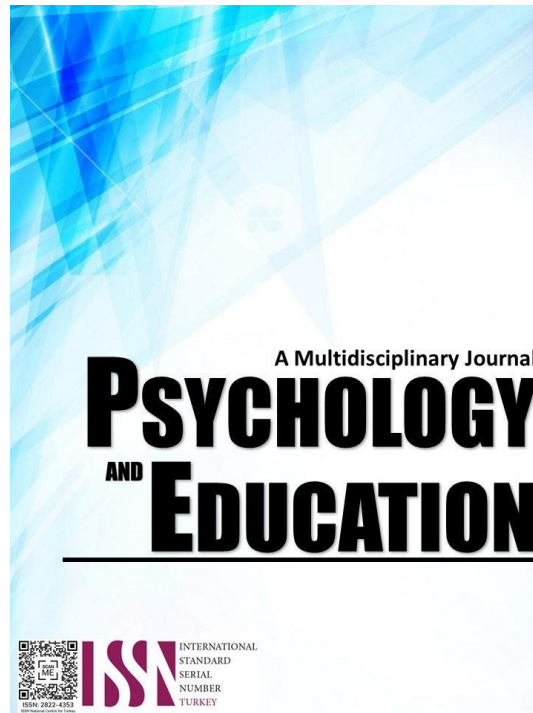


HER HEART LISTENS: EXPLORING THE COUNSELING EXPERIENCES OF CHILDHOOD SEXUALLY ABUSED VICTIMS



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Her Heart Listens: Exploring the Counseling Experiences of Childhood Sexually Abused Victims

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Abstract

This qualitative single-case study explores the counseling experiences of childhood sexual abuse (CSA) victims from the Home for Girls XII, Department of Social Welfare and Development in Tantaran, South Cotabato, Philippines. The study aims to gain insights into how victims confront their past, navigate their journey toward healing with counseling, develop newfound perspectives and beliefs about themselves, and cultivate a desire to reconstruct their lives more positively. Additionally, the research investigates the influence of cultural and contextual factors on the counseling experiences of these victims. The study is guided by various theories that shed light on the consequences and effects of child sexual abuse, a severe problem that has gained prominence. The research seeks to address the existing gaps in the literature by providing a comprehensive understanding of the counseling experiences of CSA victims, including the long-term implications on their mental health, physical well-being, and overall quality of life. By examining the firsthand experiences of CSA victims, the researchers aim to contribute to developing more effective and tailored support systems for this vulnerable population. The findings of the study have the potential to guide the creation of evidence-based practices, policies, and interventions that offer the necessary support and facilitate healing for childhood sexual abuse victims.

Keywords: *childhood sexual abuse (CSA), counseling experiences, victim perspectives*

Introduction

The concern of childhood sexual abuse (CSA) has been a pervasive issue on a global level for quite some time, with profound and enduring consequences for victims. It is imperative to address the intricate requirements of CSA survivors through counseling and support services; nevertheless, research on their lived experiences is still scarce, particularly in non-Western contexts.

The objective of the study is to investigate the counseling experiences of CSA victims from the Home for Girls XII, Department of Social Welfare and Development in Tantaran, South Cotabato, Philippines, in order to address this critical lacuna. Through the examination of the personal narratives of these survivors, the research endeavors to identify the distinctive challenges, coping mechanisms, and transformative journeys they undergo during the counseling process.

The existing literature has emphasized the substantial obstacles that CSA victims frequently encounter when reporting and seeking assistance, such as societal stigma, cultural perceptions, and intimidation from abusers (Schomerus, 2021). In the Philippines, where child sexual abuse is highly stigmatized, it is particularly crucial to comprehend the contextual factors that influence the counseling experiences of these individuals (Varghese, 2020).

Moreover, this research endeavors to investigate the long-term repercussions on the mental health, physical well-being, and overall quality of life of CSA survivors, in contrast to previous studies that have primarily concentrated on the immediate outcomes of counseling (WeProtect Global Alliance, 2019). The study can contribute to the development of evidence-based practices and interventions that better address the needs of this vulnerable population by providing a more comprehensive understanding of the counseling process.

The researchers aim to amplify the perspectives of CSA victims and acquire valuable insights into their lived experiences by employing a qualitative single-case study approach. The results of this study have the potential to influence policy, improve support systems, and promote a more inclusive and compassionate approach to addressing the intricate challenges encountered by survivors of childhood sexual abuse.

Literature Review

2.1 Counseling Childhood Sexually Abused

Counselors and mental health practitioners are regarded by the Philippine Republic as essential contributors to the holistic development of Filipino youth and to nation-building. This recognition was formalized in 2004 with the enactment of Republic Act No. 9258, known as the Guidance and Counseling Act of 2004, which brought significant changes to the guidance and counseling profession. Counselors are required to be culturally competent, understanding both their own culture and that of their clients, and employing culturally appropriate techniques that focus on respectful acceptance and exploration of differences.

CSA survivors often face substantial barriers in accessing and benefiting from counseling services. Issues such as confidentiality concerns, fear of social and legal repercussions, feelings of guilt, and difficulty finding qualified therapists can hinder their willingness

to seek help. Addressing these barriers is crucial to enhancing the quality of life for individuals with harmful sexual interests and preventing further abuse. Child advocacy centers (CACs) that integrate medical and mental health evaluation and treatment can effectively remove obstacles to mental health care (Chan, 2020; Goodman, 2018; Levenson, Willis, & Vicencio, 2017; Meinck et al., 2017).

Counselors working with diverse populations face unique challenges. Effective support requires genuine assistance beyond mere disclosure support. Studies show that only 49% of children referred to socio-medical services after sexual assault received counseling in South Africa. Reasons for non-disclosure include a lack of vocabulary to describe the abuse, fear of the abuser, shame, and embarrassment. Encouraging disclosure involves helping clients verbalize their abuse, protect others, and respond to escalating abusive behaviors (Cabbigat & Kangas, 2017; Corey, 2017; Meinck et al., 2017).

