

A Case Study: Spirituality and Altruism in the Healing Journey among Young Incest Survivors in CSWD–Ozamiz

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ABSTRACT

This study examined domains of functioning and the enabling factors related to the healing journey of incest survivors. This document reports spirituality and altruism among children who are survivors of incest using the Draucker's Model of Healing from Child Sexual Abuse, focusing on the third stage—tackling the effects of the abuse. The female participants, aged 11 to 17 and under the care of the City Social Welfare and Development – Ozamiz, were receiving treatment and making progress in their personal and interpersonal lives. Data from eight participants were gathered and analyzed, and key themes emerged. The spirituality domain highlights experiences of spiritual journey such as prayerfulness, faithfulness, hopefulness and awareness in the presence of a Higher Being, while the altruism domain indicates compassion which focuses on empathy and showing of support and giving of advice towards co-survivors of incest. The enabling factors of healing includes being able to participate in faith-based activities and coping activities through writing and art; receiving affirmation as helpful and empathetic; incorporating faith in their healing and seeking comfort through prayers; and engaging or taking active roles in helping others. These findings provide a foundation for developing data-informed interventions appropriate for every child who has experienced abuse.

Keywords: Child Sexual Abuse, Incest Survivors, Children, Healing, Tackling Stage, Spirituality, Altruism

INTRODUCTION

One horrific violation that strips away a child's innocence is child sexual abuse (CSA). This experience often leads to lifelong emotional and physical struggles, and potentially causing serious psychological issues if not addressed (Velayo, 2006; World Health Organization [WHO], 2022; Kluft, 2011). Involving not only abuse but also a distorted bond between the victim and perpetrator, incest, a particularly complex form of CSA, is marked by manipulation, threats, and perverse expressions of care (Kluft, 2011). Many children subjected to incest are often left in the care of their fathers, stepfathers, or other male relatives, while mothers are unaware due to their focus on providing for the family. Though caregivers may long to undo the past, circumstances prevent them from doing so. Healing, however, is not impossible, despite darkness. Recovery from CSA involves personal, familial, and societal factors, so that this can be a multidimensional process (Banyard & Williams, 2007; Draucker, Martsof, Roller, Knapik, Ross, & Stidham, 2011). There is a growing need to explore how children cope and heal from such trauma, while much research has centered on adult survivors (Walsh, Fortier, & DiLillo, 2010, as cited in Draucker et al., 2011). Many survivors report experiencing severe distress during the initial stages of healing and may resort to maladaptive coping strategies. Yet, children on the path to recovery find hope in their inner strength, their faith, and the support of those around them. To be able to help these children reintegrate into society, the primary support from family, friends, and secondary support from organizations like the Department of Social Welfare and Development (DSWD) are deemed crucial (Draucker et al., 2011; DSWD, 2008).

The program for sexually abused children of the City Social Welfare and Development (CSWD) of Ozamiz, however, lacks availability and access to Psychologists or mental health professionals who can provide proper

psychosocial interventions. This gap in services prompted the current study, which aimed to assess the healing process of incest survivors under the care of CSWD–Ozamiz, despite the limitations of the Center.

Even with laws like the Anti-Rape Law of 1997, sexual abuse remains widespread. Women (98%) and children (33%) are the primary victims, with 6,338 reported cases in 2021 alone (Camel eon Association, n.d.; Child Protection Network, 2020; 2021). And yet, due to fears of family dishonor, disbelief in the victim’s account, or fear of losing the family’s breadwinner, many cases remain unreported (De Guzman, 2022).

Although some research has explored adult survivors’ resilience and recovery, there is a clear lack of focus on how children, particularly incest survivors, heal from CSA. This study sought to fill that gap by examining the healing process of incest survivors under the care of CSWD–Ozamiz. It aimed to contribute to a better understanding of how these children heal, ultimately guiding the development of timely and appropriate interventions for those in need. This research employed Draucker's Model of Healing from CSA, focusing on the tackling stage of the model of healing and on the two domains related to healing, such as spirituality and altruism. This further assessed the participants’ motivators or enabling factors which led them to move from the two previous stages of healing to the tackling stage which is the third phase of healing.

TABLE I Draucker’s Model of Healing from CSA

Stages of Overcoming CSA	Enabling Factors	Domains of Personal Growth	Early Stage (Struggle)	Middle Stage (Growth)	Final Stage (Empowerment)
1. Grappling with the Meaning of CSA	Affirming Messages	Life Patterns	Living a troubled life	Experiencing struggles & successes	Living an empowered life
2. Figuring Out the Meaning of CSA	Personal Agency	Parenting	Passing on the abuse	Wishing to stop the cycle	Successfully stopping the cycle
3. Tackling the Effects of CSA	Ongoing Support	Disclosure	Keeping it secret or disclosing indiscriminately	Talking about it to process	Openly discussing it to help others
4. Laying Claim to One’s Life	Personal Resolve	Spirituality	No meaningful spiritual connection	Developing some spiritual beliefs	Experiencing spiritual transformation
	Critical Life Event	Altruism	Recognizing others’ suffering	Thinking about helping	Actively engaging in helping others
	Commitment to Transcend CSA				

Note. 1 The stages are dynamic phases of healing that represent change over time. 2The enHealing from Childhood Sexual Abuse: A Theoretical Model, Draucker, et al., 2011, Journal of Child Sexual Abuse, 20(4), pg. 21.

