolation collectively highlight the profound way that sexual abuse fractures a child's sense of safety, identity, and childhood.

Likewise, the profound resilience seen in the participants attests that children from trauma to resilience, the lived experience of children sexually abused by their father can help them develop strategies to rebuild their lives. By engaging in school and peer activities, using physical play and movement, connecting with nature and employing self-soothing rituals, selectively disclosing to trusted individuals, maintaining everyday hobbies, and actively reframing their thoughts and self-image, these children are reclaiming agency and creating pathways toward healing.

➤ *Recommendations*

Based on the findings, the following recommendations are hereby offered:

It is recommended that children who have experienced sexually abuse by their father be encouraged to participate in safe and supportive activities that promote healing, such as play therapy, art expression, and group recreation. They should also be provided access to counseling programs where they can openly share their experiences and emotions in a protected setting. Developing a sense of community and belonging through peer support groups may also help them rebuild trust and confidence. Furthermore, children should be taught coping strategies and life skills that empower them to manage fear and trauma in healthy, constructive ways.

Social workers and child protection professionals are encouraged to implement trauma-informed care approaches that address both the emotional and physical needs of child survivors. They should strengthen early intervention programs by conducting regular home visits, counseling, and follow-ups with at-risk families. In addition, it is recommended to develop community-based support systems where children can safely report abuse and receive immediate assistance. Continuous training on child psychology, communication, and crisis response should also be provided to enhance their effectiveness in handling sensitive cases.

It is recommended that policymakers and government agencies may formulate and enforce stronger child protection policies that ensure immediate response to sexually abuse cases. Establishing child-friendly crisis centers within local municipalities, especially in rural areas like Don Carlos, Bukidnon, can provide accessible shelters and psychological services for abused children. Government units should also allocate sufficient funding for awareness campaigns, capacity-building programs, and rehabilitation initiatives for both victims and families. Moreover, inter-agency collaboration between the Department of Social Welfare and

Development (DSWD), Department of Education (DepEd), and law enforcement is necessary to create a unified approach to child protection.

Educators and counselors are encouraged to integrate psychosocial support and child protection advocacy within the school environment. Schools should develop guidance programs that identify and assist students showing signs of trauma, neglect, or abuse. Teachers should also be trained to recognize behavioral indicators of distress and to refer affected children to appropriate support services. In addition, creating safe classroom spaces where students can express themselves through storytelling, art, or play can greatly help in reducing anxiety and promoting emotional resilience.

Parents and families are urged to cultivate open communication, empathy, and emotional support within the household to prevent the cycle of abuse and rebuild trust. It is recommended that parents participate in family education seminars focused on positive discipline, conflict resolution, and mental health awareness. Families should also seek guidance from community leaders, social workers, or counselors when facing relationship or parenting challenges. Most importantly, parents must prioritize the emotional safety and well-being of their children, ensuring that home remains a space of care and protection rather than fear.

It is recommended that the death penalty be reinstated as a legal sanction for crimes of extreme gravity, particularly sexual abuse of children committed by their own parents. The study emphasized that paternal sexual abuse represented the gravest betrayal of trust and responsibility, causing irreversible trauma and long-term emotional disorientation among victims. Survivors' narratives revealed that existing penalties were inadequate in reflecting the severity of harm inflicted, and therefore, the reinstatement of the death penalty was viewed as a necessary measure to deliver justice, deter future offenders, and affirm society's absolute condemnation of such acts. This recommendation underscored the importance of aligning legal sanctions with the lived realities of victims, ensuring that justice systems prioritized both punishment and protection, while also affirming the dignity and resilience of survivors.

Future researchers may develop intervention programs or resilience frameworks tailored to Filipino cultural and community settings. These studies could provide stronger evidence for policies and practices that promote healing, empowerment, and long-term well-being among child survivors of sexually abuse by their father.