The mental and emotional health impacts of CSA can persist for years, necessitating early intervention and tailored therapeutic approaches. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is effective in reducing symptoms of anxiety, depression, and PTSD. Counselors must be prepared to openly discuss abuse histories and address the specifics of trauma, despite the challenges this presents. Training in trauma histories is essential for improving counselors' abilities to support CSA survivors (Barnum & Perrone-McGovern, 2017; Foster, 2017).

Understanding trauma reactions, which vary widely based on individual experiences, is critical for counselors. Effective therapeutic relationships are characterized by nonjudgmental attitudes and a holistic, client-centered approach. Barriers to seeking help include concerns about anonymity, fear of judgment, and financial limitations. Addressing these barriers and prioritizing overall mental health and well-being is essential for supporting CSA survivors (Levenson & Grady, 2019).

2.2 Childhood Sexually Abused Experience

Child sexual abuse (CSA) is defined as an act where an adult exploits a child for sexual pleasure, arousal, or gratification, leveraging a position of superiority. The consequences of CSA on a child can be devastating. Research indicates that individuals who have experienced CSA tend to engage in risky sexual behaviors and face higher incidents of sexual victimization during adolescence and early adulthood. Castro et al. (2019) emphasized that CSA is a significant health and social issue globally, characterized by an adult exploiting a minor for sexual gratification. Children who experience sexual abuse are at risk for numerous challenges, including medical, psychological, behavioral, and social problems, leading to drug and alcohol misuse, poor academic performance, and legal issues (Madrid et al., 2020).

Stigmatization plays a significant role in the lives of CSA survivors, leading to self-blame, shame, and anticipatory stigma. These feelings can impact survivors' mental health, increase their risk of re-victimization, and affect their ability to seek and receive care. Victims often internalize societal stigma, which can hinder their healing process and lead to additional challenges such as interpersonal issues and social isolation (Kennedy & Prock, 2018). In the Philippines, the Department of Social Welfare and Development (DSWD) and other organizations provide residential care for child abuse victims. However, many children suffer from impaired interpersonal communication and a lack of confidence, making it difficult for them to form positive relationships. Abuse can lead to trauma, affecting children's development and their ability to interact with others effectively (Bengwasan & Bancual, 2020; Kennedy & Prock, 2018; Project, 2017; Roche, 2020).

Despite the availability of support services, many families do not receive adequate assistance, and treatment programs are often ineffective in severe cases of abuse. Social insurance programs, such as Unemployment Insurance (UI) and the Supplemental Nutrition Assistance Program (SNAP), provide crucial support to survivors, helping them rebuild their lives after trauma. Strengthening these safety nets is essential for ensuring the well-being and economic stability of survivors and their families (Goodman, 2018; Paca, 2021; Roche, 2017).

2.3 Coping with Sexual Violence

Coping mechanisms for sexual abuse vary widely, aiming to help victims heal from the trauma. These strategies are adaptive and focus on achieving a successful adjustment to the external world, enhancing mental health and wellness. Coping mechanisms include meditation, relaxation exercises, physical activity, and social interactions like joking with friends. Individuals must determine the coping strategies that best address their specific stressful situations.

Sexual abuse can have severe emotional impacts, but symptoms vary among victims. It's essential to identify the causes of these symptoms. The relationships between internalizing symptoms (anxiety, depression, PTSD) in sexually abused adolescents and cognitive and behavioral factors (self-efficacy, active coping, perceived family support), as well as abuse characteristics (frequency, violence, relationship with the aggressor, physical commitment). Self-efficacy negatively correlated with the assault's violence but positively with active coping and negatively with symptomatology. Higher self-efficacy and better symptom outcomes were linked to stronger familial support. Self-care is also critical for childhood sexual abuse victims, involving physical, mental, and emotional care. Follow-up visits and mental health evaluations are crucial for assessing injuries, medication compliance, and the need for additional psychological counseling. Trauma-focused cognitive behavioral therapy can be beneficial, and healthcare providers should be knowledgeable about community services that offer psychological support (Crawford-Jakubiak et al., 2017; Ensink et al., 2017; Guerra



et al., 2018).

Methodology

This study utilized a qualitative single-case study design to investigate the counseling experiences of childhood sexual abuse (CSA) survivors from the Home for Girls XII, Department of Social Welfare and Development in Tantaran, South Cotabato, Philippines. An in-depth examination of the unique contextual factors that influenced the participants' counseling experiences was facilitated by using a single-case study approach.

Thematic analysis was the primary method of data analysis used to identify recurring patterns, concepts, and ideas within the interview transcripts. This process entailed a comprehensive review of the transcripts, the classification of the data, and the organization of the codes into meaningful themes that encapsulated the essence of the participants' experiences.

The single-case study design was selected for various reasons. Initially, it enabled the researchers to thoroughly comprehend the counseling process by exploring the participants' personal narratives and lived experiences. This method is consistent with the constructivist perspective of the study, which underscores the importance of the researcher's perspective and the interactive nature of knowledge construction between the researcher and participants.

Additionally, the single-case study design was well-suited to the sensitive and personal nature of the subject matter. By concentrating on a single case, the researchers were able to ensure that the participants' experiences were portrayed and comprehended respectfully, thereby safeguarding their confidentiality and privacy.

The data for this research was gathered through in-depth interviews with the CSA survivors from the Home for Girls XII. The interview transcripts were the primary data source of the study, and the researchers conducted a comprehensive thematic analysis to identify recurring patterns, concepts, and ideas.

The identified themes were, then, meticulously reviewed and revised to guarantee that each accurately conveyed a distinctive aspect of the participants' counseling experiences.

Themes were defined and named by the researcher, who specified each theme's fundamental attributes and designated names that accurately represented their fundamental significance.

Finally, the researcher analyzed the relationships between the identified themes to obtain a more profound understanding of the interconnections between the various aspects of the counseling experiences.