Table 1 presents a dynamic healing model for survivors of CSA, outlining a journey through four stages of recovery: grappling with, understanding, addressing, and ultimately transcending the abuse. Healing is framed across five key domains: life patterns, parenting, disclosure, spirituality, and altruism (Martsolf & Draucker,

2008; Draucker et al., 2011). Moreover, the five domains are exploratory measures of healing for survivors, while enabling factors are the ones which lead the survivors to progress towards the next stage of healing.

The four stages of healing are considered as dynamic phases that may represent change over time, and driven by enabling factors towards a dynamic trajectory and complex path of healing (Draucker et al., 2011). The model does not constrict the healing to follow the stages in order, because healing may occur in a deviating manner. That is, one may bypass stages, revert back to prior stages, or experienced several Aspe different stages at the same time (Draucker et al., 2011). Meanwhile, each domain reflects shifts from negative, often destructive behaviors in early stages (e.g., living troubled lives, keeping the abuse secret, and passing on abuse patterns) toward positive growth and transformation in later stages (e.g., living an empowered life, breaking the abuse cycle, helping others) (Martsof & Draucker, 2008). Movement through these stages is facilitated by enabling factors like personal resolve, spiritual connections, affirming messages, and critical life events (Martsof & Draucker, 2008). In the current study, emphasis is in the experiences of the effects of CSA stage referred as *tackling stage*. In this stage participants are demonstrating remarkable progress in terms of their physical wellbeing, making positive changes in their interpersonal and sexual lives, and continuing their educational opportunities (Draucker et al., 2011). These experiences are explored through the lens of the two domains of functioning—spirituality and altruism.

In the spirituality, these children embark on a journey, exploring different beliefs and practices as they search for meaning and inner peace (Martsof & Draucker, 2008). With a deep sense of compassion, they often plan altruistic activities, driven by a desire to help others and make the world a better place, reflecting their understanding of pain and the importance of empathy. Many survivors also experience a dynamic and directed spiritual process, engage in altruistic activities, and provide concrete support to those still struggling.

The model highlights the interconnectedness of these domains: as survivors work on one area (e.g., disclosure or spirituality), it influences their growth in others (e.g., parenting or altruism) (Martsof & Draucker, 2008). Healing is a cumulative and integrative process, where each stage and domain build upon the previous, ultimately leading to greater personal empowerment and a commitment to helping others.

The research aims to highlight positivity and the elements driving continuous healing through the participants' domains of functioning and enabling factors. Individual experiences of abuse, social status, and family background significantly influence the healing process. While some survivors adopt adaptive coping strategies like seeking professional help and social support, others may resort to maladaptive coping mechanisms, such as denial and avoidance. Coping serves as a pathway to recovery from trauma, making the healing process complex for each abuse victim (Draucker et al., 2011). Understanding the dynamics of the tackling stage and the components of healing can help tailor interventions to support survivors with the assistance of relevant authorities and organizations.

METHOD

To explore the healing processes of survivors of CSA, specifically focusing on incest survivors, this study employed a qualitative research design through case studies. Further, to understand the survivors' individual experiences across various domains, such as life patterns, parenting, disclosure, spirituality and altruism, this method of research ideally enabled an in-depth investigation of complex phenomena within real-life contexts. The case study approach was chosen because it effectively captures the nuanced interactions between the context and the phenomenon, especially when these boundaries are not clearly defined (Yin, 2018). This methodology is particularly suited the study of CSA healing, which involves intricate personal, social, and contextual factors that evolve over time.

This involved eight (8) female survivors under 18 years old, who are protected under RA 7610 (Special Protection of Children against Abuse, Exploitation, and Discrimination Act) and sheltered at the CSWD of Ozamiz. Participants were selected based on criteria like residence in CSWD facility and continuing education. Participants' perpetrators included stepfathers, biological fathers, guardians, and a half-brother.

To create trust, rapport-building activities, such as group games, were done, primarily before the interviews. Informed consent was obtained from the assigned social worker and informed assent, from the participants. Interviews were conducted in the shelter’s counseling room, with ethical considerations prioritized. A semi-structured interview was reviewed by a licensed psychologist and piloted before the study to ensure appropriateness. Interviews were audio-recorded with consent, conducted face-to-face in a private setting to encourage openness, and supported by social workers and psychologists to handle any emotional distress.