REFERENCES

- [1]. Aakvaag HF, Thoresen S, Wentzel-Larsen T, Dyb G. (2017). Adult victimization in female survivors of childhood violence and abuse: the contribution of multiple types of violence. *Violence Against Women*. 23(13):1601–19.
- [2]. Abajobir AA, Kisely S, Williams GM, Clavarino AM, Najman JM. (2017) Substantiated childhood maltreatment and intimate partner violence victimization in young adulthood: a birth cohort study. *J Youth Adolesc*. 2017;46(1):165–79.
- [3]. Abudayya, A., Bruaset, G. T. F., Nyhus, H. B., Aburukba, R., & Tofthagen, R. (2023). Consequences of war-related traumatic stress among Palestinian young people in the Gaza Strip: A scoping review. *Mental Health&Prevention*, 32,200305. <https://doi.org/10.1016/j.mhp.2023.200305>
- [4]. Adams AE, Tolman RM, Bybee D, Sullivan CM, Kennedy AC. (2012) The impact of intimate partner violence on low-income women's economic well-being: the mediating role of job stability. *Violence Against Women*. 18(12):1345–67.
- [5]. Adu, M. K., Agyapong, V. I. O., & Agyapong, B. (2023). Children's Psychological Reactions to Wildfires: a Review of Recent Literature. *Current Psychiatry Reports*, 25(11), 603–616. <https://doi.org/10.1007/s11920-023-01451-7>
- [6]. Afifi TO, MacMillan H, Cox BJ, Asmundson GJ, Stein MB, Sareen J.(2009) Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. 24(8):1398–417.
- [7]. Afifi TO, Mota N, Sareen J, MacMillan HL. (2017) The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health*.17(1):493.
- [8]. Afifi TO, MacMillan HL, Boyle M, Taillieu T, Cheung K, Sareen J. (2014) Child abuse and mental disorders in Canada. *CMAJ*. 186(9): E324–32.
- [9]. Ahmad, S. I., Sathyanarayana, S., Tylavsky, F. A., Mason, W. A., Murphy, L., Karr, C. J., Juarez, P. D., Rudd, K. L., Bush, N. R., & Lewinn, K. Z. (2021). Maternal childhood trauma and prenatal stressors are associated with child behavioral health. *Journal of Developmental Origins of Health and Disease*, 13(4), 483–493. <https://doi.org/10.1017/s2040174421000581>
- [10]. Alves, A. C., Leitão, M., Sani, A. I., & Moreira, D. (2024). Impact of Sexual Abuse on Post-Traumatic Stress Disorder in Children and Adolescents: A Systematic Review. *Social Sciences*, 13(4), 189.<https://doi.org/10.3390/socsci13040189>
- [11]. Almaiz, R. J., de la Peña, F. Z., & Natan, J. L. (2021). Behind closed doors: Domestic violence against women and children on the rise during the pandemic. *Legal Research PH*.
- [12]. Aksoy, D., Favre, C., & Simões, C. (2023). Exposure to Intimate-Partner Violence and Resilience Trajectories of Adolescents: A Two-Wave Longitudinal Latent Transition Analysis. *International Journal of Environmental Research and Public Health*, 20(9), 5676. <https://doi.org/10.3390/ijerph20095676>
- [13]. Anderson, K. M., & Bang, E.-J. (2015). Assessing PTSD and resilience for females who during childhood were exposed to domestic violence. *Child & Family Social Work*, 17(1), 55–65. <https://doi.org/10.1111/j.1365-2206.2011.00772.x>
- [14]. Archer J. (2000) Sex differences in aggression between heterosexual partners: a meta-analytic review. *Psychol Bull*.126(5):651–80.
- [15]. Baribeau B. (2014) Could nonresponse be biasing trends of health estimates? *Surv Methodol*.4285–93.
- [16]. Barrios YV, Gelaye B, Zhong Q, Nicolaidis C, Rondon MB, Garcia PJ, et al.) (2015) Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. *PLoS One*. 10(1): e0116609.
- [17]. Bensley L, Van EJ, Wynkoop SK. (2003) Childhood family violence history and women's risk for intimate partner violence and poor health. *Am J Prev Med*;25(1):38–44.
- [18]. Bethell, C. D., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*
- [19]. Brassard A, Tourigny M, Dugal C, Lussier Y, Sabourin S, Godbout N. (2019) Child maltreatment and polyvictimization as predictors of intimate partner violence in women from the general population of Quebec. *Violence Against Women*.1077801219857824.
- [20]. Bueso-Izquierdo, N., Guerrero-Molina, M., Barbosa-Torres, C., Ferrera-Silva, M., & Moreno-Manso, J. M. (2025). Psychological, emotional, and neuropsychological sequelae of child victims of domestic violence: A review of the literature. *Journal of Child & Adolescent Trauma*. <https://link.springer.com/article/10.1007/s40653-025-00746-6>
- [21]. Bunting L, Davidson G, McCartan C, Hanratty J, Bywaters P, Mason W, et al. (2018) The association between child maltreatment and adult poverty - a systematic review of longitudinal research. *Child Abuse Negl*. ;77:121–33.
- [22]. Burczycka M, Conroy S. (2017) Family violence in Canada: A statistical profile, 2015. Canadian Centre for justice statistics profile series. Ottawa: Statistics Canada.
- [23]. Breitkopf, Laura & Chowdhury, Shyamal K. & Priyam, Shambhavi & Schildberg-Hörisch, Hannah & Sutter, Matthias, 2020. Do economic preferences of children predict behavior?," DICE Discussion Papers 342, Heinrich Heine University Düsseldorf, Düsseldorf Institute for Competition Economics (DICE).
- [24]. Brownridge DA, Taillieu T, Afifi T, Chaan KL, Emery B, Lavoie J, et al. (2016) Child maltreatment and intimate partner violence among indigenous and non-indigenous Canadians. *J Fam Viol*. 32(6):607–19.
- [25]. Canadian Centre for Justice Statistics. (2014) Family violence in Canada: A statistical profile, Canadian Centre for justice statistics profile series. Ottawa: Statistics Canada
- [26]. Carter, B., Kemp, A., Davies, A., & Paranjothy, S. (2020). Mediators and Effect Modifiers of the Causal Pathway Between Child Exposure to Domestic Violence and Internalizing Behaviors Among Children and Adolescents: A Systematic Literature Review. <https://doi.org/10.1177/1524838020965964>