Results and Discussion

The preceding tables provide a contextual background of the responses of childhood sexual abuse victims about their counseling experiences. Moreover, the tables are showing the themes emerged from the responses of the CSA victims as they relived their experiences.

The study seeks to answer the overarching question: How do the participants describe their counseling experiences as childhood sexually abused victims?

The views, emotions, and realizations that the individuals obtained from their counseling experiences are represented in the items laid out in the following tables.

Table 1. *The Views of Childhood Sexually Abused Victims about their Counseling Experiences*

Clustered Themes	Emergent Themes
Taught on what to do	Being Valued
Help was provided	
Follow-up was done	
Share problems	
Cry-out everything	Wanted to be Understood
Voice-out feelings	
Someone understands	
Open up about conflicts	
Realize it is good to share	Lessen the Burden
Feel much better	
Became healed	
Appreciate the value of sharing	
Feeling understood	Mended Relationship
Became friends with enemy	
Share grudges	
Find way to settle	
Became more considerate	

Given advice about right decision	Provided with Guidance
Saved from suicidal attempt	
Clear things out	

Five emergent themes were generated from the group's descriptions of the counseling experiences. Among the emergent themes identified, receiving assistance through providing help, doing follow-up, realizing right from wrong, and teaching what to do are the standard ways the identified participants received assistance.

The study findings suggest that feeling valued and boosting self-esteem in sexual abuse survivors is facilitated by receiving assistance and support from those helping them accept and forgive themselves and others (Goodman, 2018). Assistance, in any form, has a positive impact as it makes victims feel valued.

Further, the emotional health of sexual abuse victims can be negatively affected long-term, and emotional support can help them cope with trauma, heal emotional scars, and restart their lives. Emotional assistance enables survivors to process trauma, reduce distress, improve self-esteem, and build supportive relationships (Goodman, 2018). According to the study, children in both nations received safety nets and legal/medical assistance, and some victims were pleased their abuse was disclosed and heard. However, lack of counseling training and power imbalances hindered police efforts, and more individual/group therapy is needed for thorough treatment (Edoh-Torgah & Matafwala, 2021).

Therapy, support groups, or simply speaking with a reliable friend or family member can all be guidance. Guidance can help survivors process their trauma, reduce their symptoms of distress, improve their self-esteem, and build supportive relationships. It is also vital to acknowledge that exposure to a single traumatic event or abuse occurrence is uncommon. The majority of children who have experienced abuse or other traumatic events have been subjected to several traumatic incidents. Furthermore, such exposure raises the chance of sexual abuse as well as adverse mental and physical health outcomes. Childhood sexual abuse appears to have a distinct impact on children, with long-term consequences including increased risk of victimization, substance misuse, despair, legal issues, and poor physical health (Hanson & Wallis, 2018).

Table 2. *The Participants' feeling as Childhood Sexually Abused Victims while receiving counseling*

Clustered Themes	Emergent Themes
Homesick	Longingness
Wondering about family	
Missing home	
Thinking about the parents	
Want to be with the family	
Cry in silence	Easily Get Nervous
Do not want to be scolded	
Feels like they have done something wrong	
Get alarmed when attention is called	
Agitated to do another task	
Afraid of Humiliation	Pleasing People
Frightened of others to get angry	
Became shy to talk with others	
Do not want others to be disappointed	
Being misunderstood by others	
Unable to create positive relationship	Misunderstanding
Misinterpret by other girls	
Do the task properly	
Work with a grateful heart	
Make sure to adjust	
Do assigned work	Abide with Rules
Avoid negative people	
Do not listen to negative comments	
Let others be	
Divert attention	
Keep confidentiality	Ignore Negativity
Protect oneself	
Do not share private information	
Help other girls	
Accept and offer help	
Cooperate with the authorities	Collaboration
Learn to work with others	
Focus on oneself	
Never give-up	
Be inspired with the family	



Table 2 presents emergent themes and clustered themes that surfaced as the challenges and coping strategies of childhood sexually abused victims based on the analysis made of the interview responses.

Notably, the emergent theme generated by the information provided during the interview was “longingness” as a form of a challenge. This feeling of missing one’s family was perceived as longing for support and love as they endured the healing process. Survivors may be inhibited from asking for help due to their extreme anxiety of being exposed. People may suffer greatly from depression, anxiety, PTSD, and other mental health conditions, which can negatively impact their lives.

The shame, guilt, apprehension of not being believed, and lack of a support system have become challenges to face (Halvorsen et al., 2020). Further, the prejudices about women and CSA are validated by traditional gender roles and the widespread social perception that female sexual offenses and incest by mothers are minor, resulting in abuse that is underreported, understudied, and untreated (Madrid et al., 2020).

Many victims assign blame to themselves in an attempt to find an explanation for the abuse. Female survivors of sexual assault may internalize the explicit and implicit remarks made by their perpetrator, leading to guilt and humiliation. The act made them feel nervous and uneasy. Several theories, including cognitive links with sexuality, sexual self-schemas, sympathetic nervous system activation, body image and esteem, and shame and guilt, have explained the relationship between CSA and sexual dysfunction. Thus, several theories explain the relationship between CSA and sexual dysfunction, including cognitive links with sexuality, sexual self-schemas, sympathetic nervous system activation, body image and esteem, and shame and guilt (Newsom & Myers-Bowman, 2017).

Studies have linked childhood sexual abuse to an elevated risk of various acute and long-term psychological and physical health problems, such as depression, posttraumatic stress disorder, substance abuse, and sexual violence in adolescence and adulthood. When someone has an unpleasant or traumatic experience, the systems for sorting and storing memories become overwhelmed, and the mind typically cannot handle the experience. Any reminder of what happened, such as a location, person, smell, or sound, can easily evoke the memory, indicating that it remains active (MindWell, 2024). Survivors can also relive what happened to them through painful nightmares, such as being confined or followed by their abuser. In contrast, certain protective variables, such as a child's coping skills and the availability of stable, supportive caregivers, can mitigate the adverse effects of childhood sexual abuse (Hanson & Wallis, 2018).