Table II Themes of Two Domains of Functioning During the Tackling Stage

Domain of functioning	Themes
Spirituality	Becoming more prayerful Being more faithful and hopeful Becoming more aware of the presence of a Higher Being
Altruism	Being empathetic Showing support by giving advice

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Following a structured seven-step process outlined by Faria-Schutzer, Surita, Alves, Bastos, Campos and Turato (2021) in their model for qualitative treatment in health research, data were analyzed using deductive thematic analysis. This involved transcribing interviews, coding data, and identifying themes related to participants' healing. The analysis revealed significant patterns and connections with the theoretical framework. To ensure research credibility, the themes were validated by a psychologist. Overall, the analysis uncovered significant patterns, providing a nuanced understanding of CSA survivors’ healing trajectories and factors affecting recovery.

RESULTS

In the tackling stage, the healing process represents a phase of active engagement, where survivors are no longer solely focused on understanding the abuse but are instead working to transform their behaviors, enhance their lives, and strengthen relationships. There is a noticeable progress across various domains, driven by both external support and internal determination. This stage signals a positive shift as survivors increasingly take ownership of their lives and healing journey.

The study identified several key themes across the two domains of functioning—spirituality and altruism, while identifying as well the intervening enabling factors which led them established the compositions of each domain. The results offer valuable insights into how therapeutic interventions can facilitate healing. Furthermore, the study serves as a reminder of the importance of gratitude in various aspects of life, reflected through the voices of the survivors navigating towards healing from incest.

Spirituality domain of functioning

Every victim of abuse perceives themselves as small or little as their dignity trampled upon by their perpetrators. However, these survivors also are living testament of how their spirituality have become stronger, and how it become an integral part of their healing as they gradually cope all the struggles and pains which they have been battling with each day. Through their insights about their relationship with God and the ways which they felt His presence, Table 2 presents what equipped their spirituality which strongly influence their healing progress. Prayer is the most repeated course of action in coping their anxieties and struggles among the participants even before they were queried about their spirituality.

Becoming More Prayerful. All of them believe in the power of prayer as exemplified by these excerpts, “I always pray that I would not remember it and so I can sleep well, and God would also watch over my family. Then all those who helped us, I also pray for them.” (Issa, a pseudonym); “I always pray to Jesus, so that my problems will be casted away.” (Sal, a pseudonym);

I always pray to God since my father is not yet detained. I always pray because my mother told me to always pray, for God is always present. We even pray every time we have our meal. Then at night, when they don't pray, I tell them to pray. (Kathy, a pseudonym)

When I wake up in the morning, I immediately pray that my family is in good situation, including my aunt abroad; that we may have good health here, that we may be fine; and for the grace to accept all the things which happened to me. (Fely, a pseudonym)

Additionally, Dian (a pseudonym) added that she continued praying to God, but it felt unfamiliar not being able to attend Church worships. There were also moments when she doubted her faith and questioned God why she had to endure abuse by her stepfather. Nevertheless, Dian, just like her fellow girls, remained steadfast in their prayers.

Being More Faithful and Hopeful. Together with their persistent devotions, it is their faith which gives them the confidence and hope that their prayers will be granted. The children are aware of their faith as much as they are well aware of what their prayer intentions are. Most of them confessed that they became closer to God when they entered CSWD–Ozamiz. Rona (a pseudonym) honestly shared that she is not that close to God when she was still outside, “I am closer to God now than before. Back then, I found it boring when talking about God. I don't want to listen about it.”, but her faith improved, and opened that she now prayed every night. Secondly, Issa testified that it was only when she entered in the Center that her faith become stronger, “Before, I was not that prayerful, but when I got here, I become prayerful, and it gives me a light-feeling, feeling like He is here.”, Issa echoed with gladness in her eyes. Similarly, cheer (a pseudonym) also admitted that she was not a firm believer of God before when she said, “When I was still outside the center, I don't usually pray, because I don't believe in Him. Now that I am here, I can say that it's true. I can finally say that it's real, and I really have to pray.”.

Most of the participants bestowed an inspiring statement of gradual transformation of faith, becoming more faithful and hopeful, as soon as they entered in the Center which positively impacts their journey towards healing.

