

# Enhancement of Psychological Services for Sexually Abused Women and Children in Residential Facility

Ella Total Robles<sup>ID</sup>

Registered Psychometrician  
[roblesella599@gmail.com](mailto:roblesella599@gmail.com)

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Corresponding Email:  
[roblesella599@gmail.com](mailto:roblesella599@gmail.com)

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## Index Terms:

sexual abuse, survivors, psychological services, residential care/facility, qualitative research, policy enhancement inputs

**Abstract.** Sexual abuse is a serious violation of human dignity and remains a critical social and public health concern affecting women and children across diverse contexts. Survivors are often placed in residential care facilities due to unsafe home environments or the absence of immediate support systems. While these institutions aim to provide rehabilitation and healing, the delivery of psychological services within the residential care settings remains complex and insufficiently examined. This study aimed to enhance the psychological services provided to sexually abused women and children in residential care. Using qualitative research design, data were collected through semi-structured interviews and analyzed using Braun and Clarke's thematic analysis framework. Findings indicate that service providers describe psychological services as structured and systematic approach, emotionally attuned support, collaborative care and motivational, while also constrained by limited resources. While survivors describe it as structured testing services, feeling safe and supported, with group support and collective healing, creative engagement and limited by schedule of staff. Across both perspectives, service effectiveness was reflected in themes of physical and emotional safety, clear process but uneven effectiveness, transformative with self-development, sharing of power and empowerment with self-determination. While the findings are limited to small sample size and reliance on participants' subjective accounts, this study provides rich, context-specific insights into experiences and service delivery. The findings highlight strengths alongside critical gaps in psychological assessment, counseling and group interventions. A policy enhancement input is proposed to strengthen institutional responsibility for ethical psychological practice and workforce sufficiency to ensure sustainable psychological care in residential facilities.

## Introduction

A healthy society relies on the well-being of its members, especially women and children. They play important roles in nurturing families and shaping communities. When their physical, emotional, and psychological needs are met, they are more likely to thrive and make meaningful contributions to social development. However, this ideal is disrupted when women and children face violence, particularly sexual abuse. Sexual abuse is a serious violation of human dignity and significantly impacts individual well-being. Often, survivors of sexual abuse end up in residential care facilities because their homes are unsafe or they lack immediate support. These institutions aim to provide protection, rehabilitation, and healing. Still, the psychological recovery of survivors in these settings is a complicated and often overlooked process.

Globally, the issue of sexual violence remains a pressing concern. According to the World Health Organization (2021), one in three women worldwide experiences physical or sexual violence in her lifetime most often by an intimate partner or someone she knows. While, in the Philippines, the Philippine Commission on Women (2022) reported that 17.5% of women aged 15-49 have experienced violence from intimate partners. Meanwhile, on DSWD records, the number of cases

continues to rise annually, with sexual abuse under the incest category ranking highest, followed by physical abuse, trafficking, neglect, and abandonment (BT Manual of Operations, 2023).

In response, the Philippine government through laws, programs, and services continues to strengthen its commitment to protect and support survivors of sexual abuse. Among these efforts is the provision of residential care facilities managed by the Department of Social Welfare and Development (DSWD). These facilities serve as temporary shelters for women and children in crisis, offering not only safety but also psychosocial support as part of the healing and recovery process (Department of Social Welfare and Development [DSWD], 2023).

In DSWD Region IV-A, two residential centers cater the survivors of sexual abuse and other forms of violence. The Regional Haven for Women and Girls and Bahay Tuluyan ng mga Bata. These two centers provide programs and services necessary for the well-being and rehabilitation of its target beneficiaries that are being implemented by the rehab/multi-disciplinary team. The team consists of the social workers, psychometrician, nurse and other staff/personnel who have the knowledge of the case and contact with the residents. These services are social, homelife, educational, psychological, health, spiritual enrichment/enhancement and value formation, recreational & other socio-cultural activities, skill training, legal and after care services. One of the services that helped the center to achieve or restore normal psychosocial functioning and allow survivors to become competent and productive members of society are the psychological services. These services are designed to support the rehabilitation team to further assess and identify the needs of the clients, and how traumatic experiences affect the social, emotional and intellectual functioning of the clients. While these services reflect the agency's continued commitment to survivor care, there remain areas that can benefit from enhancing the psychological services provided to sexually abused women and children in residential care.

Cultural stigma, economic dependency, and systemic barriers were frequently cited as obstacles to seeking help (Van der Loo, 2024; Masongsong, 2023). More research is needed to strengthen the evidence base in order to champion policy and regulatory change (Gaupholm, 2020). The need for survivor-centered approaches, including trauma-informed care, Community-based interventions, and culturally sensitive legal frameworks, is echoed across multiple studies (Maniglio, 2009; World Health Organization, 2021; Shrestha et al., 2024). Another recurring theme is the inadequacy of psychological services in residential care facilities. High caseloads, limited resources, and insufficient training for staff were identified as significant challenges in delivering effective care (Wilson et al., 2020; Billote & Ponce, 2020; Urbano et al., 2023). The review of research also highlights the critical role of psychological services in supporting children in institutional care, particularly in addressing developmental, cognitive, and emotional challenges (Save the Children Philippines, 2018; UNICEF, 2021).