- [27]. Casey EA, Nurius PS. (2005) Trauma exposure and sexual revictimization risk: comparisons across single, multiple incident, and multiple perpetrator victimizations. *Violence Against Women* 11(4):505–30.
- [28]. Castillo, M. (2020). Negative childhood experiences and risk aversion: Evidence from children exposed to domestic violence. IZA Discussion Papers, No. 13320. Institute of Labor Economics.
- [29]. Capaldi DM, Knoble NB, Shortt JW, Kim HK. (2012) A systematic review of risk factors for intimate partner violence. *Partn Abus.* 2012;3(2):231–80.
- [30]. Coid J, Petruckevitch A, Feder G, Chung W, Richardson J, Moorey S. (2001) Relation between childhood sexual and physical abuse and risk of revictimisation in women: a cross-sectional survey. *Lancet.* 358(9280):450–4.
- [31]. Coker AL, Davis KE, Arias I, Desai S, Sanderson M, Brandt HM, et al. (2002) Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med.* 2002;23(4):260–8.
- [32]. Esquivel-Santovena E, Lambert TL, Hamel J. (2013) Partner abuse worldwide. *Partn Abus.* 4(1):6–75.
- [33]. Daigneault I, Hebert M, McDuff P. (2009) Men's and women's childhood sexual abuse and victimization in adult partner relationships: a study of risk factors. *Child Abuse Negl*;33(9):638–47.
- [34]. Desai S, Arias I, Thompson MP, Basile KC. (2002) Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence Vict.* 17(6):639–53.
- [35]. Diaconu-Gherasim, L. R., Țepordei, A., Măirean, C., Labăr, A. V., & Virgă, D. (2024). University students' future time perspective and career adaptability: The mediating role of grit. *The Career Development Quarterly*, 72(2), 121–134. <https://doi.org/10.1002/cdq.12348>
- [36]. Downey, C., & Crummy, A. (2021). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation*, 6(1), 100237. <https://doi.org/10.1016/j.ejtd.2021.100237>
- [37]. Drake B, Pandey S. (1996) Understanding the relationship between neighborhood poverty and specific types of child maltreatment. *Child Abuse Negl.* 20(11):1003–18.
- [38]. Ehrensaft MK, Cohen P, Brown J, Smailes E, Chen H, Johnson JG. (2003) Intergenerational transmission of partner violence: a 20-year prospective study. *J Consult Clin Psychol.* 71(4):741–53.
- [39]. Fang X, Corso PS. (2007) Child maltreatment, youth violence, and intimate partner violence: developmental relationships. *Am J Prev Med.* 33(4):281–90.
- [40]. Fares-Otero NE, Carranza-Neira J, Womersley JS, Stegemann A, Schalinski I, Vieta E, Spies G, Seedat S. (2025) Child maltreatment and resilience in adulthood: a systematic review and meta-analysis. *Psychol Med* Jun 2;55:e163. doi: 10.1017/S0033291725001205. PMID: 40452373; PMCID: PMC12150341.
- [41]. Fergusson DM, Horwood LJ, Lynskey MT. (1997) Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization. *Child Abuse Negl.* ; 21(8):789–803.
- [42]. Fisher HL, Craig TK, Fearon P, Morgan K, Dazzan P, Lappin J, et al. (2011) Reliability and comparability of psychosis patients' retrospective reports of childhood abuse. *Schizophr Bull.* 37(3):546–53.
- [43]. Follette VM, Polusny MA, Bechtle AE, Naugle AE. (1996) Cumulative trauma: the impact of child sexual abuse, adult sexual assault, and spouse abuse. *J Trauma Stress.* 9(1):25–35.
- [44]. Fogarty, A., Wood, C. E., Giallo, R., Kaufman, J., & Hansen, M. (2019). Factors promoting emotional-behavioral resilience and adjustment in children exposed to intimate partner violence: A systematic review. *Australian Journal of Psychology*, 71(4), 375–389. <https://doi.org/10.1111/ajpy.12242>
- [45]. Fry D, McCoy A, Swales D. (2012) The consequences of maltreatment on children's lives: a systematic review of data from the East Asia and Pacific region. *Trauma Violence Abuse*;13(4):209–33.
- [46]. Fuchs, R., Glaude, M., Hansel, T., Osofsky, J., & Osofsky, H. (2021). Adolescent risk substance uses behavior, posttraumatic stress, depression, and resilience: Innovative considerations for disaster recovery. *Substance Abuse*, 42(3), 358–365. <https://doi.org/10.1080/08897077.2020.1784357>
- [47]. Gilbar, O., Taft, C., & Dekel, R. (2020). Male intimate partner violence: Examining the roles of childhood trauma, PTSD symptoms, and dominance. *Journal of Family Psychology*, 34(8), 1004–1013. <https://doi.org/10.1037/fam0000669>
- [48]. Grauerholz L. (2000). An ecological approach to understanding sexual revictimization: linking personal, interpersonal, and sociocultural factors and processes. *Child Maltreat.* 5(1):5–17.
- [49]. Godbout N, Vaillancourt-Morel MP, Bigras N, Briere J, Hebert M, Runtz M, et al. (2019) Intimate partner violence in male survivors of child maltreatment: a meta-analysis. *Trauma Violence Abuse.* 20(1):99–113.
- [50]. Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2016). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin*, U.S. Department of Justice. <https://www.ojp.gov/pdffiles1/ojdp/232272.pdf>
- [51]. Howell, K. H., Miller-Graff, L. E., Hasselle, A. J., & Scraftford, K. E. (2018). Protective factors associated with resilient functioning in children exposed to intimate partner violence: A systematic review. *Journal of Family Violence*, 33(6), 425–437. <https://doi.org/10.1007/s10896-018-9963-6>
- [52]. Howell, K. H. (2021). Recognizing the cumulative burden of childhood adversities transforms science and practice for trauma and resilience. *American Psychologist*, 76(2), 230–242. <https://doi.org/10.1037/amp0000763>
- [53]. Huang, C.-C., Vikse, J. H., Yi, S., & Lu, S. (2015). Children's Exposure to Intimate Partner Violence and Early Delinquency. *Journal of Family Violence*, 30(8), 953–965. <https://doi.org/10.1007/s10896-015-9727-5>
- [54]. Islam, Asad & Lee, Wang-Sheng & Nicholas, Aaron, 2021. "The Effects of Chess Instruction on Academic and Non-cognitive Outcomes: Field Experimental Evidence from a Developing Country," *Journal of Development Economics*, Elsevier, vol. 150(C).