Becoming More Aware of the Presence of a Higher Being. On this theme, it highlights how the children find God as being near to them. Potentially, these stemmed from their faith and prayers as they hope for their prayers to be heard one day. These excerpts showed substantial evidence on how their spirituality have helped them so far in their healing as they acknowledged God's presence. To begin, Yula (a pseudonym) expressed, “Thank God, He is here. Whatever we pray, He will grant them to us. He wants us not to say bad things”; “I felt like He watch us over at night and wherever we are” (Issa); “it felt like you have somebody on your side guiding you” (Cheer); “It feels like every time I pray, I am happy. Each day, I feel happier. I always feel that God is here, listening to me.” (Fely);

I told myself that I am thankful to God because there was a time when I was able to report it, so my problem could be solved, and I would not keep thinking about it. Then I told God, ‘Thank you, Lord, for solving my problem so that I could file a case properly; thank you, Lord, for the many people who helped me.’ That's what I told God. (Kathy)

Ever since, I asked for a sign if my decision to file a case is right. The next day, I talked to one of the social workers, she said that if I will not file, then if she marries someone else and has a child, she would still do it. So, I decided to just file a case. I said, thank You, Lord! (Rona)

Although each individual is aware of God's presence in their own unique way, they collectively expressed that His presence is most strongly felt through the people around them, including the staff and fellow girls. Each of them and the entire staff of CSWD–Ozamiz played an influential and instrumental role in helping them live each day being faithful and hopeful, despite the pain they carry from within.

Altruism domain of functioning

In this final domain of functioning, this is about how kindness is shown among these young survivors of incest. While it may be unique for each person as to how to respond to their own trauma, some survivors exhibit altruistic behaviors, deliberately or not, as a means of recouping agency in their lives. For the participants, they were asked if they find themselves capable already of helping others who are also survivors of abuse and the support they have given among each other. Table 2 shows the altruistic behaviors that they have been showing towards others.

Being Empathetic. Most of the participants, considering their age, were not so specific on how they have shown altruism. But through their narratives, they have been unveiling empathy towards each other. Issa shared, “if somebody cries, I will go near and tell her that, ‘it’s okay, we are all in the same situation of experiencing abuse’”. Yula, the youngest also added, “we should not think about the past, we have to move on, because what they did was wrong, and we don’t want it to happen again”.

As one may see, through their own little ways, they are indeed giving their best to extend empathy towards each other. Despite limited words to say, but with the lessons they have learned, it can already satisfy a hollow part of one’s heart.

Showing Support by Giving Advice. This theme is an offshoot of being empathetic. By showing support, this is how they concretely show their empathy towards others. All of the participants express thoughts of giving their fellow survivors of abuse some advice in particular to making decisions whether to file a case or not, and by giving comfort and sense of protectiveness in times of bewilderment and in moments of having overwhelming emotions. Their narratives are leading towards the same path, and that is telling each other to continue filing a case against their perpetrators and to firmly believe in prayers.

To begin with, Cheer opened, “I would advise them to file a case, because it is still for their own good”;

I told her (fellow survivor) that she really should pursue it, because of what he did to her. Then she told me she felt sorry for him, did she really feel sorry for doing the abuses? You should also confront him so you will have evidence (she meant justice), so he will be arrested, so he will be imprisoned. I told her... Because when you get older, you will still think about it, and you won't have evidence (justice) in your life. (Kathy)

In Kathy’s account, she expressed the belief that pursuing legal actions would mean acquiring justice for the abuse they have endured, and such tangible validation for their experiences. She conveyed the hope that through which, they could achieve a sense of closure which ultimately pave way for healing and a sense of vindication in their lives. Fely also affirmed that she finds her most effective way of supporting other girls through giving advice, “maybe, what I can do is to listen and give advice to them”, she remarked. Additionally, Fely noted that as one of the elder girls among them, she assumed the role of a mediator should conflict arise as she stated,

When they want to say something, when they have problems...because there were times that they tend to argue too much, sometimes it goes that way, that's where their conversation leads. And I'm the one who tries to stop them... Like I would say, ‘just don't argue, talk about it properly,’ that's what I say, no shouting, no hurting each other, that's what I tell them.

With Dian, her advice transcends the usual, she delved into deeper insights as she said, “Even if they haven't experienced it themselves, they can feel how things are done. They should avoid bad people, do not approach them.”, she emphasized. Dian showed concern not just for her fellow girls, but to other individuals as well to be cautious enough for impending unlikely encounters. Rona further deepened the guidance by saying, “do not do what can traumatized a person, each of us has different experiences”. While Issa solidified her support by expressing, “All of us can get through this, let’s just pray and everything will fade away. I told them this sometimes when they somehow feel like hearing the voice of their perpetrators, and I also remind them to pray.”, she emphatically stated.

Generally, the participants share the same sentiments in this crucial stage of healing. Despite the diversity in their experiences, they find a unifying factor in the opportunity to help each other and become embedded to

individual’s support system. Their domains of functioning are characterized as significantly improving and thriving, which potentially be drawn by the supportive environment inside the center, self-realizations and their faith. Nonetheless, survivors’ domains of functioning are generally signifying relevant healing progressions.