The present studies differ in their geographical focus, methodologies, and specific areas of concern. Barriers to accessing psychological services were a common theme, including economic instability, stigmatization, lack of skilled professionals, and inadequate funding (Van der Loo, 2024; Billote & Ponce, 2020). While most studies acknowledge the importance of psychological services, the present study uniquely describes the psychological services in the perspective of service providers and survivors within residential facilities. Moreover, studies like those by Claus et al. (2019) and Allison (2021) focus on the psychological impacts of abuse, whereas others, such as Shrestha et al. (2024), prioritize community-based interventions.

The Policy Development and Planning Bureau (2020) highlights the gaps in client-centered care and the need for more specialized, trauma-informed, and outcome-based interventions. Furthermore, logistical constraints, such as insufficient budget allocation and high staff workloads, hinder the implementation of effective interventions (Wilson et al., 2020; Atianzar, 2022). Many studies also highlight the lack of integration between physical and psychological care, resulting in incomplete rehabilitation for victims (National Library of Medicine, 2019).

Given these findings and identified gaps, there is a clear need to enhance the psychological services provided to sexually abused women and children in residential care. The reviewed studies collectively underscore the profound psychological impact of sexual abuse, the inadequacy of existing psychological services in residential care facilities, the gaps in effectiveness, budget allocation and policy and regulatory change. Despite recognizing these challenges, previous research has primarily focused on either survivors' experiences or institutional factors, with limited exploration on context-specific dual perspectives of both residents and service providers within residential facilities. This highlights the need for the present study to provide a more comprehensive understanding of the psychological services, perceived effectiveness and recommend policy enhancement inputs. Furthermore, policy enhancement inputs are crucial in bridging the gap between practice and governance. Thus, as a future psychologist, working within the government sector, who are into social protection for the poor, vulnerable and disadvantaged individuals where mental health needs are evident, persistent and complex. It is hoped that the findings will support mental health professionals, program implementers, and policy makers in strengthening psychological services so that no woman or child in residential care is left unseen, unheard or psychologically underserved.

### *Statement of the Problem*

This study aims to describe the experiences of sexually abused and the service provider in residential facility by seeking answers to the following research questions:

1. How may the psychological services provided to sexually abused women and children be described by;
  - 1.1 Service Providers
  - 1.2 Survivors
2. How may the effectiveness of the psychological services provided to a sexually abused survivor be described?
3. What policy enhancement inputs for psychological services may be recommended?

## **Methodology**

### *Research Design*

This study used a qualitative descriptive research design, which was appropriate for describing the psychological services provided to sexually abused women and children in residential care facilities. This design was particularly favorable for the researcher, as it allowed for the collection of clear, factual accounts of real-world experiences without requiring a heavy theoretical framework making it well suited to capturing the practical realities of psychological service delivery in residential care settings.

### *Participants*

The participants in this study were six (6), including (2) social workers/case managers; (2) psychometricians, or mental health professionals who provided psychological services; and (2) residents who had graduated from the facility.

### *Data Collection*

The core data collection method of this study was a semi-structured interview developed by the researcher, with guidance from the trauma-informed self-assessment and planning protocol named Creating Cultures of Trauma-Informed Care (CCTIC) by Fallot and Harris (2001). Then, the interview guide was validated through expert review by two (2) licensed psychologists, one (1) registered social workers and (1) DSWD Division chief of the Promotive division who are exposed to residential facilities which ensure the clarity, appropriateness, and relevance of each question. Each item was crafted to understand the participants' experiences with psychological services in residential care settings, including both survivor and provider perspectives.

### *Data Gathering Procedures*

The researcher began the data collection process by requesting data through freedom of information on DSWD. In line with institutional research protocols, the researcher also submitted the necessary documents to the Policy and Plans Division of DSWD. While in the University of Batangas the researcher followed the research ethics and procedural clearance. Upon receiving the approved letter from DSWD FO IV-A, the researcher proceeds to the pilot testing of the questionnaire followed by the data gathering. The participants are provided accurate and comprehensive information about the study to the selected participants. The interviews were conducted face-to-face within the facility, lasting for 1 hour and 30 minutes in a private and secure space arranged in coordination with staff to ensure confidentiality and minimize disruption. The interview properly concluded and no adverse effects were reported by the participants during or after the research. In addition, the themes were subjected to participant validation through the two psychometricians who were interviewed in the study. This multi-level validation process ensured the trustworthiness, credibility, and accuracy of the findings.

### *Data Analysis*

This study employed Braun and Clarke's (2006) six-phase thematic analysis framework to describe the psychological services and its effectiveness to sexual abuse survivors and the service provider in the residential care setting. As a qualitative descriptive study, the focus was on providing an accurate, straightforward account of how services were experienced, described, and interpreted by both recipients and providers, without over-interpretation or deep theoretical abstraction. The use of Braun and Clarke's thematic analysis, combined with a descriptive coding structure and trauma-informed lens, provided a systematic approach to organizing and interpreting the qualitative data.

Research Ethics

This study adopted a trauma-informed ethical framework due to the sensitive nature of survivors' experiences in residential care. Prior to data collection, informed consent was obtained through a clear explanation of the study's purpose, potential emotional risks, voluntary participation, the right to withdraw at any time, and consent for audio recording. To address possible emotional distress, a standby psychologist was informed of the interview schedule and was prepared to provide immediate support when needed. Confidentiality was strictly maintained through the use of pseudonyms and the removal of all personally identifiable information from transcripts and reports. The study was conducted in accordance with the ethical guidelines of the Psychological Association of the Philippines (PAP), the University of Batangas, and the Department of Social Welfare and Development (DSWD). Ethical clearance was granted by the University Research Ethics Committee, and formal permission for implementation was obtained from DSWD's Policy and Plans Division.

