

The Lived Experiences of Discharged Home for Girls Clients in Region 10

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ABSTRACT

In the Philippines, little is known about the lives of residential care children post-discharge, much so within a particular region. With this gap in literature, this phenomenological research explored the lived experiences of discharged Home for Girls clients in Region 10 (Northern Mindanao), Philippines. To understand these women's experiences, the study employed a transcendental phenomenological design. Four discharged clients participated in the study. At the time of their interviews, all participants were aged 18 to 21 and had one to two years of lived experience post-discharge. Each participant completed three in-depth phenomenological interviews. Each interview averaged one hour and fifteen minutes. Transcripts were coded and analyzed using the HyperRESEARCH software. Following Colaizzi's seven-step phenomenological approach, the following themes emerged: 1) socio-behavioral post-discharge challenges, 2) struggles of reintegrating into home life, 3) transformative changes after discharge, 4) reconstructing self and life perspective after discharge. These themes describe post-discharge clients' experiences. In conclusion, post-discharge clients face challenges beyond their control that limit their ability to achieve their hopes and aspirations for themselves and others. It is therefore recommended that aftercare services delivery be strengthened through the collaboration of different stakeholders, capitalizing on clients' strengths and resilience.

Keywords: aftercare, phenomenology, discharged clients, lived experiences, Home for Girls, sexual abuse survivors

INTRODUCTION

Background of the Study

In current Residential Care practice worldwide, there is increasing interest in the lives of discharged clients. Taylor et al. (2024) conducted a systematic review and meta-analysis on youth leaving out-of-home care (OOHC) across housing, health, education, and psychosocial domains, in which they found that care leavers experience poorer outcomes than their peers across multiple indicators, including higher rates of homelessness, unemployment, physical and mental health problems, and greater contact with the criminal justice system. Meanwhile, Mendes & Chaffey (2024) found that youth transitioning from OOHC in Australia are known to experience significant mental health challenges during their transition, which was further exacerbated during the COVID-19 pandemic due to social distancing measures that led to an increase in social isolation and loneliness.

Despite this growing international interest, few studies have examined the lived experiences of clients after discharge from institutional care in the Philippines (Gamongan & Moyao, 2024). This study intends to bridge this gap in the literature. To know more about the lives of discharged clients, this study explored the lived experiences of 4 discharged clients from the Home for Girls, an institution run by the Department of Social Welfare and Development that caters to children below 18 years of age who are victim-survivors of abuse. By describing the life experiences of discharged Home for Girls clients, this study hopes to inform the DSWD and other stakeholders of their current status and to support further enhancements to aftercare strategies and services in the Philippines.

Theoretical Lens

This qualitative study primarily explored the experiences of former clients of the Home for Girls after their reintegration into society. Given their past experiences, the participants in this study are shaped by both internal psycho-emotional and external structural processes. Internally, discharged clients wrestle with memories and experiences that still affect them today. Externally, they are expected to reintegrate into their families and communities and explore the opportunities that await them post-discharge. To explore both dimensions, this study will use the person-in-environment perspective of Social Work, drawing on theories that help explain both the person and their environment. Hair (2005), along with the studies he cited, noted that rehabilitation is best understood from an ecological and systemic perspective. As such, rather than using a single theoretical framework, this study approached its inquiry through a constellation of theories organized around the person, the environment, and the dynamic between them.

To understand the person, this study used Trauma Theory, Self-Concept Theory, Hope Theory, and Possible Selves Theory. Herman's (1992) Trauma Theory is used as a foundational lens, as this framework allowed the researcher to understand trauma-related behaviors the participants reported. Trauma is defined as exposure to an extraordinary experience that leads to helplessness and fear (Kupfer et al., 2013). This is quite common among individuals who have experienced child mistreatment and family dysfunction (Becker, 2026) and is also prevalent among the clients of residential care (Parry et al., 2021). Herman's (1992) contention that recovery requires a structured process of safety, remembrance, and reconnection also serves as an evaluative standard for assessing the availability or absence of sustained psychosocial support in participants' post-discharge lives.

Self-Concept Theory explains participants' understanding of themselves. This theory suggests that lived experiences and ongoing interactions with one's environment, including feedback received, shape self-concept (Ackerman, 2018). This study also uses Hope Theory (Synder, 2002) and Possible Selves Theory (Markus & Nurius, 1986) to understand participants' future aspirations. Hope Theory argues that hope is a cognitive, goal-directed process with three core components: goal, agency, and pathways (Synder, 2002). In this study, the theory helps explain how participants describe the means by which they may achieve their desired future. Meanwhile, Possible Selves Theory states that future-oriented, imagined versions of the self (possible selves) can give personal, concrete meaning to abstract goals and motivate present behavior (Markus & Nurius, 1986). In this study, this concept explains how participants motivate themselves to achieve the future they envision.

To understand the environment, Bronfenbrenner's Ecological Systems Theory (as cited in Guy-Evans, 2025) served as an overarching framework for this study, offering a means of understanding participants' experiences across the microsystem (interaction with family, school, and peers), mesosystem (interactions between microsystems), exosystem (external settings that indirectly influence the person), macrosystem (socio-cultural and economic factors), and chronosystem (life-altering transitions). Adopting this framework is intended to sensitize the researcher to the possibility that a single, seemingly localized hardship reported by a participant may simultaneously reflect a multi-level concern that requires multi-pronged interventions.

Within the micro and mesosystems, the Family Systems Theory is used to understand family dynamics surrounding the discharged client. This theory conceptualizes the family as an interconnected emotional unit in which dysfunction in one member or subsystem reverberates throughout the whole (Helm, 2024). Linked to Herman's (1992) recommendation of a structured safety process to facilitate recovery from trauma, this study explored the stability of discharged clients' family environment as a medium for healing and recovery.

Within the exo- and macrosystems, the Segmented Labor Market Theory (Doeringer & Priore, 1970) and the concept of the precariat (Standing, 2011) were used to account for the economic conditions of the discharged clients, particularly those who opted to engage in livelihood and employment post-discharge. These theories helped the study better understand the challenges participants encountered given their status as young and underage for formal work. Meanwhile, to understand participants' lived experiences in their education journey, this study used Human Capital Theory, which states that Education is an investment that yields future returns through higher lifetime earnings (Becker, 1993). In this study, the theory helped explain the value discharged clients place on continuing their education. Within the chronosystem, the Life Course Perspective by Elder

(1999) is used to understand how family stability, economic hardship, early parenthood, and other hindering factors affect their education and the decisions participants make in response to their current conditions.

To understand the interaction between the person and the environment, the Ecological Systems Theory is employed, with sub-theories being used to describe particular findings of the study. The sub-theories include Social Support Theory, the Transactional Model for Stress and Coping, Resilience Theory, Post-traumatic Growth Theory, Empowerment Theory, and Self-Concept Theory. Social Support Theory states that trusted individuals provide significant support, especially in stressful situations (Cohen & Wills, 1985). In this study, the theory helps explain participants' choice of social circles, which they use for emotional, informational, and instrumental support to alleviate psychological distress. This study uses the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) to explain the coping behaviors participants may describe. The theory mainly argues that stress is a dynamic interaction between a person and their environment, wherein coping can be identified as problem-focused and/or emotion-focused (Lazarus & Folkman, 1984).

Meanwhile, this study uses Resilience Theory (Masten, 2001) and Post Traumatic Growth Theory (Tedeschi & Calhoun, 2004) to explain the seemingly contradictory findings, in which participants expressed ongoing difficulty alongside expressions of strength. Both theories posit that individuals can adapt positively to ongoing adversity or stress. Resilience Theory defines resilience not as the absence of distress but as the capacity to adapt through common resources readily accessible to the individual (Masten, 2001). In this study, the theory explains how the participants can adapt despite their daily struggles. Meanwhile, Post Traumatic Growth Theory (Tedeschi & Calhoun, 2004) allows this study to understand the positive transformation the participants attributed to their traumatic experience. The theory mainly argues that traumatic events can produce psychological change that goes beyond simply returning to how a person functioned before the event (Tedeschi & Calhoun, 2004).

Lastly, this study uses Empowerment Theory (Perkins & Zimmerman, 1995) to understand the procedural structure and identify participants' extent of involvement in decision-making around their own discharge and aftercare. This theory emphasizes the importance of actively involving individuals in decisions that affect their lives (Perkins & Zimmerman, 1995). In social service settings, empowerment strengthens clients' sense of control (Wainwright et al., 2025). Following Social Work's principle of self-determination and the need to uphold it, along with respect and compassion in practice (Levenson, 2017), Empowerment Theory helps this study understand how existing institutional support systems allow, restrict, or promote these principles.

While each of the theories discussed above is meant to illuminate a distinct facet of the phenomenon under study, their explanatory value is expected to be applied together rather than in isolation. In this sense, the theoretical lens adopted for this study is designed to offer multiple perspectives on a single ecological system concerning discharged clients to gain a holistic understanding of lived experiences.

Statement of the Problem

In the Philippines, the Department of Social Welfare and Development (DSWD) guidelines and other issuances strongly support the need for aftercare services for discharged clients. DSWD Administrative Order No. 141 of 2002 states the importance of aftercare services for the successful reintegration of former residential care clients. However, because social services are devolved under the Local Government Code of 1991, DSWD has less control over implementing aftercare services. As noted, a more detailed guideline was needed to ensure uniform implementation. Thus, in 2003, DSWD (b) issued Administrative Order No. 36, or the "Guidelines in the Implementation of Aftercare Service," which serves as a guide to the local government units, particularly the local social welfare and development officers, in the implementation of programs and services for the discharged clients from residential care facilities. To provide a comprehensive guideline covering residential care through aftercare services and monitoring, DSWD (2020) issued the *Enhanced Manual on Helping Strategies for Centers and Residential Care Facilities (CRCF) Catering for Children and Youth*.

However, despite these guidelines, existing literature indicated that discharged clients fared poorly after discharge. In a study by Parmanand (2021), it was observed that the sex workers and trafficked victims-

survivors who underwent the rehabilitation process through residential care centers were left on their own after being discharged or "escaping" from the centers, which led to some of them going back to being sex workers. It is also worth noting that few studies have addressed this.

From this context, this research aims to see whether these observations also hold in the region. In Region 10 (Northern Mindanao), Home for Girls social workers revealed that one of the main issues they currently face is that many discharged clients' current conditions remain unknown due to a lack of feedback from LGU social workers. This has led to an increase in unclosed case records at the center, as the center's protocol allows a case to be closed only after the receiving LGU, through its social worker, files an after-services report (DSWD, 2022). Based on the same standard, the report should be filed at least 3 months after the client is discharged from the center (DSWD, 2022).

This study addresses this gap in the literature and practice. Through phenomenological research, the study sought to describe the experiences of the Home for Girls clients post-discharge. Through their stories, it is hoped that issues regarding aftercare services will surface and inform the development of better policies and strategies to sustain the gains achieved through residential care interventions.

This study will answer the following research questions:

- (1) What is it like to be a discharged client from the Home for Girls Center?
- (2) What is the meaning of life for a discharged client from the Home for Girls Center?

Significance of the Study

This study would benefit the following stakeholders:

Discharged Home for Girls Clients. Discharged clients are the direct clients of the aftercare strategy, as defined in the DSWD Manual for Enhanced Helping Strategies. This study would highlight their aftercare experiences, giving them an avenue to share their experiences and offer recommendations on areas where the government and other stakeholders should improve.

Local Government Units (LGUs). Since LGUs are mandated to provide social services to their constituents, this study would enable LGUs to gain insights into the needs of discharged clients and the strategies, processes, and programs or services that appropriately address their concerns, thereby improving the implementation of aftercare services.

The Department of Social Welfare and Development (DSWD). Through discharged clients' experiences, the Department would gain insights into the effectiveness of its in-center intervention and the implementation of its Enhanced Manual. Since the Office is tasked with ensuring standardized implementation of social programs and services, it is positioned to provide technical assistance to LGUs, conduct advocacy campaigns, revise policies, and/or implement new strategies to ensure compliance by all stakeholders involved in implementing the Enhanced Manual.

The Department of Interior and Local Government (DILG). DILG can enhance LGU issuances and policies to ensure local aftercare programs are responsive. They would also be able to refine the criteria for LGU awards and recognition, which have proven to be effective in improving LGU performance.

Non-Government Organizations (NGOs). NGOs would be informed of the current gaps in the implementation of aftercare services nationwide. Through discharged clients' experiences, they can identify areas for collaboration with the government to ensure aftercare services are effective at the client level.

Future Researchers. Future researchers would be able to use the method and findings of this study in their endeavors. Specifically, they may apply the method to study other clientele in institutional care. With these findings, they may confirm them through a similar study or highlight areas that are not covered by this study.

Definition of Terms

The following are the conceptual and operational definitions of the key terms used in this study.

Aftercare Service. This study defines aftercare service as the "provision of interventions and needed support services with the end goal of ensuring effective rehabilitation and reintegration among discharged clients from residential care facilities" (DSWDb, 2003).

Discharged Home for Girls Client. Based on the Enhanced Manual of Helping Strategies, a client is defined as "children who were admitted, rehabilitated, and are soon to be discharged from DSWD residential care facilities..." (DSWD, 2020). Since this study focuses on clients who have undergone the reintegration process, the term "discharged" is added to "client," meaning children previously admitted, rehabilitated, and discharged from DSWD residential care facilities for a year or more. "Home for Girls" is added to specify the residential care center from which the discharged clients were previously admitted.

Reintegration. This term refers to the client's reunification with family or relatives, or with the community, after rehabilitation in a residential care facility (DSWD, 2020).

LITERATURE REVIEW

This chapter presents the literature, studies, and concepts that provide insight into the research topic, which focuses on clients' lives after discharge from a residential care facility.

Aftercare Services

To better understand clients' lives after discharge from residential care, it is essential to examine studies on aftercare services. Aftercare services refer to a range of support services provided to clients after their discharge from residential care (Trout et al., 2014), designed to maintain gains and prevent the need for additional out-of-home placements (Guterman et al., 1989, as cited in Trout et al., 2010). Gylmn (2021), citing Storo (2017) and Van Breda (2015), noted that this social phenomenon is under-theorized and less understood.

Aftercare services vary considerably across regions, with mixed results (Ringle et al., 2015). Kaasinen et al. (2021) studied the experiences of Finnish care leavers. They concluded that effective collaboration with staff (aftercare service workers) and the mental, social, and material support provided to care leavers led to their active involvement in life, including continuing education and maintaining a source of income. Preyde et al. (2011) also noted positive effects among children and youth with mental health disorders who underwent residential care or intensive home-based treatment 40 months post-discharge, with continued access to mental health services. However, Trout et al. (2010), in their study focused on youth care leavers in Nebraska, noted that multiple studies have yielded mixed results due to differences in youth and family characteristics. They suggested that these factors must be carefully considered to ensure aftercare services lead to the desired positive change in youth (Trout et al., 2010).

Despite mixed results, the literature indicates the need for aftercare services. Van Breda et al. (2020) noted that care leavers have poor transitional outcomes if left on their own. Whittaker and Pecora (1984, as cited in Holstead et al., 2010) stated that post-discharge support is necessary to maintain gains achieved during treatment. Wong et al. (2023) noted that recidivism is high among youth offenders who experienced programmatic gaps, such as a lack of support for education, housing, and job training. Sulimani-Aidan, as cited by Van Breda (2016), postulated that care-leavers' future expectations at the time of leaving care are correlated with better outcomes in accommodation, economics, and education.

Recognizing the significance of aftercare services in ensuring the effective reintegration of youth formerly admitted to government-run centers and institutions, the Philippines issued DSWD Administrative Order No. 35, series of 2003, or the "Guidelines in the Implementation of Aftercare Service." This document outlines the Local Government Unit's (LGU) role in providing and implementing aftercare services to support discharged clients' successful reintegration. However, while the document provides a foundation for LGU involvement, it

does not detail how aftercare services should be implemented or how clients transition from residential care to aftercare. To address this gap, DSWD (2020) issued the *Enhanced Manual on Helping Strategies for Centers and Residential Care Facilities (CRCF) Catering for Children and Youth*, with the main goal of strengthening the social welfare system to improve the well-being of children and youth discharged from residential care facilities.

The development of the Enhanced Manual represents a significant step forward in aftercare services in the Philippines. Through DSWD, the country attempts to inform practice with theory by using two models or strategies to ensure effective rehabilitation and reintegration. For children without families to turn to, the Supervised Independent Group Living Arrangement (SIGLA) is used. Meanwhile, the Transitional Living for Effective Reintegration (TransFER) is used for those with families (DSWD, 2020). The Enhanced Manual details the steps and processes for reintegration and sustained social functioning, including the stakeholders involved at each stage. It also provides assessment tools and identifies the frequency of client meetings.

Although the Enhanced Manual is promising, no local study has yet evaluated its implementation and effectiveness. DSWD (2020) reported that, in its pilot implementation, SIGLA and TransFER were effective strategies. However, this requires further evaluation, especially since adopting these strategies at the national level requires all DSWD-run centers and institutions to adhere to the standards stipulated in the Enhanced Manual. The Manual's current status suggests it has not been fully implemented. In a study by Parmanand (2021), discharged women who were once rescued from sex trafficking stated that they received no aftercare service at all, with some returning to sex work after being discharged.

Given the inconsistency in findings on the effectiveness of aftercare services across countries, cultures, and peoples, and the varying degrees of implementation, generalizing is not plausible at the moment. Local, if not individual, context must be carefully considered. Therefore, for this study, independent and dependent variables are selected based on the strong determinants identified in previous studies, which are also presumed to be appropriate indicators of an effective reintegration.

Rehabilitation and Reintegration

Rehabilitation and reintegration remain the overarching goals of residential care facilities, and their success is a crucial determinant of clients' lives after discharge. In general, rehabilitation is defined as "efforts and activities aimed at treating, training, and restoring the challenged person's capacity for independent life status" (Kolo and Jubrin, 1995, cited in Onalu et al., 2021). Reintegration, by contrast, is a multidimensional process that enables individuals to achieve social functioning (International Organization for Migration, 2020). While the definition and indicators of reintegration remain consistent across cases, the indicators of rehabilitation vary depending on the type of case from which a client seeks rehabilitation. For example, with youth who entered residential care due to their violent tendencies, successful rehabilitation would mean avoiding entering the juvenile justice system (Ringle et al., 2015). Meanwhile, for clients who were rescued from abusive situations, successful rehabilitation would mean reduced anxiety, suicidality, and substance use (Tyler et al., 2017). In DSWD, rehabilitation for children and youth includes character-building programs to help develop the clients' values and decision-making skills (DSWD, 2008).