- [55]. Jankowski MK, Leitenberg H, Henning K, Coffey P. (2002) Parental caring as a possible buffer against sexual revictimization in young adult survivors of child sexual abuse. *J Trauma Stress*. 15(3):235–44.
- [56]. John A. List & Ragan Petrie & Anya Samek, 2023. "How Experiments with Children Inform Economics," *Journal of Economic Literature*, American Economic Association, vol. 61(2), pages 504-564, June.
- [57]. *Journal of Pediatrics*. (2021). Children witnessing domestic and family violence: A widespread concern. Elsevier.
- [58]. Kimber M, Adham S, Gill S, McTavish J, MacMillan HL.(2018) The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood-a systematic review. *Child Abuse Negl*. 76:273–86.
- [59]. Kimerling R, Alvarez J, Pavao J, Kaminski A, Baumrind N. (2007) Epidemiology and consequences of women's revictimization. *Womens Health Issues*. 17(2):101–6.
- [60]. Knoll M, Solter L, Ben-Shoshan M, Harrington D, Fragapane J, Joseph L, et al. (2012) The use of incentives in vulnerable populations for a telephone survey: a randomized controlled trial. *BMC Res Notes*. 2012;5:572.
- [61]. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. (2002) The world report on violence and health. *Lancet*;360(9339):1083–8.
- [62]. Li, M., Zhang, L., & Fan, W. (2023). Career adaptability and career choice satisfaction: Roles of career self-efficacy and socioeconomic status. *The Career Development Quarterly*, 71(4), 300–314. <https://doi.org/10.1002/cdq.12334>
- [63]. Li S, Zhao F, Yu G. (2019) Childhood maltreatment and intimate partner violence victimization: a meta-analysis. *Child Abuse Negl* ;88:212–24.
- [64]. Lundy, T., & Crawford, J. (2024). Health and Wellness Outcomes of Intimate Partner Violence Support Workers: A Narrative Review. *Trauma, Violence, & Abuse*, 25(4), 2942–2956. <https://doi.org/10.1177/15248380241231604>
- [65]. Machisa, M. T., Christofides, N., & Jewkes, R. (2018). Social support factors associated with psychological resilience among women survivors of intimate partner violence in Gauteng, South Africa. *Global Health Action*, 11(sup3),1491114. <https://doi.org/10.1080/16549716.2018.1491114>
- [66]. Maker AH, Kimmelmeier M, Peterson C. (2001) Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: a multi-risk model of revictimization. *J Trauma Stress*. 14(2):351–68.
- [67]. Maniglio R. (2009) The impact of child sexual abuse on health: a systematic review of reviews. *Clin Psychol Rev*. 29(7):647–57.
- [68]. McKinney CM, Caetano R, Ramisetty-Mikler S, Nelson S.(2009) Childhood family violence and perpetration and victimization of intimate partner violence: findings from a national population-based study of couples. *Ann Epidemiol*;19(1):25–32.
- [69]. Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7), 98. <https://doi.org/10.3390/children5070098>
- [70]. Matthias Domhardt , Annika Münzer , Jörg M Fegert , Lutz Goldbeck (2014) *Trauma Violence abuse* 10.1177/1524838014557288.Epub
- [71]. Messman-Moore TL, Long PJ. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: an empirical review and theoretical reformulation. *Clin Psychol Rev*.23(4):537–71.
- [72]. Miller E, Breslau J, Chung WJ, Green JG, McLaughlin KA, Kessler RC. (2011) Adverse childhood experiences and risk of physical violence in adolescent dating relationships. *J Epidemiol Community Health*. 65(11):1006–13.
- [73]. Miskurka M, Steensma C, Phillips SP. (2016) Correlates of partner and family violence among older Canadians: a life-course approach. *Health Promot Chronic Dis Prev Can*. 36(3):45–53.
- [74]. Moeller TP, Bachmann GA, Moeller JR. (1993) The combined effects of physical, sexual, and emotional abuse during childhood: long-term health consequences for women. *Child Abuse Negl*. 17(5):623–40.
- [75]. Muir, C., Adams, E. A., Evans, V., Geijer-Simpson, E., Kaner, E., Phillips, S. M., Salonen, D., Smart, D., Winstone, L., & McGovern, R. (2022). A Systematic Review of Qualitative Studies Exploring Lived Experiences, Perceived Impact, and Coping Strategies of Children and Young People Whose Parents Use Substances. *Trauma, Violence & Abuse*, 24(5), 36293646. <https://doi.org/10.1177/15248380221134297>
- [76]. Murphy LM. (2011) Childhood and adolescent violent victimization and the risk of young adult intimate partner violence victimization. *Violence Vict*;26(5):593–607.
- [77]. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. (2012) The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. *PLoS Med*. 9(11): e1001349.
- [78]. Oluwajobi, O. L., Udechukwu, C. F., & Arogundade, T. O. (2024). Understanding the impact of domestic violence on children's mental health and exploring effective intervention strategies. *World Journal of Advanced Research and Reviews*, 23(03), 1405–1418. <https://doi.org/10.30574/wjarr.2024.23.3.2812>
- [79]. Renner LM, Slack KS. (2006) Intimate partner violence and child maltreatment: understanding intra- and intergenerational connections. *Child Abuse Negl*. 30(6):599–617.
- [80]. Sanjeevi J, Houlihan D, Bergstrom KA, Langley MM, Judkins J. A Review of Child Sexual Abuse: Impact, Risk, and Resilience in the Context of Culture. *J Child Sex Abus*. (2018) Aug-Sep;27(6):622-641. doi: 10.1080/10538712.2018.1486934. Epub 2018 Jul 31. PMID: 30064308.
- [81]. Scott-Storey K. (2011) Cumulative abuse: do things add up? An evaluation of the conceptualization, operationalization, and methodological approaches in the study of the phenomenon of cumulative abuse. *Trauma Violence Abuse*.;12(3):135–50.
- [82]. Seedat S, Stein MB, Forde DR. (2005) Association between physical partner violence, posttraumatic stress, childhood trauma, and suicide attempts in a community sample of women. *Violence Vic*;20(1):87–98.

- [83]. Shields ME, Hovdestad WE, Pelletier C, Dykxhoorn JL, O'Donnell SC, Tonmyr L.(2016) Childhood maltreatment as a risk factor for diabetes: findings from a population-based survey of Canadian adults. *BMC Public Health*. 16(1):879.
- [84]. Statistics Canada. General Social Survey (2009) - Cycle 23 - Victimization – Main Survey Questionnaire Package. https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=getInstrumentList&Item_Id=54684&UL=1V
- [85]. Statistics Canada. General Social Survey (2014) - Cycle 28 - Victimization. https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=getInstrumentList&Item_Id=148640&UL=1V
- [86]. Statistics Canada. General Social Survey, (2014) Cycle 28: Canadians' safety and security: victimization. Microdata User Guide Statistics Canada.
- [87]. Straus MA. (1979) Measuring intrafamily conflict and violence: the conflict tactics (CTS) scales. *J Marriage Fam*. 41(1):75–88.
- [88]. Straus MA, Hamby SL, Boney-McCoy S, Sugarman DB. (1996) The revised conflict tactics scales (CTS2): development and preliminary psychometric data. *J Fam Issues*. 17:283–316.
- [89]. Strom IF, Kristian HO, Myhre MC, Wentzel-Larsen T, Thoresen S. (2017) The social context of violence: a study of repeated victimization in adolescents and young adults. *J Interpers Violence*;886260517696867.
- [90]. Stockl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C, et al.(2013) The global prevalence of intimate partner homicide: a systematic review. *Lancet*382(9895):859–65.
- [91]. Swartout KM, Cook SL, White JW. (2012)Trajectories of intimate partner violence victimization. *West J Emerg Med*.13(3):272–7.
- [92]. Thompson RS, Bonomi AE, Anderson M, Reid RJ, Dimer JA, Carrell D, et al. (2006) Intimate partner violence: prevalence, types, and chronicity in adult women. *Am J Prev Med*.30(6):447–57.
- [93]. Tsirigotis, K., & Łuczak, J. (2017). Resilience in Women who Experience Domestic Violence. *Psychiatric Quarterly*, 89(1), 201–211. <https://doi.org/10.1007/s11126-017-9529-4>
- [94]. UNICEF. (2020). Ending violence against women and children in the Philippines: Opportunities and challenges for collaborative approaches. UNICEF East Asia and Pacific Regional Office.
- [95]. UNICEF. (2025). Children's exposure to intimate partner violence against their mothers pervasive worldwide. UNICEF Press Release.
- [96]. Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- [97]. Van Duin EM, Verlinden E, Vrolijk-Bosschaart TF, Diehle J, Verhoeff AP, Brilleslijper-Kater SN, Lindauer RJL.Eur J Psychotraumatol. 2018 Sep 3;9(1):1503524. doi: 10.1080/20008198.2018.1503524.
- [98]. Vermeulen T, Greeff AP. (2015) Family Resilience Resources in Coping With Child Sexual Abuse in South Africa. *J Child Sex Abuse*. 24(5):555-71. PMID: 26301440.
- [99]. Wang and Li (2024). Group Career Construction Counseling: A Mixed-Methods Intervention Study with High School Students. *The Career Development Quarterly*, 67(1), 47–61. <https://doi.org/10.1002/cdq.12162>
- [100]. Widom CS, Czaja S, Dutton MA. (2014) Child abuse and neglect and intimate partner violence victimization and perpetration: a prospective investigation. *Child Abuse Negl.*;38(4):650–63.
- [101]. Whitfield CL, Anda RF, Dube SR, Felitti VJ. (2003) Violent childhood experiences and the risk of intimate partner violence in adults: assessment in a large health maintenance organization. *J Interpers Violence*;18(2):166–85.
- [102]. Woods-Jaeger, B., Siedlik, E., Adams, A., Piper, K., O'Connor, P., & Berkley-Patton, J. (2020). Building a Contextually Relevant Understanding of Resilience among African American Youth Exposed to Community Violence. *Behavioral Medicine*, 46(3–4), 330–339. <https://doi.org/10.1080/08964289.2020.1725865>
- [103]. World Health Organization. (2020). Global status report on preventing violence against children. WHO, UNICEF, UNESCO, UNFPA
- [104]. World Health Organization (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization
- [105]. Xiangfei Meng , Marie-Josée Fleury , Yu-Tao Xiang , Muzi Li , Carl D'Arcy (2018) Soc Psychiatry edpidemiol: Resilience and protective factors among people with a history of child maltreatment: a systematic review 10.1007/s00127-018-1485-2
- [106]. Yakubovich AR, Heron J, Feder G, Fraser A, Humphreys DK.(2019) Intimate partner violence victimisation in early adulthood: psychometric properties of a new measure and gender differences in the Avon longitudinal study of parents and children. *BMJ Open*. 9(3):e025621.