## Results and Discussion

This section presents the results and discussion of the study, based on the descriptive analysis of the collected data. The discussion is structured around the research questions, providing comprehensive understanding of the findings. First, it describes the psychological services from the perspective of service provider followed by the sexual abuse survivor and second the description of its perceived effectiveness. This serves as the basis for the policy enhancement inputs to enhanced psychological services in residential facilities.

### 1. Describe psychological services provided to sexual abuse women and children

The describe experiences of psychological services provided to sexual abuse survivors emerged ten coherent themes. Figure 1 below presents a summary of visual representation, it shows the thematic qualities that characterize how these services are experienced within the facility. Five themes were from the experiences of service providers namely (1) Structured and Systematic Approach, (2) Resource Constraint, (3) Emotionally Attuned, (4) Collaborative Care and (5) Motivational while another five themes on the experiences of sexual abuse survivors namely (6) Structured Testing/Services, (7) Feeling Safe and Supported, (8) Group Support and Collective Healing, (9) Creative Engagement, and (10) Scheduling Constraints. Together, they provide a clear picture and description of psychological services in residential facilities.

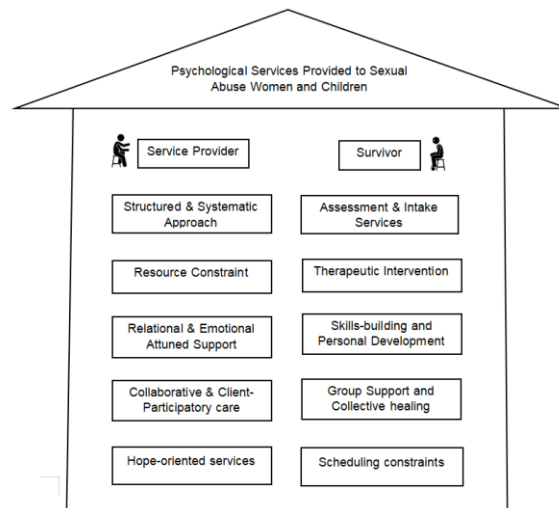


Figure 1. Summary of the Themes for the Describe Psychological Services Provided to Sexually Abused Women and Children

#### 1.1 Describe Psychological Services from the Service Provider Perspective

Described experiences on the psychological services from the service provider perspective. It revealed five coherent themes, these themes reflect how services are organized, how relationships are built, how teamwork happens, the challenges due to limited resources, and the efforts to inspire and encourage survivors. Together, they provide a clear picture and description of psychological services in residential facilities.

### *Theme 1: Structured and Systematic Approach*

From the perspective of a service provider, psychological services in residential facilities are described as (1) Structured and systematic approach. As illustrated *"I-assess ko yung bata, ano yung mga naging effects ng abuse na nangyari... sinusukat noon, yung ngayon effects ng abuse, tsaka yung cognitive ability. And then, dun sa assessment na yun, nandun na rin yung... nagkakaroon ng goal for intervention plan along psychological service."* [I assess the child, what were the effects of the abuse that occurred... measuring the effects of the abuse then, the current effects of the abuse, and the cognitive ability. And then, in that assessment, there is also the... a goal for an intervention plan along psychological service] -RPM Gigi

Providers describe a clear, systematic process from intake to assessment, planning, and follow-up. This theme comprises four interrelated subthemes: (a) sequential processes, (b) planned approach, (c) goal-directed planning and (d) monitoring clients. These findings are aligned with the principles of trauma-informed care, which advocate for predictable routines and structured interventions to reduce re-traumatization and build psychological safety (World Health Organization, 2021).

### *Theme 2: Resource Constraint*

From the perspective of a service provider, psychological services in residential facilities are described as (2) Resource Constraint which is a critical factor shaping the delivery and depth of psychological services in residential care for sexual abuse survivors. Unlike earlier themes, which underscore the emphasis on orderly and reliable service delivery, this theme draws attention to the operational limitations that affect the ethical psychological process and workforce sufficiency. As stated *"Ang pinaka-challenge talaga ay wala kaming psychologist. Kasi syempre iba pa rin ang may understanding about therapy or deeper intervention"* [The biggest challenge is that we do not have a psychologist. We know that they have differ and knowledge about therapy or deeper intervention] - RPM Gigi

It underscores how, despite the presence of psychometrician and trauma-informed intentions, insufficient resources and absence of licensed psychologists may compromise the overall effectiveness of services. This theme comprises four interrelated subthemes namely (a) limited specialized capacity, (b) no licensed psychologist, (c) role overload, and (d) resource insufficiency. These findings are consistent with existing literature, which identifies high caseloads, limited resources, and inadequate staff training as major challenges in delivering effective care (Wilson et al., 2020; Billote & Ponce, 2020; Urbano et al., 2023).