Enabling Factors by Domain of Functioning during Tackling Stage

While there are specific enabling factors for the tackling stage, this section introduces other potential intervening enabling factors for each domain of functioning which allow the survivors thrived their heightened spirituality and empowered altruism. The other identified intervening enabling factors of each of the domain of functioning in the tackling stage are from the second stage of healing which is the figuring-out the meaning of the CSA stage. This acknowledges Draucker’s model of healing as dynamic and overarching which manifested in the participants’ experiences as they undergo their process of healing.

Generally, aside from the two prominent enabling factors of tackling stage which are the ongoing support from others and personal resolve, they are intertwined with affirming messages and personal agency, making them four prevailing enabling factors across the domains of functioning in the tackling stage (see Table 3). Essentially, affirming messages boost self-esteem and self-worth, which are critical for trauma survivors who often feel invalidated and unloved. Hearing positive reinforcement helps them believe they can heal and that they are not defined by their past. Whereas personal agency, it empowers survivors by allowing them to make decisions about their healing process, fostering a sense of control and autonomy that was taken from them during the abuse. This is critical for restoring their sense of self and overcoming feelings of powerlessness. In summary, ongoing support, affirming messages, and personal agency work hand-in-hand with personal resolve to guide survivors through each domain, enabling them to heal by fostering self-belief, emotional regulation, and empowerment.

Table III Enabling Factors by Domain of Functioning during the Tackling Stage

Enabling Factors	Domains of Functioning	
	Spirituality	Altruism
Ongoing support	Encourages faith-based activities	Creates empathetic community
Affirming messages	Validate beliefs of spiritual journey as helpful	Reinforce the value of their advice and empathy
Personal agency	Decides incorporating faith into their healing journey	Inspires taking active roles in helping others
Personal resolve	Seeks comfort through prayers, faith in the Higher Power	Engages in helping others

Enabling Factors in the Spirituality Domain. With the remarkable improvements of the survivors’ spirituality domain, their experiences have caused them to become empowered by their improved beliefs of Higher Being (see Table 3). Personal resolve plays a significant role in the children’s spiritual growth, as they seek comfort and meaning through prayer, faith, and a higher power to cope with their trauma. With ongoing support from staff, children have been encouraged to faith-based activities as it helps nurture their spiritual side, while affirming messages reinforce the belief that their spiritual journey is valid and helpful. Working hand-in-hand with their personal agency, it is evident that the participants choose to engage with their spirituality, finding personal strength through their faith and deciding how to incorporate it into their healing process.

Enabling Factors of the Altruism Domain. For the children, personal resolve is fundamental as they engage in helping others, using their own experiences to offer empathy and advice to fellow survivors. In conjunction, with the ongoing support from the CSWD staff and fellow survivors, it created a positive, empathetic

community that models altruistic behaviors, encouraging the participants to offer similar support to others. Also, affirming messages reinforced the value of their advice and empathy, helping them feel empowered to support others. While in the aspect of personal agency, it is exercised as the participants take active roles in helping others, making decisions to extend support and kindness, which is an important part of their own healing.

DISCUSSION

The study explored the healing journey of young incest survivors from CSA, focusing on the third stage of Draucker's Model of Healing: tackling the effects of CSA. This stage involves survivors making significant strides in physical health, social relationships, psychological well-being through treatments, and pursuing educational opportunities (Draucker et al., 2011). Careful analysis revealed notable similarities in healing processes during both childhood and adulthood. Despite challenges, the participants showed gradual but consistent progress across various aspects, underscoring the non-linear nature of healing emphasized in Draucker's model (Draucker et al., 2011).

Healing of survivors who are children and adults may differ in specific techniques due to age differences and developmental needs. The fundamental elements of healing from CSA, however, such as processing trauma, rebuilding trust, managing emotions, addressing shame, and fostering resilience, are shared across the lifespan. Healing in both cases involves empowering the survivor to regain a sense of control, safety, and well-being.

Based on the results of the current study which is also accounted by previous literature, healing from CSA incorporates several factors, including continuous support (Arias & Johnson, 2013; Draucker et al., 2009; Draucker et al., 2011; Yaman, 2020), personal resolve or strengthened internal characteristics (Arias & Johnson, 2013; Draucker et al., 2011), higher being (Arias & Johnson, 2013; Knapik, 2006; Draucker et al., 2011), disclosures (Draucker et al., 2011), helping others (Arias & Johnson, 2013; Draucker et al., 2011) and positive parenting (Draucker et al., 2011; Yaman, 2020). Support has always been given emphasis for most of the related studies, and tagged as the prominent ally for vulnerable individuals especially those who are survivors of abuse (Arias & Johnson, 2013). Supportive relationships helped survivors relieve the feeling of loneliness, low self-esteem, acknowledge alternatives of parental care and love, gain helpful advice and encouragement; while personal resolve does its role by pulling out the strength of children from within, solidifying their behavioral, cognitive, emotional and social improvements. Similarly, other factors influencing healing among these children weigh in equal significance to continuous support and personal resolve. As these children continuously heal, this one important domain of functioning truly attests to the importance of prayer, faith, hope, and acknowledging the presence of God in the aspect of their spirituality. The participants have essentially stressed out that they have become more prayerful as they live inside the Center. Spirituality in a general sense pertains to a person's connectedness towards a considerably Higher Being, such as God, where one may experience being set free, saved, or rescued (Sahai & Sharma, 2016; Defferary, Howcroft & Stroud, 2018; Draucker et al., 2011). It is relative to each individual, especially in pertaining to who they are worshipping or who they consider to be a Supreme or Higher Being (Draucker et al., 2011). Further, previous literature suggests that being delivered as in their spirituality is involved in the process of recovery from sexual violence (Defferary et al., 2018; Sahai & Sharma, 2016; Knapik, 2006; Arias & Johnson, 2013; Draucker et al., 2011).