APENDICES

APPENDIX A. APPROVED LETTERS

	<p>Republic of the Philippines Province of Bukidnon Municipality of Don Carlos DON CARLOS POLYTECHNIC COLLEGE Purok 2, Poblacion Norte, Don Carlos, Bukidnon</p>	
<p>September 03, 2025</p>		
<p>MA. VICTORIA O. PIZARRO, CPA Municipal Mayor Don Carlos, Bukidnon</p>		
<p>Dear Ma'am</p>		
<p>Subject: Request for Permission to Conduct Research Study and Collect Data</p>		
<p>Greetings!</p>		
<p>We would like to ask permission from your good office to conduct our research study entitled "FROM TRAUMA TO RESILIENCE: LIVED EXPERIENCE OF CHILDREN EXPOSED TO DOMESTIC VIOLENCE" as a requirement for the degree Bachelor of Science in Criminology.</p>		
<p>The participants of the study are children who experience domestic violence under the age of eighteen (18) below. In this regard, we also seek the assistance of the Municipal Social Welfare and Development office in identifying and locating the potential participant so that we may reach them for the conduct of interviews.</p>		
<p>Enclosed with this letter is the approved research instrument. We kindly request your approval and support in allowing us to proceed with the data collection phase within the municipality, with the guidance and coordination of the MSWDO.</p>		
<p>Your cooperation is greatly appreciated. Rest assured that all data collected will be handled with confidentiality and used solely for academic purposes.</p>		
<p>Your favorable action on this request and approval is deeply appreciated.</p>		
<p>Thank you very much.</p>		
<p>Sincerely,</p>		
<p><u>KRISTINE JADE C. MACARAYA</u> <u>CHRISTINE HOPE B. BAJOLO</u> <u>JOEFFREY N. LINDEROS JR.</u> <u>DESIREE A. SALAUM</u> <u>MARY JANE C. LORE</u> <u>NEKKY C. LISAMOS</u> Researchers</p>		
<p>Noted by:</p>		
<p><u>ANGELICA P. SALCE, MAT</u> Research Adviser</p>		
<p>Recommending Approved by:</p>		
<p><u>ROMELYNI. PASCUA, MSCrim</u> College Dean, Criminology Department</p>		
<p>Approved by: <i>FOR AND IN THE ABSENCE</i></p>		
<p><u>MA. VICTORIA O. PIZARRO, CPA</u> Municipal Mayor</p>		
<p>ACTION TAKEN: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p>		

APPENDIX B.



Republic of the Philippines
Province of Bukidnon
Municipality of Don Carlos
DON CARLOS POLYTECHNIC COLLEGE
Purok 2, Poblacion Norte, Don Carlos, Bukidnon



September 03, 2025

Dear Participant,

Subject: Invitation to Participate in Research Study

Greetings!

We are presently conducting a study entitled **"FROM TRAUMA TO RESILIENCE: LIVED EXPERIENCE OF CHILDREN EXPOSED TO DOMESTIC VIOLENCE"** as a requirement for the degree Bachelor of Science in Criminology.

In this connection, we are requesting your help to answer the research questions with utmost honesty and sincerity. Your responses will be kept confidential and used for research purposes only.

Thank you for considering this invitation to contribute to our research. We look forward to your participation.

Sincerely,

KRISTINE JADE C. MACARAYA
CHRISTINE HOPE B. BAJOLO
JOEFFREY N. LINDEROS JR.
DESIREE A. SALAUM
MARY JANE C. LORE
NEKKY C. LISAMOS
Researchers

Noted by:

ANGELICA P. SALCE, MAT
Research Adviser

Recommending Approved by:

ROMELYN I. PASCUA, MSCrim
College Dean, Criminology Department

MARIETTA D. DAYATA, RSW
Municipal Social Welfare and Development Officer

APPENDIX C. GUIDE QUESTIONS

- *What are the common traumatic experiences that children sexually abused by their father currently encounter?*
- *Can you describe a time when things felt scary or unsafe at home?*
- ✓ (Makasulti ba ka sa oras nga nakabati ka'g kahadlok ug dili ka safety?)
- *How did you feel when those difficult moments happened?*
- ✓ (Unsa imong ginabati sa mga kalisud nga nahitabo?)
- *What things or situation made you feel most worried or upset?*
- ✓ (Unsa'y mga butang o sitwasyon nga mas makabati ka'g kabalaka?)
- *What coping mechanisms and support systems do these children currently utilized to overcome trauma and build resilience?*
- *How did those experiences change the way you felt at school or with your friends?*
- ✓ (Giunsa nga ang iming mga kaagi nibag-o sa imong pamati o paglantaw sa pagskwela or mask isa imong mga amego/amega?)
- *When things were hard at home, what did you do to feel better or safe?*
- ✓ (Kung ang mga butang lisud na sa panimalay, unsa imong mga ginabuhat para makabati ka'g mayo ug safety?)
- *What activities or hobbies make you feel happy or calm when you're feeling sad or worried?*
- ✓ (Unsa'y mga lingaw o mga ganahan nimo nga makapalipay o makahapsay sa imong pamati kung bation ka'g kaguol o kabalaka?)