### *Theme 3: Emotionally Attuned Support*

From the perspective of a service provider, psychological services in residential facilities are described as (3) emotional attuned support which emerged as a core relational theme shaping the experience of psychological services in residential facilities. As stated *"kapag katapos ng mga group session na pinrovide sa kanila, natututo sila sa isat isa, marunong na magcope at natutunan nila yon sa bawat isa, learning to cope na. And then, tumataas yung confidence, yung self-worth, nag-i-improve din yung interpersonal relationship..."* [After the group sessions that were provided to them, they know how to cope and they learned that from each other. Then, their confidence increases, their self-worth, their interpersonal relationships also improve. - RPM Gigi

Unlike the previous theme, which is structural and workforce limitations, this theme highlights the interpersonal and affective dimensions of service delivery. This theme is composed of four interrelated subthemes namely (a) socially connective, (b) relational attunement and (c) emotional sensitivity each illustrating distinct yet interrelated facets of how therapeutic relationships promote recovery. In support of this, therapeutic impact is not rooted in the quantity of interaction but in the quality of presence, timing, and tone core components of effective trauma-responsive engagement (WHO, 2021).

### *Theme 4: Collaborative Care*

Another theme from the service provider perspective is (4) collaborative care which emerged as a key dimension in how psychological services for sexual abuse survivors were structured and delivered within residential care facilities. Rather than functioning in isolation, services were described as part of a shared system of support, one that relied on the active participation and coordination of multiple professionals. As describe *"Dito sa amin sa loob.. Sa MDT, monthly meron kaming meeting. And then sa ano, yung LGUs every three months. And then yung sa iba, halimbawa sa fiscal, depende, case-to-case basis, kung sila ay magpapatawag ng case-conference."* [Here in the facility.. In MDT, we have monthly meetings. And then, the LGUs every three months for example in fiscal, it depends, on a case-to-case basis, if they call a case-conference] -RSW Lanilyn

This theme reflects both the systemic organization of services and the interpersonal collaboration among team members. This theme is composed of three subthemes namely (a) coordinated care, (b) shared responsibility and (3) survivor participation in care. Previous studies also highlight that coordinated care, shared professional responsibility, and inclusion of survivors in planning are associated with improved treatment outcomes and enhanced safety in residential settings (Billote & Ponce, 2020; Urbano et al., 2023).

#### *Theme 5: Motivational*

The last theme from the service provider perspective is (5) motivational, this emerged from participants' descriptions of the intentional use of positive reinforcement to support behavioral change and emotional growth among residents. As stated *"I think yun yung kapag katapos ng mga intervention na pinrovide sa kanila, natututo sila... tumataas yung confidence... nagkakaroon sila ng positive mindset, ng positive na goals sa future."* [I think after the interventions was provided to them, they learn... their confidence increases... they develop a positive mindset, positive goals for the future] -RPM Alisa

It reflects a practical and future-oriented dimension of psychological support, strengthening survivors' motivation to change by affirming their progress. Positive reinforcement and motivational strategies have been identified in trauma-informed and therapeutic frameworks as effective in promoting skill acquisition, self-efficacy, and adaptive coping among survivors of abuse (SAMHSA, 2014; Wilson et al., 2020; Urbano et al., 2023).

#### *1.2 Describe Psychological Services from the Survivors Perspective*

Described experiences on the psychological services from the survivor perspective. It revealed five coherent themes, these themes reflect how services are experienced in terms of process, environment, way of engagement and the consistency of psychological services. Together, they provide a clear picture and description of psychological services in residential facilities.

#### *Theme 6: Structured Testing/Services*

Another set of themes emerged from the perspective of a survivor who received psychological services in residential facilities. The sixth theme that emerged is (6) structured/testing services, survivors describe this as the first stage of their psychological journey, where they were introduced to the process and given space to begin opening up. Participants stated *"Nag pakilalanan, binasa sakin yung about sa test ko, tapos inano nya sakin yung mga activity na gagawin namin sa individual session, tapos okay naman maganda din ang pagwelcome at pagpapakilala. Pinakita plan for individual session at may kamustahan din po. [She introduced herself, read to me the result of my test, then told me about the activities we would do in the individual session. It is okay for me because they are welcoming and provide orientation. Then she showed me the plan for the individual session] - VAC Judith*

This phase involved both formal assessments and supportive interactions that helped them feel guided and understood. The theme comprises four interrelated subthemes: (a) orientation and rapport building, (b) taking psychological tests, (c) problem solving activities and (d) support based on results. Through these processes, survivors perceived assessment and intake not only as a way of measuring their psychological state but also as an early form of support that fostered safety, trust, and a sense of being cared for key principles of trauma-informed care (Fallot & Harris, 2009; WHO, 2021).

#### *Theme 7: Feeling Safe and Supported*

Psychological services provided to sexual abuse survivors included therapeutic interventions designed to feel safe and support emotional healing. *Tapos... One day na lang... Tapos na yung individual session ko, nakitaan na ako ng maraming... Improvement. Ang laki. Talaga nakita ko yung... Kung gano kalaki yung tinulong sa akin ng sessions namin nong psych namin na paano ako nagimprove". [Then... Just one day... My individual session is over; I have seen a lot of... Improvement. It is huge. I really saw... How much our sessions with Psych helped me, how much I improved - VAW Jassy*