Survivors of sexual abuse often struggle with the inability to please others. This issue arises because the abuse may have instilled in them the belief that others only value them when they satisfy their desires. They may exert significant effort to satisfy others, as they believe perfection is necessary for love. In addition, they may be self-critical and afraid of making mistakes. They might also struggle with difficulties building wholesome relationships, trust problems, and despair and worry symptoms. Researchers have linked therapeutic aspects and the promotion of relationships with close friends and family to improvements for children who have experienced sexual abuse (Naranga et al., 2019).

Keeping one's privacy may be interpreted as a negative feeling, but its effect can be valued as a way to deal with sexual abuse experiences. Thus, this is not a sign of unwillingness to cooperate; instead, it is a strategy to deal with and prevent negative thoughts and reactions. Emotional problems caused by interpersonal trauma can lead to emotional vulnerability because the victim feels violated and betrayed. Such feelings can impair an individual's emotional response system, leading to internal regulatory challenges. A sense of security and support is crucial in the early years to allow children to explore their world confidently and independently, regardless of the chance of failure (Downey & Crummy, 2022).

Survivors feel connected, validated, and empowered thanks to collaborative efforts. Survivors can communicate openly and honestly with those who understand and empathize with their experiences, feelings, and difficulties. Working with mental health specialists like therapists or counselors can provide survivors with specific assistance and direction tailored to their unique needs. Insight can be gained, coping mechanisms can be developed, and survivors can strive toward healing and recovery with the help of this collaborative therapy partnership (Guerra et al., 2018).

Finding positivity seems to be a vague goal for the victims; however, it remains a relevant feeling to move forward, deal with stressful conditions, and recover from challenging life events. Increased positivity correlates with increased family support, optimism, and joyous religious beliefs. Being optimistic can be a compelling feeling for victims of sexual assault. An important goal is for the victim to remain optimistic and motivated in the aftermath of sexual abuse. It is a struggle to keep the incident quiet, look up to God, prevent flashbacks, let go of anger and succeed (Aguirre, 2017).

Table 3. *The Insights of Childhood Sexually Abused Victims After Receiving Counseling*

Clustered Themes	Emergent Themes
Support system	
Treated as family	
Felt love and appreciation	
Became more positive	Counseling Helps a Lot
Received constant reminder not to give up	
Can express emotions freely	

Clustered Themes	Emergent Themes
Support system	
Treated as family	
Felt love and appreciation	
Became more positive	Counseling Helps a Lot
Received constant reminder not to give up	
Can express emotions freely	

Victims can still succeed in life	
They can still go to school and make friends	Still Capable of Great Things
They are still worthy of every opportunity	
Choose to enjoy despite sadness	
Exercise to be physically fit	
Learn to take care of oneself	Learn to Value Oneself
Make oneself healthy	
Boost self-love	
Free foods, shelter and medicine	
Exposed to exercises to be healthy	Provided with Personal Needs
Felt blessed to be able to ask what they need	

Table 3 presents the realizations of childhood sexually abused victims after receiving the counseling. The table shows that participants receive benefits and support even if they go through painful experiences and feel neglected. The perception that others can provide resources to them may redefine the potential harm posed by the situation and increase one's perception of one's ability to deal with enforced difficulties.

When children receive immediate care after abuse, they rapidly restore both their psychological and social identity. It is the realization that encouragement, assertiveness, and reassurance are abilities that can inspire disclosure, prevent future sexual abuse, lessen anxiety and fear, and foster empowerment. To understand how to support disclosure and utilize assisting techniques in their counseling practice, counselors must become aware of the signs and consequences of CSA (Meinck et al., 2017). Therefore, providing essential support can enhance the likelihood of positive counseling outcomes, and timely psychological interventions are crucial for children's survival from sexual abuse (Edoh-Torgah & Matafwala, 2021).

Despite what they have gone through, they still see themselves as capable of doing things they used to do and strengthening their bonds with others (Goodman, 2018). After processing the past, the victim can focus on building a more robust and comprehensive identity. The traumatized person seeks a meaningful life based on trust and hope gained throughout the first two stages of recovery. Now a survivor, the victim may aspire to assist others experiencing similar trauma and avert future victimization by promoting public awareness through educational, legal, or political initiatives (Edoh-Torgah & Matafwala, 2021). Many sexually abused people discover that they are still capable of accomplishing great things in their lives after undergoing counseling. During the therapeutic process, survivors develop an understanding of the effects of abuse on their sense of self and worth. The abuse does not entirely diminish or define their potential for achievement and pleasure. This insight gives someone newfound optimism, resiliency, and self-belief (Schaefer et al., 2018). One can start healing from sexual trauma at any moment, regardless of whether they experienced sexual abuse as a child or assault or violence as an adult. To heal, consider empowering oneself, seeking therapy, and using available resources. Developing a solid support network may be ineffective for many survivors. However, with time, love, support, and compassion for oneself along the way, it is possible to heal from sexual trauma while still being able to work (Wade, 2022).

Victims of abuse have cherished learning to protect and care for themselves by sharing their problems and having someone to talk to. In the meantime, they began to recognize themselves as a source of support and protection. Receiving a support system, treating others as family, experiencing love and appreciation, adopting a positive outlook, constantly receiving encouragement to persevere, and having the freedom to express emotions all freely contributed to this achievement (Crawford-Jakubiak et al., 2017).

As noted earlier, participants receive assistance in various forms. The help had been valuable in giving them a positive outlook and regaining confidence. The victims, driven by their personal needs, would motivate those who assist them to persist in their good deeds as they embrace the positive aspects of life (Roche, 2017). After receiving counseling, many victims of sexual assault undoubtedly come to a profound realization that their personal needs are essential and should take precedence. Sexual abuse drastically disrupts victims' sense of autonomy and boundaries, leading them to feel disconnected from their wants and desires. The counseling process teaches survivors to identify and state their needs, opening the door to self-care and personal development. Victims regain a sense of self-worth and respect as they acknowledge and honor their unique needs. They recognize that self-care is not self-indulgent but an essential step in the healing process.