For this study, rehabilitation is defined as "the process of transformation from a dysfunctional to a state of renewed functional condition where the client shows competence in the performance of one's roles" (DSWD, 2020). To understand the client's rehabilitation status, this study shall examine the client's self-esteem and coping skills. A healthy life is possible if a child or adolescent is socially competent, academically successful, and has strong self-esteem (Kirby & Fraser, 1997, as cited in Hair, 2005). In this study, self-esteem is defined as "the individual's positive and negative attitude toward the self as a totality" (Rosenberg et al., 1995, as cited in Miller, 2024). Coping skills, by contrast, are actions taken in the moment to regulate emotions and avoid becoming overwhelmed (Lear, 2021). These coping skills can be adaptive or maladaptive (Lear, 2021).

Reintegration is defined as the reunification of the client with their family or relatives, and the return to the community/place of residence after discharge from a residential care facility (DSWD, 2020). The success of a discharged client's reintegration into their families or communities will be determined by their social

functioning, which is defined as "a child or individual's interaction with his/her family and community; the manner in which a child or person interacts with other people in different social settings" (DSWD, 2020).

Another aspect to consider in this study is housing or living arrangements, especially for those reintegrated into their families. Courtney et al. (2004) noted in their study among families involved in Milwaukee's child welfare system that most of the children placed in residential care have housing problems that affect their reintegration.

Aftercare Experiences

Aftercare experiences in this study refer to the experiences clients undergo after being discharged from the Home for Girls. The main indicators used in this study are based on the Enhanced Manual on Helping Strategies (DSWD, 2020), namely: family & community relationships, frequency of interaction with a Social Worker, access to appropriate programs and services, and sustained education/livelihood/employment. Various studies also identify these indicators as contributing to successful rehabilitation and integration.

Family and Community Relationships

In DSWD's Enhanced Manual, family and community are integral stakeholders in the case management of clients admitted to residential care facilities. They are included in the Intervention Team and contribute from intervention planning through the reintegration phases of case management (DSWD, 2020). It was also emphasized that, as early as the implementation of the intervention plan, the Intervention Team should begin planning for the client's eventual reintegration (DSWD, 2020). At this stage, the team shall assess which aftercare strategy is appropriate for the client – either SIGLA or TransFER. The child's parents/guardian, a representative from the community, specifically the Barangay Council for the Protection of Children (BCPC) member, and the LGU Social Worker are required to attend case conferences to provide input on the necessary activities to be undertaken for efficient reintegration.

Based on the studies conducted, this adopted strategy of involving the family and community should lead to effective reintegration and sustained gains from center rehabilitation. Family support is necessary for successful reintegration into the community (Burns and Friedman, 1990, as cited in Landsman et al., 2001). Sunseri (2004, as cited in Tyler et al., 2017) noted that youth with high-functioning families have a higher possibility of completing treatment. Carlo and Shennum (1989, as cited in Tyler et al., 2017; Tam & Ho, 1996) also noted that parent involvement and training positively affect the reunification process. Meanwhile, Hair (2005) observed that care leavers with strong family and peer support generally function well in the community. Purtell et al. (2022) added that relationship-based practice, holistic support, and practical assistance in care and throughout transitions from care may help prevent early pregnancy and parenting among care leavers.

Frequency of Interaction with a Social Worker and Access to Programs and Services

DSWD's Enhanced Manual (2020) emphasizes a social worker's involvement in the aftercare strategy. Particularly, the Local Social Worker is tasked with facilitating the child's eventual reintegration (DSWD, 2020). Under the SIGLA strategy, the LGU social worker identifies and assesses potential facilities or boarding houses where clients will be placed (DSWD, 2020). Within 6 months of the client's discharge, the case manager should conduct scheduled visits at least once a week or at least once a month (DSWD, 2020). Meanwhile, the TransFER aftercare strategy requires the LGU social workers to conduct social preparation for the family and community before the client is discharged (DSWD, 2020). They must submit a comprehensive parenting capability assessment to determine the family's readiness for the client's reintegration (DSWD, 2020). After discharge, the client is to be closely monitored for 6 months and must visit the center every three months for monitoring purposes (DSWD, 2020).

The emphasis on the Social Worker's role in the aftercare strategy recognizes their crucial role throughout the process. From planning to post-discharge monitoring, the social worker acts as an advocate and enabler, ensuring the client can smoothly transition back into their family or community with sustained social

functioning. In doing so, they ensure the discharged client can access existing programs and services the client might not otherwise know about.

In a qualitative study by Kaasinen et al. (2021) among young Finnish care leavers, participants reported that their collaborative relationships with aftercare employees significantly helped them transition into the community, sustain their education, and secure a stable source of income. They also provide emotional and mental support (Kaasinen et al., 2021). Harding et al. (1978) even suggested the composition of an Aftercare Team whose main task is to oversee client reintegration and ensure its effectiveness. Vogel et al. (2014), in their study on the CoC (Coherent Chain of Care) project, an aftercare strategy used in Sweden, emphasized that the key person should be more of an advocate rather than an administrator.

Sustained Education/livelihood or Employment

To support the gradual reintegration of discharged clients, LGUs should provide skills/livelihood projects for which they are already trained (DSWD, 2020). This is assumed to apply when the child is 18 years old or older. While the Enhanced Manual does not explicitly mention sustained education, it can be inferred that it is expected, especially since part of the materials provided to discharged clients under the SIGLA strategy are education-related (DSWD, 2020). In addition, the Social Worker should monitor a child's school attendance, as this is a child's right and an indicator of good social functioning.

Studies also support the need for education and/or employment to sustain rehabilitation gains. Tyler et al. (2017) noted that adolescent care-leavers function well at home, school, and in the community when they have educational and livelihood opportunities. Wong et al. (2023) noted that recidivism rates remain high when programmatic gaps in aftercare services are observed, including a lack of support for education, housing, and job training. Meanwhile, Trout et al. (2014) noted that both youth and parents (of the youth) perceived education as the most important support needed after being discharged from residential care.

Summary

A review of studies and literature on the relationship between aftercare services and sustained rehabilitation gains and reintegration of discharged clients from center facilities reveals inconsistent findings across countries, cultures, and peoples. Aftercare implementation strategies have also varied in their effectiveness. This suggests that any attempt to generalize is currently implausible and that local, if not individual, contexts must be carefully considered. In this light, this study examines aspects of lived experience based on their applicability in the Philippine context, such as education, livelihood/employment opportunities, frequency of social worker interaction, and family and community relationships. The literature identifies these as strong determinants of effective reintegration and rehabilitation.

METHODOLOGY

This chapter presents a comprehensive discussion of the research methodology employed in this study. It begins by introducing qualitative research and its relevance to the current study. The chapter then delves into the specific research design adopted, followed by a description of the research setting, sample, and sampling procedures. The chapter also discusses data collection and analysis methods in detail. Additionally, the chapter addresses trustworthiness, rigor, and evaluative criteria to ensure research quality. A reflexivity statement is included to acknowledge the researcher's role and potential biases. Finally, the chapter concludes by addressing the ethical considerations relevant to the study.

Qualitative Research

This study is a qualitative research on the lived experiences of discharged Home for Girls clients. The qualitative approach is used because it allows an in-depth understanding of the meanings people give to their experiences. Through naturalistic inquiry and detailed descriptions of social phenomena (What is Qualitative Research? n.d.), the research can uncover elements in clients' lives and the meanings they attach to them (Creswell, 2007).

Qualitative research, as noted by Teherani et al. (2015), has become the rigorous investigation of social phenomena in their natural settings. It includes studies on how people experience different aspects of their lives (Creswell & Poth, 2018), how groups behave and organizations function (Yin, 2018), and how encounters form relationships (Goffman, 1967). Under this research paradigm, the researcher is considered a central tool through whom data are collected to determine what happened, why, and how participants interpret its meanings (Creswell & Poth, 2018). Qualitative research is grounded in several paradigms that focus on individual and environmental differences in perceptions of reality. By collecting participant experiences, attitudes, and behaviors, qualitative research aims to explore and offer deeper insights into real-world situations by concentrating on the *hows and whys* rather than the *how much or how many* (Creswell & Poth, 2018). One of the main advantages of qualitative research is that it can clarify difficult-to-quantify human behaviors and experiences by letting participants express their feelings and ideas in their own words (Creswell & Poth, 2018).

As with many qualitative studies, this research does not aim to generalize about the state of aftercare services in the Philippines. Instead, it focuses on participants' individual experiences and draws lessons that will help implementers better respond to the needs of discharged clients. Furthermore, this study recognizes the uniqueness of each respondent's experiences, and thus, their narratives (thoughts, feelings, and behaviors) are considered valid and worthy of consideration.

Phenomenology

This study employed a phenomenological research design. Phenomenology aims to characterize how people interpret the meaning of their life events (Creswell, 2007). Husserl, the main proponent of the phenomenological approach, proposes that "access to the material world was through consciousness, and that all knowledge is derived from experience" (Priest, 2003). A phenomenon is defined as a perceived reality based on one's consciousness and is a valid point of inquiry (Eagleton, 1983, as cited in Groenewald, 2004). The goal of the researcher in phenomenological research is "to describe as accurately as possible the phenomenon" (Groenewald, 2004). Understanding social and psychological processes from the viewpoint of those who experience them is most important (Welman & Kruger, as cited in Groenewald, 2004).

Phenomenology examines the lived experiences of those who have personally experienced an event to pinpoint and define its universal essence (Buriro et al., 2021). It does so by studying the phenomenon from the perspective of those who experience it firsthand (Neubauer et al., 2019). The phenomenological approach differs from other approaches because it relies on participants' subjective views, with no preconceived assumptions, and describes events rather than explains them (Creswell, 2013, as cited in Buriro et al., 2021). In-depth interviews are one data collection technique designed to facilitate an extensive exchange of experiences and perspectives. The core of lived experience might be captured by considering the recurrent themes and patterns in the data (Baker et al., 1992, as cited in Buriro et al., 2021). Building on foundational work in philosophy by figures such as Edmund Husserl, Martin Heidegger, and Maurice Merleau-Ponty, phenomenology has been widely used across social science fields (Zahavi, 2003, as cited in Buriro et al., 2021).

According to Stewart and Mickunas as cited in Creswell (2007), there are four philosophical perspectives associated with phenomenology: the intentionality of consciousness, which holds that an object's reality is limited to an individual's consciousness of it, the rejection of the subject-object dichotomy, which views philosophy as a search for wisdom rather than an empirical exploration of the world, a philosophy without presuppositions, which suspends all judgments about what is real and is also referred to as "epoche," and a philosophy without assumptions. Hermeneutic phenomenology and transcendental phenomenology are the two schools of thought in phenomenology. Using this method, the researcher interprets the significance of the lived experience (Creswell, 2007). In contrast, the transcendental approach, led by Edmund Husserl, focuses more on describing participants' experiences (Creswell, 2007). There is an emphasis on perceiving the experience as if it were the first time, and thus Husserl's concept of "epoche", or bracketing, is significant (Creswell, 2007). In the transcendental approach, the researcher must set aside their experiences towards a phenomenon to take a fresh perspective (Creswell, 2007).

Research Context

This study was conducted in Northern Mindanao, where the discharged children-clients of the Home for Girls can be found. DSWD manages the Home for Girls Center, catering to girls aged 7-18 years old who are victim-survivors of abuse. While other centers and institutions serve the same clientele, run by local government or non-government organizations, the Home for Girls was chosen for this study because it is assumed to uphold the highest standards, having attained level 3 accreditation in 2023. With this, it is presumed that discharge processes and aftercare coordination are in place.

Sample and Sampling Procedures

For this study, the researcher selected four participants through purposive sampling. The Home for Girls recommended 10 participants to the researcher. To maintain the participants' confidentiality, the researcher did not inform the center which of the 10 recommended participants participated in the study. However, only two of the recommended participants agreed to take part in the study. Due to this limitation, the researcher used the snowball technique to identify additional potential participants. Participants were asked for details of other former Home for Girls clients with whom they maintain contact. The researcher then proceeded with sending invites through text and FB Messenger. This process continued until 4 participants were identified. Initially, the research should have included participants from SIGLA and TransFER aftercare strategies. However, data from the Center showed that no client in the past 2 years underwent the SIGLA strategy; therefore, the study participants were those integrated through the TransFER strategy.

The following were the criteria set for the participants of the study: (1) a discharged Home for Girls client who is currently 18-21 years old but was previously admitted as a minor, (2) a discharged client who is 18 years old or older who underwent either the SIGLA or the TransFER aftercare strategy, (3) a discharged client with at least 1 year of lived experience of post-discharge, (4) and with a declared address within Northern Mindanao (Region 10). Participants must also express consent and willingness to participate in the study. By adhering to these criteria, the study ensured that the selected participants could provide relevant and valuable insights into their experiences as discharged clients, while also considering ethical considerations such as confidentiality and informed consent. The age restriction was implemented to ensure homogeneity of experiences.

Data Collection

Data Collection Methods

This study utilized purposeful sampling and snowball sampling methods. To identify potential study participants, the researcher used purposive sampling. The researcher obtained the list of potential study participants from the Home for Girls Center. Because only a few discharged clients indicated their willingness to participate, the researcher then used snowball sampling to recruit more participants by asking those who had already indicated their willingness about other discharged clients with whom they maintain contact.

Data Collection Procedures

Upon obtaining the ethical clearance from the LC-Research Ethics Committee, the researcher sought the approval of DSWD's Regional Director to obtain access to the Center's records of discharged clients. The researcher complied with all the Department's research requirements, as outlined in the Agency's research protocol. After obtaining approval, the researcher began coordinating with Home for Girls social workers to identify 10 potential study participants and obtain their contact details.

The researcher contacted potential participants via text message, including a brief introduction, how the researcher obtained their numbers or Facebook Messenger names, the research topic, and the method to be used. During this process, the researcher encountered difficulty in finding willing participants for the research. Out of the ten names provided by the Home for Girls, only eight responded. Two agreed to participate in the study; one initially agreed during the online conversations but was non-committal about a face-to-face meet-up; and one reached the pre-interview stage but decided not to proceed with the interview. Another participant

was still a minor, which made her ineligible to participate in the study, while the rest were no longer in Region 10 and would require long travel. Another difficulty the researcher encountered during the data collection phase was the sensitivity of her pregnancy. She had a threatened abortion early in her pregnancy, which prompted her to postpone data collection. This also limited her mobility, as the doctor prohibited long-distance travel. Because of these limitations, the researcher carefully considered the current locations of the discharged clients. The farthest distance traveled was 56 kilometers from Cagayan de Oro City.

Because of the limited participant pool, the researcher obtained the contact information for 10 additional former Home for Girls clients from the study participants, all of whom were invited to participate in the study. Only two agreed to participate, bringing the total to 4 participants, which is within the ideal number of study participants in Phenomenology (Creswell, 2018). The researcher then set up a face-to-face, one-on-one meeting to formally introduce herself and provide a more detailed background on the research to which they were invited. The researcher also obtained written consent at the end of the meeting. Participants determined the interview date, time, and venue. The researcher followed the prepared set of guide questions duly approved by the researcher's panelists during the interviews (see Appendix A).

For documentation, the researcher used a voice recorder and pen and paper to document the whole activity. This study employed in-depth interviews, as they are the most appropriate data-collection method. The researcher prepared an open-ended guide questionnaire and asked participants to provide as much information as possible. The researcher recorded and transcribed the participants' narratives. The interviews were conducted in an environment where participants felt most comfortable. The researcher built rapport at the first meeting to encourage participants to disclose as much as possible about their experiences.

The interviews averaged 1 hour and 5 minutes. To create a safe and comfortable environment, participants were allowed to use their vernacular as their main language and were reminded that they could refuse to answer questions they were not comfortable answering. To encourage them to share their stories, the participants were asked to describe their experiences, compare them to other things, and explain the meanings they attached to the symbols they used to represent their experiences, with less interruption from the researcher.

After the interviews, the researcher transcribed the audio records. The researcher ensured that names, places, and other identifying information were changed. The screened transcriptions were then sent to the participants for their review and other recommendations. None of the participants indicated that they wanted to change, add, or remove a part of the transcript. One participant, however, asked the researcher not to send her transcript, fearing someone might read it. She revealed information during the interview that might not sit well with the people around her at the moment. The researcher then subjected these screened transcripts to data analysis.

To safeguard participants' personal information, the researcher stored their data in a password-protected file on the researcher's laptop. Only the researcher can access this laptop and, therefore, the file, and it would not be transmitted electronically to avoid any breach of personal information. Should there be a data breach, the researcher would change the passwords for the folders containing the personal information, audio files, and transcriptions. The researcher would then trace the source of the data breach and mitigate the incident's impact by contacting the persons involved. The researcher would also report the incident to the mentor and the ethics committee for further guidance.

After the study was approved and accepted by Lourdes College, all data stored shall be permanently deleted. The researcher shall ensure that all related files in the laptop's trash bin are deleted. In addition, all hard copies, including the field notes and the printed transcripts, shall be disposed of by burning the said documents.

Data Analysis

This study utilized Colaizzi's (1978) seven-step descriptive phenomenological method. As summarized by Morrow et al. (2015), the researcher analyzed the data through these steps: First, the researcher familiarized themselves by reading the transcripts four times—transcribing the recorded audio files, reviewing the

transcribed data, organizing the transcription for coding, and coding the data. Second, the researcher identified significant statements by highlighting participants' statements that corresponded to the study's research questions. Third, the researcher formulated meanings by identifying the meanings embedded in these significant statements and categorizing them in relation to the research questions; to ensure meanings were derived authentically from participants' statements, the researcher employed bracketing to set aside personal biases that could affect data treatment. Fourth, the researcher clustered these categories into themes representing participants' common experiences. Fifth, the researcher developed an exhaustive description by formulating an inclusive account of the experience that incorporated the previously identified themes. Sixth, to reveal the phenomenon's fundamental structure, the researcher condensed the exhaustive description into a concise statement capturing its essential aspects. Finally, to verify this fundamental structure, the researcher presented it to the participants for confirmation, and all participants confirmed the accuracy of the statements presented.

Trustworthiness

This study used the four Criteria for trustworthiness: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility. Credibility seeks to establish the congruence of findings with reality, which qualitative research can support through triangulation (Stahl et al., 2020). While various methods promote credibility, this study asked the participants to read the transcripts, the themes, the exhaustive description of the lived experiences and the fundamental structure for their comments and confirmation. They acknowledged the findings of this study from their lived experiences.

Transferability. Transferability in qualitative research refers to the applicability of patterns and descriptions from one context to another, and it can be achieved through "thick description" (Stahl et al., 2020). Thick description means that research should provide "a rich enough portrayal of circumstances for application to others' situations" (Stahl et al., 2020). Although it is less replicable than quantitative research, it must be detailed enough to present patterns that may be subjected to further study and to determine their applicability in other contexts.