Survivors described these services as central to their recovery journey, highlighting how sessions offered structured guidance while also creating safe and supportive spaces for expression. Four subthemes emerged: (a) seeing myself get better, (b) talking about my feelings, (c) easy to understand and (d) safe place to share. O'Doherty et al. (2023) found that psychological services that are trauma-informed and structured to provide safety, emotional support, and skills for emotional regulation and coping have been shown to improve outcomes such as PTSD symptoms, depression, and emotional dysregulation among survivors of trauma and abuse

#### *Theme 8: Group Support and Collective Healing*

The eighth theme that emerged from the described experiences of survivors from the received psychological services is (8) group support and collective healing. One of the participants stated:

*"Don madami akong natutunan sa mga kasamahan ko, hindi pala ako nagiisa." [I learned a lot from my colleagues here] – VAC Judith*

This theme highlights the central role of shared experiences and peer engagement as survivors describe group sessions as structured spaces where they could connect with others who had similar experiences. This theme encompasses several key subthemes namely (a) facilitation of group sessions, (b) healing through peer-sharing, and (c) shared decision-making. Overall, Group Support and Collective Healing emphasizes that structured, peer-focused interventions not only facilitate the acquisition of practical skills and coping mechanisms but also nurture emotional resilience, empowerment, and communal bonds, highlighting the importance of relational processes in trauma recovery (Fallot & Harris, 2009; WHO, 2021).

#### *Theme 9: Creative Engagement*

Creative engagement emerged as the (9) ninth theme which is an essential component of the psychological services provided to survivors, highlighting the role of structured activities in fostering growth and empowerment. As one of the participants stated: *"Meron din doon yung games na connected doon sa topic. Minsan pinagsusulat kami then sharing sa grupo." [There are also games connected to the topic. Sometimes we are asked to write and then share with the group.] – VAW Jassy*

This theme reflects how survivors experienced psychological services as survivors describe the interactive methods and different engagement activities which helped to strengthen coping skills, enhance confidence, and gain meaningful insights about themselves. Two subthemes emerged under these themes namely (a) learning life skills, and (b) fun and interactive learning. Contemporary research underscores that trauma recovery is most effective when interventions combine empowerment, creative engagement, and structured skill development (Frontiers in Global Women's Health, 2022).

#### *Theme 10: Scheduling Constraints*

The last theme of Scheduling Constraints highlights the reality that psychological services in residential care are not always consistently available. The theme underscores the challenges survivors face in consistently accessing psychological services. While providers were generally receptive, their competing responsibilities and limited availability sometimes made support less accessible. At the same time, survivors themselves expressed hesitation in seeking help, reflecting personal barriers to engagement such as fear of disturbing staff or a tendency to wait until being called by the psychometrician. High caseloads, and limited resources were identified as significant challenges in delivering effective care (Wilson et al., 2020; Billote & Ponce, 2020; Urbano et al., 2023).

#### *Analysis*

Both service providers and survivors emphasized the importance of a clear, phased structure in psychological service delivery. Providers described this as a Structured and Systematic Approach from intake to follow-up, while survivors experienced it through Structured/Testing Services, underscoring the role of rapport-building and assessment in individualized care. These findings align with trauma-informed care principles that promote predictability and psychological safety (World Health Organization [WHO], 2021). The therapeutic relationship was central to both perspectives, with providers highlighting Emotionally Attuned Support and survivors valuing Feeling Safe and Supported, reinforcing evidence that therapeutic impact is shaped by relational quality rather than session frequency (WHO, 2021). Recovery was likewise viewed as a collective process: providers emphasized Collaborative Care within multidisciplinary teams, while survivors reflected this through Group Support and Collective Healing, consistent with Urbano et al.'s (2023) findings on survivor participation in residential settings. Both groups also identified systemic barriers, including Resource Constraints and scheduling limitations, which mirror documented challenges in Philippine government-run shelters that contribute to fragmented, crisis-oriented care (Billote & Ponce, 2020; Masongsong, 2023). Notably, perspectives diverged in emphasis, as providers focused on Motivational strategies such as praise and affirmation, whereas survivors prioritized Creative Engagement through interactive activities that enhanced resilience, supporting evidence that affirmation-based and resilience-focused interventions strengthen survivors' recovery and future orientation (Urbano et al., 2023).

2. Describe effectiveness of the psychological services provided to sexually abused

The data gathered from the participants offered an in-depth, nuanced understanding of the perceived effectiveness of psychological services delivered to sexually abused survivors in residential care. Figure two (2) below presents a summary of visual representation, it shows five domains in which five interconnected themes emerged from the analysis of survivors and mental health provider experiences; these are (1) physical and emotional safety, (2) clear process but uneven effectiveness, (3) transformation and self-development, (4) sharing of power, and (5) empowerment and self-determination.