Conclusion

The insights gained from the experiences of the CSA survivors profiled in this study suggest several key recommendations that are practical and actionable. Firstly, there is a critical need to invest in comprehensive, trauma-informed support services tailored to the unique needs of each survivor. This includes providing access to individual counseling, group therapy, and specialized psychiatric care, customized to the individual's circumstances and stage of recovery. Ensuring survivors have access to a range of evidence-based interventions can better support their healing and recovery process.

Equally important is the need to enhance caregiver education and support. Equipping family members, loved ones, and other supportive figures with the knowledge and skills to provide empathetic, non-judgmental care can significantly strengthen the survivor's support network. Community-based caregiver training programs and support groups can empower caregivers to better understand the complexities of CSA and learn effective strategies for supporting their loved ones.

Furthermore, addressing systemic barriers and societal stigma must be a priority. Policymakers, healthcare providers, and community leaders should work together to challenge the victim-blaming attitudes and prejudices that often accompany CSA. This can be achieved through targeted awareness campaigns, updates to relevant legislation, and the fostering of more compassionate, understanding environments for survivors. Dismantling these systemic obstacles can create safer, more supportive spaces for CSA survivors to share their experiences and access the resources they need.

Finally, it is essential to prioritize early intervention and prevention efforts. Investing in programs that educate children, families, and communities about healthy boundaries, warning signs, and timely support can help mitigate the long-term impacts of CSA. Implementing comprehensive prevention strategies can work towards a future where fewer children experience the devastating effects of sexual abuse.

While the experiences of childhood sexual abuse (CSA) victims are profoundly diverse and complex, they share common themes of emotional, social, and psychological challenges. The narratives of Darna, Rosario, Lactum, Mae-Men, and Beng-Beng serve as a testament to the life-altering consequences of CSA and the indispensable function of counseling and support in the recovery process. Through counseling, these young survivors have developed coping strategies that assist them in managing their trauma, reestablishing their self-worth, and fostering hope for the future. The necessity of tailored interventions, the value of empathy, and the significance of a supportive environment are among the key themes that have emerged from their experiences. These individuals require the assistance of professional counselors and supportive caregivers to navigate their suffering and progress toward recovery. As Paine and Hansen (2020) have observed, the capacity of CSA victims to disclose and discuss their experiences is substantially improved by supportive caregivers, which is essential for their recovery.

Furthermore, the importance of nurturing a non-judgmental environment and addressing stigma cannot be overstated. As Kennedy and Prock (2018) have observed, survivors frequently encounter stigmatizing and victim-blaming responses, which can exacerbate their trauma. In order to facilitate the recovery process, it is essential to establish environments that discourage re-traumatization and foster comprehension. In conclusion, the acute necessity of dedicated, knowledgeable, and compassionate support systems is emphasized by the experiences of CSA victims. Through personalized interventions, empathy, and a focus on resilience, survivors can reclaim their sense of self-worth and hope for the future and discover pathways to healing. The research and insights offered by specialists such as Paine and Hansen (2020), Kennedy and Prock (2018), and King, Wardecker, and Edelstein (2015) provide critical guidance for those who are assisting CSA survivors in their rehabilitation.

References

- Ackerman, C. (2018). What Is self-expression? . Positive Psychology, 1-2. <https://positivepsychology.com/self-expression/>.
- Acosta, P. (2022). Consent in sexual abuse. Metro Manila. The Manila Times, 20-21. <https://www.manilatimes.net/2021/06/15/legal-advice/consent-in-sexual-abuse/180321>
- Adams, K. (2019). Attuned treatment of developmental trauma. Routledge, 328 <https://doi.org/10.4324/9781003262367>.
- Addatu-Cambri, J. (2023). Filipino youth's self-efficacy in sexual health: implications on sexuality and reproductive health education and services. Journal for Educators, Teachers and Trainers, 14(3):697-691 <https://dx.doi.org/10.47750/jett.2023.14.03.079>.
- Adetunji, J. (2023). People who experience childhood sexual abuse tell us it affects their entire life – and research backs them up. The Conversation, <https://theconversation.com/people-who-experience-childhood-sexual-abuse-tell-us-it-affects-their-entire-life-and-research-backs-them-up-19545>.
- Aguirre, N. W. (2017). The struggle that no one sees: The lived experiences of children who were sexually abused. Health Research and Development Information Network, 1-2 <https://registry.healthresearch.ph/index.php?view=research&cid=64922>
- Arellano Law Foundation. (2022). The lawphil project. Philippines Law and Jurisprudence Databank, 56 <https://lawphil.net/statutes/repacts/repacts.html>
- Azevedo-McCaffrey, D. (2022). States should use new requirement to improve TANF for domestic violence survivors. Washington DC. Center on Budget and Policy Priorities, 22, 28-31 <https://www.cbpp.org/blog/states-should-use-new-requirement-to-improve-tanf-for-domestic-violence-survivor>
- Barnum, E. L., & Perrone-McGovern, K. M. (2017). Attachment, self-esteem and subjective well-being among survivors of childhood sexual trauma. Journal of Mental Health and Counseling, 52, 39-55. <https://doi.org/10.17744/mehc.39.1.04>
- Bengwasan, P., & Bancual, M. E. (2020). The developmental status of abused and neglected children in the Philippines. Children and Youth Services Review, 110 <https://doi.org/10.1016/j.childyouth.2020.104756>.
- Bulut, S. (2019). Freud's approach to trauma. Psychology and Psychotherapy Research, 3(1) <http://10.31031/PPRS.2019.03.000554>.
- Cabbigat, F. K., & Kangas, M. (2017). Help-seeking behaviors in non-offending caregivers of abused children in the Philippines. Journal of Aggression, Maltreatment and Trauma, 8, 555-573. <https://doi.org/10.1080/10926771.2017.1410745>