While there are only a few studies that delved into the aspect of spirituality in the healing journey of CSA, there is great evidence that spiritual connections strongly influenced healing from various forms of violence (Sahai & Sharma, 2016), which is particularly outright with the experience of the participants. It was emphasized by research leaning to spirituality factors that with the survivors' healing relationship with higher power, this leads them to the pathway of transformation (Defferary et al., 2018; Sahai & Sharma, 2016; Knapik, 2006; Arias & Johnson, 2013), while some may even experience transcendence or being delivered (Defferary et al., 2018; Sahai & Sharma, 2016; Knapik, 2006).

Some of the participants, during their early stay at the center, were not as prayerful as they are at present. Meanwhile, there are also those who consistently cling to God in prayers even before entering the center. However, there was also a participant who happened to question God about why she experienced being

abused. Yet, as their days at the center passed by, they remained composed in prayer, faith, and hope. They mentioned reminding each of them to be prayerful and to believe that one day, they will receive the justice they deserve. Generally, they considered prayer as their primary means of coping with their experience of CSA, which they also reflected as a means of experiencing God's presence, including the presence of the staff and their fellow survivors in the center. Furthermore, embedded in their prayerfulness is the role of their faith, fueling their hope and giving them strength to persevere each day despite the pain they carry within them (Knapik, 2006; Arias & Johnson, 2013).

With the participants' spirituality, it underscores the transformative power of prayer and faith, leading them to pray even for those people whom they considered family, despite experiencing maltreatment from them. Despite initial doubts and questioning, the participants find solace in their faith, fostering hope and perseverance (Knapik, 2006; Arias & Johnson, 2013; Draucker et al., 2011). It depicts a journey of spiritual growth and resilience among participants at the center, highlighting how prayerfulness evolves over time and becomes a source of strength and hope (Knapik, 2006; Arias & Johnson, 2013). The results have emphasized the profound impact of spirituality in the healing process of CSA, illustrating the importance of support networks and a steadfast commitment to faith in overcoming trauma (Knapik, 2006; Arias & Johnson, 2013; Draucker et al., 2011).

In the final domain of functioning, altruism, from the perspective of the participants, is undoubtedly feasible despite their experience of abuse. It is much more pronounced in them, especially when it comes to helping towards their fellow survivors of abuse. Being able to show kindness towards others, even in the least possible way, is still an act exemplifying altruism. Most of them considered themselves capable of helping other survivors of abuse by means of empathy and by giving pieces of advice (Arias & Johnson, 2013).

Participants, regardless of age, did not specify how they demonstrate altruism. Despite concerns about age differences, altruism levels were similar between adult and younger participants recovering from CSA. Adults expressed altruism through encouragement and support, paralleling the empathy and advice shared by younger participants (Draucker et al., 2011). Both groups emphasized shared experiences, mutual support, and encouragement, especially for those in similar situations (Arias & John, 2013). They highlighted the unique capacity of survivors to support each other and provide guidance rooted in shared adversity (Draucker et al., 2011). This mutual empathy and support unify them, enabling recognition of a universal experience of adversity (Arias & Johnson, 2013).

Support emerged as a critical factor across domains of functioning, underscoring its importance during the tackling stage of healing. Progression from earlier healing stages often relied on ongoing support from family, teachers, CSWD-Ozamiz staff, and fellow survivors (Draucker et al., 2013). Support reassured participants they were not alone, highlighting the role of healthy relationships in recovery (Draucker et al., 2011; Arias & Johnson, 2013; Yaman, 2020). This is particularly true for incest survivors, where ongoing support is foundational (Draucker et al., 2011).