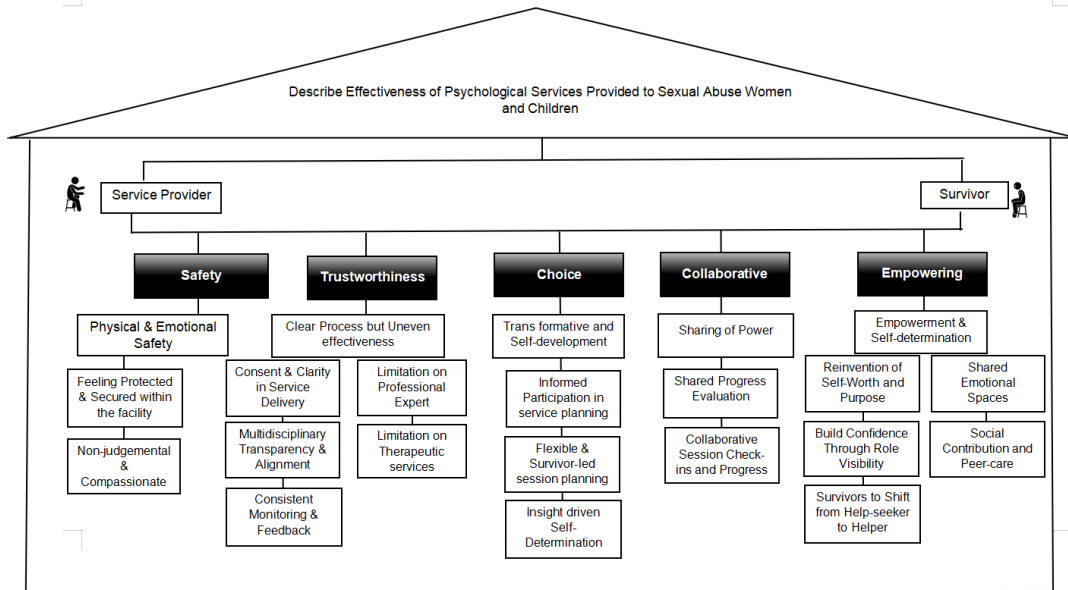


Figure 1. Summary of the Themes for the Describe Effectiveness of Psychological Services

**Theme 1: Physical and Emotional Safety**

The safety domain refers to safety within the residential care program which leads to the theme (1) physical and emotional safety which means both emotional and psychological characteristics of effective care. Participants stated:

*“Kaya po ako nandito dahil, kailangan ko po ng... supporta. Dahil, kailangan din po ako mahawakan ng pangangalaga. Dahil, sa labas po, hindi ko rin po alam kung may magsupporta or hindi.” [The reason I am here is because I need support, I also need care, because outside, I don’t know if anyone will support me or not] – VAC Judith*

*“okay lang na ishow mo yung tunay mong emotions. Walang mag-judge-judge doon. Mas okay nang nailabas mo yung tunay mong emotions.” [It’s okay to show your true emotions—no one will judge you there. It’s better when you are able to express your real emotions.] – RSW Lanilyn*

Both survivors and providers consistently identified it as a critical factor in the effectiveness of psychological services. Survivors reported that feeling safe both physically protected from external threats and emotionally secure in expressing themselves allowed them to fully participate in recovery activities without fear of harm, judgment, or re-traumatization. The theme comprises two interrelated subthemes (a) feeling protected and secure within the facility, and (b) non-judgmental and compassionate.

In addition, the facility reflects how survivors experience the residential care setting as a safe and protective space that shields them from perpetrators and external threats. Survivors described feeling physically safe knowing they are under constant care and supervision, which reduces fear and anxiety and allows them to focus on recovery. This finding affirms that physically safe spaces reduce anxiety, lower physiological stress responses, and increase readiness for therapeutic work (Courtois & Ford, 2020).

**Theme 2: Clear Process but uneven effectiveness**

The trustworthiness domain which focuses on the task clarity and consistency, the theme emerged is (2) clear process but uneven effectiveness, a core quality identified with openness and clarity in which survivors appreciated being informed about the process, purpose, and expectations of each step, which reduced uncertainty and built trust, but it is also

highlighted that despite the positive qualities, service providers recognized limitations in service availability, personnel, and expertise. As participants stated:

*"Mahirap talaga sa part namin na walang psychologist... Eh mga bata din ang residente, merong nanay... Nagdedeal ng postpartum depression." [It is really difficult on our part not having a psychologist. The residents include children, as well as mothers experiencing postpartum depression] – RSW Janice*

These constraints sometimes affected the ethical psychological practice and workforce sufficiency. This theme is composed of five interrelated subthemes namely (a) consent and clarity in service delivery, (b) multidisciplinary transparency and alignment, (c) consistent monitoring and feedback, (d) limitation on professional experts, and (e) limitation on therapeutic services. Together, these elements highlight that both service providers and survivors described these services as organized and protective while ethical gaps in psychology were evident. As participants stated:

#### *Theme 3: Transformation and Self-development*

Third domain choice and control emerged, namely (3) transformation and self-development which captures how psychological services facilitated meaningful change in survivors by promoting active involvement, adaptability, inclusivity, and self-determination. As stated: *"After the assessment, tapos intervention plan... magkakaroon na yung individual session which is kaming dalawa yung nagaplano at naguusap." [After the assessment, and then the intervention plan... the individual session will take place, where the two of us plan and talk together] RPM Gigi*

Both providers and survivors described how psychological services allowed individuals to make meaningful choices, exercise control over their healing process, and progressively take greater ownership of their recovery. The theme comprises four interrelated subthemes namely (a) informed participation in service planning, (a) flexible and survivor-led session planning, (c) developmentally appropriate and inclusive grouping, and (d) insight-driven self-determination. Together, these subthemes illustrate how trauma-informed services fostered environments where survivors were not passive recipients of care but active participants who could shape their own developmental and therapeutic trajectories.