- Capella, C., Gutiérrez, C., Rodríguez, L., & Gómez, C. (2018). Change during Psychotherapy: The perspective of children and adolescents who have been sexually abused. *Research in Psychotherapy*, 2, 12-13. <https://doi.org/10.4081/ripppo.2018.288>.
- Castro, A., Ibáñez, J., Maté, B., Esteban, J., & Barrada, J. R. (2019). Childhood sexual abuse, sexual behavior, and revictimization in Adolescence and Youth: A Mini Review. *Frontiers in Psychology*, 44, 214-218. <https://doi.org/10.3389/fpsyg.2019.02018>.
- Chan, S. L. (2020). Counseling childhood sexual abuse survivors: A case study of challenges experienced by professional counselors and childhood sexually abused clients in Malaysia. *Journal of Asia Pacific Counseling*, 69-77 <https://doi.org/10.18401/2020.10.2.9>.
- Cherry, K. (2022). What Is Cognitive Behavioral Therapy (CBT)? *Very Well Mind*, 54, 22-23. <https://www.verywellmind.com/what-is-cognitive-behavior-therapy-2795747>.
- Child Protection Network Foundation (2022). Manila, Philippines: 1- 2 <https://www.childprotectionnetwork.org/>
- Corey, G. (2017). Behavioral Theory. *Theory and Practice of Counseling and Psychotherapy*, 28, 315-319. https://books.google.com/books/about/Theory_and_Practice_of_Counseling_Psychotherapy,28,315319.
- Council for the Welfare of Children (2018). National Baseline Study on Violence against Children; Executive summary, Manila, Philippines, 3, 8-10, <https://www.unicef.org/philippines/reports/national-baseline-study-violence-against-children-philippines>.
- Cowan, A., Ashai, A., & Gentile, J. P. (2020). Psychotherapy with survivors of sexual abuse and assault. *Innovations in clinical neuroscience*, 22-26.
- Crawford-Jakubiak, J. E., Alderman, E. M., & Leventhal, J. M. (2017). Care of the adolescent after an acute sexual assault. *Pediatrics*, 139 <https://doi.org/10.1542/peds.2016-4243>.
- Creswell, J.W. and Creswell, J. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage.
- Crivatu, I. M., Horvath, M. A., & Massey, a. K. (2023). The impacts of working with victims of sexual violence: A rapid evidence assessment. *National Library of Science*, <https://doi.org/10.1177/15248380211016024>.
- Crowe, S., Cresswell, K., Robertson, A., Guro Huby, Avery, A., & Sheikh, A. (2017). The case study approach. *BMC Medical Research Methodology*, 30, 124-125. <https://bmcmmedresmethodol.biomedcentral.com/articles/10.1186/14712288>
- Dimaano, G. M., Clores, A. C., Iloco, A. M., & Javier, L. J. (2018). Prevalence of domestic violence against women and children in the Philippines. *Humanities and Social Sciences Research*, 78, 91-93 <https://doi.org/10.30560/hssr.v1n2p52>.
- Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma and Dissociation*, 6(1) <https://doi.org/10.1016/j.ejtd.2021.100237>.
- Dudleya, Melissa J., A. B. (2022). School-based child abuse prevention: The role of school climate in intervention outcomes for teachers. *Psychology in the Schools*, 59(2) <http://doi.org/10.1002/pits.22674>.
- Edoh-Torgah, N. A., & Matafwala, M. (2021). Counseling sexually abused children: Lessons from Ghana and Zambia. *Health Sciences*, <https://doi.org/10.5772/intechopen.97413>.
- Ensink, K., Bégin, M., Normandin, L., & Fonagy, P. (2017). Parental reflective functioning as a moderator of child internalizing difficulties in the context of child sexual abuse. *Psychiatry Research*, 257 <https://doi.org/10.1016/j.psychres.2017.07.051>.
- Foster, J. M. (July 2017). A survey of student's knowledge about child sexual abuse and perceived readiness to provide counseling services. *Journal of Counselor Preparation and Supervision*, 23(5) ,538-557 <https://doi.org/10.7729/91.1165>
- Fry, D., & Blight, S. (2018). How prevention of violence in childhood builds healthier economies and smarter children in Asia and Pacific Region .*BMJ Global Health*, 2, 3-11. <http://dx.doi.org/10.1136/bmjgh-2016-000188>
- Gaille, B. (July 2018). 12 Case study method advantages and disadvantages. *Brandon Gaille Small Businesses and Marketing Advice*, 1,3-8. <https://brandongaille.com/12-case-study-method-advantages-and-disadvantages>
- Garrido-Hernansaiz, H., Rodríguez-Rey, R., & Alonso-Tapia, J. (2020). Coping and three clinical samples and the general population. *International Journal of Stress Management*, 27(3), 304–309. <https://doi.org/10.1037/str0000156>
- Goodman, S. (2018). The Difference between surviving and not surviving; Public benefits program and domestic and sexual violence victim's economic security. *National Research Center on Domestic Violence*, 9(2), 122-123. https://vawnet.org/sites/default/files/assets/files/201805/TheDifferenceBetweenSurvivingandNotSurviving_Jan2018.pdf.
- Guerra, C. F., Farkas C. & Moncada L. (2018). Depression, Anxiety and PTSD in Sexually Abused Adolescents: Association with Self-efficacy, Coping and Family Support. *Child Abuse and Neglect*, (76)310-320. <https://doi.org/10.1016/j.chiabu.2017.11.013>.
- Guy-Evans, O. (2023). What Is Rational Emotive Behavior Therapy (REBT)? *Simply Psychology*, 1-4

<https://www.simplypsychology.org/rational-emotive-behavior-therapy>.