Participants identified family, especially mothers, as their primary source of support, followed by sisters and aunts, who were instrumental in rescuing them from abuse. Teachers also played a significant role, acting as second parents and often reporting abuse cases to authorities (CPN, 2022). CSWD staff provided a safe and nurturing environment, guiding participants through emotional challenges and fostering spirituality. Fellow survivors, akin to siblings, were integral to daily support networks, offering companionship, shared understanding, and conflict resolution mechanisms. Together, these sources of support formed a robust foundation for recovery. Indeed, the children were exceedingly grateful to the four ongoing supports (family members, teachers, CSWD-Ozamiz staff, and fellow survivors of abuse), which they identified. Supportive relationships with trustworthy individuals are integral and foundational to the healing process for these children who have become survivors of CSA (Draucker et al., 2011; Arias & Johnson, 2013; Draucker et al., 2009; Yaman, 2020).

As children continue to journey in their healing, obtaining personal resolve complements their ongoing support. Personal resolve serves as the solidifying factor to successfully traverse the prior stage of healing (Draucker et al., 2011). This enabling factor is composed of the individuals' strength and resilience within them (Draucker et al., 2011; Arias & Johnson, 2013).

Participants demonstrated personal resolve through their courage to face court trials, reliance on God, and coping via writing and the arts. Many expressed readiness to testify, showing eagerness to endure court challenges, likely bolstered by CSWD support and their inner resolve (Draucker et al., 2011; Arias & Johnson, 2013). Reliance on God, rooted in strengthened spirituality, played a significant role in their healing process, fostering deeper faith and connection to a Higher Being (Sahai & Sharma, 2016; Knapik, 2006; Defferary et al., 2018).

Additionally, two participants channeled their emotions through drawing, painting, and writing, reflecting sublimation—transforming negative emotions into creative expression (APA Dictionary of Psychology, n.d.). While not common to all, these artistic outlets offer a constructive way to cope and inspire positivity, potentially encouraging other residents to explore similar creative pursuits.

Personal resolve among the participants is highly influenced by a lot of factors composing their healing. Both personal resolve and ongoing support go hand-in-hand, gearing the survivors as they engage and tackle the varied effects of CSA. Obtaining such resolute enabling factors is relative to many factors, including but not limited to psychological, physical, social, and spiritual as indicated on the domains of functioning among the children. All its components play an important role for them to successfully navigate the current stage and eventually go forth to the finality of their healing journey (Draucker et al., 2011).

CONCLUSION

This study focuses on understanding the healing process of female children under 18 who experienced incest and are housed at the CSWD–Ozamiz shelter. Using Draucker’s model of healing from CSA, it examines the third stage of healing, utilizing qualitative case studies from eight participants. Primarily, the spirituality domain of functioning among the girls highlights their experiences of spiritual journey as becoming more prayerful, more faithful and hopeful, and becoming more aware of the presence of a Higher Being. The altruism domain, meanwhile, indicates compassion which shows the girls as becoming empathetic and showing of support and giving of advice towards co-survivors of incest. The motivating or enabling factors of healing includes being able to participate in faith-based activities and coping activities through writing and art; receiving affirmation as helpful and empathetic; incorporating faith in their healing and seeking comfort through prayers; and engaging or taking active roles in helping others.

The findings provide important insights into the factors motivating healing from CSA, but these are limited by a small sample size, a focus on institutionalized survivors, and the reliance on self-reports. The study suggests that future research should broaden its scope by examining more diverse populations and contexts, including comparing healing in different living environments and exploring gender-specific factors in the healing process. For instance, larger sample sizes from various socioeconomic and cultural backgrounds may improve the generalizability of results. Comparative studies of institutionalized and non-institutionalized survivors may also offer a more comprehensive understanding of healing. Gender-specific research, particularly on male survivors, and exploring spirituality across diverse religious and cultural contexts can provide more tailored insights.

To foster a more supportive environment for CSA survivors, awareness and education initiatives can be redesigned to include community-based support groups and peer networks, encouraging open communication and resilience-building. Families can be more involved in the healing process through educational programs that teach effective communication, empathy, and positive discipline. Incorporating holistic therapeutic interventions—like trauma-focused therapy, mindfulness, and spiritual support—can address survivors' emotional, psychological, and spiritual needs. Additionally, caregivers and CSWD staff may receive on-going training to provide a nurturing and safe environment. Educational campaigns in schools and communities can also raise awareness about CSA, teaching children and adults how to recognize, prevent, and respond to abuse. These strategies can create a more informed, supportive society for survivors.