#### *Theme 4: Sharing of Power*

The theme sharing or power from the domain collaborative emerged as a key dimension in how psychological services for sexual abuse survivors were structured and delivered within residential care facilities. Rather than functioning in isolation, services were described as part of a shared system of support, one that relied on the active participation and coordination of multiple professionals. As participants describe: *"Ipinapakita ko sa kanya yung progress para alam nya kung saan na siya at kung ano pa ang pwedeng gawin. Doon din kami nagkakaroon ng plano para sa susunod na sessions." [I show them their progress so they know where they are now and what else can be done. That is also where we create the plan for the upcoming sessions]. – RPM Gigi*

This theme is composed of two interrelated subthemes namely (a) shared progress evaluation, and (b) collaborative session check-ins and progress, which reflect the program's effectiveness in enhancing trust, sustaining survivor engagement, and improving recovery outcomes. By integrating survivor perspectives into ongoing assessment and planning, the psychological services not only supported immediate therapeutic goals but also cultivated self-efficacy, problem-solving skills, and accountability predictors strongly associated with long-term recovery success.

#### *Theme 5: Empowerment with self-determination*

One of the most prominent themes that emerged in describing the effectiveness of psychological services for sexual abuse survivors in residential care was empowerment and self-determination under the domain empowering. Survivors consistently expressed that engaging in psychological sessions fostered a sense of personal growth and agency, helping them regain a sense of control over their lives after experiences of trauma and displacement. As stated: *"Eto na ako, eto na talaga yung totoong [pangalan], na kinilala nila na mabait, minsan masungit, maintindihin, magalang... binuo ko ang sarili ko sa magandang paraan." [Here I am, this is the real me now, which they recognized as kind, sometimes mad, understanding, respectful... I developed myself in a good way] VAW Jassy*

This theme is composed of five interrelated subthemes (a) reinvention of self-worth and purpose, (b) building confidence through role visibility, (c) shift from help-seeker to helper, and (d) social contribution and peer care that collectively demonstrate how trauma-informed psychological services can move survivors from dependence toward self-reliance and meaningful community engagement.

### 3. Proposed Policy Enhancement Inputs for Psychological Services Provided to Sexually Abused Women and Children in the Residential Care

These policy enhancement inputs grounded in qualitative insights from the experiences of service providers and survivors in DSWD CALABARZON, underscore the need for a strengthened, institutionalized, and trauma-informed psychological service framework within residential care settings. Designed for consideration and guide for policy enhancement, aim to guide Department of Social Welfare and Development (DSWD) Field Office IV-A and other residential facilities within the Philippine context in developing inclusive, contextually relevant, and evidence-informed interventions that reflect the unique needs and recovery trajectories of sexually abused women and children across the service continuum.

*Inputs for Policy Recommendations for DSWD IV-A CALABARZON*

The following inputs policy recommendations are specifically directed to the Department of Social Welfare and Development (DSWD) Field Office IV-A as the primary national agency in calabarzon mandated to operate, regulate, and oversee residential care facilities for women and children survivors of sexual abuse. These recommendations focus on system-level reforms within DSWD, emphasizing institutional responsibility for ethical supervision, workforce adequacy, service consistency, and inclusivity, Grounded in qualitative findings from service providers and survivors, DSWD are urged to establish clear national standards for ethical psychological practice, ensure the availability of licensed mental health professionals across residential facilities, and support capacity-building initiatives that promote evidence-based, and inclusive care. These policy enhancement inputs aim to improve service quality, uphold professional and ethical standards, and ensure continuity of care across the residential and community-based service continuum.

Key Findings	Policy Area	Policy Input	Key Implementation Directives	Strategic Focus
Psychological tests are administered by psychometricians with limited psychologist supervision. (See theme structured & systematic and resource constraint).	Assessment-Based and Ethical Psychological Intake	Strengthen supervision and ethical oversight in psychological testing and intake procedures by:	<ul style="list-style-type: none"> <li>Issue a DSWD policy requiring that all psychological testing, interpretation, and report writing be conducted under the direct supervision of a licensed psychologist.</li> <li>Require that all psychological reports be reviewed and signed by a licensed psychologist assigned to the facility</li> <li>Institutionalize plantilla positions for Psychologist per Residential facilities for direct supervision to Psychometrician</li> <li>Reinforce role delineation: psychometricians administer tests; psychologists interpret results and finalize reports.</li> </ul>	Ethical Compliance & Quality Assurance
		Increasing licensed psychologist involvement in test interpretation and case planning		
		Standardizing documentation protocols		
Counseling is inconsistent, unstructured, and limited due to staff workload and shortages. (See theme resource	Localized Trauma-Informed Counseling Frameworks	Ensuring assessment results directly inform structured intervention plans	<ul style="list-style-type: none"> <li>Mandate the hiring or assignment of at least one licensed psychologist per DSWD residential facility as a minimum service standard.</li> </ul>	System Integration & Clinical Capacity
		Develop structured, trauma-informed counseling guidelines tailored to residential care realities by: -Creating session		