APPENDIX D. SAMPLE VERIFICATION OF TRANSCRIPTION

Participant : Participant 1

Session Number : 1

Date : September 21, 2025

Time Started : 12:41 PM

Time Ended : 12:46 PM

Duration : 5 minutes and 12 seconds

Location : Purok 10, Merangeran, Quezon, Bukidnon

Interviewed by : Nekky C. Lisamos

Transcribed by : Desiree A. Salaum

Transcript of Interview

INTERVIEWER	RESPONSES
Researcher: Maayong buntag, Lang. Okay ra sa imoha nga interview'hon ka namo karon? Researcher: Good morning, Lang. Is it okay with you if we interview you now?	Participant: Oo, okay ra. Participant: Yes, it's okay.
The Common Traumatic Experiences that Children Exposed to Domestic Violence	
Researcher: Makasulti ba ka sa oras nga nakabati kag kahadlok ug dili ka safety sa inyong panimalay? (Can you tell us about a time you felt fear and unsafe in your home?) Researcher: Can you tell us about a time you felt fear and unsafe in your home? Researcher: Nang kanang unsa ka nga kanang oras or kanang panahon nga feel bitaw nimo nga kanang dili ka safety. Kanang mahadlok ka mga unsa nga orasa or mga panahona? Researcher: What time or what period when you feel unsafe? When you feel afraid, what time or period is it?	Participant: Mga usahay ra siguro. Usahay kanang time nga naa'y kuan gud nako nga murag nibalik sa akong huna-huna nga ing-ani. Dili ta diri safe, need nato mo balhin nga lugar or dira nga orasa ani gud. Participant: Sometimes, maybe. Sometimes, it's that time when something comes back to my mind. We're not safe here, we need to move to another place or that time, really.
Researcher: (FUQ) Like unsa gyud sya nga oras lang? Researcher: Like what time is it?	Participant: Mga... mga gabie na siguro kay usahay kay makadungog ko sa akong abuser. Participant: (Maybe... maybe it's night because sometimes I hear my abuser.
Researcher: (FUQ) Mga unsa orasa sa gabie? Researcher: What time at night?	Participant: Mga murag padulong tulog na kanang mga 6 or 7. Participant: Around bedtime, like 6 or 7.
Researcher: (FUQ) Naka-feel kag kahadlok? Researcher: You feel scared?	Participant: Ouhm... Participant: Uhm...
Researcher: Unsa imong gibati pagkahitabo atong mga lisod nga panahon? Researcher: What did you feel after those difficult times? Researcher: Kanang pagkahitabo ato lang, unsa imong na feel ato lang? Researcher: What did you feel after that happened?	Participant: Kahadlok. Participant: Fear.
Researcher: (FUQ) Ngano lugar mahadlok ka ato? Researcher:	Participant: Ginaingnan man mi niya kay kung mosumbong mi kat patyon mi niya. Participant:
Researcher: (FUQ) Ginahadlok lugar mo niya? Researcher:	Participant: Ouhm, pati sa damgo. Participant:
Researcher: Unsa'y mga butang or sitwasyon nga mas nakabati ka'g kabalaka? Researcher:	Participant: Kanang aham... kanang time nga, kana gu'ng time nga gina-bully ko or kanang naa'y makabalo sa among sitwasyon nga moana akong

	<p>kahadlok tas i-bully day'n mi. Hala! Pati iyang papa ngee... iyang papa ga-rape niya ehh kaluoy pud nimo uy. Mga ing-ana tas murag mobalik na pud sa akong hunahuna nga Ningana nga luh... gi-rape n apud ka sa imong hunahuna. Psagka-gabii day'n kay madamgohan day'n nako siya. Gigukod mi, nga gigukod mi nga nagdala sya'g sundang.</p> <p>Participant:</p>
Coping Mechanisms and Support System of Children	
<p>Researcher: Giunsap ag-usab sa imong gibati sa skwelahan sa imong mga amigo ang kasinatian nga imong naagian?</p> <p>Researcher:</p>	<p>Participant: Kanang, kanang sa skwelahan pa kay ako naka... kuan ko grade 4 pako nga..." (Well, well at school, I was able to... I was in grade 4 when...) naka fisting fisting... pirst pi-pirst... kanang pinakauna gud kanang pinaka bright sa eskwelahan naka fisting nato ana sa grade 4 pako pag grade 5 mao gihapon abot lang karon pag grade 6 nako kay murag sa eskwelahan na feel na nako nga dira na gyud mawala akong tanan tanan kahadlok or tanan nga trauma nga nahitabo sa ako ba kay gapaminaw ko sa tanan gapaminaw ko dili nako gina... dili nako gina hura-hura ang negative, negative panghuna-huna.</p> <p>Participant: I was fisted, first first. The first time, I was bright in school. I was fisted in grade 4, then it continued until grade 5. Now that I'm in grade 6, I feel like at school, all my fears or all the trauma that happened to me will disappear because I listen to everyone. I listen, I don't... I don't dwell on the negative, negative thoughts.</p>
<p>Researcher: (FUQ) Unsa inyong buhaton para malingaw mo?</p> <p>Researcher:</p>	<p>Participant: Kanang magdula mi, magdagan-dagan, batang x, nang magkuan, kanang magkanang, magtuyok-tuyok, suroy-suroy, storya-storya sa mga kaagi. Mao na ang among ginakuan.</p> <p>Participant:</p>
<p>Researcher: Kung lisud ang sitwasyon sa balay, unsa imong buhaton aron makabati ka ug maayo or luwas?</p> <p>Researcher:</p>	<p>Participant: Kanang akong ginabuhay kay kanang magkuan ko kanang naa'y makit-an nga kahoy. Bulak ako jud ang simhuton og usahay kung naa'y makitang kahoy sindot sya'g bunga bulak ako siyang hikapon og ta... mura gug kahoy gina kuha niya akong tanan negative nga panghuna-huna.</p> <p>Participant: What I do is I look for a tree. I smell the flowers and sometimes if there's a tree with flowers, I touch the flowers and it's like... the tree takes away all my negative thoughts.</p>
<p>Researcher: (FUQ) Silbi ginahimo ug inspirasyon ang kahoy para malimtan nimo ang mga butang nga nahitabo sa imoha?</p> <p>Researcher:</p>	<p>Participant: (Nod her head)</p> <p>Participant:</p>
<p>Researcher: Unsa'y mga lingaw o mga ganahan nimo nga makapalipay o makapahapsay sa imong pamati kung bation ka'g kaguol o kabalaka?</p> <p>Researcher:</p>	<p>Participant: Magdula.</p> <p>Participant: Playing.</p>
<p>Researcher: (FUQ) Like unsa nga dula?</p> <p>Researcher:</p>	<p>Participant: Chinese.</p> <p>Participant:</p>
<p>Researcher: (FUQ) Dayon?</p> <p>Researcher: Then?</p>	<p>Participant: Ouhm... mag-chinese, manghangat ko sa akong silingan diri ug mga babae nga silingan ban ga magdula ta ninyo'g Chinese. Naa ko'y Chinese.</p> <p>Participant:</p>
<p>Researcher: (FUQ) Para mawala, ay para malimot ka sa imong kuan, ana lugar? Chinese pa, Lang or naa pa'y lain?</p> <p>Researcher:</p>	<p>Participant: Kana ra gyud akong kalingawan.</p> <p>Participant:</p>