Halvorsen, Solberg, & Signe, H. (2020). To say it out loud is to kill your own childhood.” – An exploration of the first person perspective of barriers to disclosing child sexual abuse. *Children and Youth Services Review*, 113 <https://doi.org/10.1016/j.childyouth.2020.104999>.

Hancock, D. R., Algozzine, B., & Lim, J. H. (2021). Doing case study research. Teachers College Press, 4(2), 100-103. <https://www.tcpress.com/doing-case-study-research-978080776585>

Hanson , R. F., & Wallis, E. (2018). Treating victims of child abuse. *The American Journal of Psychiatry*, 1064-1070 <https://doi.org/10.1176/appi.ajp.2018.18050578>.

Heale, R., & Twycross, A. (2018). What is a case study? *BMJ Journals Evidence- Based Nursing*, 2, 3-9. <http://dx.doi.org/10.1136/eb-2017-102845>

Ishii, M., Honda, J., Shimizu, A., Mitani, R., Uchimura, R., Hashimoto, M, Takada, S. (2020). Interprofessional collaborative practice for child maltreatment prevention in Japan: A Literature Review. *Kobe Journal of Medical Sciences*, 66(2): E61–E70.

Kennedy, A. C., & Prock, K. A. (2018). “I still feel like I am not normal”:A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence.*Trauma, Violence and Abuse*, 19(5):512-527. <https://doi.org/10.1177%2F1524838016673601>.

King, A., Wardecker, B. M., & Edelstein, R. S. (2015). Personal mastery buffers the effects of childhood sexual abuse on women’s health and family functioning. *Journal of Family Violence*, 30(7), 887-897. doi:10.1007/s10896-015-9728-4.

Kress, V. E., Haiyasoso, M., & Zoldan, C. A. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling and Development*, 106-114 <https://doi.org/10.1002/jcad.12182>.

Kuykendall-Rogers, V. (2023). Wounded attachment: Relationships of survivors of childhood sexual assault. *Good Therapy*, <https://www.goodtherapy.org/blog/wounded-attachment-relationships-of-survivors-of-childhood-sexual-assault-0627135>.

Levenson, J. S., & Grady, M. D. (2019). Preventing sexual Abuse: Perspectives of minor-attracted persons about seeking help. *Sexual Abuse*, 31(8) 991–1013. <https://doi.org/10.1177/1079063218797713>.

Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017). Obstacles to help-seeking for sexual offenders: Implications for prevention of sexual abuse. *Journal of Child Sexual Abuse*, 26(2):99-120. <https://doi.org/10.1080/10538712.2016.1276116>.

Lilley, M. H.-J. (2017). More than support to court: Rape victims and specialist sexual violence services. *SAGE* , (24) 3 <https://doi.org/10.1177/0269758017742717>.

Madrid, B. J., Lopez, G. D., Dans, L. F., Fry, D. A., Duka-Pante, F. G., & Muyot, A. T.(2020). Safe Schools for teens: Preventing sexual abuse of urban poor teens, proof-of-concept study - Improving teachers' and students' knowledge, skills. *Heliyon*, 6(6) 40-80. <https://doi.org/10.1016/j.heliyon.2020.e04080>

Mambrol, N. (2018). Trauma Studies. *Literary Theory and Criticism*, 1(2) <https://literariness.org/2018/12/19/trauma-studies/>.

Mathews, B. (2017). Optimising implementation of reforms to better prevent and respond to child sexual abuse in institutions: Insights from public health, regulatory theory, and Australia’s Royal Commission. *Child Abuse and Neglect*, 86-98. <https://doi.org/10.1016/j.chiabu.2017.07.007>.

McGill, L., & McElvaney, R. (2022). Adult and adolescent Disclosures of Child Sexual Abuse: A Comparative Analysis. *National Library of Medicine*, 38(1-2) <https://doi.org/10.1177/08862605221088278>.

McKibbin, G., Humphreys, C., & Hamilton, B. (August 2017). Talking about child sexual abuse would have helped me”: Young people who sexually abused reflect on preventing harmful sexual behavior. *Child Abuse and Neglect*, 210-221. <https://doi.org/10.1016/j.chiabu.2017.06.017>.

Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., & Casale, M. (January 2017). Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychology, Health and Medicine*, 94-106. <https://doi.org/10.1080/13548506.2016.1271950>.

MindWell. (2024). What are the possible long-term effects of experiencing child sexual abuse? NHS West Yorkshire, <https://www.mindwell-leeds.org.uk/>.

Mwakanyamale, A. A., Wande, D. P., & Yizhen, Y. (2018). Multi-type child maltreatment: Prevalence and its relationship with self-esteem among secondary school students in Tanzania. *Child and Adolescent Psychiatry and Mental Health*, 6,35. <https://doi.org/10.1186/s40359-018-0244-1>