In this study, transferability was ensured by defining the criteria of the study participants. In addition, the actual processes undertaken were discussed in this Chapter. The findings of the study were as detailed as possible, including the respondents' background, the context and setting as reference for other readers to assess its applicability elsewhere.

Dependability. Dependability in qualitative research involves developing trust among the study's researchers (Stahl et al., 2020). This study's trustworthiness stems from the fact that the findings were presented to the researcher's mentor and to a panel of experts. With their involvement, the researcher sought to uphold the ethical considerations in the data collection process and the truthfulness of the observations. The researcher undertook reflexive auditing by disclosing her involvement in the decisions made in the research process.

Confirmability. Confirmability in qualitative research means "getting as close to objective reality as qualitative research can get" (Stahl et al., 2020). This means that, as much as possible, researchers must reduce, if not eliminate, the possibility of data contamination through the principle of non-involvement (Stahl et al., 2020). In this study, the researcher practised bracketing/epoche, especially in the data-gathering and analysis phase, to ensure that the findings presented in this study describe the lived experiences of the discharged clients and the meaning they attached to these.

Epoche

I decided to study this group of former Home for Girls clients because, during my interviews with the center's social workers, they told me they had no idea how these young women were currently doing. Most LGUs fail to submit the aftercare services report. As a middle manager in DSWD 10, this is an opportunity to study and

understand how DSWD can help improve the delivery of aftercare services, even if it is no longer directly under its mandate.

I, the researcher, am currently working under the Department of Social Welfare and Development. Being in the Agency for 16 years, I embodied the Department's value system, which is *maagap at mapagkalingang serbisyo, serbisyong walang puwang sa katiwalian, at patas na pagtrato sa komunidad*. With this, I take a client-centered approach, believing that everyone has inherent worth and dignity. All clients of the Department deserve quality programs and services, most especially the poor, vulnerable, and marginalized.

Having been in the Department for most of my professional career, I see myself as both an insider and an outsider. I am an insider because I work with the Department that runs the Home for Girls, and therefore, I have basic knowledge of how the center is run. I also met the social workers at the Center and listened to their reports, including the issues they faced. However, I am also an outsider because I am not directly involved in the Center's operations. I have no idea what is going on inside the centers, the relationship dynamics, and the strategies or approaches employed in rehabilitating the victim survivors of different cases of abuse, and their reintegration, most especially the aftercare services the clients received.

With this in mind, I felt it was important to conduct this research myself because I wanted to learn more about the lived experiences of the discharged clients. For me, this was an opportunity to glimpse the level of their rehabilitation and how it was sustained in the community.

During data collection, I acknowledged that I was, at some point, intruding on the lives of these former Home for Girls clients. The structure of my questions would require them to go back and reflect on their lives in the past, which included their painful experiences as victim-survivors of abuse. With this in mind, I fully disclosed the interview structure before obtaining their consent. I informed them of the risks of having to go through painful memories, but at the same time, I also informed them of their right to only disclose information that they are willing to share. To make the interviews as non-coercive as possible, I contacted them by text, briefly introducing myself and the study, and waited for their reply. Only after they responded did I initiate a call and set up a meeting to explain the study further. A non-reply to the text messages automatically meant that they were not interested. During the interviews, I let participants express themselves and avoided interrupting them.

To make this research accessible, I emailed it to the study participants. Also, I shared it with the Centers and Institutions Section of the DSWD to help them draw further insights. For the general public, this study would be published with the hope that other center clients, center administrations, and regulatory agencies will also read it.

To ensure participants are well informed about the use of the research, I discussed how the interview data will be processed and who may use this information during the pre-interview, before obtaining their full consent to participate.

As the researcher, I adhered to Lourdes College's ethical standards. I sought the Ethics Committee's approval before proceeding with the coordination process to obtain the names and recorded locations of former Home for Girls clients. I also sought the DSWD's approval to ensure I met the Department's research standards.

The former Home for Girls clients, the people behind the data in this study, were not known to me before this study, and vice versa. I gathered all information only from the interviews. I am aware that my knowledge of the standards being set by the Department in terms of in-center services, as well as the policies governing after-care services, may intervene as I analyze the shared experiences of the participants. With this in mind, I made sure to check for interpretations from this perspective as I processed the data.

From this research, I gained what the Center and the clients will gain – improved service delivery. As a student, I gained nothing from this research other than completing my thesis requirement. However, as a public servant, this study helped improve the services for the vulnerable and marginalized, the very sector that my agency, DSWD, seeks to cater to. As a result, the ultimate beneficiaries of the improved services will be the clients themselves, both those in-center and those reintegrated into the community.

Ethical Considerations

Since this study involved human subjects, ethical considerations are upheld at all stages of the research. The Belmont Report, entitled *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (Office for Human Research Protections, 2018), guided the study.

Respect for person

This study respects participants' autonomy regarding their lived experiences. Before data collection started, the participants were informed of the study's goals and how the collected data would be processed and analyzed. The researchers explained the written consent forms and made them available to participants. They were also informed that they could choose whether to share specific information or withhold it. To ensure full consent for the data collected, the researcher shared the interview transcript with the participants for validation. Only the transcriptions they accepted were subjected to data analysis.

Because the participants are purposively selected, their names and other personal information are kept confidential. The researcher has taken the necessary steps to avoid naming any client, including the client's city or municipality of residence. If naming is necessary, the researcher used pseudonyms.

To ensure transparency, the researcher disclosed to the participants that she is not, and was never, assigned to the Home for Girls Center, nor is she related to any staff, past or present, of the institution. During the pre-interview, the researcher also informed the participants of the extent of her knowledge of the Home for Girls' administration and operations. At any stage of the research, the participants are reminded that they are free to ask questions.

Beneficence

Since this study involves center clients who were victims of sexual abuse, the principle of “do no harm” was upheld by taking into consideration the traumatic experiences that the participants have. The questions may reopen previous wounds that could be traumatic for the participant. To address this concern, the researcher ensured that, before asking some sensitive questions, participants were reminded of their right not to answer or to share only information they are comfortable sharing. The researcher invited her mentor, an experienced Social Worker, to attend to cases in which the participant/s exhibit trauma-related behavior during or after interviews. In addition, should immediate intervention be necessary, the researcher would refer the participant to the appropriate agency, provided the participant has consented.

The researcher shared with participants the areas of inquiry in this study, including their experiences before, during, and after their stay at the Home for Girls. In particular, the researcher informed the participants that they would be asked about how they have been doing in school or at work, how their relationships with the people around them have been since discharge, their experience with aftercare services, and their thoughts and feelings about these experiences.

Justice

The principle of justice is defined as the equal distribution of benefits and burdens, or as each person receiving what they deserve (Office for Human Research Protection, 2018). In this study, the rights-based approach is upheld. The voluntary nature of the study has been emphasized. The participants were briefed on their right to withdraw from the study should they consider it appropriate. The interview transcripts were shared with them so they can add or delete any personal information as it is transcribed. They were also informed about the recording's confidentiality and how data is safeguarded and later destroyed.

In addition, the researcher ensured that the results and recommendations derived from this study will be beneficial to them and to other individuals undergoing or who would undergo rehabilitative interventions at the center, as the results would be shared/discussed with the DSWD, the institution that runs the Home for Girls Center. With the participant's permission, the researcher may refer her to appropriate agencies to address her current needs.

In summary, by addressing these ethical considerations, the researcher minimized potential harm to participants and ensured that the study was conducted in a manner that upholds their rights and well-being. The researcher's commitment to confidentiality, informed consent, and the protection of participants' emotional well-being underscores the importance of ethical conduct in research involving vulnerable populations.

FINDINGS AND DISCUSSION

Following Colaizzi's (1978) data analysis framework, this chapter presents findings on the lived experiences of Home for Girls clients after discharge. The interviews were coded, categorized, and organized into themes. The themes are then discussed in terms of an exhaustive description of the lived experiences and their fundamental structure. These results were then presented to the participants for their input and comments.

Operational Data Collection

Following approval from the Department of Social Welfare and Development Field Office 10, the researcher began recruitment by reviewing the Home for Girls' discharge records and identified ten potential participants. Only two agreed to participate at this stage; two others did not proceed with the interview, three lived far from Cagayan de Oro City, one was still under 18 and thus ineligible, and two did not respond to the invitation. To complete the targeted sample of five, the researcher used snowball sampling, drawing recommendations from the initial participants. This approach led to contact with an additional ten individuals. Three agreed to participate, while others either lived too far away or declined due to scheduling conflicts. However, of the three who agreed, one had a different case, a Child in Conflict with the Law (CICL), which led to her being ineligible. Ultimately, the study included only 4 eligible and available clients, all of whom had been reintegrated with their families after discharge (TransFER). The study included no participants from the independent living track (SIGLA).

Contacting clients and identifying those willing and qualified was time-consuming, delaying data collection. Additionally, the researcher faced personal health challenges during this period, including a threatened abortion in the first trimester. As a result, she had to be on complete bed rest for the entire 1st trimester of pregnancy in 2025. Upon the doctor's clearance, she continued data-gathering activities, following the research protocol of conducting interviews at least 1 week apart.

The researcher met with each participant four times. After a client accepted the invitation via text/messenger, the 1st meeting focused on explaining what the study was about. The researcher thoroughly explained the consent form, and the participant agreed to participate. The 2nd meeting was the formal interview about their life before and during their stay in the Home for Girls Center. The 3rd meeting focused on their experiences after discharge, while the 4th meeting focused on their future outlook/perspective on life. Except for the 1st meeting, all interviews were audio-recorded and later transcribed. The transcriptions were sent to participants via messenger, except for one participant, who opted not to receive the transcript in written form because her partner might read it. This participant shared her current struggles with her existing partner. Since the participants who received the transcripts did not add to or correct the transcriptions, the researcher proceeded with data analysis by coding the data in HyperResearch.

Operational Data Analysis

During the data analysis, coding the transcripts became a challenge as the researcher had first-time experience in coding and in using HyperResearch. Converting these to categories and themes was also a challenge for the researcher. Initially, six themes were identified. With the help of the College's Research Director, the categories and themes were evaluated. Similar categories were combined and the themes were refined further until the final set of categories and themes were identified.

Profile of the Participants

The participants in this study are four discharged Home for Girls clients. Three are from Misamis Oriental and one from Bukidnon. All of them have been reintegrated into their families. The age range is 18 to 21 years old.

All of the participants are survivors of sexual abuse. They consented to participate in this study and were assigned the *pseudonyms* Sai, Fyang, Nia, and Brent. None of these pseudonyms is used by the participants. They are used only for research purposes.

Participant 1, “Sai”, is an 18-year-old survivor of sexual abuse by her friend’s father. She was 14 years old when she was admitted to the center and stayed there for 7 months. She got pregnant from the abuse and chose to keep her child. She now lives with her mother. She desires to find work after completing grade 12 due to financial constraints. She has 3 years of lived experience as a discharged client.

Participant 2, “Fyang”, is a 19-year-old survivor of sexual abuse by her older sister’s live-in partner. She was 15 years old when she was admitted to the center and stayed there for 1 year and 2 months. She got pregnant from the abuse and chose to keep her child. She is now in a relationship. She now lives with her mother, but sometimes stays with her in-laws. She stopped school due to financial constraints and psycho-emotional difficulties coming from her trauma and the instability of her parents’ relationship. She has 3 years of lived experience after being discharged.

Participant 3, “Nia”, is a 21-year-old survivor of sexual abuse by a taxi driver. She was 17 years old when admitted to the center and stayed there for 9 months. She is currently a college student. She does not have a child from the abuse. She currently lives with her relatives as her mother is working abroad. Her parents are separated. She has 4 years of lived experience as a discharged client.

Participant 4, “Brent”, is an 18-year-old survivor of repeated sexual abuse for 6 years by her stepfather. She was 16 years old when she was admitted to the center and stayed there for 9 months. She was reintegrated with her mother after discharge, but is now living with her common-law partner's parents. She postponed going to college due to her pregnancies (2 pregnancies in 2 years), but she is currently enrolled in a community college. Currently, she has 2 children with her current common-law partner. She has 2 years of lived experience after discharge.

Presentation of Findings

This section describes the lived experiences of Home for Girls clients after discharge. From the interviews conducted, the researcher organized the codes into categories from which four themes emerged, namely: (1) Socio-behavioral post-discharge challenges, (2) Struggles of reintegration into home life, (3) Transformative changes in the home environment after discharge, and (4) Reconstructing self and life perspectives after discharge.

Theme 1 Socio-behavioral Post-discharge Challenges

This theme explores the complex and ongoing process of healing and resilience among discharged clients. It particularly focuses on their continued struggle with trauma and the strategies they employ to manage its effects. From the narratives, it is noted that even after being discharged for at least a year, the participants experienced persistent trauma that manifests emotionally, mentally, and relationally. Coping with these challenges involves a combination of techniques developed independently or acquired during their stay in the center. Additionally, clients report relying on support from family and friends. However, these support networks have often grown smaller and more exclusive as participants have become more selective about whom they trust.

Category 1 Persistence of Trauma

For the discharged clients, trauma is not something of the past but has persisted in the present. While no participant reported experiencing depression in the center, they stated that they had experienced the effects of trauma, which continued even after being discharged. All participants shared that they experienced the need to avoid interaction with strangers, especially with the opposite sex, and shivering when meeting strangers (within 1 year after discharge). Two participants reported difficulty sleeping, nightmares, and flashbacks. One participant, however, was re-traumatized which led her to experience loss of appetite, intense crying, difficulty

recalling and focusing all over again. She was medically diagnosed with depression after discharge and had been on medication for some time. She expressed:

...isa pa to ka-bulan sukad sa akong paggawas, naa mi silingan nga gi-ingnan ko ug uwagan, pati akong mga igsuon nakadungog...nya ako, ingon ko sa akong kaugalingon nga “dili ko ing-ana, dili man nako sala”. Naghilaka na dayon ko, dili nako gaundang. Gidala dayon ko sa doctor (Psychiatrist) nya nag-inom ko ug tambal (Fyang, Transcription 2, p.57)...*[one month after my discharge, we had a neighbor who called me a whore. My siblings even heard them say it. Then I said to myself, “I’m not like that; it wasn’t my fault”. Then I cried, I couldn’t stop crying. I was brought to the doctor (Psychiatrist) and was given medicine]*.

Unfortunately, Fyang was not able to sustain her medication due to financial constraints. While her condition got better after some time under medication, she reported that she still dabbles with suicidal thoughts. She found strength, however, in her current common-law partner and her daughter (born out of the abuse) to fight back against such thoughts.

Meanwhile, another client expressed that on a scale of 10, she rated the presence of trauma as 8 (high) and added the need for psychosocial intervention. She said:

...gusto ko magpa-therapy again sa akong [trauma]... kay wala man gyud to nahuman dadto sa Center. I mean, ma-handle man nako siya, pero siguro mas ma-handle gyud nako siya ug ayo if naa gyuy mu-help (Nia, Transcription 2, p.87)...*[I want to undergo therapy again to address [trauma]...because the sessions in the Center abruptly ended. I mean, I can handle my trauma on my own, but I think I can handle it even better with help]*.

Nia is the only study participant who reported undergoing therapy at the center.

From these experiences, the participants highlighted their need to access psychosocial support after discharge due to overwhelming feelings— a service that is nonexistent in their experiences. One participant highlighted:

...kinahanglan mamonitor gyud unsay life bitaw sa client na nakagawas kay pareha sa akong experience, wala man gud mi kanang every month naa mi session nga magistoryahanay mi kay busy man pud akong social worker. Kasabot man ko ana pero need man gud sya...kay daghan baya gyud ka adjusan, kabag-uhan inig mugawas ka. Dili pareha imohang life sa una compare sa paggawas nimo kay naa man mga issue so kinahanglan naa moy talk bitaw, maistoryahan, mapagawasan nila sa ilahang...[gibati]” (Sai, Transcription 2, p.13). *[[The discharged clients] need to be monitored on how their lives are after being discharged. Like my experience, I don’t have a monthly session or talk with my social worker because she is always busy. I understand...however, it’s really important [psychosocial support] because there are lots of things to adjust...the changes after discharge. A conversation is needed so that they can share or ventilate their feelings]*.

Unfortunately, all participants consistently reported a lack of professional psycho-emotional support after discharge. Across the group, this absence led to unprocessed and unaddressed trauma-related experiences, requiring each participant to manage their psychological distress independently. A clear cross-participant pattern emerged: regardless of individual backgrounds or reintegration circumstances, ongoing emotional and mental health needs remained unmet. This collective experience underscores that trauma recovery is inherently long-term and non-linear, persisting well beyond institutional care (Herman, 1992). Without sustained psychosocial intervention, regular monitoring, and support, discharged clients are left alone to navigate complex emotional and social challenges, resulting in patterns of unprocessed trauma and prolonged distress for all involved.

The experiences of the discharged clients can be understood using the Trauma Theory, which posits that trauma is a condition that persists in the present (Herman, 1992). The author added that manifestations include emotional dysregulation, intrusive memories (nightmares and flashbacks), hypervigilance, and difficulties in forming relationships. Each of these manifestations surfaces in the participants' narratives. The universal avoidance of strangers, particularly members of the opposite sex, and the physical response of shivering upon

encountering unfamiliar people reflect hypervigilance, a nervous system still primed for threat long after the danger has passed. The two participants who reported difficulty sleeping, nightmares, and flashbacks illustrate the intrusive-memory dimension, in which the trauma is re-experienced involuntarily rather than remembered as settled history. Fyang's case illustrates how a single retraumatizing event, being publicly labeled, can collapse a survivor's coping capacity and can lead to depression requiring psychiatric intervention. Nia's account highlights the incompleteness of institutional intervention and its psychological effects. Such premature termination leaves her hanging, with trauma being left open without having reached consolidation. To address this trauma, Herman (1992) suggests that it will require a structured process involving safety, remembrance, and reconnection. In the discharged clients' experiences, this appears to be nonexistent.

The persistence of trauma beyond institutional care is also noted among survivors of online abuse and exploitation. In a study by Dulawan & Bance (2024), they noted that trauma symptoms and psychological disturbances persist after their abusive experience. Particularly for children who underwent residential care after online abuse and exploitation, Scroger (2023) noted that children continue to face challenges in psychological functioning, emotional regulation, and social adjustment within their communities. These findings are also observed in the participants' experiences in this study, where trauma remains active and unresolved post-discharge.

Moreover, the lack of sustained psychosocial support indicates a gap in the continuity of care. In a study by Tan (2013) and Tol et al. (2011), they noted that mental health services in the Philippines remain limited, under-resourced, and inconsistently delivered, particularly in post-crisis or post-institutional contexts. These systemic gaps are evident among the participants through their experiences of discontinued therapy, lack of follow-through sessions, and inability of the survivors to continue medication due to financial constraints. These gaps hinder the participants' recovery and leave them to cope with complex trauma on their own.