<p>Researcher: (FUQ) Peaceful ba imong hunahuna kung buhaton na nimo nga butang?</p> <p>Researcher:</p>	<p>Participant: O...</p> <p>Participant: Yes...</p>
<p>Researcher: (FUQ) Ngano? Nganong mag-peaceful man kung mabuhat na nimo nga butang?</p> <p>Researcher:</p>	<p>Participant: Kay magkuan, kanang makaingon ko kay ehrr, murag ma-feel nako nga imagination nako nga kanang Chinese kay murag problema, ako na sya'ng likayan para mawala na'y negative? Thi-things nga akong mahunahunaan.</p>

D Coded Significant Statements

Significant Statement Number	Responses/Significant Statement	Code	Response Number
1.	<p>Mga usahay ra siguro... Usahay kanang time nga naa'y kuan gud nako nga murag nibalik sa akong huna-huna nga ing-ani... Dili ta diri safe, need nato mo balhin nga lugar or dira nga orasa ani gud... Mga... mga gabie na siguro kay usahay kay makadungog ko sa akong abuser... Mga murag padulong tulog na kanang mga 6 or 7... Ouhm... Kahadlok... Ginaingnan man mi niya kay kung mosumbong mi kat patyon mi niya... Ouhm, pati sa damgo... (IDI 1-1-1; SS1)</p> <p><i>(Sometimes, I guess... There are moments when something triggers me and it feels like those thoughts come back—like thinking we're not safe here, that we need to move to another place, or that something might happen at a certain time... Probably at night, because sometimes I hear my abuser... Around the time I'm about to sleep, maybe around 6 or 7 PM... Yes... Fear... Because he told us that if we reported him, he would kill us... Yes, even in my dreams.)</i></p>	IDI 1-1-1	1
2.	<p>Kanang aham... kanang time nga, kana gu'ng time nga gina-bully ko or kanang naa'y makabalo sa among sitwasyon nga moana akong kahadlok na tas i-bully day'n mi. Hala! Pati iyang papa ngee... iyang papa ga-rape niya ehh kaluoy pud nimo uy. Mga ing-ana tas murag mobalik na pud sa akong hunahuna nga Ningana nga luh... gi-rape n apud ka sa imong hunahuna. Psagka-gabii day'n kay madamgohan day'n nako siya. Gigukod mi, nga gigukod mi nga nagdala sya'g sundang. (IDI 1-2-1; SS2)</p> <p><i>(Well... during those times when I was being bullied, or when someone found out about our situation and I'd start to feel scared, then we'd get bullied again. Oh no! Even her father... her own father raped her, poor thing. Situations like that would come back to my mind, like—oh no... you were raped again in your thoughts. Then at night, I would dream about her. We were being chased, and he was running after us carrying a machete.)</i></p>	IDI 1-2-1	1
3.	<p>Kahadlok...Ginaingnan man mi niya kay kung mosumbong mi kat patyon mi niya...Ouhm, pati sa damgo. (IDI 1-3-1; SS3)</p> <p><i>(Fear... He told us that if we reported him, he would kill us... Ummm, even in our dreams.)</i></p>	IDI 1-3-1	1
4.	<p>Kanang, kanang sa skwelahan pa kay ako naka... kuan ko grade 4 pako nga..." (Well, well at school, I was able to... I was in grade 4 when...)naka fisting fisting... pirst pi-pirst... kanang pinakauna gud kanang pinaka bright sa eskwelahan naka fisting nato ana sa grade 4 pako pag grade 5 mao gihapon abot lang karon pag grade 6 nako kay murag sa eskwelahan na feel na nako nga dira na gyud mawala akong tanan tanan kahadlok or tanan nga trauma nga nahitabo sa ako ba kay gapaminaw ko sa tanan gapaminaw ko dili nako gina... dili nako gina hura-hura ang negative, negative panghuna-huna...Kanang magdula mi, magdagan-dagan, batang x, nang magkuan, kanang magkanang, magtuyok-tuyok, suroy-suroy, storya-storya sa mga kaagi. Mao na ang among ginakuan. (IDI 4-1-1; SS4)</p> <p><i>(Well... well back in school, I was able to... I was in Grade 4 when... I got picked first... like the very first one... the brightest in school, I got chosen for that in Grade 4... in Grade 5, it was the same... and now in Grade 6, I feel like school has really become the place where all my fears... all the trauma that happened to me... started to disappear. I listened to everyone... I listened... I no longer dwell on the negative... negative thoughts... We would play... run around... pretend to be Batang X... do stuff... just go around... wander... share stories about our experiences. That's what we did.)</i></p>	IDI 2-1-1	1