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REFERENCES

1. APA Dictionary of Psychology. (n.d.). Dictionary.apa.org. <https://dictionary.apa.org/sublimation>
2. Arias, B. & Johnson, C. (2013). Voices of healing and recovery from childhood sexual abuse. *Journal of Child Sexual Abuse* 22(7), 822- 841.doi:10.1080/10538712.2013.830669
3. Banyard, V. L., & Williams, L. M. (2007). Women's voices on recovery: A multimethod study of the complexity of recovery from child sexual abuse. *Child Abuse & Neglect*, 31(3), 275–290. <https://doi.org/10.1016/j.chiabu.2006.02.016>
4. Brand, B. & Alexander, P (2003). Coping with incest: The relationship between recollections of childhood coping and adult functioning in female survivors of incest. *Journal of Traumatic Stress*, 16(3) 285-93. doi: 10.1023/A:1023704309605
5. Cameleon Association. (n.d.). Context in the Philippines. <https://www.cameleonassociation.org/contexte-aux-philippines/?lang=en>
6. Chaplin T. M. (2015). Gender and emotion expression: A Developmental contextual perspective. *Emotion review: Journal of the International Society for Research on Emotion*, 7(1), 14–21. <https://doi.org/10.1177/1754073914544408>
7. Cherry, K. (2022, August 14). Maslow’s hierarchy of needs. *Verwey Mind*. <https://www.verywellmind.com/what-is-maslows-hierarchy-of-needs-4136760>
8. Child Protection Network. (2020). 2020 Annual report: Protecting the child from the many faces of abuse during the pandemic. https://drive.google.com/file/d/1mxP4Ckg_aJicOVXiZCyJZxscAJX13m6w/view
9. Child Protection Network. (2021). 2021 Annual report: Protecting the child from the many faces of abuse. <https://drive.google.com/file/d/1IUx1zBSwvN00gLFb1WJutIT1fP13LTOa/view>
10. Defferary, T. E. M, Howcroft, J. G., & Stoud, L. A. (2018). Redefining resilience: A process-centered approach for interventions with child sexual abuse survivors. *Universal Journal of Psychology*, 6(3), 104-112. DOI: 10.13189/ujp.2018.060305
11. De Guzman, C. (2022, March 27). Child sexual abuse in the Philippines. *TIME*.<https://time.com/6128268/philippines-child-sex-abuse-age-consent/>
12. Department of Social Welfare and Development. (2008). Omnibus guidelines on the management of DSWD–operated crisis intervention units. Administrative Order No. 5. <https://fo1.dswd.gov.ph/wpcontent/uploads/2013/07/AO-No-5-s-2008.pdf>
13. Draucker, C., Martsof, D., Ross, R., Cook, C., Stidham A., & Mweeba, P. (2009). The essence of healing from sexual violence: A qualitative Meta synthesis. *Research in Nursing and Health*, 32(4), 366–378. doi:10.1002/nur.20333
14. Draucker, C. B., Martsof, D. S., Roller, C., Knapik, G., Ross, R., & Stidham, A. W. (2011). Healing from childhood sexual abuse: A theoretical model. *Journal of Child Sexual Abuse*, 20(4), 435–466. doi:10.1080/10538712.2011.588188
15. Faria-Schützer, D., Surita, F., Alves, V., Bastos, R., Campos, C., & Turato, E. (2021). Seven steps for qualitative treatment in health research: The clinical-qualitative content analysis. *Science and Collective Health*, 26(01),265-274. <https://doi.org/10.1590/1413-81232020261.07622019>
16. Kluft, R. (2011, January 12). Ramifications of incest. *Psychiatric Times*. <https://www.psychiatristimes.com/view/ramifications-incest>
17. Knapik, G. P. (2006, December). Being delivered: Spirituality in survivors of sexual violence [Doctoral dissertation, Kent State University College of Nursing]. PubMed. <https://www.researchgate.net/publication/5469618>

18. Martsof, D. S., & Draucker, C. B. (2008). The legacy of childhood sexual abuse and family adversity. *Journal of nursing scholarship: an official publication of Sigma Theta Tau International Honor Society of Nursing*, 40(4), 333–340. <https://doi.org/10.1111/j.1547-5069.2008.00247.x>
19. Sahai, A. & Sharma, R. (2016). Effect of spirituality-based intervention on domestic violence survivors. *The International Journal of Indian Psychology*, 3(3), 32-41. <https://ijip.in/wp-content/uploads/2019/02/18.01.042.20160303.pdf>
20. Velayo, Richard. (2006). A perspective on child abuse in the Philippines: looking at institutional factors. *Violence in schools: cross-national and crosscultural perspectives* (pp. 191-205). New York: Springer.
21. World Health Organization (2022, September 19). Child maltreatment. <https://www.who.int/news-room/fact-sheets/detail/childmaltreatment#:~:text=Key%20facts&text=One%20in%205%20women%20and,form%20of%20forced%20sexual%20contact>.
22. World Health Organization (2022, November 29). Violence against children. <https://www.who.int/news-room/fact-sheets/detail/violence-againstchildren>
23. Yaman, N. (2020). The effects of childhood sexual abuse on adult life and coping process. *The Journal of International Social Research*, 30(74), 380-388.10.17719/jisr.112
24. Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Thousand Oaks, CA: Sage