Category 2 Selective Trust and Fragile Support Systems

Because of the persistence of trauma, discharged clients find psycho-emotional support from the few specific persons in their lives –within the family, some close friends, and even co-clients with whom they have developed a close relationship during their time in the Center. Due to the trauma they experienced, they become selective to whom they trust. As one participant stated: “...then sa friends nako sa school, gamay ra kay sa una ganahan ko sa ilaha pero karon mura naman sila'g plastic. Dili man ko ganahan gyud kanang mura kog gina backstab ba” (Sai, Transcript 2, p.17). *[My friends in school are very few. Before, I liked them, but now, I don't. I find them superficial. I don't like it when it seems they are backstabbing me].*

Even with their current circles, they limit sharing their painful past to a few individuals. A participant said, “duha ra gyud akong masaligan” (Fyang, Transcript 2, p.42) *[I trust only two among her current friends]*. Two of the participants also noted that they confide only in their common-law partners, as their relationships with their families are unstable.

One participant, however, shared that she has no one to confide in. She shared that her current partner has been indifferent to her, and because she chose to be with him, her own mother nags her every time she attempts to share her difficulties. With this experience. She shared:

Wala gyud ate, ako ra gyud sa akong kaugalingon. Dili man gud kaayo ko karon ga-share kay kung magshare ko kay kapoyan ko sa feedback ba. For example, magstorya ko sa ako mama, feedbackan ko niya... “Mao lagi na kay ga-sulod sulod man ka, gaminyo minyo [nag live-in] man ka. Imo na ng sagot.” Low na gyud kaayo ko. Stress na kaayo ko. I-ampo nalang gyud nako ate. I-ampo nalang gyud nako na ma-okay ang tanan (Brent, Transcript 2, p. 115)...*[There's no one [to confide in], I handle everything myself. I don't really share these things because I'm tired of the feedback I get. For example, when I share with my mother, she tells me, “It's your fault, you married [cohabitation]...you put yourself in that situation. Deal with it.” I feel very low, I'm very stressed. I resort to prayer, I pray that everything will be okay soon].*

Survivors of trauma often develop heightened caution in interpersonal relationships, resulting in selective trust and emotional guardedness (San Cristobal et al., 2017). The participants' preference for confiding only to a

few trusted people is an attempt to establish emotional safety following experiences that have undermined their trust. Meanwhile, the participants' emphasis on the importance of supportive relationships is consistent with Social Support Theory, which highlights the significance of emotional, informational, and instrumental support from trusted individuals that can alleviate psychological distress (Cohen & Wills, 1985).

In this study, the participants highlighted trusted individuals as critical sources of emotional stability. Sai's shift in perception of her schoolmates, from genuine liking to suspicion of being "plastic" and fear of being "backstabbed," illustrates that this narrowing is not passive withdrawal but an active, ongoing risk assessment applied to every relationship, including ones that predate her trauma. Meanwhile, Fyang's precise accounting, "duha ra gyud akong masaligan" (only two people I truly trust), reinforces this same logic of deliberate, bounded trust rather than diffuse social withdrawal. The specificity of the number itself suggests a conscious, almost defensive inventory of safety rather than an organic social preference.

However, the limited support networks also indicated vulnerability. A sudden change in the participants' social landscape, such as strained relationships with their few trusted individuals, may leave them helpless and lacking adequate coping resources. Dulawan & Bance (2024) noted that in the Philippine setting, while the family remains the primary source of emotional support, it can also be a source of stress when relationships are strained.

Such is the case of Brent who reported having no one to confide in. Her experiences show that it is not only a lack of social support but also the presence of negative or invalidating responses, which are considered detrimental to mental health (Talebi et al., 2025). Instead of empathy, she received blame and criticism, which exacerbates her distress, resulting in heightened isolation and emotional burden. This is consistent with the findings that unsupportive social reactions can intensify trauma symptoms and discourage help-seeking behaviors (Ullman, 2010).

In general, the findings of the study indicated that while selective trusting relationships serve as protective factors, the limited and sometimes unstable nature of these support networks risks survivors' continued emotional distress. The absence of professional psychosocial support further exacerbates this heightened vulnerability. The results underscore an urgent need for structured, trauma-informed interventions, as also reflected in this study's recommendations. Specifically, sustainable aftercare programs and community-based psychosocial support systems should be established to not only foster individual recovery but also fortify families and local communities. In aligning future interventions with these findings, holistic approaches that reinforce both emotional and social infrastructures are essential to facilitate healing and promote resilience among discharged clients.

Theme 2 Struggles of Reintegrating into Home Life

The participants shared that their lives after discharge are not easy. They carried multiple burdens, having to raise their children while earning and continuing their education. Aside from these, they also have to deal with the imperfections in their families, including unstable home relationships.

Category 1 Inadequate Income

All participants in the study were still minors at the time of discharge. This became one of the major factors in their reports of minimal earnings. While it is not expected of discharged clients, the participants in the study, especially those with children, are pressured to work or engage in microenterprises due to financial difficulties. One participant worked on a farm, while most worked as sales attendants (tindera) at food stalls, earning salaries below the minimum wage. Some were not even paid on time. Since most of these livelihood engagements are informal, their income is also irregular. The participants shared that, even with this effort, they still barely meet their children's needs. As a fruit vendor, one participant said:

Ako semana adto kay 1,400 ra man siguro to dayon usahay kanang madugay ko muabot ug 1,500. Ang 1,000 baya karon kay gamay ra baya kaayo. Lisod kaayo budgeton. Diaper pa lang daan unya gatas pa dayon. Naay panahon naay daot, [gansihon na] mao tung giundang pud nako siya. Dayon siya pud (employer) kay dili na

sya tarong musweldo ba (late salary) (Sai, Transcript 2, p.6)...*[I'm paid around 1400 per week. Sometimes, if I do overtime selling, I'm paid 1500. A thousand pesos nowadays is of little value. It's difficult to budget. Diapers and milk are expensive. There were times when the fruits spoiled [implies income loss], so I stopped selling. It also came to a point that I'm not paid on time].*

Another participant with multiple informal jobs said:

Ako ibutang akong anak sa lingkuranan para makita ra ko niya kay mag-uma man ko. Ako sweldo mga 300. Pang inadlaw rapud ug kanang naay magpa-uma sa yuta. Pag wala, wala pud [income], napuno sa utang. Unya nagtrabaho pud ko ug shake and burger. Kana bitaw pag naay fiesta, naa pud mi didto. Nya paghuman na, balhin dayon mi. Niundang pud ko adto kay dili na sila gatarung ug sweldo ug kanang dili ko nila pakan-on bitaw. Stress na kaayo ko. 16 years old ko adto (Fyang, Transcript 2, pp.40-41). Sa karon, ga extra extra ko para makadungag ug pamilite. Ang sweldo [sa akong partner] man gud kay binulan, usahay mahutdan nami maong magita ko ug extra extra...tindera sa karinderya. Ako sweldo 100-200 Pesos, ginagmay ra para lang gyud ma plite sa ako partner (Fyang, Transcript 2, p.50). *[I put my child on a chair so she can see me because I do farm labor. I earn Php 300.00 per day. It's day-to-day, depending on the landowner's demand. If there's none, I won't have income. I had so many debts. Then I also worked in a Shake and Burger stall. We set up in an area during the fiesta. We move from place to place. I quit my job because they weren't paying me well and didn't provide food. I got very stressed. I was 16 years old at that time. (So now, I do sideline jobs to cover transport expenses. My partner's salary is paid monthly, so there were days when we didn't have any, so I had to find side jobs like working as a shopkeeper at a local cafeteria. I get paid Php 100-200.00. Just small amounts so my partner can go to work].*

Another participant reported becoming dependent on her common-law partner's parents (Brent, Transcript 2, p. 130). She shared that after discharge, she became pregnant and has since been living with the partner's parents (Brent, Transcript 2, p.125). The partner has no stable job, which has since been an issue in their relationship (Brent, Transcript 2, p.131). She tried to augment her income by selling home-cooked goods, but she stopped because the capital for the small business was used for personal expenses (Brent, Transcript 3, p.147).

In addition, the participants reported that the livelihood projects they learned at the center, such as rug-making, baking pastries, and candle-making, were used only minimally, if at all, upon discharge. The major factor cited is the lack of raw materials. One participant shared: “Wala gyud nako nagamit ang gitudlo [na skills on dress-making, candle-making, baking] sa Center, Ma'am. Kay imbes gusto ko nga mag negosyo ginagmay, ang problem unsaon nako ang mga materials nga mahal kaayo pud. Wala pud koy materials” (Fyang, Transcript 2, p.48). *[I wasn't able to use the skills I learned from the Center. I was willing to start a small business, but I lack the raw materials. They're expensive. I don't have them].*

Another participant briefly engaged in entrepreneurial activities based on what they had learned at the center, but they were unable to sustain them due to financial constraints (Brent, Transcript 1, p.45). It is worth noting that the livelihood engagement taught to them does not guarantee a decent income and is labor-intensive, making it difficult to employ, especially for those with children.

On the other hand, childcare has been a significant challenge for participants with a child at the time of the interview. They reported struggling with baby essentials such as milk and diapers. Pressed about how they sustain giving milk, an important source of nutrients for babies and toddlers, they have shared that they shifted to full-cream milk, which was less expensive than age-appropriate formula milk. That is, if they have money to buy them. They find baby diapers very expensive. As two participants shared: “Wala na siya (3-year-old child) nag-gatas, Ma'am...kay lisod kaayo, pero usahay ga-palitan nako siya'g Bearbrand...pinakalisod gyud pangitaon pang-gatas ug diaper” (Fyang, Transcript 2, pp.45-46). *[She's (3-year old child) not drinking milk anymore, Ma'am...because of our [financial] difficulty, but sometimes, I buy her Bearbrand. It is difficult to buy milk and diapers].*

“Akong semana kay libo ra baya kapin...lisod kaayo budgeton, diaper pa lang daan niabot na ug Php 300/400 unya gatas pa dayon. Dili naman kaayo gagatas si Mimi, mag gatas sya'g buntag” (Sai, Transcript 2, p.6).

[Every week, I'm paid a thousand pesos. It's very difficult to budget. Diapers alone would cost me Php 300/400, and I have to buy milk. Mimi doesn't drink milk as often. She drinks every morning].

Despite their desire to earn to provide for their children, having no one to look after their children limits their economic activities. Coming from low-income families, they shared that they cannot rely on their parents for their needs and those of their babies. This led them to face the difficulty of balancing childcare and earning income. One participant shared:

Mangita man gyapon ko kanang sideline kay kanang gakwentahan man gud ko nila pag magpalit ko diaper. Ingon sila, "Mangayo na pud." Ingon ko, "Bantayi lagi si Mimi." Nya muingon pud sila "Pangitag trabaho na madala ang bata." Suko dayon sila...wala man, bantayan man nimo. Ambot oi, galibog ko. Hulat hulat lang ko na maka sideline pa ko sa kadtung gisidelinan sa ako amiga...bahala ug ginagmay at least naa [income] kay lisod walay kwarta oi" (Sai, Transcript 2, pp.24-25). *[I'm still looking for a part-time job because [my family] is guilt-tripping me whenever I buy diapers. Then say, "You're asking again," then I say, "Watch over Mimi." Then they say, "Find a job where you can bring your child." Then they're angry...but that [the job] does not exist. You watch over your child. I don't know, I'm confused. I'm now waiting to see if I can get part-time work at my friend's workplace. I don't mind earning a little...at least I'm earning. It's very difficult if you don't have money].*

Among those participants, one discharged client was found to be experiencing multiple problems. On top of her depression, she has to find ways to provide for her child and younger siblings as her parents have separated. The participant shared:

...ni-uli ko kay wala naman to silang mama adto. Nilayas na si Papa. Gitawagan ko ni Mama kay ako lagi daw ipabantay sa mga bata kay motrabaho daw siya. Mao to ni uli ko kay gakaproblemahan pud ko ba. Gakaproblemahan ko sa amo. Kamusta na ba kaha to akong mga igsoon? (Fyang, Transcript 2, p. 39). *[I went home [after working in another province] because my parents had separated. My father left us. My mother called me to look after my siblings (4 younger siblings) because she will be working. That's why I went home. I'm also worried...I'm worried about home. How are my siblings now?]*

After some time, her mother left them, too. When asked how this was affecting her, she replied:

Naay kalagot gamay...kay gakapasagdan na nuon nila ang mga bata. Kabalo nga pamilyado nako unya gasaligan pako nila. Pero ako nalang pud gi-kuan ako [huna-huna]. Huna-hunaon nako ug ako sila ibilin didto, unsay batasan gyud anang ka-live-in karon [ni mama] basin madapatan or basin maparehas sa akoo. Naa ra bay ing-ana. Maong dili gyud ko. Bahala'g ako na lang. Makaya ra man. Kayanon na lang (Fyang, Transcript 3, p.62). *[I'm a little angry...because they neglect their children. They entrust them to me even if they know I have my own family. But I convince myself, thinking what could happen to them if they stay with [my mom's] live-in partner. They might be abused physically, or they might become like me. I've seen things like that happen. That's why I will never allow it. Even if it's all on me, I can make it. I should make it].*

These difficulties with childcare demonstrate that the problems are systemic rather than individual failures. Childcare challenges come from economic, social, and family pressures. Material deprivation and lack of support systems significantly affect parenting capacity.

The Ecological Systems Theory can shed light on these experiences. In this theory, multiple interacting environmental systems shape individual development (Guy-Evans, 2025). Bronfenbrenner identified five environmental systems that affect an individual (Guy-Evans, 2025): The Microsystem, which refers to the immediate environment; the Mesosystem, on connections between microsystems; the Exosystem, on indirect environments; the Macrosystem, on the broader socio-economic context; and the Chronosystem, on life transitions over time (Bronfenbrenner as cited in Guy-Evans, 2025). At the Microsystem level, participants' daily struggles, such as providing milk, diapers, and caregiving, demonstrate how economic hardships affect parent-child interactions and child well-being. At the Mesosystem, conflicts over childcare and finances highlight strained relationships between family roles and responsibilities. At the Exosystem level, the participants are surrounded by limited job opportunities, a lack of childcare services, and unstable

employment. At the Macrosystem, poverty, harmful gender norms (only mothers should do childcare), and weak social safety nets are prevalent. Lastly, at the Chronosystem level, participants experienced life-changing situations, such as parental separation, unemployment, and early motherhood, which exacerbated their vulnerability over time.

The difficulties and challenges experienced by discharged clients were also observed in a study by Diraditsile & Nyadza (2018). Their study examined the lives of orphan children after discharge in Botswana. Their findings indicated that they faced the same challenges, including unemployment, discrimination, and poverty (Diraditsile & Nyadza, 2018).

The Segmented Labor Market Theory also supports these participants' experiences. This theory posits that the labor market is divided into primary (stable, well-paid, secure) and secondary (low-wage, unstable, and informal) sectors, largely composed of minors, young mothers, and individuals with limited education (Doeringer & Priore, 1970). The participants' engagement in informal jobs such as vending, farm labor, and temporary stall work shows structural exclusion from formal employment due to their age, limited credentials, and childcare responsibilities. Their accounts of delayed or insufficient wages, irregular income, and lack of worker protections are characteristic of secondary labor conditions. They need to balance childcare with work, which further limits their access to stable employment, forcing them to accept livelihood activities that barely meet their basic needs.

Standing (2011) describes these experiences as “precarariat”, a class of workers experiencing insecure employment, unstable income, and lack of social protection. The author added that workers in this class often face chronic uncertainty, exploitation, and limited upward mobility. This description is evident in the participants' experiences. Instances of unpaid or delayed wages, dependence on seasonal or demand-driven work, and the inability to sustain small enterprises due to a lack of capital indicate precarious labor conditions. The study also supports what Standing (2011) noted, that without structural support, such as access to capital, markets, and social protection, skills training will not be sufficient to ensure sustainable livelihoods. The participants' experiences reflected this, as they reported using the skills only briefly or not at all upon reintegration.

In general, the theories demonstrate that participants' challenges are not merely personal issues but are structurally embedded across multiple environmental systems. The challenges in childcare and income are not merely a result of individual shortcomings but are rooted in broader structural inequalities that confine vulnerable youth to insecure forms of work, perpetuating cycles of poverty and economic instability.

Category 2 In Need of Educational Assistance

The participants highly value education. They see it as a means of earning a steady job, a way out of poverty. However, sustaining school attendance has been a struggle for them. Of the four participants, three are in school, while one has left school but intends to enroll in senior high during the next school year. While all expressed their eagerness to continue attending school, they identified family infighting, financial constraints, and childcare challenges (for those with children) as barriers to this goal, leading them to consider delaying school and seeking alternatives. One participant shared: “Mas gusto ko mag-work nalang ko kay gubot man ang balay. Gubot kaayo sila nya kanang walay stable pud nga trabaho akong mama ba, so mas pillion nalang nakong trabaho” (Sai, Transcript 3, p.5). *[I prefer to work because our home is chaotic. It's because my mother has no stable job, so I'd rather work].*

“Mahuman gyud ko [ug skwela] kay kapoy kaayo ingana sideline sideline. Gusto ko naay trabaho nga sakto” (Brent, Transcript 2, p.134). *[I really want to finish my studies because it's hard to have part-time jobs. I want a real job].*

Another participant, who is currently out of school, also shared: “[Mubalik ko ug grade 10] kay mao naman na akong naundangan tungod sa ako problema [sige away ang mama ug papa]. Na depress napud ko mao to ni layas dayon ko” (Fyang, Transcript 1, p.120). *[[I'll go back to grade 10] because that's where I left due to my problem [parents fighting]. I got depressed again, so I ran away].*

Another participant enrolled in a community college despite having two young children, ages 3 and 2. She expressed doubt, however, as to how she can sustain her studies. The following is her statement regarding the barriers she is currently facing. “Wala ko kabalo kinsay magsupport sa ako financially, si mama guro, akong partner. Ako uganganan dili ko kabalo kung musupport sila. Libre ra man ang tuition pero sa plite-plite, uniform, projects mao gyud na” (Brent, Transcript 3, p.138). *[I don’t know who will support me financially. Maybe my mother, my partner. I don’t know if my in-laws will support me. The tuition is free; however, I still have to pay for my transportation, uniform, and projects].*

Meanwhile, the participant who is without a child is mostly concerned about settling school obligations. She shared that her mother had difficulties supporting her and her brother in their studies. Both of them are currently enrolled in college. Because of this, she is considering withdrawing from college.

In general, the participants expressed that educational assistance or a scholarship will greatly help them continue their education. For young mothers, this means they have one less concern. Meanwhile, for non-mothers, this means they can focus on completing their courses and earning a degree.