5.	Kanang akong ginabuhay kay kanang magkuan ko kanang naa'y makit-an nga kahoy. Bulak ako jud ang simhuton og usahay kung naa'y makitang kahoy sindot sya'g bunga bulak ako siyang hikapon og ta... mura gug kahoy gina kuha niya akong tanan negative nga panghuna-huna... (Nod her head) (IDI 2-2-1:SS5) <i>(What I usually do is, whenever I see a tree, I go near it. I always smell the flowers, and sometimes, if the tree has beautiful fruits or blossoms, I gently touch them. It feels like the tree absorbs all my negative thoughts. It's as if, just by being close to it, I can let go of everything that weighs me down... (She nods her head.))</i>	IDI 2-2-1	1
6.	Magdula... Chinese... Ouhm... mag-Chinese, manghangat ko sa akong silingan diri ug mga babae nga silingan ba nga magdula ta ninyo'g Chinese. Naa ko'y Chinese... Kana ra gyud akong kalingawan... O... Kay magkuan, kanang makaingon ko kay ehrr, murag ma-feel nako nga imagination nako nga kanang Chinese kay murag problema, ako na sya'ng likayan para mawala na'y negative... Thi—things nga akong mahunahunaan. (IDI 2-3-1; SS6) <i>(I play... Chinese... Uhm... I play Chinese with my neighbors here, especially the women. I invite them, saying, "Let's play Chinese." I have my own Chinese game... That's really the only thing I enjoy... Yes... Because when I do it, I feel like it's like in my imagination, the Chinese game becomes the problem itself, and I avoid it so that all the negative thoughts I have will go away.)</i>	IDI 2-3-1	
7.	Alas otso sa hapon (gabii) ang akong kahadlokang ug kanunay nakong mahinumduman kay ang paghilabtan ko ni papa. (IDI 1-1-2; SS7) <i>(Eight o'clock in the evening is what I fear and always remember because that's when my father molested me.)</i>	IDI 1-1-2	2
8.	Kahadlok ra... Kay naglibog ko ngano, ngano nga gihuboan ko ni papa, ngano nga gihilabtan ko niya... Naa sa akong hunahuna nga gihilabtan ko ni papa... Nahibalo ko nga gihuboan ko ni papa. (IDI 1-2-2; SS8) <i>(Fear alone... Because I'm confused—why, why did my father undress me, why did he touch me... It's in my mind that my father molested me... I know that my father undressed me.)</i>	IDI 1-2-2	2
9.	Katong niuli si papa kay katong ingon day'n siya, ingon day'n siya; mosumbong gani ka sa Pulis, patyon ta mo'ng tanan. (IDI 1-3-2; SS9) <i>(When my father came home, he said, "If you report this to the police, I'll kill all of you.)</i>	IDI 1-3-2	2
10.	Kanang kung, kung ako malimtan akong gi, katong gihilabtan ko ni papa, kay magdula-dula lang mi sa akong amiga ug monkey bar... Gamay lang, katong malimtan gamay. (IDI 2-1-2; SS10) <i>(Like, if I forget that I was molested by my father, it's because I'm just playing with my friend on the monkey bars... Just a little, just a little bit forgotten.)</i>	IDI 2-1-2	2
11.	Balay-balay mi samong barkada kay ang uban day'n kay akong malimtan. Kung ako lang isa sa balay, molaag ko sakong amiga, magdula day'n mi'g balay-balay. (IDI 2-2-2:SS11) <i>(We playhouse with my group of friends because it helps me forget about other things. When I'm alone at home, I go out and visit my friend, and then we playhouse together.)</i>	IDI 2-2-2	2
12.	Kung, kung wala, unsa gali to... Magsulat ko ug manghinlo... Kanang balay-balay day'n ko, molaag day'n ko. (IDI 2-3-2; SS12) <i>(When—when I don't have anything to do, what was it again... I write and I clean... I playhouse, and then I go out.)</i>	IDI 2-3-2	2
13.	Akong kahadlokang kay gabii gyud kay mao man ang time nga ginabuhay sa akong amahan. (IDI 1-1-3:SS13) <i>(What I truly fear is nighttime, because that's when my father did those things to me.)</i>	IDI 1-1-3	3

14.	Nasakitan ko atong nabuhata to, ay- kay nganong nabuhata to ni papa isip ko niya anak. (IDI 1-2-3; SS14) <i>(I was hurt by what happened—because why did my father do that to me, his own child.)</i>	IDI 1-2-3	3
15.	Mahadlok ko kung bunalan ko basig inganaon na pud ko niya. Nasakit na kaayo sa akong lawas. (IDI 1-3-3; SS15) <i>(I'm afraid that if he hits me, he might do that to me again. My body already hurts so much.)</i>	IDI 1-3-3	3
16.	Wala man ko nakaistorya nang mana akong mga classmate... Maghilaka na lang sa kanang asa ko kumpleto, na asa ko na kumpleto, na asa nako bot... asa nako adtoon magsuroy-suroy ko para malimtan nako akong nangahitabo sauna... Magtan-aw tan-aw sa mga basahon... O. (IDI 2-1-3; SS16) <i>(I couldn't talk about that with my classmates... I just cry in places where I feel complete, where I feel whole, where I feel like I belong... I go to those places and walk around so I can forget what happened to me before... I look at books... Yes.)</i>	IDI 2-1-3	3
17.	Sa ako lang nga magsumbong na lang jud ko dretso sap... sa akong angay kasumbungan kaysa maghilom na lang ko ini'g kapoyan naman gud ko ato nga time nga nagmaoy jud ko. Ako nang napasakitan akong mga manghud tungod atong nahitabo pero may gay, nakasumbong ko sa akong silingan nga si Ate Chacha ug si Ate Terry. (IDI 2-2-3; SS17) <i>(For me, I just go straight to telling someone I trust—someone I know I can confide in—instead of keeping everything to myself. I was really exhausted during that time when I was deeply hurting. I ended up hurting my younger siblings because of what happened. But thankfully, I was able to open to my neighbors, Ate Chacha and Ate Terry.)</i>	IDI 2-2-3	3
18.	Moadto ko sa center... nangtawag ko kinsa akong katawagan, naa man mi kauban sa center... di makigkuan na lang ko, makigdula, makigdula sa ila tapos makiglantaw ug TV... (Nod her head)... Molakaw na lang ko sa balay, kundi sa balay ko magtanom-tanom ug bulak, makigistorya sa mga bulak or makigdula para malimtan nako akong mga agian sauna. (IDI 2-3-3; SS18) <i>(I go to the center... I call someone I know. Since I have companions there... I just join them, play with them, and watch TV together... (She nods her head)... I just go out of the house, or if I stay home, I plant flowers, talk to the flowers, or play so I can forget the things I went through before.)</i>	IDI 2-3-3	