constrain)	Accountable In-House Clinical Capacity and Referral Systems	<p>flow templates</p> <ul style="list-style-type: none"> <li>-Establishing minimum session frequency standards</li> <li>-Integrating trauma-informed principles into routine case management</li> </ul> <p>Strengthen internal clinical oversight and external referral mechanisms by:</p> <ul style="list-style-type: none"> <li>-Advocating for the engagement or designation of a licensed psychologist</li> <li>-Formalizing referral pathways for advanced therapeutic needs</li> <li>-Clarifying scope of practice among staff</li> </ul>	<ul style="list-style-type: none"> <li>• Establish DSWD-led MOAs with hospitals, universities, and NGOs for psychiatric and specialized psychological services.</li> <li>• Require regular case consultations and supervisory linkages with central office psychologists.</li> <li>• Ensure integration of external specialist recommendations into in-house care plans.</li> </ul>	System Integration & Clinical Capacity
Absence of in-house licensed psychologists and limited access to advanced therapeutic interventions. (See theme resource constrain)	Accountable In-House Clinical Capacity and Referral Systems	<p>Strengthen internal clinical oversight and external referral mechanisms by:</p> <ul style="list-style-type: none"> <li>-Advocating for the engagement or designation of a licensed psychologist</li> <li>-Formalizing referral pathways for advanced therapeutic needs</li> <li>-Clarifying scope of practice among staff</li> </ul>	<ul style="list-style-type: none"> <li>• Mandate the hiring or assignment of at least one licensed psychologist per DSWD residential facility as a minimum service standard.</li> <li>• Establish DSWD-led MOAs with hospitals, universities, and NGOs for psychiatric and specialized psychological services.</li> <li>• Require regular case consultations and supervisory linkages with central office psychologists.</li> <li>• Ensure integration of external specialist recommendations into in-house care plans.</li> </ul>	System Integration & Clinical Capacity
Group sessions exclusion of survivors with intellectual disabilities and the lack of specialized group materials. (See theme resource constrain)	Gender-Sensitive And Inclusive Group Interventions	<p>Institutionalize structured and inclusive group programming by:</p> <ul style="list-style-type: none"> <li>-Developing standardized group modules</li> <li>-Creating adapted facilitation strategies for survivors with intellectual delays</li> <li>-Ensuring accessibility for</li> </ul>	<ul style="list-style-type: none"> <li>• Develop standardized group therapy and psychoeducation modules aligned with trauma-informed principles.</li> <li>• Require that group sessions be designed and clinically overseen by a licensed psychologist, with facilitation support</li> </ul>	Inclusion & Therapeutic Consistency

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persons with disabilities.	from trained staff. <ul style="list-style-type: none"><li>• Set minimum frequency standards (e.g., at least two structured group sessions per month).</li><li>• Develop and disseminate adapted group intervention modules for PWD survivors using simplified language, visual aids, and structured activities.</li><li>• Provide nationwide training on disability- inclusive group facilitation.</li></ul>
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Table 1. A.L.A.G.A (Advancing Localized and Accountable, Gender-sensitive, and Assessment-based Psychological Services)

The recommendation for policy enhancement inputs presented herein provide a strategic roadmap for strengthening the delivery of psychological services within DSWD residential care facilities for women and children survivors of sexual abuse. Grounded in the experiences of survivors and the professional insights of service providers, these recommendations underscore the urgent need for ethical psychological supervision, consistent and structured counseling, disability-inclusive group modules, and continuity of care from in-house clinical capacity. Central to these enhancement inputs is the institutionalization of licensed psychologist positions and plantilla psychometrician roles to ensure compliance with professional standards, protect survivor welfare, and reduce systemic reliance on short-term service arrangements. By reinforcing evidence-based practice and workforce sustainability, DSWD can strengthen its mandate as the primary duty-bearer in safeguarding survivors' psychological recovery and long-term well-being. Collectively, these inputs aim to strengthen accountable, equitable, and survivor-centered mental health services that extend beyond residential care and support sustained healing and reintegration within the community.

#### Call to Action

Considering these policy enhancements inputs it will ensure that survivors receive ethical psychological practice, consistent and structured counseling, disability-inclusive group modules, and continuity of care from in-house clinical capacity. By institutionalizing supervision, plantilla positions, and improving role clarity, residential care facilities will be better equipped to protect and empower survivors.

## Conclusion and Recommendations

This study found that Psychological services are structured but limited by systemic and ethical constraints. Psychological services follow a process that includes assessment, individual counseling, group interventions, and referrals. While both service providers and survivors described these services as organized and protective, ethical and operational gaps were evident.

Psychological services are perceived as meaningful but uneven in effectiveness. Survivors experienced increased feelings of safety, support, and engagement in the healing process, which contributed to restored self-worth and social connection. Survivor-centered and flexible approaches fostered trust and participation. Despite the positive qualities, survivors recognized limitations in service availability, personnel, and expertise. These constraints sometimes affected continuity, depth, and accessibility of services, leaving certain needs unmet.

Inputs for policy enhancement of psychological services is necessary and feasible. The findings indicate a need for strengthened institutional systems, including the clear national standards for ethical psychological practice in every facility. With sustained policy support and resource allocation, DSWD residential care facilities can better support survivors' psychological recovery, resilience, and reintegration.

Future research should replicate the present study using a larger and more diverse sample across multiple DSWD residential care facilities to enhance the representativeness and generalizability of findings. While the current study offers

in-depth qualitative insights from six key informants, the limited number of participants constrains the extent to which conclusions can fully represent the broader population of stakeholders involved in psychological service delivery for sexually abused women and children. It is also recommended to use mixed method designs to further strengthen evidence for policy and practice.

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## Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study; all data used were obtained from previously published sources as cited in the reference list.

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## Appendices

No appendices are attached to this study.