The participants’ strong valuation of education as a way out of poverty, despite their struggles to sustain school participation, can be understood through Human Capital Theory. This theory states that individuals invest in education to improve their economic prospects and earning capacity (Becker, 1993). Among the participants, their desire to continue schooling despite financial constraints, family conflict, and childcare responsibilities reflects this belief in education as a long-term investment. However, their consideration of delaying or abandoning schooling in favor of immediate work or income indicates the tension between their survival needs (short term) and economic stability (long term). This consideration suggests that the participants are not weighing their pursuit of education in isolation, but rather as one significant part within the larger family economic system in which they deem it necessary to contribute in the present to stabilize their family, even at the expense of their long-term potential. Financial instability, lack of family support, and family responsibilities, such as caregiving, limit their ability to sustain the investment in education, demonstrating how poverty constrains educational attainment despite high motivation. Between the mothers and non-mothers, the young mothers should be given priority, as they struggle more with basic needs than the non-mothers, whose concerns are more focused on their education.

These participants’ experiences are also supported by the life course perspective proposed by Elder (1999), which emphasizes how individual trajectories are shaped by the timing of life events and the socio-economic context. In this perspective, disruptions such as family instability, economic hardship, and early parenthood can significantly alter educational pathways, leading to delays or interruptions in schooling (Elder, 1999). The participants’ experiences of leaving school due to parental conflict, depression, and the need for someone to care for their children are considered turning points that reshape their life trajectories. Elder (1999) also confirmed that financial strain and family stress are key predictors of school dropout or discontinuity despite high motivation.

In general, these experiences indicate that participants’ educational attainment is shaped not only by aspirations but, more importantly, by broader socio-economic conditions, particularly structural and family constraints. The conditions in which participants live shape their ability to achieve their aspirations, further supporting the recommendation of structured, systemic interventions.

Category 3 Insufficient Aftercare Services

Upon clients’ discharge from Home for Girls, participants shared that their involvement in the formulation and implementation of aftercare services is nonexistent. All they knew was they were about to be discharged. Should there have been any communication after their discharge, it was done through their mothers, who did not share those conversations with the clients. One participant shared:

Dugay man to nakaabot sila mama so gitawagan nila sa DSWD na Social Worker nya ni abot si mama, sila ra dayon nag storya. Wala ko kabalo sa ilang gi-storyahan. Wala ko kadungog. Walay na-ingon sa akua unsay mahitabo human ko na discharge. Walay naingon sa ako si Mama. (Fyang, Transcript 2, pp.33-34). *[My*

mother arrived late, so the DSWD Social Worker had to call her. When she came, she and the Social Worker talked. I don't know what they were talking about. I didn't hear them. No one told me what would happen upon discharge. My mother did not tell me].

Another also shared:

Nakabalo ko nga mugawas na ko the day before [discharge]. Nalipay ko nga naguol kay mabiyaan nako ang mga clients kay nakuha bitaw nako ilang loob. Mao naguol ko. Gi turn-over dayon ko nila diri [LSWDO], naa silay gippapirmahan. Wala man si mama adto so ang nagstorya ang social worker diri ug ang Social Worker sa DSWD. Wala ko nila ingna kung unsa ilang gi-istoryahan (Brent, Transcript 2, pp.107-109)...[I found out about my coming discharge the day before. I was happy and sad at the same time because I would be leaving the other clients, who were close to me. I was turned over to them [LSWDO], and they made me sign a document. My mother was not around, so the local social worker and the DSWD social worker spoke. They did not tell me what they were talking about].

The participants also shared that the whole process was not explained to them. After their turnover, they heard little to nothing from the local social worker. They do not maintain contact with their local social workers. They could not even remember their names. They perceive the local social workers as always busy.

The participants of the study did not mention any aftercare plan. They are unaware of the different programs and services they might have access to. They all shared that the discharge process came as a surprise, as they had limited discussions about it with their attending social worker at the center.

All participants reported receiving little to no assistance from the local social welfare office after discharge. The only support that they remember receiving is the Php 10,000.00, which the Center gives to the discharge clients as assistance. One participant attempted to process a solo parent ID, but she was discouraged because her mother is not willing to meet the requirements. Another participant also shared that they tried asking for assistance from the local social welfare office. Their response, however, has been disappointing for the participants. One participant shared: “Sige ra sila ingon nga pede ra mi muadto sa ilaha [para mangayo ug assistance] pero wala silay buhat. Puro ra sila storya...storya ra kutob walay buhat” (Fyang, Transcript 2, p.48). *[They always say that we can go there [to ask for assistance], but they never do. It's all talk, no action].*

Three participants who are not living in the same municipality reported that they were not provided legal assistance after discharge from the center, despite ongoing cases. Because of the distance to the court and their limited financial resources, they find it difficult to attend court hearings. One participant opted for a plea bargain that did not include a monetary settlement. The participant stated they had no choice. Her mother gave up because they could no longer meet the transportation costs to and from the court. Their local government did not assist. With this, the participants found no other motivation to continue with the case. Brent stated that:

Nag-plea bargain mi. Mapriso sya 6-12 years nya dili siya makaduol sa amo. Walay compensation sa ako. Ok na lang pud ko kay ako man gud mama ate kay hasolan siya. Gakalate pa gyud mi sa [court] hearing. Walay sakyanan ang LGU. Mao nang nag-agree na lang mi sa plea bargain. Gaduha-duha sad ko [ug padayon sa kaso]; wala siya'y [mama] support. Kapoyan mi kay sige mig travel nya dagaton baya ming duha. Sinukaha mi. Gaawayon ko niya. Dili sad mi gaka-apil anang ing ana [transportation assistance]. Kanang mangayo mi, nya mungon sila'g wala daw diha. Wala pa daw ilang budget (Brent, Transcript 2, pp.112-113). [We plea-bargained. He will be imprisoned for 6-12 years and will not be allowed to get near us. I received no compensation. I reluctantly accepted it because my mother found the court hearings a hassle. We arrived late for the hearings. The LGU did not provide a vehicle for us. That's why we agreed to the plea bargain. I was hesitant [to pursue the case] because she [mother] is not supportive. The travels were stressful for us due to travel sickness. She gets angry at me. We also did not receive that [transportation assistance]. When we asked for it, they told us they don't have a budget].

Meanwhile, the other participant continues to fight for justice despite great difficulties in attending the court hearings. However, she shared that the case is one of the events in her life today that is mentally stressing her, as it has been dragging on for 3 years already. She shared that:

Kami ra mag-adto sa [court] hearing [walay taga LSWD mikuyog sa ilaha]. Dili nako ma-describe akong gibati...wala na lang. Usahay, kung wala na mi kwarta, dili na lang mi mudayon. Mahal man gud ang pletehan. Ang gasto namo ni Mama back and forth kay 200. Lisod na sya para sa amo kay layo man gyud. Nakatry si Mama pangayo sa LGU ug pangplite kadtong walang wala na gyud mi. Pero ako, wala ko ka pangayo nga ako ra. Wala pud nagingon sa amo na pede rami makapangayo ug assistance sa ingon ana (Fyang, Transcript 3, pp. 60-61). *[We went to the [court] hearing on our own [no one from the Local Social Welfare Office accompanied us.] I cannot describe what I felt...I feel nothing. Sometimes, when we don't have money, we don't go to the hearing. Transportation is so expensive. We spent Php 200.00 for a round trip. This is already expensive for us. My mother tried to ask for transportation assistance before, since we really have no money. But I, I didn't try it. No one also told us that we could ask for assistance to cover expenses such as these].*

The participant's limited involvement in their discharge process and absence of sustained aftercare services can be understood through the Empowerment Theory. This theory emphasizes the importance of actively involving individuals in decisions that affect their lives (Perkins & Zimmerman, 1995). Particularly in social service settings, empowerment enhances the clients' sense of control (Wainwright et al., 2025). The participants' experiences indicated a lack of empowerment, where processes are mainly top-down and exclusionary. The participants were positioned as passive recipients of a process happening around them, rather than as stakeholders within it. Social workers and parents made critical decisions about discharge and aftercare without the participants' knowledge or participation. Fyang's account indicates that she was structurally positioned outside of the discharge process, which at the time was planned through and about her, but never with her. Brent's experience of happiness and grief simultaneously, compressed in a single day without emotional preparation, suggests that the discharge process was administratively driven rather than psychologically attuned to her readiness or needs. The participants' general lack of awareness of aftercare plans, available services, and even details of their own cases reflects a disempowering system that limits their ability to make informed decisions and access the support they need. This absence of a participatory process makes their transition back to the community difficult and contributes to feelings of helplessness. These also suggest that the DSWD Enhanced Manual for Helping Strategies (2020) is not implemented.

These findings, however, are not unique to the participants. In a study by Courtney et al. (2011) on youth transitioning out of institutional and foster care, the participants also fared poorly after discharge. The youth in the study also experienced economic instability, limited access to services, and weak institutional support (Courtney et al., 2011). The study concludes that the youth were discharged without the knowledge and skills they need to make it on their own (Courtney et al., 2011).

The corroboration of the results from these two studies indicates that consistent aftercare support, such as guidance, financial aid, and service coordination, is crucial in ensuring successful reintegration. The participants' challenges are not solely due to personal or familial limitations but are shaped by systemic gaps in the implementation of participatory processes and in aftercare provision. This highlights the need for more inclusive, transparent, and sustained support mechanisms to ensure that discharged youth are adequately prepared and supported in their transition to independent, stable living.

Category 4 Unstable Family Relationships

All of the participants shared that family relationship problems have always been a major stressor for them. While they shared that this had been the case before the abuse happened, they lamented that it now compounds their trauma and current financial difficulties. One participant shared that marital conflict between her parents (who are already separated by the time of the interview) had been a major cause of her stress post-discharge. She shared:

Ako family? Maka-ingon ko nga gubot. Sige away akong mama ug papa hangtud gani karon. Naay toy time nga nagtrabaho ko, nilayas ko kay dili ko ka antos sa ilang pagsige ug away. Mura ako pud gaka-apektuhan. Ila gina-awayan kay kwarta unya pagkaon. Pagkaon gyud ang pinaka ginawayan nila. Naa toy time nga nagsugod na sila ug dinapatay, mao tung milakaw ko. Wala nako kasabot sa ilaha (Fyang, Transcript 2, pp.37-38). *[My family? I could say it's chaotic. My parents always fight, even today. There was a time I worked; I left home*

because I could no longer bear the fighting there. I feel like I get affected. They fight because of money and food. But it's more about food. There was a time when the fights became physically violent, which is why I left home. I don't understand them anymore].

One participant, who is a solo parent, shared that she has an on-and-off relationship with her mother:

Mag sige mig away ni mama unya ako musompaki man gyud ko labi nang kanang maglogot ko about pud sa nahitabo sa ako ba, mao iyang i-kuan bitaw [ibalik] nya kabalo siya na ma-down ko mao nang iya ibala. Nya dili man ko papildi gyud, nagtubag mi. Nanawag ko kay Mam Isay [LSWD staff], mao to nagdala ug tanod sa balay mao tung nag-away gyud mi. Nalaparohan ko. Gituklod pud nako sya. Gubot kaayo mi adto. Nagstorya ko ni Ma'am [LSWDO staff]. Ana sya nga sabton nalang daw nako kay kabalo man pud sila na naay experience si mama sa paggamit ba [ug droga] (Sai, Transcript 2, pp.3-4). *[My mother and I always fight. I don't back out, especially when I'm angry. She kept bringing up what happened to me because she knew it would upset me. But I don't back down, so I talk back to her. I called a staff member from LSWD, who brought a deputized barangay police to our house. She [mother] slapped me, and I pushed her. It was chaotic back then. I told the LSWD staff everything. She told me to understand my mother because they also know that my mother used to do drugs].*

Another participant, who currently lives with her in-laws, finds their current set-up stressful. She shared:

Naa gyud time na kanang nag gubot iyang family tungod sa among away. Makadungog sila sa among away nya musulod dayon sila. Ako partner kay spoiled man gud. Youngest man gud sya sa ila. Ingnon ko nila, "Sabton gyud nimo sya kay mao na iyang batasan sukad pa sa una." Gusto ko maglain nami pero dili man gusto akong partner. Gi-ingnan sad nako sya nga magskwela ko dayon magpart time nalang pud ko ug trabaho. Ana sad sya nga "Paghilom diha" (Brent, Transcript 2, p.128). *[There was a time that our fight caused trouble in his family. They can hear us every time we fight, and then they always intervene. My partner is a spoiled child. He's the youngest. His parents tell me that I should understand my partner because that is his attitude, even before. I want us to live separately, but my partner doesn't. I also told him that I will go to school and also find a part-time job. Then he said, "Shut up"].*

Meanwhile, one participant shares that while her relationship with her mother, who is currently working abroad, is good, her relationship with her relatives, with whom she has lived since discharge, is not. She shared that: "Pag-abot gyud sa akong tita na side kay naa gyud pagka-toxic kay lagi dili baya pud kami (ako ug akong brother) tinuod niya nga anak. Dili kaayo mi niya maasikaso" (Nia, Transcript 1, p.61). *[When I came to my aunt's family, I found it a bit toxic because we (my brother and I) are not her children. We are not taken care of].*

She said further that: "Mas ma feel gyud nako nga safe sa center kaysa balay namo. Naay time nga maghulam ko ug laptop sa ako cousin pero mataha napud ko sahay kay gapagawas bitaw pud ug kanang sakit nga istorya, unya utang-kabubuton lagi..." (Nia, Transcript 3, p.111, 113). *[I feel safer in the center than at the house. There was a time that I borrowed a laptop from my cousin, but I'm hesitant at times because I hear sarcastic comments because of a debt of gratitude].*

The relationship problems participants encounter within their families can be understood through Family Systems Theory. In this theory, the family is seen as an interconnected emotional unit where a dysfunction in one member or subsystem affects the whole (Helm, 2024). The persistent conflicts described by the participants, such as interparental violence, strained parent-child and extended family relationships, are a pattern of chronic instability and emotional tensions within the family, intensifying the participants' stress. Fyang's account of conflict between her parents that significantly affects her illustrates that conflict does not remain contained where it originates but that it permeates the emotional environment of every family member, including those that are not direct parties to the dispute. Sai's account highlights a corrosive dynamic, as the site that might otherwise offer healing (her mother) becomes a site where trauma is repeatedly activated. This is further strained as the staff she considered to be her help in addressing her issue with her mother, the staff from the local social services office, only place the burden of relational repair back on Sai without addressing underlying problems through family-level intervention or mediation.

Studies have shown that these conditions of the participants are detrimental to their development. The findings of the study align with the concept of complex trauma in Trauma Theory, which states that prolonged exposure to interpersonal stressors, particularly within caregiving environments, exacerbates the psychological impact of prior abuse (Herman, 1992). This is corroborated by the findings of Davies & Cummings (1994), who found that chronic interparental conflict is associated with emotional insecurity and maladjustment among children. Moreover, Masten (2001) noted that the absence of supportive family relationships undermines recovery from adversity. In cases where families remain conflictual or neglectful, trauma symptoms may persist or worsen, which are evident in the participants' experiences of compounding emotional, social, and financial difficulties.

Category 5 Adjusting to Constraints in Home Conditions

Post-discharge, participants also reported negative environmental changes. Participants view these changes as overwhelming, and many clients want to return to the center. One client noted that since discharge, food had become limited again. She candidly remarked: "Pinakalainan sa center ug sa gawas kay pagkaon. Pagkaon gyud. Kanang lami kay nga pagkaon labi na pag naay event ug kanang naay manghatag pud ug pagkaon sa amoha. Sa gawas, lisod kaayo ang pagkaon" (Fyang, Transcript 2, pp.36,47). [The major difference between center and outside center life is food. It's really good. The food in the center is delicious, especially the food brought by the visitors. Outside, food is difficult].

Another client also noted the changes in their routine activities. While in the center, they have time to relax, but post-discharge, they do not have time to rest. Participants who are with children shared that, as mothers, they have to juggle childcare with basic needs. One participant shared:

Sa center, halos mamata ra ka, maligo, kaon, then buhat sa imong chores. Then sa activities, kung asa ka malingaw didto ka. Nya naa pa gyud kay tingkatulog, pagpahulay. Wala pa kay lain providon. "Asa kaha ko diaper ron? Aha kaha ko kanang palit bugas ron?" Wala may problema didto kay daghan bugas. Daghan diaper. Libre tanan sugod sa sabon, toothpaste, tooth brush, panty, bra, ug uban pa. Diri intawon, ambot nalang. Kanang imong ipalit ug panty, palit nalang nimo ug diaper, palit nalang nimo ug bugas. Inot-inoton pa gyud na nimo. Kana imong 100 kinahanglan muabot pa na sunod adlaw (Sai, Transcript 2, p.9).

[In the center, you wake up, take a bath, and do your assigned chores. After that, you choose activities you enjoy doing. You don't have to think about providing. "How can I buy a diaper? How can I earn to buy rice?" In the center, that is not a problem—there are many rice and diapers. Everything is free, including soap, toothpaste, toothbrushes, panties, and more. Outside, I don't know. Rather than buying underwear, you instead buy a diaper or rice. You have to be frugal. Make your Php100.00 reach the following day].

Another major change the participant noted is the limited number of people they share their family problems with. While in the center, they had the opportunity to share their stories with other clients, house parents, and social workers. Post-discharge, they have limited friends and are looking for someone to vent their feelings and problems to. One participant shared:

Ang pinaka nabag-huan nako paggawas kay kanang sa mental kay gakaulaw man gud ko ug share [huna-huna ug gibati] sa akong family. Mas naanad ko ug share sa mga house parents ug social workers, maka storya ko diretso. Diri sa gawas, wala gyud koy tingog sa amo. Pero karon, ma divert ra kay busy ko sa school (Nia, Transcript 2, p. 68). *[The major change was rather mental for me. It's because I'm shy about sharing [my thoughts and feelings] with my family. I was more used to sharing with house parents and social workers. I can speak straightforwardly. Here outside, I don't have a voice. But now, I get to divert my thoughts and feelings as I get busy with my studies].*

These experiences of the participants, particularly food security, increased responsibilities, and reduced emotional support, can be understood using the Ecological Systems Theory, which states that individuals are shaped by multiple environmental systems at different levels (Bronfenbrenner, 1979). In this particular category, the microsystem is emphasized, with family and living conditions playing significant roles in participants' well-being. In contrast to the structure and resource-supported environment in the center, participants' return to resource-constrained households exposes them to instability in basic needs, particularly

food and financial security. These conditions can be considered environmental stressors that significantly disrupt the participants' recovery and adjustment.