- Naranga, J., Schwannauera, M., Quaylea, E., &Chouliarab, Z. (2019). Therapeutic interventions with child and adolescent survivors of sexual abuse: A critical narrative review. *Children and Youth Services Review*,107, 104-109 <https://doi.org/10.1016/j.childyouth.2019.104559>.
- Navaei, M., Akbari-Kamrani, M., Esmaelzadeh-Saeieh, S., Farid, M., &Tehranizadeh, M. (2018). Effect of group counseling on parents' self-efficacy, knowledge, attitude, and communication practice in preventing sexual abuse of children Aged 2-6 Years: A randomized controlled clinical trial. *International Journal of Community-based Nursing and Midwifery*, 285-292. <https://pubmed.ncbi.nlm.nih.gov/30465001>
- Nelson, K. M., Hagedorn, W. B., & Lambie, G. W. (2019). Influence of attachment style on sexual abuse survivors posttraumatic growth. *Journal of Counseling and Development*,227-237.<https://doi.org/10.1002/jcad.12263>.
- Newsom, K., & Myers-Bowman, K. (August 2017). "I am not a victim. I am a survivor": Resilience as a journey for female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 26(8), 927-947. <https://doi.org/10.1080/10538712.2017.1360425>.
- Paca, B. O. (2021). From vulnerability to security: A journey of survival from childhood sexual abuse. *Journal of Educational and Human Resource Development* , 9(9) <https://doi.org/10.61569/Orvewh94>.
- Paine, M., & Hansen, D. (2020). Factors influencing children to self-disclose sexual Abuse. *Clinical Psychology*, 22(2),271-295. [https://doi: 10.1016/s0272-7358\(01\)00091-5](https://doi: 10.1016/s0272-7358(01)00091-5).
- Perandos-Astudillo CM, Bolor AIJ, Concha A.S.(2019).Experiences of child sexual abuse clients in a women and children protection unit: Policy notes. *SPMC J Health Care Service* (1):8. <https://n2t.net/ark:/76951/jhcs88p6pj>.
- Poirson, L., Robin, M., Shadili, G., Lamothe, J., Corruble, E., Gressier, F., & Essadek, A. (2023). Male victims of sexual abuse: Impact and resilience processes, a Qualitative Study. *Healthcare*, 11(13) <https://doi.org/10.3390/healthcare11131868>.
- Quines, Lyndon A., M. C. (2022). The mediating effect of school climate on the relationship between teacher communication behavior and student engagement. *European Journal of Education Studies*, 9(11)<http://dx.doi.org/10.46827/ejes.v9i11.4521>.
- Reingold, O. H., & Goldner, L. (2023). "It was wrapped in a kind of normalcy": The lived experience and consequences in adulthood of survivors of female child sexual abuse. *Child Abuse and Neglect* , 139 <https://doi.org/10.1016/j.chiabu.2023.106125>.
- Ridder, H.-G. (February 2017). The theory contribution of case study research designs. *Asia Pacific Journal Management*, 10, 281–305. <https://link.springer.com/article/10.1007/s40685-017-0045-z>.
- Rizcalla, N., Zeevi-Barkay, M., & Segal, S. P. (October 2017). Rape crisis counseling: Trauma contagion and Supervision. *Journal of International Violence*, 26, 1-2. <https://doi.org/10.1177%2F0886260517736877>.
- Roche, S. (January 2017). Child protection and maltreatment in the Philippines: A systematic review of the literature. *Asia and Pacific Policy Studies*, 4(1), 102-128. <https://doi.org/10.1002/app5.167>.
- Roche, S. (March 2020). Conceptualizing children's life histories and reasons for entry into residential care in the Philippines: Social contexts, instabilities and safeguarding. *Children and Youth Services Review*, 110, 2-3. <https://doi.org/10.1016/j.childyouth.2020.104820>.
- Rossouw, J. (2022). REBT-CBT in the treatment of trauma among children and adolescents. *Psychology* , https://doi.org/:10.1007/978-3-030-53901-6_9.
- Sawrikara, P., & Katz, I. (2017). Barriers to disclosing child sexual abuse (CSA) in ethnic minority communities: A review of the literature and implications for practice in Australia. *Child and Youth Services Review*, 302-315. <https://doi.org/10.1016/j.childyouth.2017.11.011>.
- Schaefer LM, H. K. (2018). A concurrent examination of protective factors associated with resilience and posttraumatic growth following childhood victimization. *Child Abuse Negl.*, 85:17-27<https://doi.org/ 10.1016/j.chiabu.2018.08.019>.
- Schomerus, G. (2021). Stigma as a barrier to addressing childhood trauma in conversation with trauma survivors: A study in the general population. *National Library of Medicine*, 16(10) <https://doi.org/10.1371/journal.pone.0258782>.
- Selva, J. (March 2018). What is Albert Ellis' ABC Model in CBT Theory? *Positive Psychology*, 126-129. <https://positivepsychology.com/albert-ellis-abc-model-rebt-cbt/>.
- Seshadri, S., & Ramaswamy, S. (January 2019). Clinical practice guidelines for child sexual abuse. *Indian Journal of Psychiatry*, 61(Suppl 2): 317–332. http://doi: 10.4103/psychiatry.IndianJPsychiatry_502_18.
- Pulverman, C., D.Kilimnik, C., &M.Meston, C. (2018). The impact of childhood sexual abuse on women's sexual health:A comprehensive review. *SexualMedicineReviews*,188200<https://doi.org/10.1016/j.sxmr.2017.12.002>

Tal, R., Tal, K., & Green, O. (2018). Child-Parent relationship therapy with extra-familial abused children. *Journal of Child Sexual Abuse*, 386-402 <https://doi.org/10.1080/10538712.2018.1451420>.

Toussaint, L., Shields, G. S., Dorn, G., and Slavich, G. M. (2017). Effects of lifetime stress exposure on mental and physical health in young adulthood: how stress degrades and forgiveness protects health. *J. Health Psychol.* 21, 1004–1014. <https://dx.doi.org/10.1177/1359105314544132>.

Varghese, K. . (2020). Family Interventions: Basic principles and techniques. *Indian J Psychiatry*, 62 192-200. http://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_19.

Wade, D. (2022). Healing from sexual abuse: Recovery tips for survivors. *Psych Central*, 3-5 <https://psychcentral.com/health/healing-from-childhood-sexual-abuse>.

Washington Coalition of Sexual Assault Programs (2023). The effects of sexual assault. For Survivors, <https://www.wcsap.org/help/about-sexual-assault/effects-sexual-assault>.

Wei, M. (2021). The implications of attachment theory in counseling and psychotherapy. *Society for the Advancement of Psychotherapy*, 22-28 <https://societyforpsychotherapy.org/>.

WeProtect Global Alliance (2019). Working together to end the sexual exploitation of children online. *Global Threat Assessment 2019*, 23-24 <https://violence.org/sites/default/files/paragraphs/download/Global%20Threat%20Assessment%20201>

Wirihana, Welch, Williamson, Christensen, Bakon, & Craft. (2018). Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Europe PMC*, 25(4), 30-34 <https://doi.org/10.7748/nr.2018.e1516>.

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