Moreover, using the Trauma Theory, the loss of accessible emotional support after discharge reflects a disruption of protective relational systems. While in the center, participants benefited from consistent access to social workers, house parents, and peers, which helped in emotional expression and coping. After discharge, the reduction of these support systems led to feelings of isolation and silencing, evident in the participants' reluctance to share their experiences with family members. Herman (1992) emphasizes that recovery from trauma is strongly dependent on the presence of safe and supportive relationships. Thus, the absence of such environments may lead to emotional suppression or reliance on avoidance strategies such as distraction through school activities.

These adjustment difficulties were also observed by Courtney et al. (2011). They also found in their study among discharged youth from institutional care that these clients experience financial strain, increased responsibility, and reduced access to psychosocial support. Collectively, these findings suggest that post-discharge environments may inadvertently recreate conditions of stress and vulnerability, underscoring the need for sustained, community-based support systems to ensure successful reintegration.

Theme 3 Transformative Changes After Discharge

This theme highlights the participants' experiences in undergoing transformative changes in their lives. After discharge, the participants noted both positive and negative changes in their lives. The positive changes are mostly internal and involve their personal choices. However, they are currently facing negative external changes at the same time, which is conflicting and challenging from their perspective.

Category 1 Positive Personal Changes

Despite the experiences of the clients having survived the abuse, they have noted positive lifestyle changes post-discharge. One participant mentioned that her social media use was lessened. All participants reported that their faith in God has been strengthened. They also claim that they have become more independent. They have also reconnected with their friends, although they mentioned being selective. The following are the participants' statements: "Akong maconsider na close kay duha ra. Sila ra duha akong masaligan kay imbes na advisan ko nila ug tinarong, gikabuangan na nuon ko nila. Magkatawaha na dayon ko, mawala na dayon akong guol" (Fyang, Transcript 2, p.42). *[I only have two friends who I consider to be close to me. They're the ones I can trust because, rather than giving me serious advice, they instead suggest something funny, which makes me laugh. I forget my worries].*

Another participant said: "Sa 2nd year sukad sa akong pagkadischarge, ayha pa ko nakagawas-gawas. Hinay hinay nakog contact sa akong friends pero mao lagi, sila na ang ga adjust. Dili na ako ang galaag sa ilaha, sila na ga-anha sa balay. Sa karon sa akong bago na school, wala nakoy friends. Wala pud sila kabalo sa akong past" (Nia, Transcript 2, p.76). *[I started going out again by the 2nd year after my discharge. I slowly started contacting my friends, but this time around, they're the ones adjusting. I don't go to their house. They're the ones who visit me. Now that I'm in my new school, I don't have any friends. They also know nothing about my past].*

These findings suggest that the participants demonstrate meaningful personal growth and adaptive functioning despite adversity. The positive lifestyle changes reported by participants after discharge, such as reducing social media use, strengthening faith, becoming more independent, and forming selective social relationships, can be understood as Post-Traumatic Growth. This theory suggests that individuals who experience trauma may, over time, develop improved coping strategies, a stronger sense of personal strength, and a redefined set of values (Tedeschi & Calhoun, 2004). The participants' narratives indicate post-traumatic growth as they share enhanced personal resilience, a greater appreciation of supportive relationships, and spiritual development, particularly in their strengthened faith in God. In Fyang's narrative, her trusted friends provide her with a sense of relief and normalcy despite her negative experiences. Meanwhile, Nia's account indicates that she is actively controlling the pace, terms, and content of her relationships, which further suggest her

deliberate reconstruction of her social world after discharge. Brent's narrative highlights Pargament et al.'s (2000) conclusion that religious coping provides meaning, comfort, and a sense of control in the aftermath of traumatic experience. Considering the participants' environment of fragile support systems and a near-total absence of aftercare services, their faith becomes an important source of stability.

Resilience Theory also supports these findings. Masten (2001) noted that individuals can adapt positively despite adversity through close relationships and other everyday systems. The participants' efforts to avoid negative influences, re-engage with supportive peers, and establish healthier routines demonstrate adaptive coping mechanisms that promote recovery. Interventions can therefore focus on access to strength-based programs and services that lean towards empowerment and independent living.

Category 2 Adaptive Coping Strategies

In addition to support from close family members and friends, the participants also reported that they were able to apply the coping strategies they learned at the Center. These techniques were shared with them either by the psychometrician or the center social worker as a response to their trauma-related behaviors, such as shivering, intense crying, and flashbacks. To fight the effects of trauma, they were taught to keep themselves busy by doing house chores, engaging in business activities, doing breathing exercises, combating negative thoughts with positive thinking, and keeping a journal. They shared that they apply these techniques to this day. In addition, the participants also expressed that they have since found strength in God through prayer, amidst struggles in interpersonal relationships. Praying has been shared by the participants as one of the major activities they do in the center. The following are their statements on their current relationship with God:

Usahay mag share ko sa akong diary, nga nag kuan [away] napud mi karon, unsa napud akong mga problema. Pero naa gyud time nga mag lagot ko kay Papa God kay naa napud lagi problema, mga trials pero iyaha pud gina answer akong mga kuan [prayers]. Hangtod ron ga storya gihapon ko kay Lord (Fyang, Transcript 1, p. 109). *[Sometimes, I share in my diary that we fought today, and the many problems I have. There was a time when I was angry at God because of the problems and the trials, but He answered me. Until now, I have talked to the Lord].*

Interestingly, participants who were with a child, regardless of how their children came about (from the abuse or current relationship), expressed that their children motivate them to keep fighting despite the difficulties they encounter – being relatively poor, having to deal with the lingering trauma, and imperfect family relationships. The following are the statements of the participants who are currently with a child: “Isa siya sa naghatag sa ako ug inspiration bitaw na magpadayon ko. Kay unsaon nalang siya kung dili ko maningkamot” (Sai, Transcript 3, p. 40). *[She is one of my inspirations to move forward. I can't imagine what will happen to her if I don't persevere].* “Kanang pag ma-stress bitaw ko, iya kong galambing-lambignon. Pag maghilak ko, i-care ko niya... “Ma, ayaw na hilak, kanang love love man Pia.” I-hug and kiss dayon ko niya” (Fyang, Transcript 2, p.59). *[Whenever I feel stressed, she comforts me. Whenever she sees me crying, she cares for me... “Ma, don't cry, Pia loves you.” Then she hugs and kisses me].*

The participants' report on continuous application of coping techniques they learned from the Center suggests that these skills were not merely situational coping mechanisms but that they became internalized, portable resources the participants can independently carry into their post-discharge lives. Through these skills, the participants actively manage stress through cognitive and behavioral efforts. This can be understood using the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984). In this model, activities identified, such as engaging in household chores, livelihood activities, and journaling, indicate both problem-focused and emotion-focused coping mechanisms, which help mitigate the psychological effects of trauma.

Meanwhile, finding support in God, which all participants expressed, indicates the significant role of spirituality as a coping resource. Lazarus and Folkman (1984) identify this as meaning-focused coping, in which a person's beliefs frame distress and help endure it. In a study by Wachholtz et al. (2013), they found that prayer complements treatment for depression. Culturally, according to an SWS survey, Filipinos identified prayer as their top coping mechanism (Serquina, 2025). For participants in this study, prayer is seen as an emotional anchor and a source of strength in the aftermath of trauma. However, it is also important to

emphasize the need to balance prayer with access to psychosocial support, as prayer alone will not be able to address unresolved trauma systematically. As emphasized by Wachholtz et al. (2013), prayer is a potential coping mechanism when coupled with other treatment plans when dealing with depression.

Notably, the mothers among the participants who identify their children as one of their primary sources of motivation can be explained through Resilience Theory. In this theory, resilience is considered a dynamic process of positive adaptation in the face of adversity (Copley, 2025). Masten (2001) identified it as “ordinary magic”, stating that resilience is built in an ordinary system of support, such as caregiving relationships. In the participants’ accounts in this study, the children serve as protective and motivating factors, providing a sense of purpose and responsibility and encouraging persistence. This is supported by Panter-Brick's (2014) study, which emphasized that meaning-making and social roles, including parenthood, significantly contribute to resilience among trauma survivors.

Theme 4 Reconstructing Self and Life Perspectives After Discharge

The participants post-discharge shared that their experience from being survivors of abuse to in-center rehabilitation has changed their perspective of self and life. Even at least a year after discharge, they still see themselves trying to rebuild, despite difficulties, while staying hopeful.

Category 1 Negotiating a Fragile yet Resilient Sense of Self

Participants' experiences shaped their understanding of themselves after discharge. Some participants are overwhelmed by their current conditions, which makes them see themselves negatively. For example, Brent expressed that:

Pagmaglantaw ko sa samin, ako makita is kapoy kaayo ko. Stress gyud kaayo ko karon tungod sa ako schooling, unsaon ang mga bata. Gikapoy ko. Gusto ko magrelax pero dili ko karelaax tungod pud sa akong mga bata. Example matulog akong gamay, mumata ang dako. Kung matulog ang dako, mumata ang gamay. Dili pud ko katrabaho (Brent, Transcript 3, p.140). *[When I look at myself in the mirror, all I can see is someone very tired. I'm very stressed right now because of my schooling. How will it be for my children? I'm tired. I can't rest. For example, if my little one is asleep, my eldest is awake. When he's asleep, my little one is awake. I also couldn't work].*

Another participant noted: “Sa samin ako makita is nagniwanga ko. Lain na kay tanawon. Gaka balaka ko kay ingon sila nga gwapa lagi daw ko sa una nga tambok ko. Luoy na kay ko ani. Nagproblema pud ko unsaon pagpatambok” (Fyang, Transcript 2, p.48). *[In the mirror, all I see is that I'm losing weight. It's not visually pleasant. I'm worried because they say I look beautiful with more weight. I pity myself. I find it a problem, how to gain weight].*

Despite these descriptions, the participants shared that they are not giving up. They commonly describe themselves as a fighter. The participants shared that they have come to accept the past and see themselves as direct contributors to the present.

As the participants stated: “Nakita nako akong self as strong. Kanang despite sa akong mga naagian kay naa gihapon ko, nagpakalig-on” (Nia, Transcript 2, pp. 84-85). *[I see myself as strong. Despite what I've been through, I'm still here, staying strong].*

“Fighter kaayo. Bisag unsay kalisuron sa kinabuhi, fight lang. Basta ayaw rag undang. Ayaw undang sa kinabuhi oy” (Sai, Transcript 2, p.18). *[Very much a fighter. No matter how difficult life is, just fight. Don't give up. Don't give up on life].*

The participants' evolving self-perceptions, both negative (fatigue, stress, and dissatisfaction with physical appearance) and positive (strength and perseverance), can be understood through the Self-Concept Theory. This theory states that self-concept is shaped by lived experiences and ongoing interactions with one's environment, including feedback received (Ackerman, 2018). Among the study participants, negative self-descriptions, such as those tied to physical appearance and exhaustion, indicate the internalization of stressors,

including caregiving demands, financial strain, and social expectations. These experiences create a discrepancy between their perceived actual self and their ideal self, leading to distress and reduced self-worth. In Brent's account, seeing exhaustion when she looks in the mirror is an explicit and direct link to the concrete demands she is managing simultaneously, which include schooling, alternating childcare between her two young children, and her partner's dismissal of her attempts to renegotiate their living conditions. Fyang's self-evaluation highlights the significance of feedback, as she sees herself based on a socially received standard rather than on an internally generated one.

At the same time, the participants' consistent self-description as "fighters" indicates an adaptive reconstruction of identity, despite adversity. Post-traumatic Growth describes this phenomenon as participants developing a stronger sense of personal strength and resilience after their traumatic experience (Tedeschi & Calhoun, 2004). It can be observed from the participants' statements that there is a shift from fear and vulnerability toward determination, indicating their active reconstruction of self into a more empowered sense despite ongoing hardships.

Likewise, the interplay between self-doubt and self-strength can be explained using the Resilience Theory. According to this theory, resilience does not imply the absence of distress but rather the capacity to adapt and persist despite it (Masten, 2001). Among the study participants, this duality is manifested in their accounts of feeling uncertain about themselves while also believing they can make it through, with none of them expressing a desire to quit.

From these findings, it is evident that the participants' self-concept is continuously reconstructed. It is shaped by the burdens of their present realities and their efforts to assert strength and survival. Interventions should thus focus on supporting positive identity reconstruction, reinforcing strengths, while addressing negative self-perceptions in post-discharge contexts.

Category 2 Navigating Life between Challenges and Possibilities

Life, for the participants, has been difficult. They describe it as toxic, stressful, hard, mentally stressful, and overwhelming. This is largely because of the challenges they face, both internally and externally. This is especially common among participants who are caring for a child and trying to provide for them while continuing their education. As the participants shared: "Ang life mura syag circle, mura siyag bola nga gatuyok-tuyok, maglisod bitaw ug tuyok. Lisod ang dalan sa life. Daghan mi'g struggle gyud labi na sa daily needs. Lisod gyud sya" (Sai, Transcript 2, p.23). *[Life is like a circle. Like a spinning ball, it has difficulty spinning. Life's road is hard. We have many struggles, especially with our daily needs. It's really difficult].*

Brent said:

Sa pagkakaron sa life is medyo gastruggle na gyud ko ug adjust tungod kay ginasabay nako ang schooling ug akong pagka mama. Lisod kaayo sya. Financially, lisod gyud kaayo mangita ug asa mi mangita...wala nasad mi diaper karon, wala nasad diha, maglabad imo ulo. Nya dili na raba ko gasalig sa ako mama. Maulaw mi magsalig, lisod kayo sya. Karon wala gyud ko kabalo sa description sa akong life. Murag naa ko sa ubos, pinakaubos ko (Brent, Transcript 2, p.115). *[Right now, it's a struggle for me to adjust to life because I do my studies and my role as a mother at the same time. It's really difficult. Financially, we're having difficulty finding [money]...we ran out of diapers, we don't have any. I get headaches. I don't depend on my mother anymore. We try to find income because we are ashamed to remain dependent on our parents. It's very difficult now. I don't know how to describe my life. I'm at the bottom, my bottom-most].*

While the participants expressed the difficulties of life, they also shared that they're not giving up because life also has little joys in between. The participants also noted that:

"Tinuod na lisod sya pirimi pero kaya ra" (Sai, Transcript 3, p.40). *[While it's true that it's difficult, I can handle it].*

“Lisod sya pero naa gyud syay lingaw. Kanang bisag naa ka sa kalisod, naa gihapon ang kalipay bah. Happy ko bahala ug nagkalisod” (Nia, Transcript 3, 118-119). *[It’s difficult, but there’s some happiness in it. It’s like even in difficulty, there’s still joy. I’m happy amidst difficulty].*

The participants’ descriptions of life as difficult, overwhelming, and a constant struggle, particularly in balancing motherhood, education, and financial responsibilities, can be understood through the Stress and Coping Theory framework. This theory states that individuals continuously appraise and respond to stressors such as financial instability, childcare demands, limited support, and internal strain (emotional exhaustion, pressure to be self-reliant) (Lazarus & Folkman, 1984), which contribute to their perception of life as burdensome and overwhelming. Their accounts of feeling “at the bottom” further illustrate the cumulative effect of these stressors when coping resources are scarce.

Sai’s metaphor of life as a spinning ball emphasizes stress as a dynamic, ongoing process of assessment between the person and their environment. The struggles for her are not occasional crises but constant, recurring challenges she must get through simply to meet her and her child’s needs. Brent’s experience highlights how stressors compound on each other, affecting her overall perspective of life. In her case, financial hardship is compounded by family strain and desire for independence, which made the option of seeking support as an additional stress to her rather than a straightforward relief.

Meanwhile, the participants’ ability to recognize moments of joy and express determination to continue despite hardships is an adaptive coping strategy. This is supported by Resilience Theory, which emphasizes individuals’ ability to maintain or regain well-being even in the presence of adversity (Masten, 2001). Their narratives of recognizing that life is difficult yet manageable and of finding happiness amidst struggle are examples of meaning-focused coping, in which individuals reframe their experiences to sustain hope and motivation.

In general, these findings indicate that while participants face significant life challenges, they also actively engage in cognitive and emotional strategies that allow them to endure and find happiness in the little ordinary things in their lives. With this in mind, interventions should not only aim to reduce stressors but also strengthen coping capacities and support systems to sustain resilience among discharged clients.

Category 3 Hope and Future Aspirations

Despite the current challenges the participants are experiencing, their vision of the future remains hopeful and bright. They dream of a better life for their children, a stable income, and a peaceful home. Sai noted that:

“Isa sa akong inspiration ba, sa future, gusto nako kung mudako sya [anak] nga matagaan nako sya ug ma-own bitaw. Gusto nako maka-own ug house nga mapasa nako sa iyaha. Di bale ug makaanak kog balik soon pero gusto nako siguraduhon siya kay syempre, wala baya siyay papa” (Sai, Transcript 2, p.18). *[One of my inspirations, in the future, I want her [my child] to own something. I want her to inherit my house. It doesn’t matter if I will have another child soon. I want her to be secure because she has no father].*

Fyang added that: “[gusto ko] muskwela sya. Magtarong lang gyud sya sa pagskwela para sa iyang future. Para makasupport sya sa iyang pamilya” (Fyang, Transcript 3, p. 50). *[[I want] her to study. She has to study well for her future. So that she can support her family].*

“My future, naa koy own house, naay sakyanan or motor, then naa koy stable na job. Akong anak nagskwela, nya sila mama ug ate ug iyang pamilya nga dili na sila magsige ug away para dili ko madamay” (Sai, Transcript 3, p 13). *[The future I want is that I have my own house, a car or motorcycle, and a stable job.] My child will be in school, and my mother and older sister with her family will stop fighting, so I wouldn’t be dragged into it].*

“Akong gusto is simple nga life kauban akong pamilya. Nya gamay nga negosyo, farm nga gamay lang, ug balay nga dili kaayo dako basta dili gubot. Kanang magkasinabtanay” (Fyang, Transcript 3, p.54). *[What I*

want is a simple life with my family—a little enterprise, a little farm of my own, and a house not so big. What's important is that it is not toxic. But rather, members understand one another].

They also recognize that the future they hope for needs to be worked on in the present. They all emphasized the term “paningkamot,” or striving in life and in their studies, as a way to achieve their dreams for themselves and their families. The following are participants’ statements: “Maningkamot ko mobalik gyud ug skwela para makakita ko ug tarong na trabaho” (Fyang, Transcript 2, p.51). *[I will strive to go back to school to find a decent job].*

“Mahitabo rana kung maningkamot ta ug magsinabtanay lang sa imong partner. Dili magsige ug away. Nya magtigum pud” (Fyang, Transcript 3, p.69). *[It will happen if we strive and understand each other (partner). No fighting. Then save].*

“Ingon ko, [sa ako kaugalingon] magskwela jud ko kay kung dili, agkaminusan gyud ta” (Brent, Transcript 2, p.117). *[I said [to myself] I will continue my studies because if not, I get disrespected].*

“If maningkamot gyud, makuha gyud namo na [maka own ug house]” (Brent, Transcript 3, p.129). *[If [we] strive, we will get that [own a house]].*

Hope Theory helps explain the participants’ hopeful, future-oriented aspirations to provide a better life for their children, achieve financial stability, secure education, and build peaceful family environments. In this theory, hope consists of two key components: agency (the motivation to pursue goals) and pathways (the perceived ability to identify routes toward achieving these goals) (Snyder, 2002). The participants’ emphasis on “paningkamot” (to strive), returning to school, saving money, and maintaining harmonious relationships reflects a strong sense of agency and the development of pathways toward their desired futures. This implies further that their aspirations are not simply wishful thinking, but are consistently paired with a specific, self-identified mechanism for achieving them. These aspirations, including owning a home, ensuring their children’s education, and attaining stable employment, demonstrate goal-directed thinking essential for adaptive functioning despite adversity.

The participants’ aspirations also align with the Possible Selves Theory. This theory states that individuals are motivated by their visions of what they might become in the future (Markus & Nurius, 1986). The participants’ envisioned selves as financially stable parents, educated individuals, and providers of secure homes serve as powerful motivators that guide their current actions and coping strategies. These aspirations are notably individualistic and relational, indicating grounded values of family responsibility and interdependence.

Overall, these findings suggest that despite significant post-discharge challenges, participants maintain a strong sense of hope and purpose. Their future goals, emphasizing effort and perseverance, highlight hope as a protective psychological resource that sustains motivation and resilience. This underscores the importance of interventions that support goal-setting, access to education, and economic opportunities to help translate these aspirations into reality.

Exhaustive Description of the Experience

The themes identified in this phenomenological study of the lived experiences of discharged clients from the Home for Girls illustrate the complex and multifaceted process of reintegration. Healing and resilience characterize the ongoing journey of emotional recovery, as clients find strength and hope in incremental progress despite setbacks. Navigating adversity highlights persistent challenges, including economic hardship and unstable family dynamics, compounded by insufficient institutional support and often leading to feelings of overwhelm and isolation. The theme of navigating transformative change reflects clients’ struggles with evolving family relationships and living arrangements, leading to a sense of displacement as they attempt to redefine their roles within the family. Finally, reconstructing self and life perspectives captures the clients’ efforts to rebuild their identities and outlooks, overcoming past trauma and negative self-perceptions while striving to assert agency over their futures. Collectively, these themes depict discharged clients’ journey through recovery, self-discovery, and adaptation following institutional care.



Fundamental Structure

The lived experiences of discharged clients from the Home for Girls reveal a dynamic, complex, non-linear, multifaceted process of reintegration. The interplay between patterns of hope and setbacks, such as economic hardship, unstable relationships, and insufficient institutional support, illustrates the ongoing negotiation between internal growth and external constraints. As clients navigate transformative changes in both personal development and social environments, they continually redefine their roles, identities, and aspirations. This ongoing process underscores both their resiliency and vulnerability in the context of life after institutional care.

SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS, REFLECTIONS, AND UTILIZATION

Summary

This study on the lived experiences of the discharged clients of Home for Girls reveals that they continue to navigate challenges shaped by persistent trauma, limited support systems, and structural constraints while simultaneously demonstrating resilience, adaptive coping, and hope for the future.

First, the findings indicated that trauma persists beyond institutional care. These manifest in emotional, cognitive, and relational difficulties. Participants continued to experience symptoms such as intrusive thoughts, sleep disturbances, fear, and difficulty forming relationships. Added to these challenges, the participants' access to professional psychosocial support after discharge is largely absent, leaving the participants to deal with their trauma on their own. This condition led the participants to develop adaptive coping strategies, including engaging in daily activities, journaling, and relying on their faith in God. However, they have become selective in their relationships, limiting emotional disclosure to a few individuals. While this can be considered a coping mechanism, it is also a sign of relational vulnerability.

Second, participants face significant difficulties reintegrating into home and community life. Their narratives include childcare challenges, especially among young mothers who struggle to meet basic needs while juggling other responsibilities. Family relationships are characterized by conflict or instability. Education is highly valued, but they struggle to sustain it because of financial constraints, family conflict, and caregiving responsibilities. Economic instability is also common among participants. Many of whom rely on informal, low-paying jobs, are under 18 years of age upon discharge, and thus have irregular and insufficient income. This is further exacerbated as institutional support after discharge is minimal if not lacking, with participants reporting limited access to services and little, if not lacking, involvement in aftercare planning.

Third, the findings highlighted the transformative changes participants have undergone since their discharge. This includes both positive internal development and negative external conditions. Narratives of increased independence, stronger personal values, and avoidance of harmful influences indicate positive internal development. Contrastingly, external challenges such as financial hardship, increased responsibilities, food insecurity, and reduced emotional support seem to limit them in achieving their maximum potential.

Lastly, the findings also indicated that the participants are actively reconstructing their sense of self and life perspectives. They hold mixed views of themselves, simultaneously perceiving stress, exhaustion, and self-doubt while also identifying themselves as strong and resilient individuals. Similarly, their perception of life reflects both hardship and meaning, as they acknowledge ongoing struggles while finding moments of joy and purpose. Despite their circumstances, the participants are hopeful of the future, expressing positive aspirations for stable income, education, secure homes, and better lives for their children. They emphasized the importance of "paningkamot," or striving, as a pathway toward achieving these goals.

Overall, the study demonstrates that although participants exhibit resilience and determination, their recovery and reintegration are hindered by systemic deficiencies in psychosocial support, economic opportunities, and institutional aftercare. In particular, the findings highlight a persistent absence of professional mental health services, which corresponds to participants' ongoing struggles with trauma and emotional distress after discharge.

Conclusion

This study demonstrates that the transition from institutional care to reintegration is a complex and ongoing process for the discharged clients of the Home for Girls. While leaving the Home for Girls marks a significant milestone, it does not imply that their struggles have ended. Instead, the participants continue to face the lasting effects of trauma, poverty, and unstable social relationships. There are also indications that some contributory factors seem to include a lack of planned regular psychosocial intervention and de-emphasized integration preparations.

Despite these difficulties, the participants show resilience. They actively employ coping strategies, make efforts to rebuild their lives, and continue to hope for a better future. Their ability to adapt, persevere, and strive for personal growth reflects inner strength and determination, despite the absence of external support.

Resilience is not enough to ensure successful reintegration. Structural barriers such as limited access to psychosocial services, unstable employment opportunities, financial insecurity, and the lack of comprehensive aftercare significantly hinder their progress. These gaps make the discharged clients vulnerable, undermining their well-being and stability.

Implications of the Study

This study's implications affect practice, policy, and theory. In practice, this study revealed that social workers and other service providers should adopt trauma-informed, client-centered empowerment approaches that continue after discharge. The principles of self-determination and client participation in problem-solving should be observed. In terms of implementation, this means that clients should be involved in aftercare planning. The client should determine her strengths, her support system, and the opportunities (livelihood or work) available to her in her community. She should also be linked to available modes of education she thinks will best work for her, especially for young mothers. Arrangements should be made between center social workers and local social workers on the institutional support the client needs post discharge. Lastly, the clients should be mentally prepared to deal with the challenges they may face post-discharge to lessen or avoid compounding on the clients' past traumatic experiences.

On policies, the government should develop policies to ensure that local governments have a functional aftercare program and services. This may include services such as psycho-social support, group counseling, psychoeducation workshops for the clients' families, scholarships, special arrangements with DepED for continued education of discharged clients, financial and livelihood assistance, and linking clients to available jobs in the community. These may then be supported by strengthening accountability and improved recognition and rewards systems for local governments. In terms of accountability, the local governments that fail to monitor and provide support to discharged clients may be called to explain. Meanwhile, good practices in aftercare programs may be included as a criterion in the Child-Friendly Local Government Audit (CFLGA) and even in the Seal of Good Local Governance (SGLG).

Lastly, in theory, future research may examine the longer-term outcomes of discharged clients across diverse reintegration pathways, including those in independent living programs, and investigate which specific aftercare interventions most effectively support sustained well-being and resilience among this population. This study confirms what Parmanand (2021) observed: that discharged clients have no defined aftercare services, which made it more difficult for them to adjust to their living conditions after discharge. However, it also noted a glimpse of resilience among the clients, which may also be a subject for future research. It is interesting to see how clients maintain resiliency amidst hardships and the level of success they achieved through it, and how their journey affects their children.

A good subject for research may also be pursued in terms of the implementation of psychosocial intervention and the center's preparations for the eventual reintegration of the children to the community. All of the participants of the study shared that they were given tips on how to manage the effects of trauma after the symptoms manifested. They also seem to be unaware that the effects of trauma will continue for some time. This description seems to indicate a reactive response rather than a planned, regular psychosocial or trauma-

informed care intervention. In addition, all of the participants described their discharge as a surprise that seems to further indicate the primacy of safekeeping function over a planned reintegration. These, however, are only deduced from the participants' statements and therefore will require further study to establish validity and understand the context in which these exist.

Recommendations

Based on the study's findings, it is recommended that interventions be trauma-informed, strengths-based, systemic, and holistic to address the psycho and socio-economic challenges that characterize clients' environments. These should complement clients' resilience to help them achieve meaningful and lasting well-being. On the individual level, activities towards empowering clients should begin at the center, increasing their knowledge of the programs and services available to them upon reintegration, and guiding them to actual access to these services. A structured process focusing on safety, remembrance, and reconnection should be implemented to address trauma (Herman, 1992). Further, their participation in aftercare planning should be required. Programs and services in both in-center and outside settings should capitalize on their strengths and prepare participants for independent living, even after they are reintegrated into their families. This is especially true for the young mothers, who opted to care for their children born out of the abuse committed against them.

The following are the recommendations:

1. **DSWD, DILG, and LGUs, as the aftercare team,** may collaboratively consider the following: 1. Aftercare programs and services be required for all local government units and be included as criteria in Child-Friendly Local Governance Audit and Seal of Good Local Governance; 2. Involve clients in the discharge planning and integration; 3) Client and strength-based programs and services: the client should determine, with the aid of the social worker and the guardian/parents, a set of aftercare programs and services she deems necessary and the timing of their delivery; 4) Link clients to partner businesses for their employment to ensure regular income (should the client opt for formal employment rather than entrepreneurship; explore possibility of child work for those still minors upon discharge); 5) Provide professional trauma-informed counseling and psychosocial support for clients; 6) Involve the DepED in determining and providing access to different modes of delivery to ensure the client's continued education; 7) Prioritize clients for scholarship opportunities; 8) Childcare and parenting support for young mothers: access to basic needs (e.g., diapers), parenting sessions, and determination of a guardian for their child.
2. **Residential care centers, Regional DSWD and NGOs handling institutional care** may consider focusing on the reintegration preparation process such as: 1) Planned psychosocial intervention; 2) Inform clients on the existence of National Center for Mental Health crisis hotline and demonstrate access by walking clients through what to expect when calling; 3) Skills training and development should focus on gainful employment, regular livelihood activities that fit the client's life conditions (e.g., childcare, disability, etc.); 4) Awareness of the different programs and services that the client may avail once discharged; 5) Client awareness of the different stakeholders present in their community, including NGOs and other partner businesses that are present in their area (stakeholder mapping); and 6) Introduce or enroll client to a community support group at most 1 month before discharge.
3. **Local Social Welfare and Development (LSWDOs),** may consider strengthening community involvement in terms of 1) Determination of the main support system of the client and counsel them to ensure stable psycho-emotional support of the client; 2) Continuous engagement among government agencies, NGOs, and communities to address systemic gaps in support services; and 3) Creation of support groups of clients coming from the same past experiences.
4. **Families or guardians of survivors of abuse,** may consider actively seeking social services and continuously coordinating with the local social welfare office in addressing the concerns of reintegrated survivors.

Limitations

The study only covers the lived experiences of the 4 discharged clients from the Home for Girls Region 10. They were selected through purposeful and snowball sampling, as only a few discharged clients were available and willing to participate in face-to-face, in-depth interviews. Furthermore, all participants followed the family reintegration (TransFER aftercare strategy), with no one under the independent living (SIGLA aftercare strategy).

Reflections and Utilization

Conducting this research and engaging with the lived experiences of discharged clients proved to be a significant challenge, particularly due to the unexpectedly complex process of participant recruitment. The locations indicated in the turnover documents were no longer accurate, as many had relocated outside Misamis Oriental, greatly limiting the pool of accessible participants. Furthermore, several individuals who remained within reasonable proximity declined participation, albeit indirectly, often without providing explicit reasons.

This situation required me to adopt a flexible and pragmatic approach, ultimately interviewing only those who expressed a willingness to participate. The composition of the final participant group thus reflects both logistical constraints and self-selection, with those who felt comfortable sharing their experiences. As a researcher, I recognized that my position and the limitations of access shaped both the data collected and the perspectives represented in the study. Reflexively, this experience heightened my awareness of the potential influence of researcher-participant dynamics and highlighted the importance of transparency regarding the contextual challenges inherent in qualitative research of sensitive topics.

My personal circumstances further compounded my difficulty. I was pregnant while working on my thesis. In the first trimester, I had a threatened abortion, which derailed me from conducting data-gathering activities. I resumed my research work right after the doctor cleared me to return to work. However, I was derailed again as I suffered a series of infections in my 2nd trimester. By the time I got cleared to work, I resumed my research work until I was about to give birth to my 2nd child. Just after my delivery, my mother got sick and was hospitalized. A few months later, my eldest got sick also, and a week after, my then 4-month-old son.

Although these personal circumstances delayed my research progress, I remained determined to complete the study. I am deeply grateful to my family, mentor, and professors for consistently checking on me. The participants' stories were a significant source of motivation. Their struggles deserve to be shared with stakeholders who can effect change. As I am not directly involved in the operations of the Department's centers and institutions, the findings of this study have been particularly enlightening. Moving forward, I intend to present the research results to DSWD, CWC, and DILG to advocate for policies that will strengthen aftercare strategies for discharged clients from institutional care.

REFERENCES

1. Ackerman, C. E. (2018). What is Self-Concept Theory? A Psychologist Explains. PositivePsychology.com. <https://positivepsychology.com/self-concept/>. Accessed 24 May 2026.
2. Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: The grounded theory/phenomenology example. *Journal of Advanced Nursing*, 17(11), 1355–1360.
3. Becker, G. S. (1993). Human capital: A theoretical and empirical analysis, with special reference to education (3rd ed.). University of Chicago Press. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nber.org/system/files/chapters/c11236/c11236.pdf. Accessed 23 April 2026.
4. Becker, S. (2026). Child maltreatment. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>. Accessed 01 September 2026.
5. Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://khoerulanwarbk.wordpress.com/wp-

- content/uploads/2015/08/urie_bronfenbrenner_the_ecology_of_human_developbokos-z1.pdf. Accessed 23 April 2026.
6. Buriro, A., Ednut, N., & Khatoon, Z. (2021). Philosophical underpinnings and a Phenomenological approach in Social Science Research. *Asia-Pacific - Annual Research Journal of Far East & South East Asia*, 38, 237–254. <https://doi.org/10.47781/asia-pacific.vol38.iss0.2526>. Accessed 31 August 2024.
7. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. [chrome-extension://efaidnbmninnibpcapjpcglclefindmkaj/https://lchc.ucsd.edu/MCA/Mail/xmcamail.2012_11.dir/pdfYukILvXsL0.pdf](https://lchc.ucsd.edu/MCA/Mail/xmcamail.2012_11.dir/pdfYukILvXsL0.pdf). Accessed 23 April 2026.
8. Copley, L. (2025). Resilience Theory: Core Concepts & Research Insights. *Positive Psychology*. <https://positivepsychology.com/resilience-theory/>. Accessed 23 April 2026.
9. Courtney, M. E., McMurtry, S. L., & Zinn, A. (2004). Housing Problems Experienced by Recipients of Child Welfare Services. *Child Welfare*, 83(5), 393–422. <https://www.proquest.com/scholarly-journals/housing-problems-experienced-recipients-child/docview/213804183/se-2>. Accessed 05 May 2024.
10. Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chicago, IL: Chapin Hall at the University of Chicago. https://www.researchgate.net/publication/264883847_Midwest_Evaluation_of_the_Adult_Functioning_of_Former_Foster_Youth_Outcomes_at_Age_26. Accessed 23 April 2026.
11. Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Sage Publications. <https://revistapsicologia.org/public/formato/cuali2.pdf>. Accessed 20 August 2024.
12. Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (4th ed.). Sage Publications. <https://www.ceil-conicet.gov.ar/wp-content/uploads/2018/04/CRESWELLQualitative-Inquiry-and-Research-Design-Creswell.pdf>. Accessed 23 May 2026.
13. Davies, P. T., & Cummings, E. M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116(3), 387–411. https://www.researchgate.net/publication/15390513_Marital_Conflict_and_Child_Adjustment_An_Emotional_Security_Hypothesis/link/0912f507fc3e02ce88000000/download. Accessed 23 April 2026.
14. Department of Social Welfare and Development (2002). Standards in the implementation of residential care service. DSWD. https://www.dswd.gov.ph/issuances/AOs/AO_2002-141.pdf. Accessed 15 April 2024.
15. Department of Social Welfare and Development (2003a). Guidelines in the implementation of the aftercare service. DSWD. https://www.dswd.gov.ph/issuances/AOs/AO_2003-036.pdf. Accessed 14 April 2024.
16. Department of Social Welfare and Development (2003b). Rehabilitation indicators. DSWD. https://www.dswd.gov.ph/issuances/AOs/AO_2003-035.pdf. Accessed 14 April 2024.
17. Department of Social Welfare and Development (2008). Guidelines in the implementation of the Character Building Program for children and youth in the Residential Care Centers. DSWD. https://www.dswd.gov.ph/issuances/AOs/AO_2008-010.pdf. Accessed 14 April 2024.
18. Department of Social Welfare and Development (2015). DSWD child protection policy in the workplace. DSWD. https://www.dswd.gov.ph/issuances/AOs/AO_2015-007.pdf. Accessed 15 April 2024.
19. Department of Social Welfare and Development (2020). Enhanced manual on helping strategies for Centers and Residential Care Facilities (CRCF) catering for children and youth. DSWD.
20. Department of Social Welfare and Development (2022). Case Management in the Center and Residential Care Facility. DSWD. <https://sites.google.com/dswd.gov.ph/dswd-cart-portal/resources/registered-sops-gfs/registered-sops?authuser=0>. Accessed 20 August 2024.
21. Diraditsile, K. & Nyadza, M. (2018). Life after institutional care: Implications for research and practice. *Child & Family Social Work*. https://www.researchgate.net/publication/323040923_Life_after_institutional_care_Implications_for_research_and_practice. Accessed 23 April 2026.
22. Doeringer, P.B., & Priore, M. J. (1970). Internal Labor Markets and Manpower Analysis. U.S. Department of Labor. [chrome-extension://efaidnbmninnibpcapjpcglclefindmkaj/https://www.bls.gov/publications/otherpublications/internal-labor-markets-and-manpower-analysis.pdf](https://www.bls.gov/publications/otherpublications/internal-labor-markets-and-manpower-analysis.pdf). Accessed 23 April 2026.

- extension://efaidnbmnnnibpcajpcgclefindmkaj/https://files.eric.ed.gov/fulltext/ED048457.pdf. Accessed 23 April 2026.
23. Dulawan, A. P., & Bance, L. O. (2024). Trauma and related psychological outcomes of adult survivors of online sexual abuse and exploitation of children (OSAEC) in the Philippines. *Philippine Social Science Journal*, 7(2), 127–139. <https://doi.org/10.52006/main.v7i2.993>. Accessed 23 April 2026.
24. Elder, G. H., Jr. (1999). *Children of the Great Depression: Social change in life experience* (25th anniversary ed.). Westview Press. chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://faculty.washington.edu/matsueda/courses/401D/Readings/Elder.pdf. Accessed 23 April 2026.
25. Gamongan, K. N., Moyao, W. G. (2024). Empowering Recovery: Evaluating the Reintegration Strategies for Survivors of Child Sexual Abuse in Baguio. *International Journal of Social Science Research and Review*, 7(12). <https://ijssrr.com/journal/article/view/2438>. Accessed 11 September 2026.
26. Goffman, E. (1967). *Interaction Ritual: Essays on Face-to-Face Behavior*. Anchor Books. https://eclass.uoa.gr/modules/document/file.php/PPP860/Erving%20Goffman%20-%20Interaction%20Ritual_%20Essays%20on%20Face-to-Face%20Behavior%20-Pantheon%20%281982%29.pdf. Accessed 26 May 2026.
27. Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *Int J Qual Methods*. 3. 10.1177/160940690400300104. https://www.researchgate.net/publication/237233474_A_Phenomenological_Research_Design_Illustrated. Accessed 12 April 2024.
28. Guba, E. G. & Lincoln, Y. S. (1994). Competing Paradigms in Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 105–117), London: SAGE.
29. Guy-Evans, O. (2025). Bronfenbrenner's Ecological Systems Theory. *Simply Psychology*. <https://www.simplypsychology.org/bronfenbrenner.html#:~:text=Urie%20Bronfenbrenner's%20Ecological%20Systems%20Theory,by%20nested%2C%20interconnected%20environmental%20systems>. Accessed 23 April 2026.
30. Hair, H. J. (2005). Outcomes for children and adolescents after residential treatment: A review of research from 1993 to 2003. *Journal of Child and Family Studies*, 14(4), 551–575. doi:https://doi.org/10.1007/s10826-005-7188-9. Accessed 24 March 2024.
31. Harding, E. H., Bellew, J., & Penwell, L. W. (1978). Project aftercare: Followup to residential treatment. *Behavioral Disorders*, 4(1), 13–22. doi:https://doi.org/10.1177/019874297800400103. Accessed 13 April 2024.
32. Helm, K. M. (2024). *Family Systems Theory*. EBSCO Information Services, Inc. 2006. <https://www.ebsco.com/research-starters/health-and-medicine/family-systems-theory>. Accessed 23 April 2026.
33. Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books. chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://ia803207.us.archive.org/14/items/radfbem-books/Trauma%20and%20Recovery_%20The%20Afterm%20-%20Judith%20L.%20Herman.pdf. Accessed 23 April 2026.
34. Holstead, J., Dalton, J., Horne, A., & Lamond, D. (2010). Modernizing Residential Treatment Centers for Children and Youth: An Informed Approach to Improve Long-Term Outcomes: The Damar Pilot. *Child Welfare*, 89(2), 115–30. <https://www.proquest.com/scholarly-journals/modernizing-residential-treatment-centers/docview/734392433/se-2>. Accessed 05 May 2024.
35. International Organization for Migration (2020). *Understanding reintegration | Reintegration Handbook*. (n.d.). <https://reintegrationhb.iom.int/module/understanding-reintegration#:~:text=Reintegration%20is%20generally%20understood%20as,inclusion%20in%20civic%20life10>. Accessed 16 April 2024.
36. Kaasinen, M., Salokkilä, P., & Häggman-Laitila, A. (2021). Experiences of Finnish care leavers of their involvement in the aftercare services for child welfare clients: Health Soc Care Community, 30:e95–e104. <https://doi.org/10.1111/hsc.13416>. Accessed 13 April 2024.
37. Kupfer, D. J., Regier, D. A., & American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

38. Landsman, M. J., Groza, V., Tyler, M., & Malone, K. (2001). Outcomes of family-centered residential treatment. *Child Welfare*, 80(3), 351–79. <https://www.proquest.com/scholarly-journals/outcomes-family-centered-residential-treatment/docview/213810570/se-2>. Accessed 05 May 2024.
39. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer. https://www.academia.edu/39838289/STRESS_APPRAISAL_AND_COPING. Accessed 23 April 2026.
40. Lear, K. (2021, February 15). What are coping skills? – Child counseling in Davidson. <https://www.katielear.com/child-therapy-blog/2020/11/10/what-are-coping-skills>. Accessed 13 April 2024.
41. Levenson, J. (2017). Trauma-Informed Social Work Practice. *Social Work*, 62(6), April 2017, 105–113. <https://doi.org/10.1093/sw/swx001>. Accessed 03 May 2024.
42. Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41(9), 954–969. https://www.researchgate.net/publication/232565363_Possible_Selves/link/540dcd1a0cf2d8daace112/download?tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19. Accessed 23 April 2026.
43. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ocfcpacourts.us/wp-content/uploads/2020/06/Ordinary_Magic_Resilience_Process_000935.pdf. Accessed 23 April 2026.
44. Mendes, P., & Chaffey, E. (2024). Examining the mental health care needs and outcomes of young people transitioning from out-of-home care (OOHC) in Australia. *Emerging Adulthood*. <https://journals.sagepub.com/doi/epub/10.1177/23493003231182474>. Accessed 26 August 2026.
45. Miller, K. D. (2024, March 14). 9 Self-Esteem questionnaires (+Rosenberg Self-Esteem Scale). *PositivePsychology.com*. <https://positivepsychology.com/rosenberg-self-esteem-scale-questionnaires/>. Accessed 15 April 2024.
46. Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 28 (8). pp. 643–644. ISSN 0952-8229. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://eprints.hud.ac.uk/id/eprint/26984/1/Morrow_et_al.pdf
47. Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>. Accessed 22 August 2024.
48. Office for Human Research Protection (2018). The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>. Accessed 22 August 2024.
49. Onalu, C., Obi-Keguna, C., & Eya, O. I. (2021). Rehabilitation in social work practice. *ResearchGate*. https://www.researchgate.net/publication/353326534_Rehabilitation_in_Social_Work_Practice#:~:text=rehabilitation%20encompasses%20efforts%20and%20activities,medical%2C%20social%2C%20educational%20and%20vocational. Accessed 16 April 2024.
50. Panter-Brick, C. (2014). Health, risk, and resilience: Interdisciplinary concepts and applications. *Annual Review of Anthropology*, 43, 431–448. https://www.researchgate.net/publication/275487038_Health_Risk_and_Resilience_Interdisciplinary_Concepts_and_Applications. Accessed 23 April 2026.
51. Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 56(4), 519–543. <https://www.scribd.com/document/808606694/J-Clin-Psychol-2000-Pargament-The-many-methods-of-religious-coping-Development-and-initial-validation-of-the-RCOPE>. Accessed 02 September 2026.
52. Parmanand, S. (2021). Salvation as violence: Anti-trafficking and the rehabilitation of rescued Filipino women into moral subjects. *Journal of International Women's Studies*, Suppl. the Post Pandemic University, Possibilities, Practices and Pedagogies: And New Writings in Feminist and Women's Studies-Winning and Short-Listed Entries from the 2020 Feminist Studies Association's (TRUNCATED), 22(2), 78–91. <https://www.proquest.com/scholarly-journals/salvation-as-violence-anti-trafficking/docview/2519899990/se-2>. Accessed 24 March 2024.

53. Parry, S. L., Williams, T., & Burbidge, C. (2021). Restorative Parenting: Delivering Trauma-Informed Residential Care for Children in Care. *Child & Youth Care Forum*, 50(6), 991–1012. <https://doi.org/10.1007/s10566-021-09610-8>. Accessed 05 May 2024.
54. Perkins, D. D. & Zimmerman, M. A. (1995). Empowerment Theory, Research, and Application. *American Journal of Community Psychology*, 23(5). https://www.researchgate.net/publication/14354763_Empowerment_theory_research_and_application. Accessed 23 April 2026.
55. Preyde, M., Frensch, K., Cameron, G., White, S., Penny, R., & Lazure, K. (2011). Long-term Outcomes of Children and Youth Accessing Residential or Intensive Home-based Treatment: Three year follow up. *Journal of Child and Family Studies*, 20(5), 660–668. <https://doi.org/10.1007/s10826-010-9442-z>. Accessed 03 May 2024.
56. Priest, H. (2003). An approach to the phenomenological analysis of data. *Nurse Researcher*, 10(2), 50–63. <https://doi.org/10.7748/nr2003.01.10.2.50.c5888>. Accessed 14 May 2024.
57. Purtell, J., Mendes, P., Saunders, B. J., & Baidawi, S. (2022). Healing Trauma and Loss and Increasing Social Connections: Transitions from Care and Early Parenting: C & A. *Child & Adolescent Social Work Journal*, 39(6), 735–747. <https://doi.org/10.1007/s10560-022-00860-6>. Accessed 05 May 2024.
58. Ringle, J. L., Thompson, R. W., & Way, M. (2015). Reunifying families after an out-of-home residential stay: Evaluation of a blended intervention. *Journal of Child and Family Studies*, 24(7), 2079–2087. doi:<https://doi.org/10.1007/s10826-014-0009-2>. Accessed 15 April 2024.
59. San Cristobal, P., Santelices, M. P., & Miranda Fuenzalida, D. A. (2017). Manifestation of Trauma: The Effect of Early Traumatic Experiences and Adult Attachment on Parental Reflective Functioning. *Frontiers in Psychology*, 8, 449. <https://doi.org/10.3389/fpsyg.2017.00449>. Accessed 23 April 2026.
60. Scroger, M.E. (2023). Online Sexual Exploitation of Children Survivors' Functioning After Reintegration in the Philippines. Dissertation. Robert Wesleyan University. chrome-extension://efaidnbmnnnibpcajpcgglefindmkaj/https://media.proquest.com/media/hms/PFT/2/VTKIS?_s=CBFn1qTmWvmBZeaj8S3HtNdSjwg%3D. Accessed 23 April 2026.
61. Serquina, M. C. (2025). SWS: Praying Tops Filipino's Choices in Dealing with Stress. GMA Integrated News. <https://www.gmanetwork.com/news/topstories/nation/963543/sws-praying-tops-filipinos-choices-in-dealing-with-stress/story/>. Accessed 23 April 2026.
62. Smith, J. A., Flowers, P., & Larkin, M. (2021). Interpretative phenomenological analysis: Theory, method and research (2nd ed.). Sage. https://www.researchgate.net/publication/221670349_Interpretative_Phenomenological_Analysis_Theory_Method_and_Research. Accessed 10 September 2026.
63. Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249–275. chrome-extension://efaidnbmnnnibpcajpcgglefindmkaj/<https://blogs.shu.ac.uk/growplus/files/2020/02/Hope-Snyder-paper.pdf>. Accessed 23 April 2026.
64. Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26–29. <https://files.eric.ed.gov/fulltext/EJ1320570.pdf>. Accessed 12 April 2024.
65. Standing, G. (2011). The precariat: The new dangerous class. Bloomsbury Academic. <https://library.oapen.org/bitstream/handle/20.500.12657/58691/9781849664547.pdf>. Accessed 23 April 2026.
66. Storo, J. (2017). Which transition concept is useful for describing the process of young people leaving state care? A reflection on research and language. *European Journal of Social Work*, 20(5), 770–781. <https://doi.org/10.1080/13691457.2016.1255879>. Accessed 02 September 2026.
67. Subject and Course Guides: Quantitative and Qualitative Research: What is Qualitative Research? (n.d.). https://libguides.uta.edu/quantitative_and_qualitative_research/qual. Accessed 10 May 2024.
68. Talebi, M., Falahi, M. A., & Ebrahimi, A. (2025). Emotional invalidation and perceived emotional invalidation in explaining psychological disorders: A scoping review with insights from Iranian studies. *Acta Psychologica* 259. https://www.sciencedirect.com/science/article/pii/S0001691825007486?ref=pdf_download&fr=RR-2&rr=9e8ffba31be4bc4b. Accessed 23 April 2026.
69. Tam, T. S. K., & Ho, M. K. W. (1996). Factors influencing the prospect of children returning to their parents from out-of-home care. *Child Welfare*, 75(3), 253. <https://www.proquest.com/scholarly->

[journals/factors-influencing-prospect-children-returning/docview/213812267/se-2](#). Accessed 03 May 2024.

70. Tan, M. L. (2013). Mental health in the Philippines: Issues and concerns. (cited in) Yu (2025). Post-disaster Psychological Trauma Recovery and Support: A Study on the Mental Health Services in Disaster-prone Areas of the Philippines. *International Journal of Public Health and Medical Research*, 3(1). https://www.researchgate.net/publication/390727555_Post-Disaster_Psychological_Trauma_Recovery_and_Support_A_Study_on_Mental_Health_Services_in_Disaster-Prone_Areas_of_the_Philippines. Accessed 23 April 2026.
71. Taylor, D., Albers, B., Mann, G., Lewis, J., Taylor, R., Mendes, P., Macdonald, G., & Shlonsky, A. (2024). Systematic review and meta-analysis of policies and interventions that improve health, psychosocial, and economic outcomes for young people leaving the out-of-home care system. *Trauma, Violence, & Abuse*. https://pmc.ncbi.nlm.nih.gov/articles/PMC11545139/pdf/10.1177_15248380241253041.pdf. Accessed 26 August 2026.
72. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. https://www.researchgate.net/publication/247504165_Tedeschi_RG_Calhoun_LGPosttraumatic_growth_conceptual_foundations_and_empirical_evidence_Psychol_Inq_15_1-18. Accessed 23 April 2026.
73. Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4), 669–670. <https://doi.org/10.4300/jgme-d-15-00414.1>. Accessed 31 August 2024.
74. Tol, W. A., et al. (2011). Outcomes of mental health interventions in low-resource settings. (cited in) Yu (2025). Post-disaster Psychological Trauma Recovery and Support: A Study on the Mental Health Services in Disaster-prone Areas of the Philippines. *International Journal of Public Health and Medical Research*, 3(1). https://www.researchgate.net/publication/390727555_Post-Disaster_Psychological_Trauma_Recovery_and_Support_A_Study_on_Mental_Health_Services_in_Disaster-Prone_Areas_of_the_Philippines. Accessed 23 April 2026.
75. Trout, A. L., Chmelka, M. B., Thompson, R. W., Epstein, M. H., Tyler, P., & Pick, R. (2010). The departure status of youth from residential group care: Implications for aftercare. *Journal of Child and Family Studies*, 19(1), 67–78. doi:<https://doi.org/10.1007/s10826-009-9283-9>. Accessed 03 May 2024.
76. Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M. H., Duppong Hurley, K., & Stevens, A. L. (2014). Youth and parent perceptions of aftercare supports at discharge from residential care. *Child & Family Social Work*, 19(3), 304–311. <https://doi.org/10.1111/cfs.12003>. Accessed 03 May 2024.
77. Tyler, P. M., Thompson, R. W., Trout, A. L., Lambert, M. C., & Synhorst, L. L. (2017). Important elements of aftercare services for youth departing group homes. *Journal of Child and Family Studies*, 26(6), 1603–1613. doi:<https://doi.org/10.1007/s10826-017-0673-0>. Accessed 29 March 2024.
78. Ullman, S. E. (2010). Talking about sexual assault: Society's response to survivors. *American Psychological Association*. chrome-extension://efaidnbmnnnibpcajpcglefindmkaj/<https://www.apa.org/pubs/books/3836312-sample-pages.pdf>. Accessed 23 April 2026.
79. Van Breda, A. D., Munro, E. R., Gilligan, R., Anghel, R., Harder, A., Incarnato, M., Mann-Feder, V., Rafaeli, T., Stohler, R., Storo, J. (2020). Extended care: Global dialogue on policy, practice and research. *Children and Youth Services Review*, 119(105596). <https://doi.org/10.1016/j.childyouth.2020.105596>. Accessed 02 September 2026.
80. Vogel, M. A., Sallnäs, M., & Lundström, T. (2014). Good idea, bad prerequisite, zero result – the meaning of context in implementing aftercare for young people in secure unit care. *Journal of Children's Services*, 9(3), 248–260. <https://doi.org/10.1108/JCS-10-2013-0035>. Accessed 03 May 2024.
81. Wachholtz, A. B., & Sambamthoori, U. (2013). National trends in prayer use as a coping mechanism for depression: changes from 2002 to 2007. *Journal of religion and health*, 52(4), 1356–1368. <https://doi.org/10.1007/s10943-012-9649-y>. Accessed 23 April. 2026.
82. Wainwright, H., Skouteris, H., Melder, A., Morris, S., Halfpenny, N., & Morris, H. (2025). Exploration phase: Improving transition planning in residential out-of-home care. *Children Australia*, 47(2), 3054. chrome-extension://efaidnbmnnnibpcajpcglefindmkaj/ https://bettercarenetwork.org/sites/default/files/2025-11/CHA_-_Children-Australia-article_-3054---Exploration-phase_-_Improving-transition-planning-in-residential-out-of-home-care.pdf Accessed 23 April 2026.



83. Wong, J. S., Lee, C., & Beck, N. (2023). PROTOCOL: The effects of resettlement/re-entry services on crime and violence in children and youth: A systematic review. *Campbell Systematic Reviews*, 19(1), doi:<https://doi.org/10.1002/cl2.1304>. Accessed 13 April 2024.
84. Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods* (6th ed.). Sage Publications. https://opac.atmaluhur.ac.id/uploaded_files/temporary/DigitalCollection/YTE3NDlmYTY0ZjE2MDA5ODE4NGI1Y2FhMjdkMjRmYW5kMDA2MTVhOQ==.pdf. Accessed 26 May 2026.